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“Controlled failures”

When we plan and execute our clinical work, we try to do it as best we can, using all our knowledge and skills. In addition, we also want to meet our patients' expectations. The permanent restorations delivered to our patients should last a lifetime. We all know that they don't. If we look at clinical studies on any type of treatment, we never find a 100% longer-term survival rate. Our patients are living longer, and we need to adapt our treatment strategies accordingly. That's why less invasive and defect-orientated treatment strategies are becoming more and more popular. An important part of this concept is what we might call “controlled failure”. If a small piece of a tooth or a small piece of veneering material fractures, you should try to replace only this small missing piece using, for example, an adhesive restoration. It may come to pass that, due to various reasons, this small piece that has been adhesively restored doesn't last very long.

If this does happen, your patients may be disappointed and think that you are a bad dentist and that your work is not the best they could get. The same concept may be followed when you're trying to save “hopeless” teeth in order to postpone more invasive treatments such as the placement of implants. If you explain to your patients that avoiding a more invasive treatment in some cases can lead to an early failure, or might postpone an invasive treatment, and that by doing so the tooth can be saved over a longer time period, the whole story looks different.

So today, risk assessment and taking into consideration possible failures is an important part of treating our patients.

Enjoy reading.

Sincerely yours,
Alessandro Devigus