

Introduction to Complications
in
Implantology

Criteria for a Successful Implant

- A Ring Sound on Tapping the Implant
- No Significant Bone Loss on X-ray
- No Pain
- No Infection
- A Successful Aesthetic Result
- Good Function

An Ailing Implant
is an Implant at Risk

An Implant that has not yet Failed
but has a Problem that may be
Salvageable

An Ailing Implant is not
necessarily a Failed Implant

A Failed Implant cannot be saved
or is not Restorable
to Satisfactory
Comfort
Function
or Aesthetics

In Most Cases a Failed Implant
should be removed as soon as Possible

This results in

- Less Damage to the Bone
- Less Worry to the Patient
- Less Worry to the Dentist

In Most Cases inform the Patient
When There is a Problem

The Initial Trauma of having to tell
the Patient

is Soon Outweighed by the Relief
of having told the Patient

If you have not informed the Patient
and the Patient goes to Another Dentist
You have compounded the Problem
for Yourself

Always write down in the Patient's Notes
that You have told them about the Problem

Truisms
about
Complications

A Presentation
on Complications
is never Complete

There is a Tendency
Not to Wish to See
One's Own Complications

You see
what you want to see

There is a Tendency
to Scrutinize Other People's
Work More than One's Own

You hear
what you want to hear

You read
What You Want to Read

You Remember
What You Want to Remember
Hopefully

If You Photograph
Your Own Complications
You Appear to have
More Complications

It is then more Difficult to forget
Your Complications
if you Photograph Them

If You Develop a Lecture
on Your Own Complications
You Appear to have
More Complications than Other
People

If You Develop a Lecture
on Other People's Complications
Other People appear to have
More Complications than Yourself

If you talk about
Your Complications
You will be Known as having
a Lot of Complications

Referral Practices
don't seem to have Complications
Talking about Complications
is not Good for Business

Complications are
What Other Dentists Have

Some Dentists don't seem to have
Complications

but Curiously They do Know
How to Treat Other Dentist's
Complications

A Strange Phenomenon of Complications

- Some Dentists have 99.5% Success Rates
- Is this Statistically Possible?
- It is Very Doubtful

He who has had No Failures
has not done Many Cases

Or

Does Not admit to having Failures

Or

does not Notice Them

The Best Treatment of Complications
is to Minimise the Possibility of
having Them

The Best Operators must be aware
of All Kinds of Complications that they
might encounter
and most importantly
the Ways to Solve Them

Beware of Criticizing Other People's Work

- You were not There at the Time of Treatment
- You do not know the Circumstances at the Time of Treatment

Always bear in Mind
Here but
for the Grace of God go I

The Complication that Another
Dentist has today
may be the One
You have Tomorrow
Be Prepared

There are more Implant Complications
talked about in the Bar after
Lectures
than talked about during Lectures
themselves

If you have a Complication
You are probably not the First
Person
to have that Particular Problem

The Secret of High Success Rates

Move Practices/Offices
every Five Years

Move Continents Every 15 Years

The Longer You Practice in the
Same Place

The More Complications you encounter
in your own Work

Dental Work does not Last for Ever

We tend to think it does

If You want to appear to be Successful

- Only choose Easy Cases
- Don't look too closely at Your Results
- Don't let Other People look too closely at Your Results
- Don't talk about Your Failures

Complications in Implantology may be due to

- Errors in Treatment Planning
- Preoperative Complications
- Complications during the Procedure
- Immediate Postoperative Complications

Complications in Implantology may be due to

- Postoperative until the Restorative Phase
- At Restorative Preparation
- At the Fitting Stage

Complications in Implantology may be due to

- Late Implant Complications
- Late Restorative Complications
- Lack of Patient acceptance

Complications due to Errors of Omission

- Not having All the Treatment Modalities Available
- Not being Aware of All the Available Treatment Modalities
- Not being able to Perform All the Available Treatment Modalities

