INTERVIEW
with — Dr. Diego Lops

Q: Dr. Lops, you are considered an expert in implantology. What is the state of implantology today?
A: Basically, there are two approaches to implantology: The old one, which pursues a simple filling of edentulous sites by means of devices supporting something that is far from a natural tooth appearance—this approach does not consider a harmonious and global treatment plan—and the new approach aided by technological advancements as available to clinicians today. The new approach to implantology aims to restore the natural appearance of the patient’s smile through a global implant treatment plan, digital diagnosis, 3-D implant placement, new all-ceramic materials for implants and considering the adjacent natural teeth. Such an approach is the only one that can provide functionality and predictable esthetics in implantology.

Q: What have the major advancements in implantology been in terms of technology and science?
A: Digital solutions have continued to improve the entire implantology workflow, now covering diagnosis (CBCT scans), treatment planning (digital and guided surgery) and surgical procedures (guided surgery). Moreover, new all-ceramic materials are available with better biomechanical and esthetic performance. The results are more reliable and predictable in terms of the long-term prognosis of the rehabilitation and have a more natural appearance in harmony with the adjacent teeth.

Dr. Diego Lops received his Doctor of Dentistry in 2001. In 2004, he completed a postgraduate qualification in advanced oral surgery and maxillary reconstructive techniques at the Université Paris Diderot, France. One year later, he completed a master’s degree in innovative techniques in oral implantology and prosthetic rehabilitation at the University of Milan, Italy. Since obtaining a PhD in implant dentistry and prosthetic rehabilitation from the same university, he has lectured on prosthodontics and implant dentistry at the Peking University School of Stomatology, China. He also works and teaches at the implantology department of the University of Milan.
Q: Together with Dr. Goran Benic, you are teaching the Clinical Masters Program in Digital Workflow and Esthetics at Lake Como, Italy. What is your aim with the course?
A: The aim of the course is to give participants a concrete set of instruments and the technology by which to conduct an accurate diagnosis, treatment plan, surgery and prosthetic restoration using state-of-the-art methods. The entire workflow can gain from using the appropriate technology in implant treatment. My aim is outstanding esthetics and predictable function for the patient. Through the course, we aim to give participants a different point of view on prosthetically driven implantology.

Q: You also work and teach at the implantology department of the San Paolo University Hospital in Milan. What are your inspirations as a teacher of your fellow dentists and students?
A: I try to convey my passion not only for finding the best option for simple restoration of an edentulous site, but also for taking up the challenge, together with the patient, for the restoration of the patient’s smile. The interplay of hard and soft tissue is important in order to provide a prosthetically driven outcome.

Q: How important are hands-on models for learning in implantology, especially for suturing and bone grafting?
A: It is an important starting point for the participant in order to break the initial—and normal—hesitation in performing 3-D implant placement or a guided bone regeneration procedure correctly. The clinician gains confidence in conducting the surgical and restorative procedures before treating actual patients.

Q: Which biomaterials do you use for implantology and why?
A: For horizontal augmentation and sinus floor augmentation, bovine demineralized particles and collagen membranes, stabilized by specific pins where required. These biomaterials provide a safe and stable scaffold that promotes the fixture’s stability after an adequate healing period. Titanium mesh as a barrier for vertical and horizontal augmentation. Such devices may guarantee the stability of the coagulum also if bone walls are missing. I also use collagen (not particles) and collagen membranes for socket preservation procedures. These biomaterials also provide a safe and stable scaffold for fixture stability after healing.

Q: What is necessary for a minimally invasive approach in implantology?
A: It is important to correctly plan the clinical case, to minimize the releasing incisions if possible in order to achieve minimal surgical re-entries (minimal crestal incisions without touching interproximal papillae) and to reduce the number of visits required for the prosthetic restoration.

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