Located in the Salamanca district of Madrid, Spain’s capital, Clínica Vilaboa was founded more than 30 years ago by Drs Beatriz and Débora Vilaboa. With polished hardwood floors and a stylishly minimalist interior, the practice’s aesthetic emphasis is immediately evident. A pioneer in aesthetic dentistry when first established, the multilingual clinic has since expanded its focus to two disciplines, implantology and prophylaxis—which may at first seem contradictory. prevention spoke with practice dentists Drs Amparo Llorente and José Manuel Reuss about the clinic’s approach to prevention in implantology.

Why did you choose implantology?

Dr José Manuel Reuss: I was always very interested in prosthetics and replacing what was missing. I am very motivated by the fact of giving back what patients have lost. The combination of prosthetics and surgery makes implantology perfect for me.

Dr Amparo Llorente: I am a trained periodontist and I am wholly dedicated to it. I look more at periodontal disease and prevention of implants [laughs]. However, I think I also have a good understanding of implants, so we make a good team.

Reuss: You definitely have a very good understanding!

What is your approach to implantology and prevention?

Reuss: It is very difficult to be able to tell a patient that something should last for a lifetime, but this is our goal, our wish and our belief. Placing an implant should naturally be our last solution once we have done everything to save the natural tooth. When we do the treatment, we do not want to have the implant last for only ten years. That is not really a success. We want to provide a treatment that lasts for a lifetime.

Llorente: The great thing about Dr Reuss is that, as an implantologist, he is devoted to restoration and replacing. However, whenever he sees a tooth that still has the potential to be maintained, he does everything to maintain it. That is very important. Nowadays, implantology is so fashionable. Everybody wants to place implants. Some dentists see the implants only, but we should look at oral health first. The patient needs to have an implant for a lifetime. This involves good initial oral health and a well-planned treatment.
So, you argue that implants should be avoided as much as possible?

Reuss: Well, implants are a great treatment modality and we are very thankful for this invention. However, implants should be delayed as far as possible. If we can preserve the tooth for ten more years and then place the implant, that is the way forward. Patients should not have their teeth removed and replaced with implants instead. After implant treatment, patients need to be twice as careful with their mouths. There is no way to go back to another solution. The dentist needs to communicate this as far as possible.

Llorente: An implant is the best solution for a missing tooth, but it is not an alternative for a tooth that can still be saved. An implant is more expensive than maintaining the natural tooth, so we try to preserve the tooth if we still can.

Do you think that implantology and prevention of implants can work side by side?

Reuss: Prevention is the best thing one can do for one’s patient in the long run. If we can get our patients to believe in prevention and therefore come to the dentist more regularly, it will be beneficial for all of us. However, this is a long and bumpy road, as the patient’s oral care mindset cannot be changed easily.

Llorente: Prophylaxis is the main way that conditions like peri-implantitis can be prevented. We know that implant treatment requires follow-up; implants need to be taken care of continuously, so it is very important to instruct and motivate patients to have regular check-ups that are complemented by a good home oral hygiene routine.

As a periodontist and implantologist, how do you work together?

Reuss: In cases of severe periodontal disease, such as aggressive periodontitis, we try to delay the implant placement as far as possible. I am not talking about weeks or months, but even years. If we need ten years for a patient with periodontitis to have the necessary oral health for implant placement, then we wait. Sometimes, it depends on the patient; sometimes, it is the wrong approach to oral hygiene; sometimes, it is genetics. At the same time, we have seen implant failure without any clear reason.

Llorente: The major risk factors include bacterial contamination, a history of periodontitis and habits such as smoking. This means that we need to look at the patient’s habits and anatomy and the surgical protocol. These factors are more related to early loss. Another factor is the prosthetic design.

What role does poor oral hygiene play in terms of implant success?