Available Treatment Modalities

Screw Implants



6.0mm



7.0mm



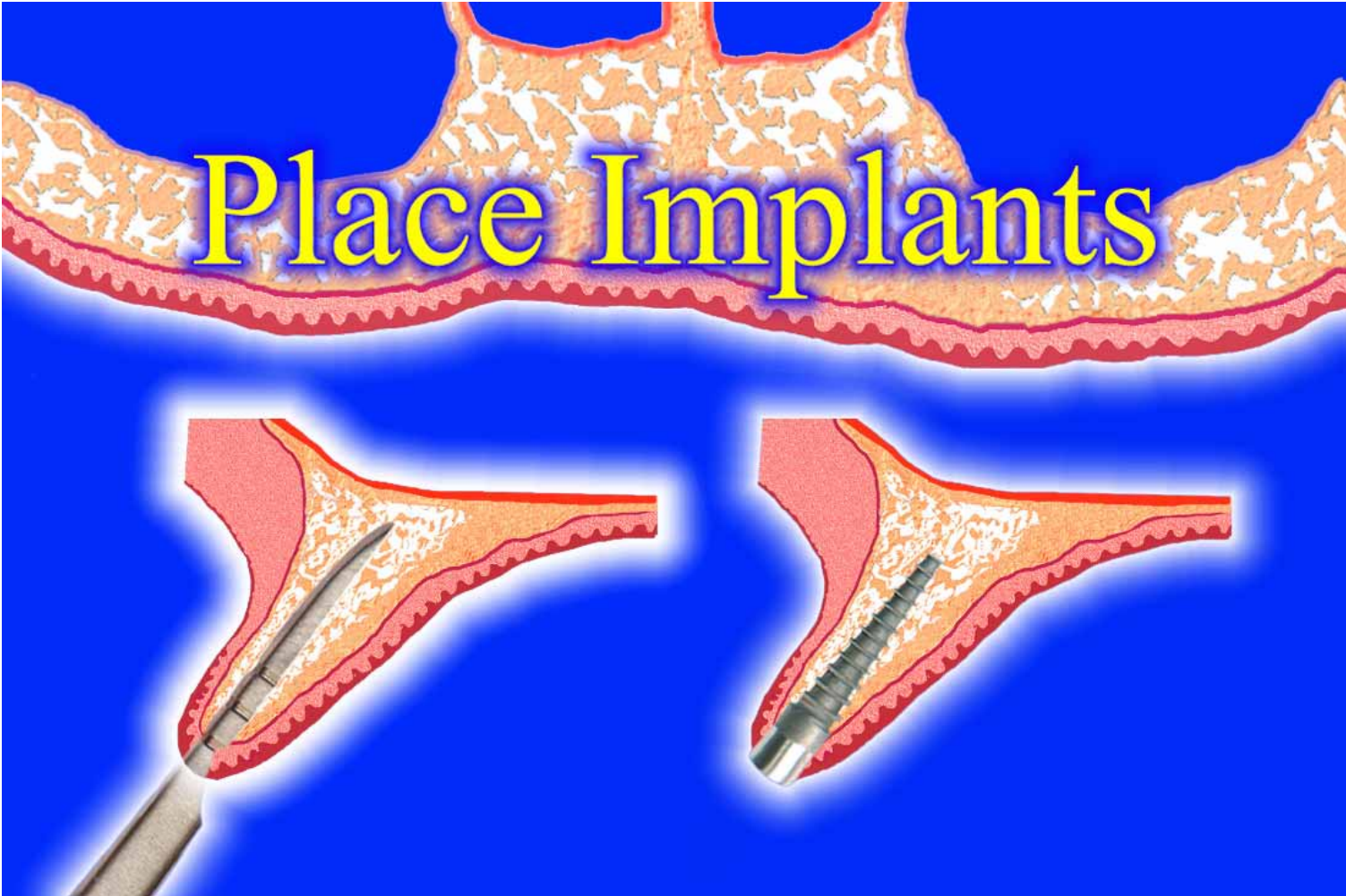
8.0mm

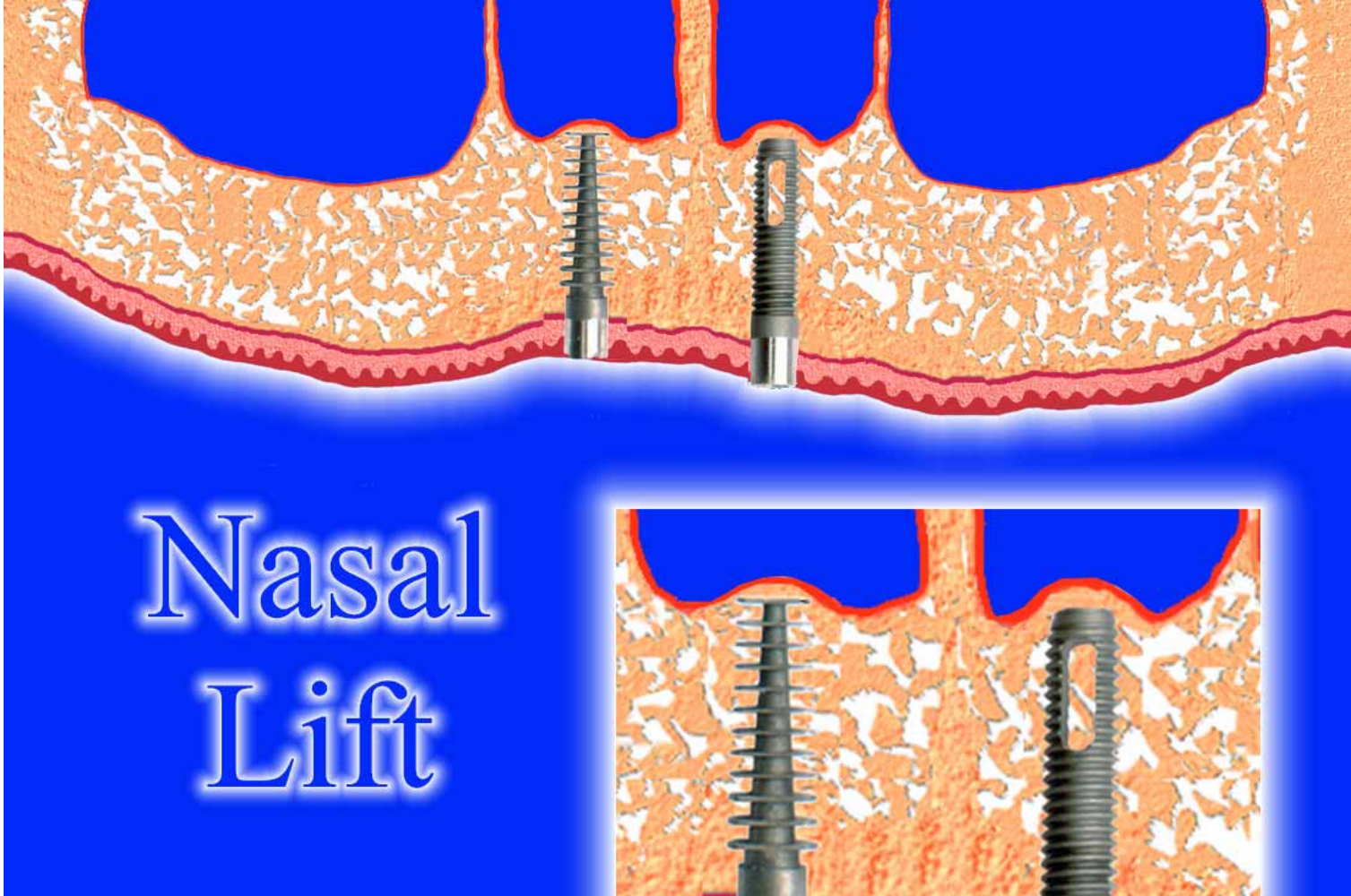
"D" Shaped Fin Implants



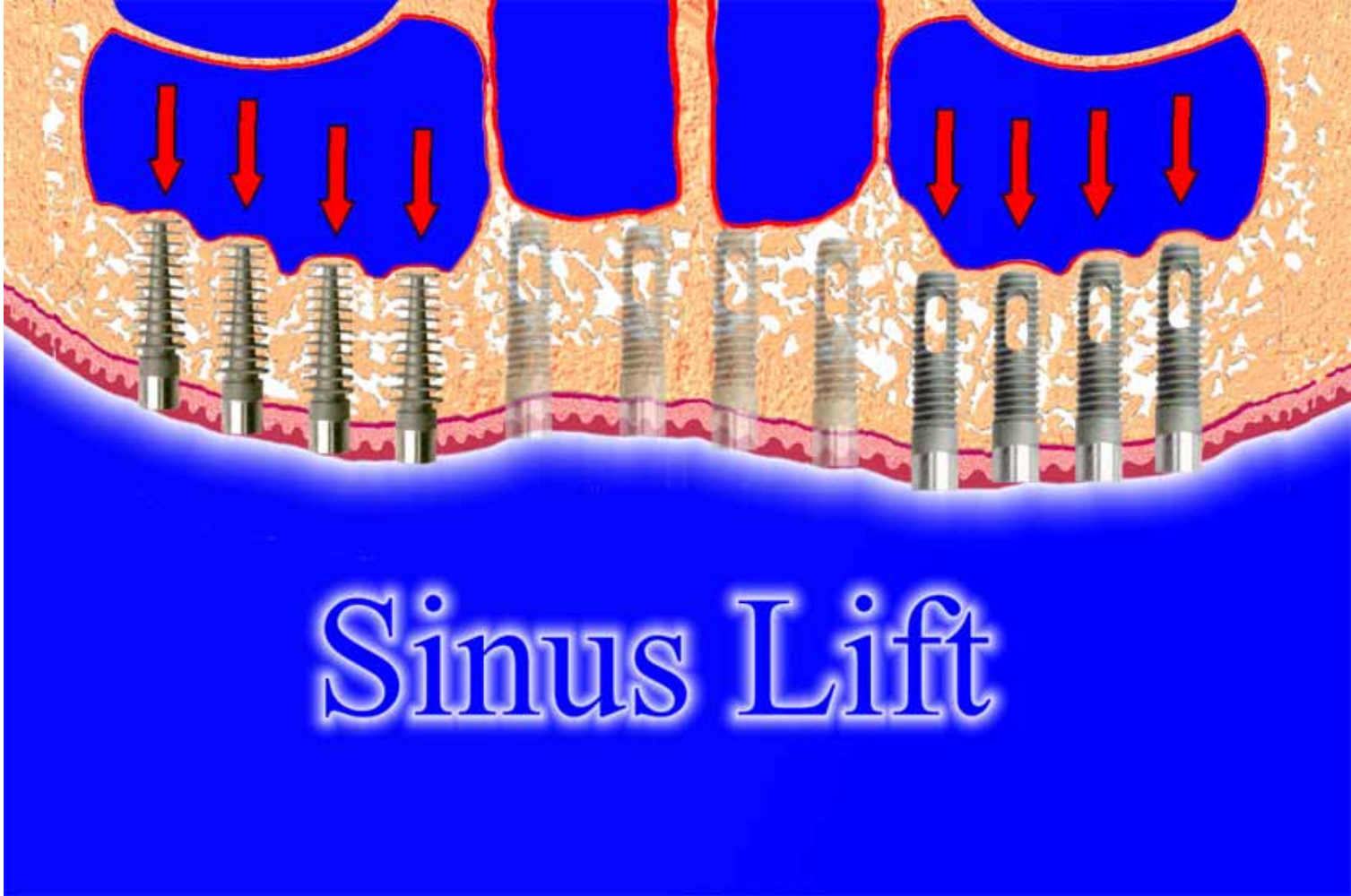
