Why the rush?

It’s difficult to watch certain television commercials, read a newspaper, see an online advertisement, a webinar, social media content or a recorded video without hearing about “teeth in an hour”, “teeth in a day”, “teeth tomorrow”, “immediate loading”, “immediate restoration”, or some variant. Patients are continually being told that they may be candidates for an “immediate” solution to their lifelong problems by having all of their “bad” teeth removed and replaced with an implant-supported restoration in one day, two days or a week. So, what is the rush? Are these concepts driven by science or strategic marketing by dental implant manufacturers, large group dental practices or individual practitioners, or due to patient demand?

Patients who have failing dentition generally have been in this condition for a long time. Certainly, there are individual tooth failures that occur owing to various circumstances, but when it involves a complete maxillary or mandibular arch, or both, the process of bone loss, tooth mobility, abscess formation or soft-tissue inflammation must have been chronic. Are we clinicians to expect that we can solve all of these problems with advanced technologies that will deliver the magic wand of instant rehabilitation?

For the past several decades, the scientific literature has supported immediate treatment protocols that can deliver single-tooth to full-arch reconstructions with accuracy, consistency and predictability. Therefore, clinicians may want to deliver high-quality care to patients and significantly shorten the treatment time involved in dental implant procedures, but should these immediate implant-supported procedures be considered for every patient without consideration of conventional dental solutions such as root canal therapy, apicectomy, crown lengthening, or crown and bridge alternatives? Does the new digital workflow provide clinicians and dental laboratory technicians with improved tools to facilitate these accelerated treatment modalities? Is the rush justified?

Of course, these questions may relate mostly to an individual clinician’s training and education in diagnosis, treatment planning, and surgical and restorative skill set. Perhaps education is the key, and today there are many opportunities to gain the skills necessary to make decisions for each patient, to determine whether immediate or delayed implant protocols are warranted. The goal of Dental Tribune International and this publication is to provide the readership with concepts, philosophies, clinical illustrations and treatment modalities currently available so that clinicians can make educated decisions. Don’t rush! Take time to enjoy this latest issue and expand your universe.