A few months ago, I was on a course listening to a lecture from a very well known specialist, a true leader and innovator in his chosen speciality. He was discussing the complexity of his speciality and how many years were needed before one can become truly proficient, he went onto say ‘...it’s not like placing dental implants, where you can go on a weekend course and learn all you need. To treat these kinds of cases requires years of training and experience.’ I was a little taken back by his attitude towards implant dentistry, in fact I would go as far to say that I find comments such as these quite belittling. They usually come from dentists who have never placed nor attempted to restore implants before.

Don’t let the implant companies fool you; it is a challenging and demanding area of dentistry. It encompasses both the surgical and the restorative envelope and to be a good implant dentist one must be a good surgeon, a good communicator, a good restorative dentist, the list goes on and on. Yes, anyone can place dental implants without too much trouble, but that's akin to me saying that anyone can stick an orthodontic bracket on a tooth, yes that's true, but just because you can do that, doesn't mean the final result will be a good one.

Below is a typical multi-disciplinary implant case which I have treated. The aim is to show that implant dentistry is not just about making a hole and putting a screw in, there is a great deal of planning and preparatory work carried out before this can happen.

This lady has suffered with TMJ pain ever since a nasty fall in a local shop a few years ago. She has limited opening and is very nervous about her teeth. She recently lost her UR23 and came to see me for an implant solution. As you can see from the initial photos she was over closed with an almost traumatic bite in the UR23 region. Her lower incisors were heavily worn and sensitive, with a number of occlusal issues. Her medical history was clear and she was a non smoker. After a long discussion we arrived at the following treatment plan:

1. Full case diagnosis with articulated study casts and wax ups
2. Assessment of the UR23 edentulous area with a CBCT scan
3. Augmentation the UR23 implant sites with a piezo surgery device
4. Carry out implant placement under iii sedation in the UR23 area
5. Restoration of the occlusal vertical dimension with composite build-ups
6. Develop favourable soft tissue outline using a partial denture and fixed temporary bridges
7. Fabricate and fit a permanent 2 unit e.max bridge

The patient needed some pre-implant surgery to reduce the height of the bone crest in the UR23 region coupled with opening/restoring of her OVD to create sufficient space to accommodate the implant-abutment/ceramic restorations. The necessary height was judged using a Galileos...
One of the benefits (or some might say downsides) of implant dentistry is that it can take months before the implants are ready to be loaded. Fortunately, she did very well and thinks it may have even reduced her TMJ discomfort. This may mean that part of her TMJ pain was caused by her over-closing and subsequent loss of vertical dimension.

We elected to place the implants under IV sedation. Although this lady wasn’t an especially nervous patient, she struggled to maintain a normal opening for any length of time. Once she was sedated, she was much calmer and managed to maintain a very reasonable level of mouth opening for the duration of the surgery. Two Astra Tech Osseospeed TX implants were placed achieving very high primary stability. The area healed without complication and after 2 months a 2 unit composite temporary bridge was made.

This allowed us to assess aesthetics, soft tissue profile, occlusion, and phonetics. A few alterations were made in the final bridge which comprised of two Atlantis Zirconia abutments and a 2 unit e.max bridge.

The patient was delighted with the final result and will be seen by me every 6 months for examinations and regular hygiene visits.

As you can see, this is just a brief synopsis of what was carried out, making the hole and placing the implants is only part of the overall treatment. It’s not as easy as it looks. –

About the author

Dr Nilesh R. Parmar BDS MSc MImplant – was voted Best Young Dentist in the East of England in 2009 and Runner up in 2010. He was short-listed for the Private Dentistry Awards in the category of Outstanding Individual 2011. Nilesh has master’s degrees in Prosthetic Dentistry from the Eastman Dental Institute and a master’s degree in Clinical Implantology from Kings College London. Nilesh is one of few dentists in the UK to have a degree from all three London Dental Schools and is the only individual to have a degree in the field of oral implants and CEREC CAD/CAM technology. Nilesh runs a successful 2 surgery practice close to London and is a visiting implant dentist in two central London practices. Nilesh was voted the 8th Most Influential Person in UK Dentistry by Dentistry Magazine 2012, the youngest person in the Top 100, regularly speaks for national and international audiences including The Dental Society, UK Dental Conference, The BDA in Japan and his Sirona in Germany and the USA. Nilesh directs and runs his presentation techniques training has been sought after speaker in Europe. Nilesh has a never ending passion for his work and is famed for his attention to detail and his belief that every patient he sees should become a patient for life. He offers training and mentoring to dentists starting out in implant dentistry, more information can be found on his website.

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