Ridge Expansion



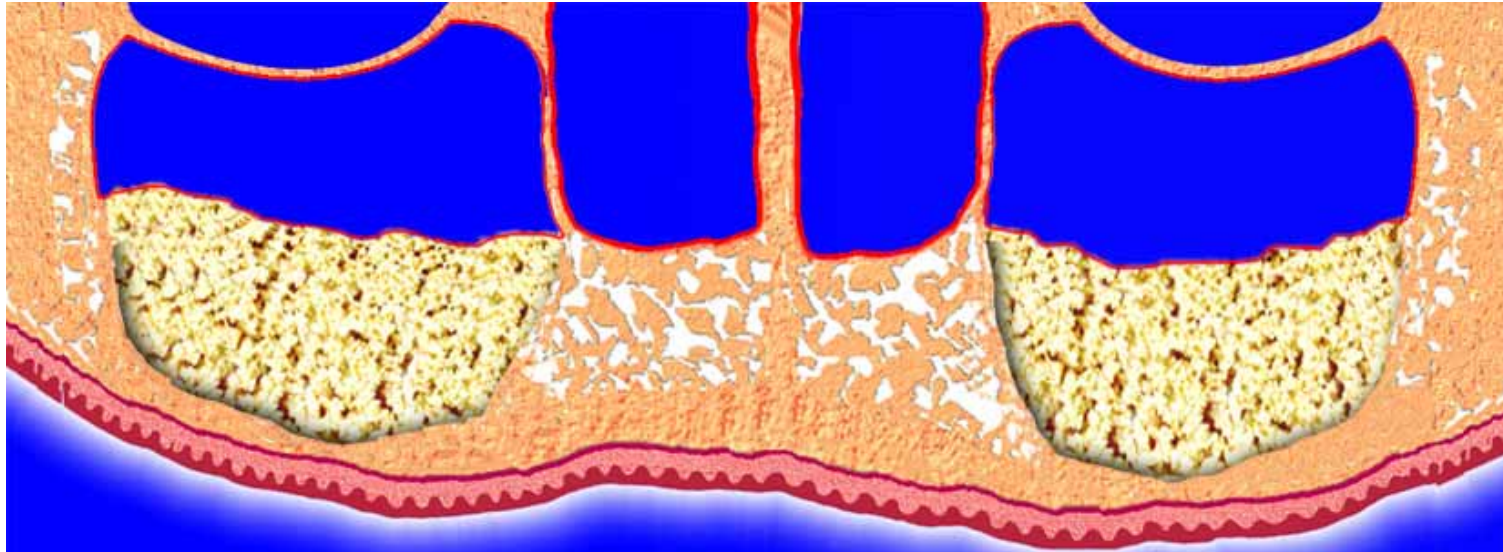




Nasal
Lift

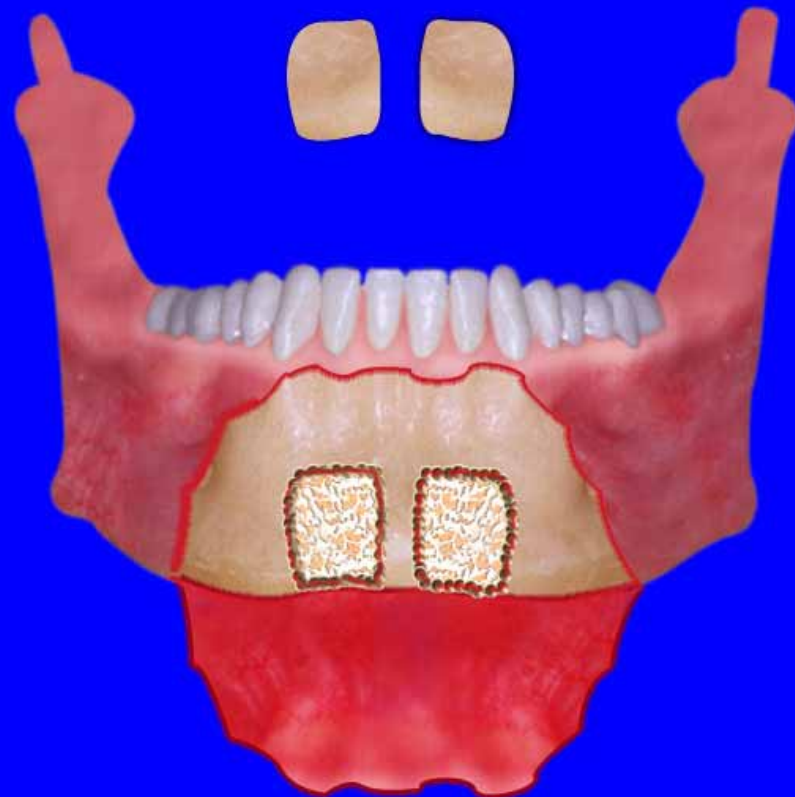


Sinus Lift



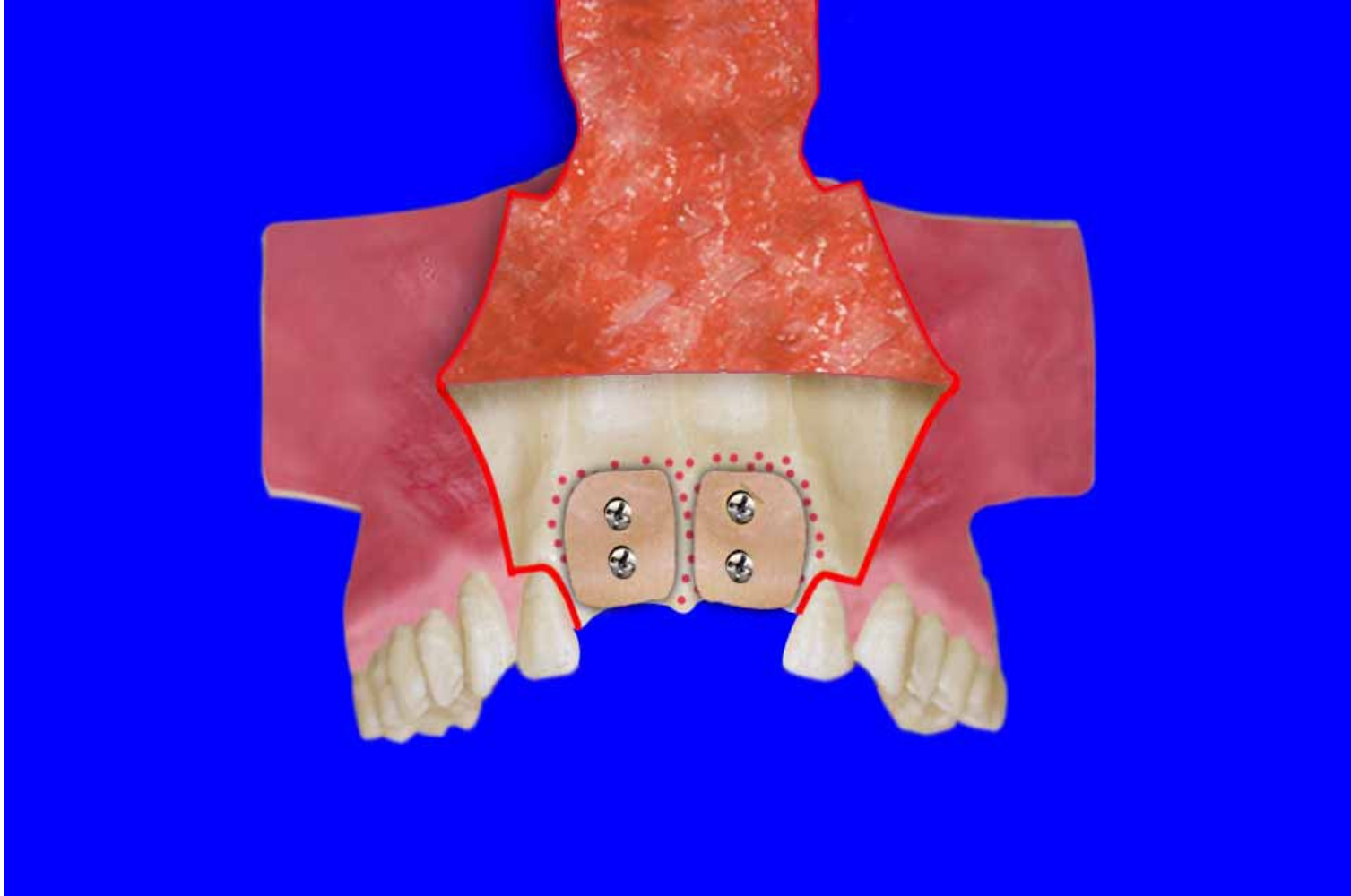
Sinus Grafting

Bone Block Grafting

