Implants

The key to successful implant dentistry is planning and predictability

There can be few techniques that have had such a fundamental impact upon restorative dentistry and prosthodontics than osseointegrated implants. It is no great surprise that implants are impacting on the dento-legal front as well.

Notably in terms of problems arising from the provision of implants, but also due to the fact that implants are increasingly being proposed as alternatives to bridgework or dentures as remedial treatment in negligence claims arising from the loss of one or more teeth. This can often drive up the amount of damages claimed by patients, although there is room for doubt that many of the patients receiving these damages ever proceed with the implants that have been proposed for them.

An analysis of the factors that result in negligence claims against dentists relating to implant dentistry (Fig. A) reveals that most of the problems arise from shortfalls in the preliminary stages (ie, patient selection, case assessment, investigations, diagnosis, treatment planning and consent) rather than the treatment itself.

Indeed, many of the problems that result from the procedures themselves can also be traced back to deficiencies in the case assessment and treatment planning stages. Let us now examine some of these issues in more detail.

Preliminary Considerations

Training

A number of Dental Boards and Dental Councils around the world have expressed their concern that dentists sometimes get involved in implant procedures without having sufficient knowledge, understanding, training and experience to undertake these procedures safely and to an acceptable standard. Furthermore, this same allegation sometimes features in negligence claims as an alleged breach of a dentist’s duty of care. Of particular concern is the short training course that is promoted, organised and conducted by those companies and individuals who have a direct commercial interest in expanding the number of dentists who are capable of undertaking these procedures.

Fig. 1

Approaching the Treatment

Patient selection

Not every patient who might seem, at first sight, likely to benefit from implants is going to be a suitable candidate for their provision. A number of risk factors (medical, social and psychological) have been identified in the literature, which have the potential to undermine the prognosis for implant dentistry; all of these need to be carefully considered. The provision of implant-supported restorations may be a last-ditch effort to avert the prospect of becoming edentulous and needing to wear complete dentures. On these occasions it is relevant to look back at the factors that led to the patient being in this situation. These might relate to oral hygiene and patient cooperation, to the patient’s medical history and to a range of other host factors and tissue response generally.

Fig. A

Problem areas with implants

- Case assessment/investigations/consent
- Unsatisfactory aesthetics/function
- Implant failure (biological causes or systemic design)
- Collateral damage
- Other

Fig. B

When do things go wrong?

- Surgical phase
- Joint responsibility
- Restorative phase
- Restoration failure
- Other issues

Graphs show the percentage distribution of problem areas and phases in implant dentistry.