

Diagnosing implant treatment

Martin Wanendeya discusses what to look out for when considering referring a patient to an implantologist.



The first and most obvious thing to look for when diagnosing implant treatment is missing teeth, either in an aesthetic or functional area. Seeing this, it would be appropriate to speak to the patient

about their options, to ensure that they are aware of the consequences of remaining edentulous and what the benefits of replacing that tooth would be.

It's crucial to briefly discuss all of the choices available, addressing the advantages and risks of each decision. This means that as a referring dentist you ensure each patient is able to provide informed consent and has a clear idea of their options.

Patients who have lost teeth through periodontal disease are one group for whom implant therapy may be appropriate. Although there is a misconception that these

patients aren't suitable for implants, if you refer your patient to a practice that works with a periodontist to provide comprehensive periodontal care alongside implant treatment, then in most circumstances, they will be.

Another demographic to consider includes any patient who has dentures, whether partial or crown, small or large. These patients may actively want an alternative to their denture and will soon see the advantage of implant therapy, as will those with post-retained crowns that repeatedly fail. We know that if there is not enough tooth tissue on a post-retained crown, no matter



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How many times you re-cement it, the patient will continue experiencing problems with the restoration constantly falling out.

Patients with existing bridges that they would like or need replaced should also be considered for implant treatment. This will deliver clear advantages from a patient's perspective as having separate units rather than having a bridge will carry far less risk in the long term.

The final group to look for would be those with failing endodontic treatment where there is not a lot of tooth tissue remaining. In this instance a decision will need to be made as to whether the remaining tooth structure will be sufficient to hold a crown as a reliable long term option. If not, the patient may benefit from a treatment that may initially be more invasive, but could provide enhanced enduring improvements, such as removal and replacement with an implant.

Communication is key

Having decided that implant treatment may be the optimum

course of action, this is when communicating with your surgeon is most crucial. By sending a radiograph with a brief history of the case, you will soon start to generate some guidelines as to what is useful and which teeth can be replaced with an implant and which cannot. It is worth remembering that the only absolute contra-indications tend to be medical. For instance we know that intravenous bisphosphonates can in some circumstances present a problem, and there are other documented conditions that would not be appropriate for implant treatment. By ensuring clear communication, both between yourself and the patient and between yourself and the implantologist, you ensure that the optimum decisions are made with all the necessary information.

Common patient barriers you might experience when referring for implants tend to be based around fear and are often eased through considered discussions.

The primary concern is frequently the price of treatment, but the cost can be spread over a period of time meaning that the financial impact is reduced. The second barrier is the perceived pain of implant surgery. By carefully choosing your referral practice you can mitigate this and a good implantologist will find that their implant patients tend not to experience pain, either during or post-operatively. A fear of the dentist is also something that puts some patients off. Again, an implantologist who uses sedation and techniques for calming patients will help to overcome this barrier.

The final fear is that the implant simply won't work, and this is where a thorough assessment and evaluation is crucial. Ensuring that you explain all the pros and cons, assessing each patient's individual chances of success alongside their specific risk factors, and advising them at the time of consultation as to what their chances of success are will ensure that each patient is fully and appropriately prepared for treatment.

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