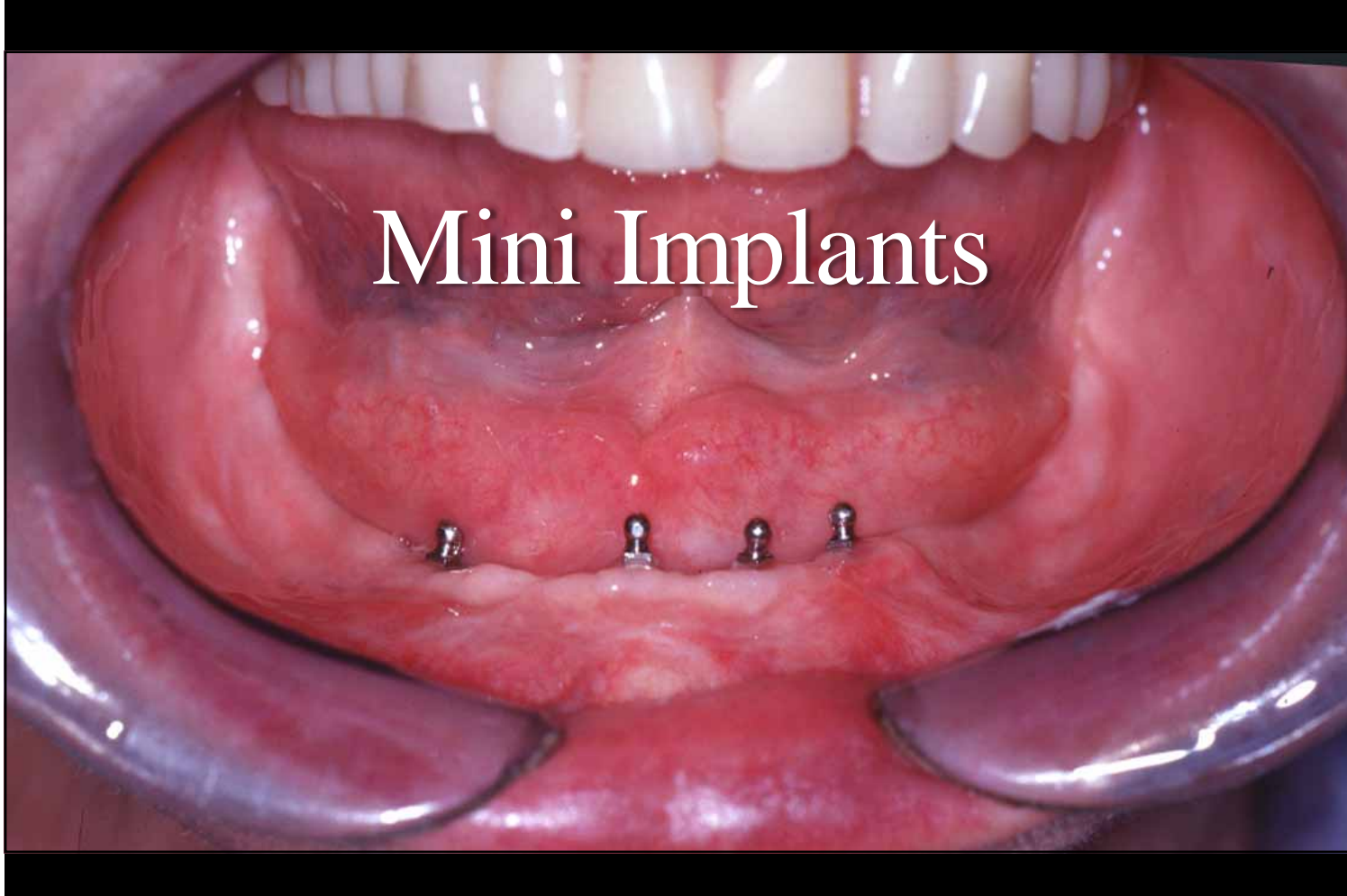


Bone Block Grafting

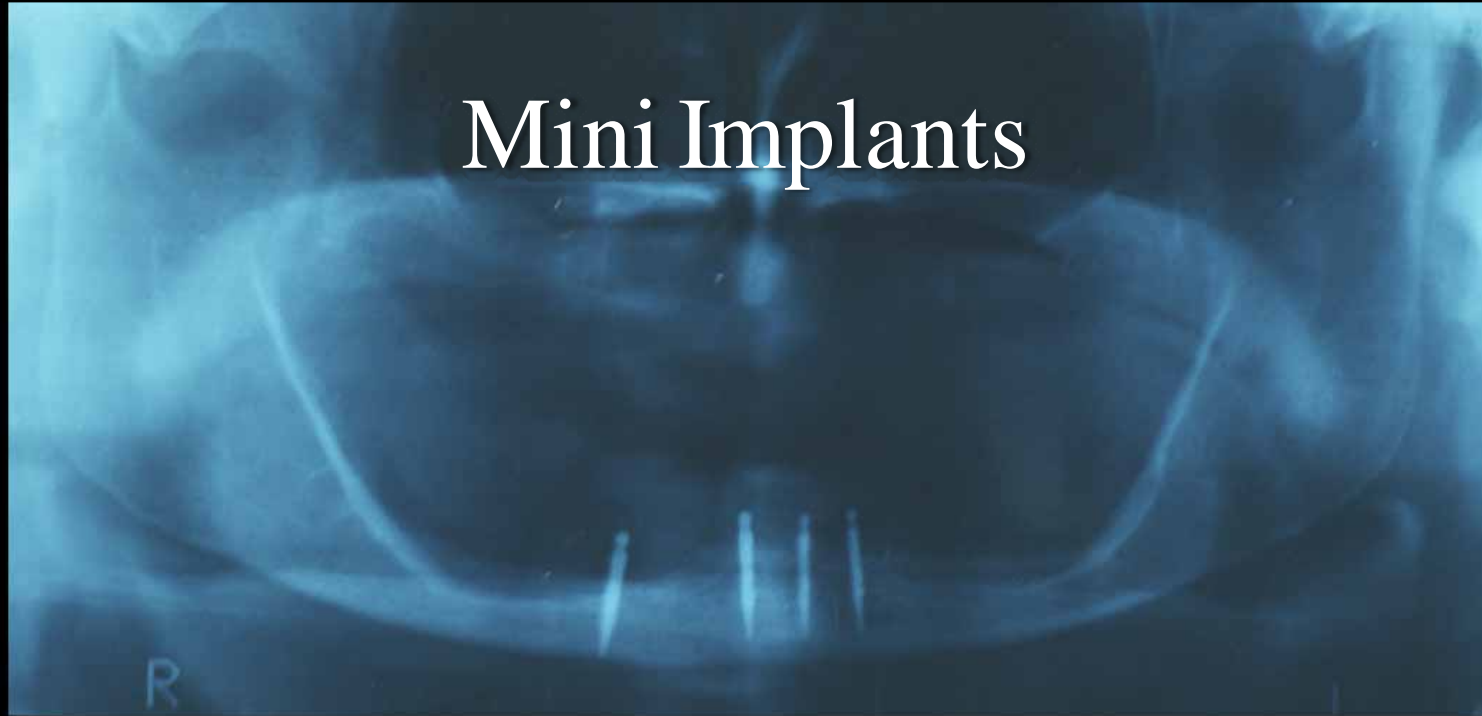




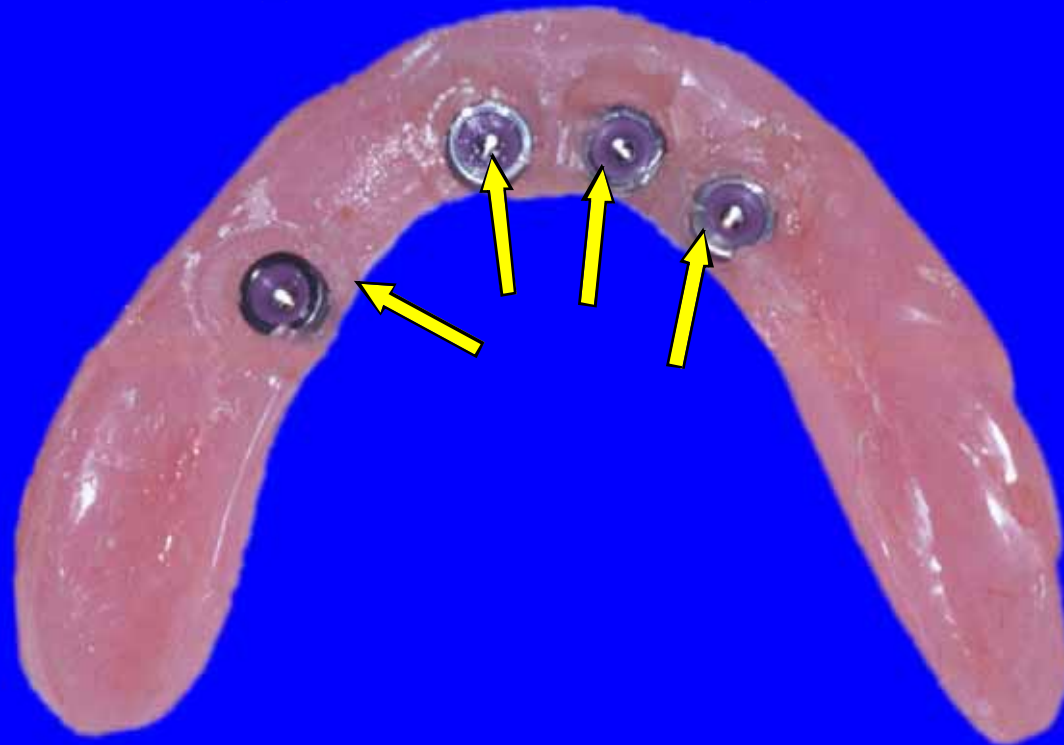
Mini Implants



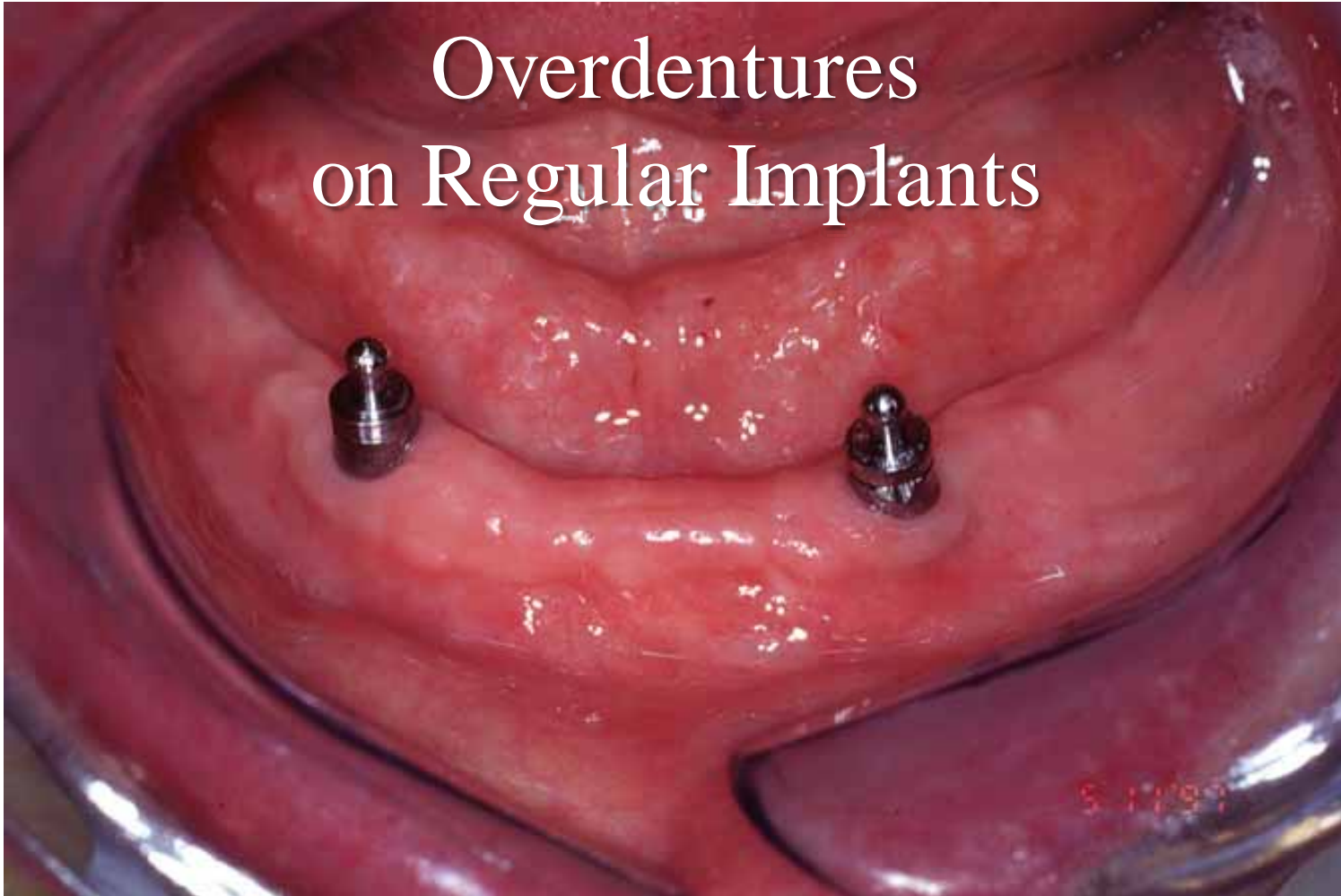
Mini Implants



