Q: Immediate loading is probably one of the most important innovations in the modern era of oral implantology. In your experience, why is this approach so beneficial?
A: Immediate loading has a number of advantages for the patient compared with conventional loading: return to function in fewer visits, there is no need for a removable prosthesis, improved soft-tissue healing, and less pain and discomfort. Since it is cost-effective, a much wider section of society can afford it.

Q: What do you consider the most important aspect professionals wishing to perform this clinical procedure should bear in mind?
A: Appropriate training to apply the method is essential. Professionals should be able to obtain adequate primary stability regardless of bone quality, since this is a prerequisite for clinical success, and follow an efficient prosthetic protocol that allows them to be cost-effective.

Q: In your opinion, what are the most suitable implant systems for immediate loading?
A: Any implant system that has clinical peer-reviewed documentation on its protocol can be used. Many different systems exist on the market that can meet this requirement and many different types of implants are available. I prefer using tapered implants, since it is easier to achieve good primary stability with this implant type; however, I still use cylindrical implants in dense bone.

Q: What are common complications of immediate loading, and how can they be managed effectively?
A: Even though immediate loading is a safe protocol in many clinical scenarios, there are clinical situations in which it is advisable to follow a conventional protocol. Cases requiring bone regeneration or maxillary sinus lift or very esthetically demanding cases should be evaluated with caution.

Soft-tissue management is more difficult in immediate loading, since the clinician does not have an uncovering phase during which to increase or correct the soft tissue. One of the most common complications is soft-tissue recession and this can be a problem especially in cases in which esthetics is significant. There could be an increased failure rate in some clinical indications, such as post-extraction implants in the maxillae.

Q: Maxillary sinus floor augmentation has many different components, such as endoscopy, radiology, and anesthesia and conscious sedation techniques. Do you think that this kind of surgery can be performed by all dentists or is it a specialist discipline?
A: Performing maxillary sinus surgery needs specific training because knowledge, skills and clinical experience play an important role in the final outcome.

Q: What are the main benefits of conventional and novel techniques for sinus lift for both clinicians and patients?
A: Maxillary sinus lift surgery is evolving toward a less invasive approach, such as the crestal sinus lift, in which the flaps are less extensive and the morbidity of the procedure is lowered.

Q: Could you please list and explain possible alternatives to maxillary sinus floor augmentation?
A: The possible alternatives are short implants, tilted implants, or implants with distal cantilevers, for which the implants are placed in native bone without any sinus involvement.

Q: What is the overall aim of the course, and how does it differ from other courses?
A: The overall aim of the course is to help participants achieve a high level of competence in diagnosing and treating patients, from the easiest to the most difficult case. The main difference is the education path, moving from theory to practice in a very cost-effective way.

Q: What are the main challenges in esthetic dentistry today?
A: The main challenge is maintaining the clinical outcome achieved in the long term. The diagnostic phase is of utmost importance and requires objective methods to classify the level of complexity, since complex cases require a multidisciplinary approach.

„A performing maxillary sinus surgery needs specific training because knowledge, skills and clinical experience play an important role in the final outcome.“
"Participants of the CME program learn how to progress from theory to practice."

— Professor Dr. Tiziano Testori