Reuss: When we see a patient with very poor oral hygiene, we do not place the implants. We are that radical. We tell our patients that the periodontal tissue needs to be strong. In the case of poor oral hygiene, the implant will fall out eventually. We need to make sure that the patient has good oral health habits. Edentulous patients with a lack of good oral hygiene are not good candidates for implants. We have to do several hygiene appointments first before continuing with implant placement.

How can we motivate the patient to use oral care products more effectively and regularly?

Reuss: First of all, we have a growing awareness of oral health among our patients. That helps a lot in the general predisposition of patients. When they come to our practice, they have changed their dietary attitude and work out more. They are starting to believe more in prevention. They also come in every six months, while we only saw them every two years in the past.

Llorente: In Spain, we still have this mindset that patients only come when they are in pain. Now, we are moving in this direction of coming at least every year. From a periodontal perspective, I would like to see my patients every three to six months, especially during maintenance therapy. During the dental appointment, they already look forward to the next appointment.

Reuss: We understand now that we have to work with patients as a team. We can no longer simply provide treatment. We have to spend extra time educating them, motivating them on how they can maintain and preserve their oral health, which is ultimately their responsibility.

Do you also instruct your patients on how to use toothbrushes, interdental cleaning tools and toothpaste?

Reuss: Our dental hygienists focus more on oral care instructions. Their role in prevention is crucial. They establish a close relationship with the patient and make sure that every patient gets the individual tools he or she needs, be it toothbrushes, interdental brushes or floss. Everything in our office is teamwork.

Llorente: Every patient is different, no doubt, but everyone needs interdental brushes, for example. I brush interdentally every day. As dentists, we need to make sure that we reinforce oral hygiene measures every time the patient visits. With improving oral health habits comes greater satisfaction for the patient. The best thing in dentistry is that we can see the change. We can see how the bleeding stops. And the patient feels it.

What do you think about CURAPROX products?

Reuss: Products that are easy to use help us progress in our treatments quicker and provide patients with the
tools to easily establish a positive home care dental regimen. CURAPROX’s products are often gentler than other products, and this meant that it went against the general trend of the market for the past few years. However, this softness is extremely beneficial, as it helps to prevent damage to tissue and teeth.

What role does the implant design play for oral hygiene?

Reuss: Implant prostheses are not easy to clean. The implant has a very thin cylinder compared with the anatomy of the tooth. The design of the implant needs to accommodate the structure of the overall anatomy, as well as the neighbouring teeth.

In the case of missing periodontal tissue or of full-arch restorations, we need to have a different implant design. In any case, we use the design most suitable for oral hygiene measures, especially in non-aesthetic areas. For example, for lower arch rehabilitations, we try to have no contact with the soft tissue. That is not possible in the upper arch. But we want to have implant surfaces that can be polished easily. Interdental brushes and dental floss also need to be used regularly. We work very closely with the laboratory and have clear instructions. Tissue contact continues to be crucial.

Finally, optimal prevention and oral health require an interdisciplinary partnership. How do you work with other medical doctors towards achieving overall health for your patients?

Reuss: As healthcare professionals, we see patients every day who are sent to us by heart specialists, endocrinologists, and so on. This is because there is an intrinsic relationship, proved by many studies, between oral health and overall health. For example, we have patients who have been referred by cardiologists who have detected some form of cardiovascular disease and want their patients to be orally healthy as soon as possible. We also have diabetics referred to us by endocrinologists, often straight out of the hospital. This is because, if they have anything wrong with their mouths, an infection or anything that needs to be addressed, it is essential that this issue is resolved so that the diabetes-related issues may also be resolved. Patients need to know about these relationships.

Llorente: We always have to contact doctors if the patient has a special need. Interestingly, medical doctors send us their patients with immunosuppression and other conditions to get rid of the dental problems. In comparison with other medical disciplines, we can quickly manage to control the inflammation and regain the microbial balance in the mouth, thereby helping the overall immune system. The dental knowledge of general medical doctors is growing, as they understand the need for a healthy mouth for general health.