Mini Implant “0” Rings Housings



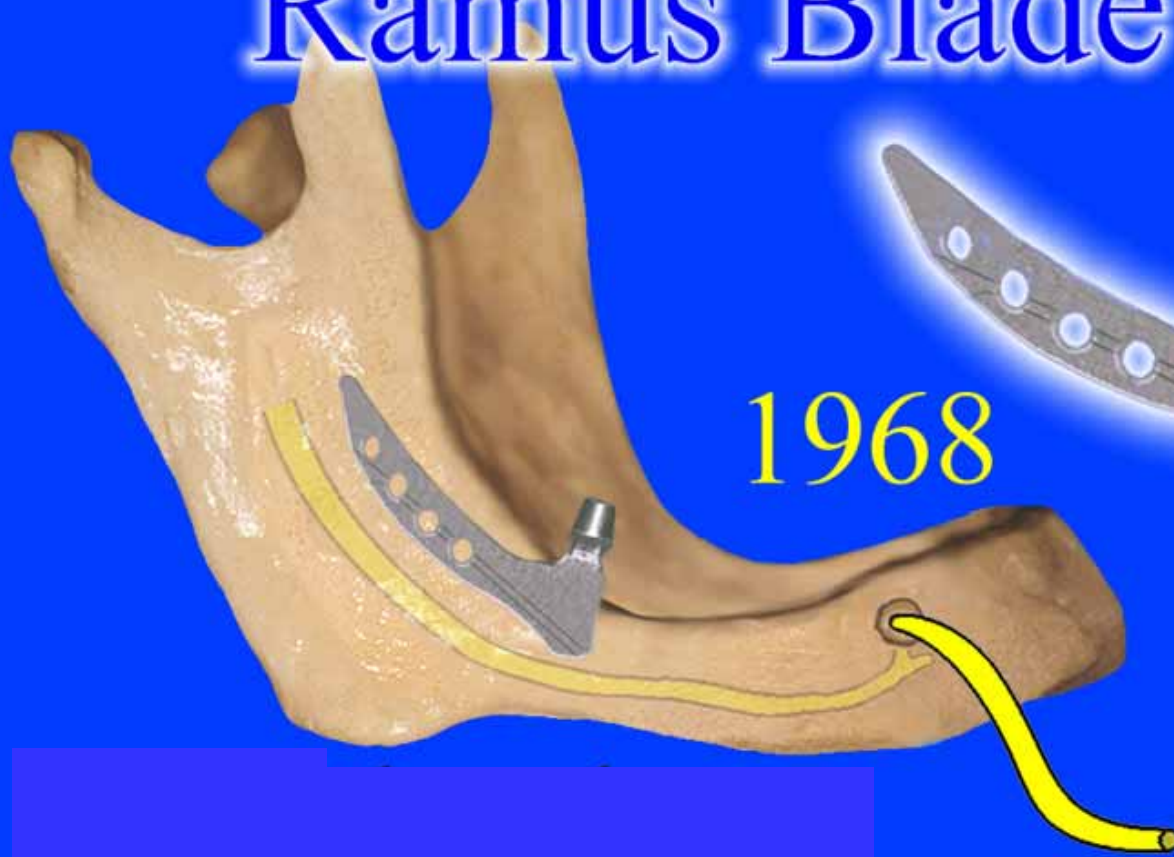
Overdentures on Regular Implants



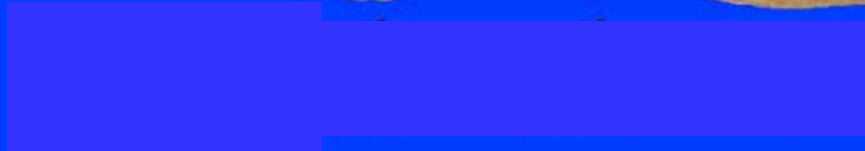
Blades



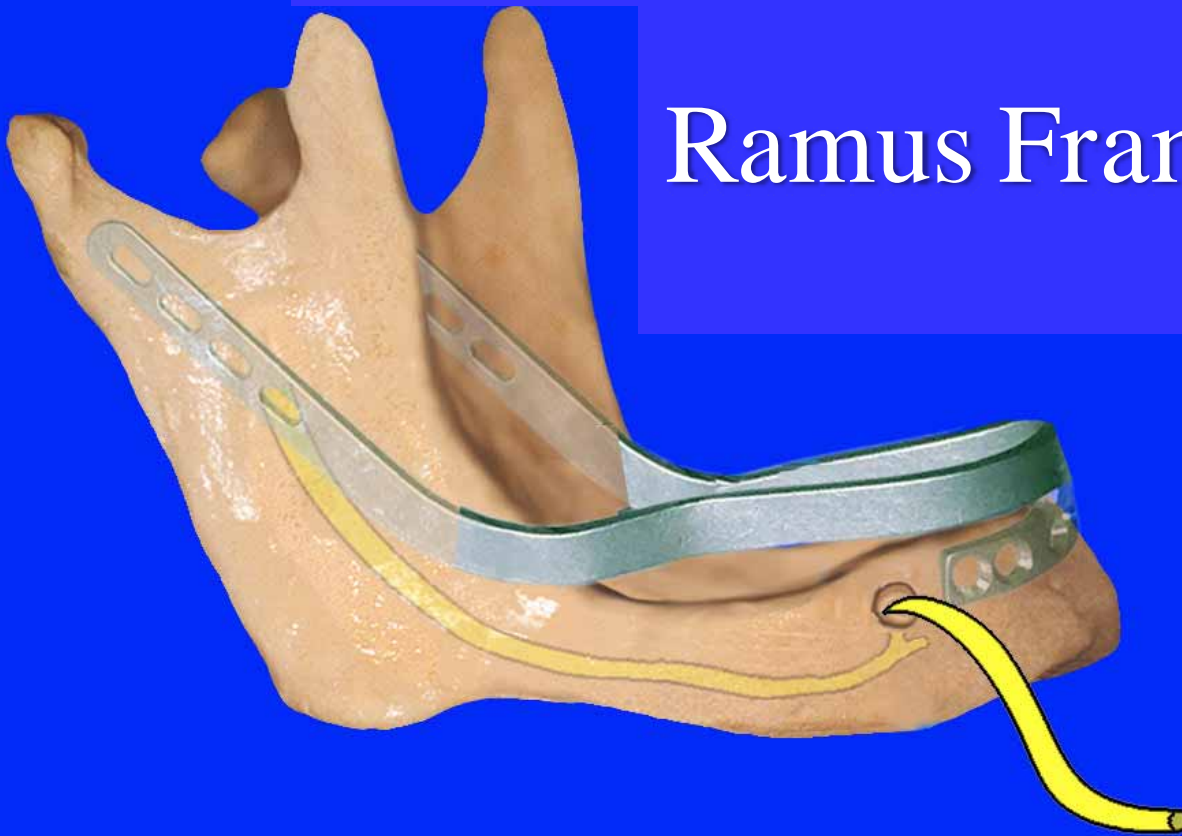
Ramus Blade



1968



