

Implant Dentistry: Know Your Limits—and Your Patient's



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Dental implant therapy is becoming an indispensable mainstream treatment modality, but it is not the only choice to replace missing teeth. Implant treatment requires unique skills, and statistics show it is often the costliest option. The dental implant and prosthetic market in the U.S. is projected to reach \$6.4 billion by 2018.¹

Successful implant therapy depends in part on a rigorous and systematic approach to diagnosis and treatment planning. Taking due care during the preparatory phase of implant treatment is the best way to avoid claims of negligence when there are treatment complications and/or failure.

Dental implant treatment requires specialized dental education and training. A general dentist who is adequately trained in placing and restoring implants may be the appropriate practitioner to provide care for dental implant procedures, including the surgical phases of treatment. This will vary depending on an individual clinician's training and experience. The general dentist needs to know when care should be referred to a specialist (a prosthodontist, a periodontist, or an oral surgeon). Do not attempt to provide care beyond your level of competence, training, and experience—understand your limits.

Assess Risks

Placing implants without diligent planning can result in an improperly positioned, poorly oriented implant. It could also cause inadequate space for restorations, damage to surrounding anatomic structures, a failure to integrate, infection, and possible loss of the implant. Removal of the implant may be necessary to get the expected results for the patient. In addition to a compromised outcome, restoration of improperly placed implants may result in excessive expense, burden on the patient, and failure to meet expectations.

Implant placement outcomes are difficult to predict. Therefore, risk assessment through careful treatment planning and evaluation of local conditions (i.e., the quality and quantity of bone, soft tissue conditions, biotype, and condition of adjacent teeth or implants) can increase the predictability of a successful implant. An implant may integrate and survive, but restoring it may not meet the patient's aesthetic requirements. It may not be restorable at all. For the patient these are unacceptable outcomes.

Examine and Consult

The initial exam and consultation are critical first steps. This is your opportunity to review the patient's medical and dental history and evaluate their psychological and emotional temperament to undergo this specialized treatment. Can they sustain the physical and emotional challenges associated with implant therapy, including surgery, anesthetics, pain control, rehabilitation, and maintenance? Do they have any medical conditions that will jeopardize the success of the procedure, such as diabetes, hypertension, use of bisphosphonates and other antiresorptive agents that interfere with bone healing, and any other drugs or medical conditions that may interfere with the success of the procedure? Are there financial issues to discuss? What are the patient's expectations? Can they be met? Are they realistic?

Get clear answers to all the questions posed above before starting treatment. Evaluate smoking habits, TM joint disorders, periodontal disease, occlusal challenges, and aesthetic compromises. A key factor affecting implant success is the patient's health and healing capacity. Poorly controlled diabetes, autoimmune diseases, and bone deficiencies like osteoporosis may jeopardize healing.

Set aside a proper amount of time for a diagnostic examination prior to instituting treatment. Start with a clinical examination, mounted study models, and x-ray examination. While not required under accepted standards of care in all implant placement therapy, a CBCT scan is a valuable tool for planning tooth replacement with implants. It offers a unique 3D image of the recipient site providing valuable information on anatomy, implant location, bone density, pathological conditions, and much more. If you don't use a CBCT scan, take appropriate radiographs. You must ensure you can properly evaluate the implant site and the surrounding anatomic structures, including the inferior alveolar canal, floor of the sinus, and the like. The diagnostic examination should continue to expose the patient's expectations and whether they can be met.

For patients with remaining natural teeth, conduct a complete screening examination. Include a periodontal examination and appropriate radiographs. Evaluate the patient's home care capabilities—this is critical to the implant treatment's success. Diagnostic quality photographs are an invaluable tool for presenting information to the patient and documenting the presenting conditions in your dental record. Armed with the information gathered as part of your diagnostic examination, it is time to develop a written treatment plan.

Treatment Plan and Informed Consent

Formulate a treatment plan based on the patient's unique set of circumstances and health-related issues gleaned from your examination. Offer the patient multiple options (including non-implant therapy modalities) to replace their missing teeth. Clearly delineate the material risks, benefits, likelihood of success, and costs of each alternative. The options for replacing teeth include: no treatment, removable prosthetics, conventional crowns and bridges, and implant treatment options. Once the patient has had an opportunity to ask questions and review the plan, ask them to sign an informed consent document, indicating the treatment they have selected and its specific risks, benefits, and costs.

Surgery and Postoperative Care

The surgical procedure is only undertaken once the patient has provided their informed consent. The diagnostic examination provided the anatomy of the surgical site and what vital structures may be at risk. The prosthetic plan drives the surgery. If soft tissue and/or bone augmentation are a part of the treatment plan, the practitioner must have the requisite training and experience to undertake those advanced procedures.

With the surgical phase of treatment completed, the practitioner should be prepared to anticipate and address any postoperative complications in a prompt and effective manner. This may require a referral to a physician or dentist more capable of addressing the complication. All surgical procedure details and postsurgical complications should be promptly and thoroughly described in the patient's chart. Follow up with your patient to make sure they are not experiencing any postoperative complications that may jeopardize their health or the health of the implant(s). This follow up discussion, and any instructions provided, should be clearly documented as well.

Restorative Treatment

Before beginning the restorative work, revisit the prosthetic treatment plan with the patient—it may have changed due to surgical compromises. Given the plethora of restorative options, and alterations necessary following surgery, it is recommended that a separate, additional, and supplemental informed consent conversation occur with documentation. This ensures you and your patient agree on aesthetic and functional expectations and fees. Approach the restorative phase with the same diligence that went into the planning and surgical phases of treatment. The goal of this phase of treatment is to restore normal contour, function, comfort, aesthetics, and speech—and ensure the long-term health of the implants and restorations. Keep your patient meaningfully involved throughout each step of the restorative phase of treatment to make sure they are satisfied with the direction of the final restorations.

Your Best Defense

Implant therapy should only be undertaken after a meticulous pretreatment planning process. Begin by fully accepting your treatment limitations, education, and training. To do otherwise puts your patient at risk of preventable complications. Detailed, contemporaneous record keeping, including obtaining the patient's informed consent, are critical components of successful treatment. Diagnosis and fact gathering are the foundation to predictable clinical success.

Posttreatment complications and loss of implants almost certainly will result in allegations of negligence. Your best defense is to establish your credibility as a provider of this specialized treatment. Your credibility is built on your training, education, and experience—as well as your meticulous pretreatment planning and thorough, contemporaneous records.

Remember, know your limits—and your patient's.

¹http://www.aaid.com/about/Press_Room/Dental_Implants_FAQ.html

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