

Improving Quality of Life Through Implant Dentistry?

An entire industry has developed around dental implants over the last 25 years. Thousands of patients are treated with dental implants annually and, it appears, just as many dentists are providing these services for their patients. Has our profession stopped to think about the impact these implant procedures have on our patients' and on our own quality of life?

Let's address the quality of life issues for our patients first. Do our patients truly experience improved function and/or esthetics? This was easier to answer in the early 1980s, implant dentistry's infancy, when only completely edentulous patients were treated. Certainly these patients enjoyed living with a more stable prosthesis, but did implant treatment improve their functional capabilities? Studies examining masticatory forces and function have revealed that edentulous patients treated with implants are able to chew better, but their dietary intake and overall nutritional status does not significantly change. Fast forward to the present: Dentists are now placing implants in the anterior maxilla (better known as the "Esthetic Zone" or "E-Zone"), at the base of the zygomatic arch, between the pterygoid plates, in the infraorbital rim, in the anterior wall of the frontal sinus, and in numerous other regions where previously no dentist had dared to go! Patients today search online and visit blogs that provide them with examples (albeit not scientific) of what can be achieved with dental implants and they expect the same results. They want teeth *now* (although many have been missing teeth for years) and they want *sparkling-white teeth* (although their remaining dentition is stained). As the treating clinician, one must stop to think and evaluate the use of these new techniques, technologies, and materials. Are we truly enhancing our patients' quality of life with modern treatment modalities or placing them at risk for poor or, worse, disastrous outcomes because of the rush to complete treatment? To provide the correct answer, the doctor must assess the risk-to-benefit ratio and discuss this with each patient so the patient can make an educated decision concerning *his or her* own treatment.

Now, let's look at how new technology and techniques have impacted the quality of life for the dentist. With such rapid advancements in material science, computer science, and mechanical science, we have the capability to see where the best available bone is located and to place the implant (without reflecting soft tissue at times) into the exact location desired—within tenths of a millimeter. We are informed that we can achieve faster integration, better integration—

and thus improved success rates. But have these advancements improved our quality of life or, for that matter, the quality of results for our patients? Let's take the maxillary sinus augmentation procedure as an example. In the late 1970s, we were taught in dental school to fear the maxillary sinus. It was blasphemy to accidentally puncture the sinus cavity and a crime if there was a sinus infection associated with a dental procedure. We did everything possible to avoid penetrating the maxillary sinus. Today, the maxillary sinus is like an open parking garage—everyone wants to drive into it. But before driving in, the dental surgeon has to consider how to create the access opening, the best technique for elevating the membrane, what happens if the membrane is torn (do you repair the tear or leave it?), the ideal grafting material to use (is there an ideal material?), the proper healing time for the graft material, and most importantly, how to manage complications. It's fine when all goes well, but the surgeon must also be prepared for adverse outcomes. How will this affect your quality of life? Will you be able to sleep comfortably at night if you encounter a problem/complication in one of your patients or, worse yet, several patients? You would if you had been adequately trained or had experienced the particular problem/complication previously and had been taught how to manage it. This experience is acquired by taking the time to obtain proper training and to observe skilled clinicians handling such complications.

Today, it seems as if one must do more, get better results, and achieve higher standards in a shorter period of time. How does one obtain this information and evaluate the validity of these new techniques and technologies, receive the training and education necessary to attain the required knowledge and skills, then assimilate all of this to reach the high standards that are expected? Finally, this knowledge must be applied in the daily routine of the clinician's dental practice. Does this need for speed or better-faster results truly add to our quality of life? One would say "yes" if we can achieve these goals through advanced training and education but, most importantly, by committing to the implementation of evidence-based, proven clinical techniques into our dental practices. Yes, clinicians can achieve a better quality of life and improve their patients' as well by continually seeking answers through continuing education. But, that takes time!

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