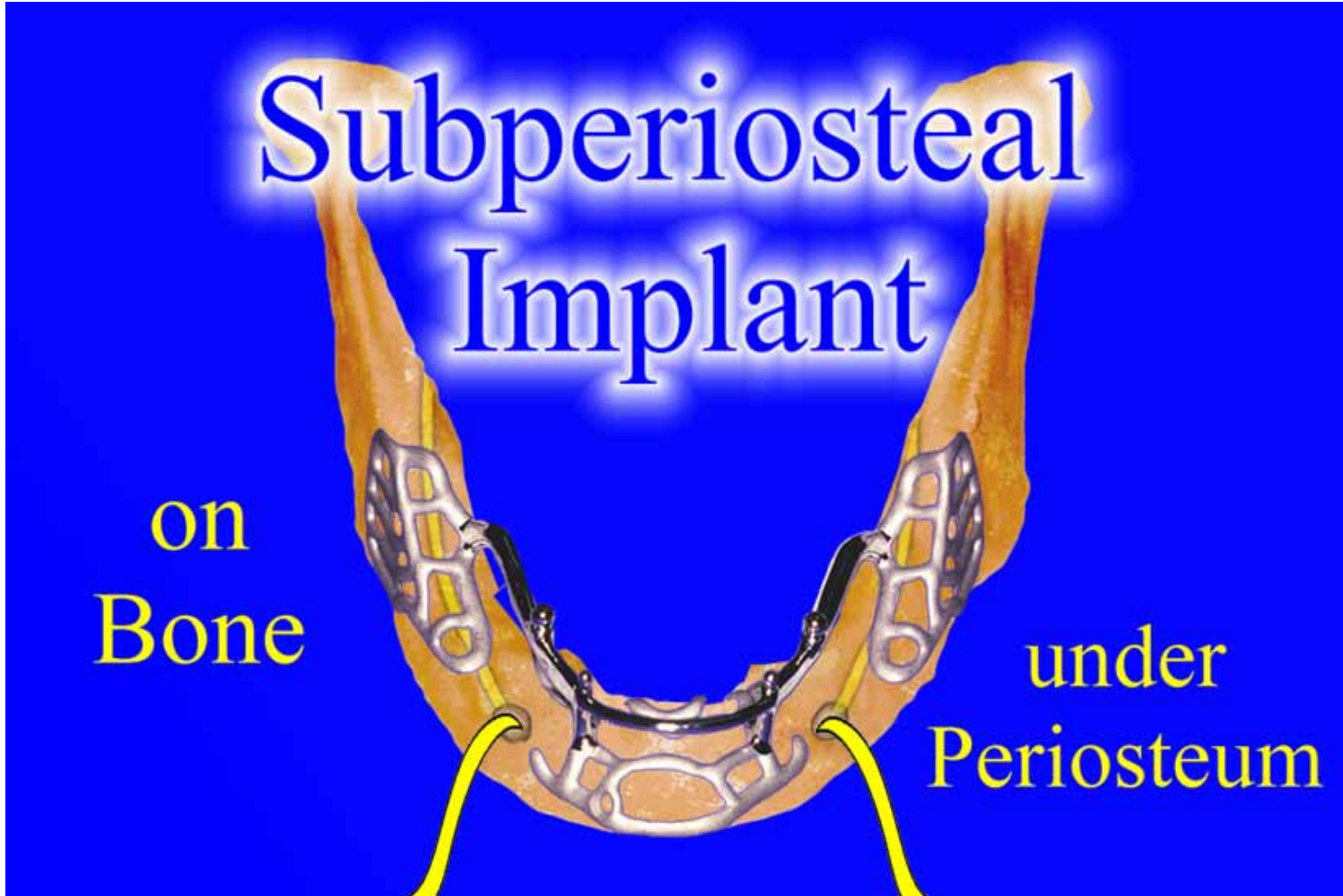
Ramus Frames



Subperiosteal Implant

on
Bone

under
Periosteum



Ridge Repositioning

Treatment Planning

Plan for the Long Term Future

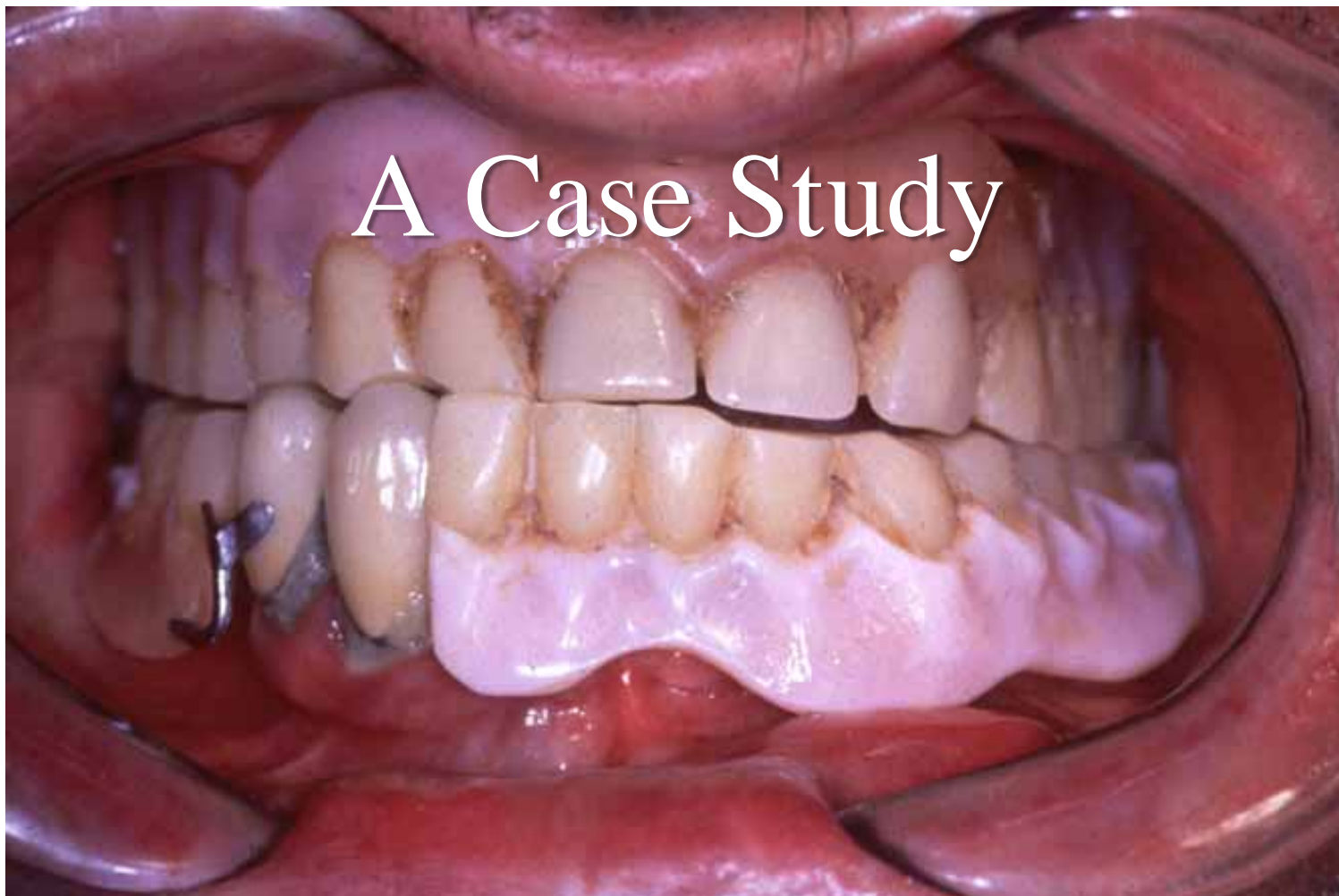
Take into Account Individual Factors

Relevant to Each Patient

Individual Factors Affecting Long Term Success

- Life Expectancy
- Level of Bruxing and Clenching
- Flexure of the Mandible

A Case Study

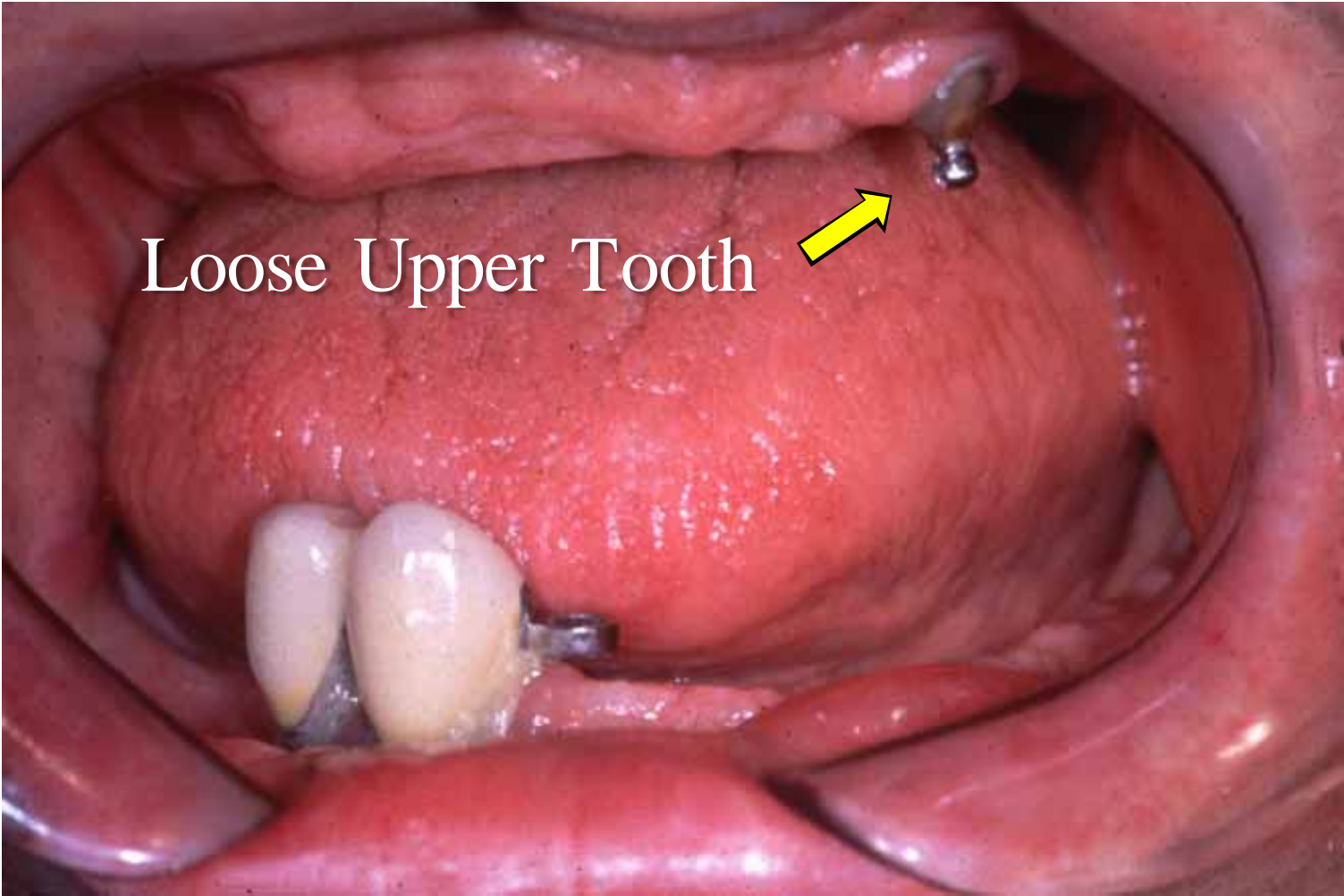


Relevant Factors

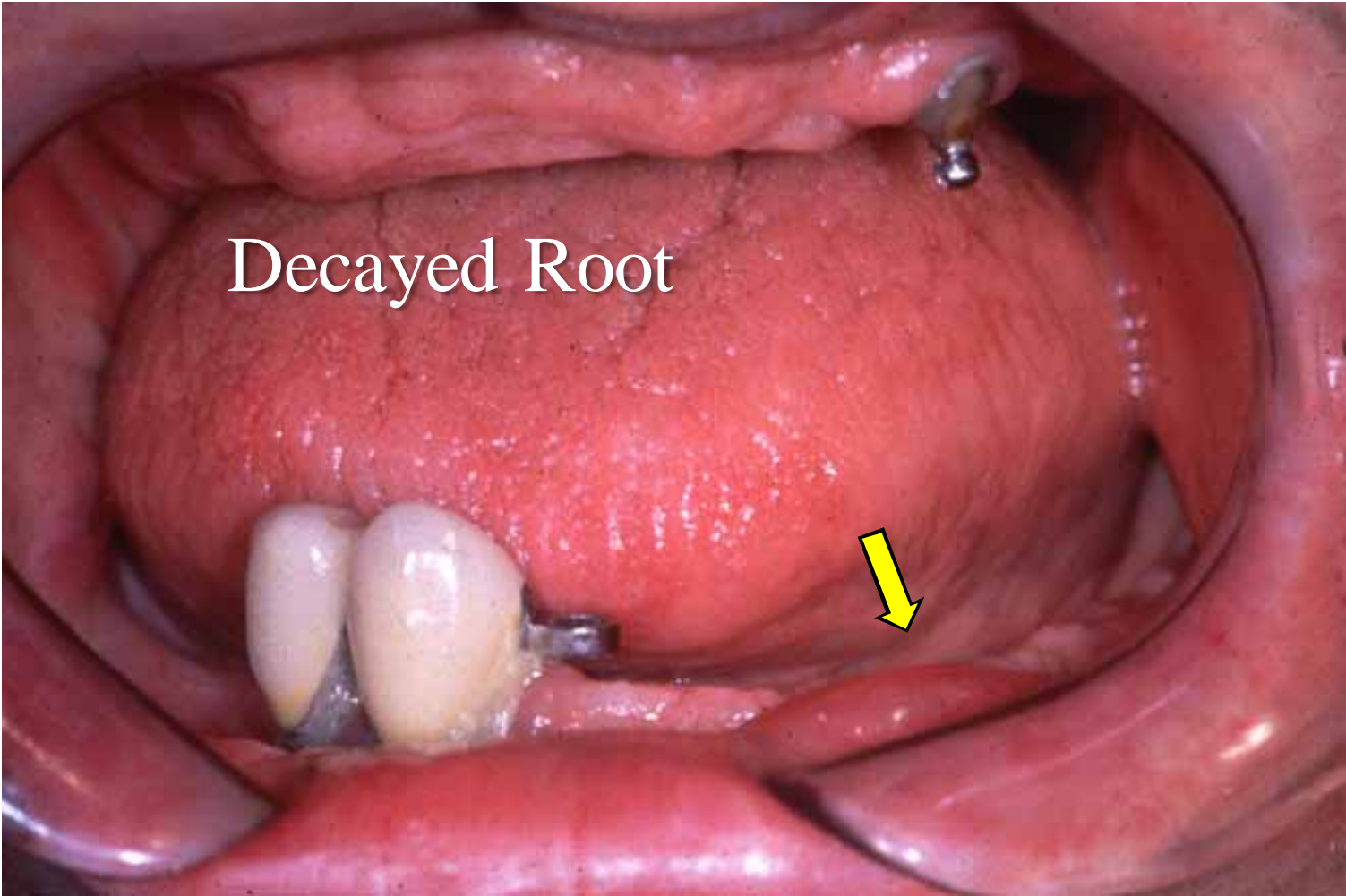
- 70 Year Old Man
- Short Stocky Man
- Thick Muscular Neck
- A Bruxer

Relevant Factors

- Patient had Adequate Funds
- Good Medical Condition

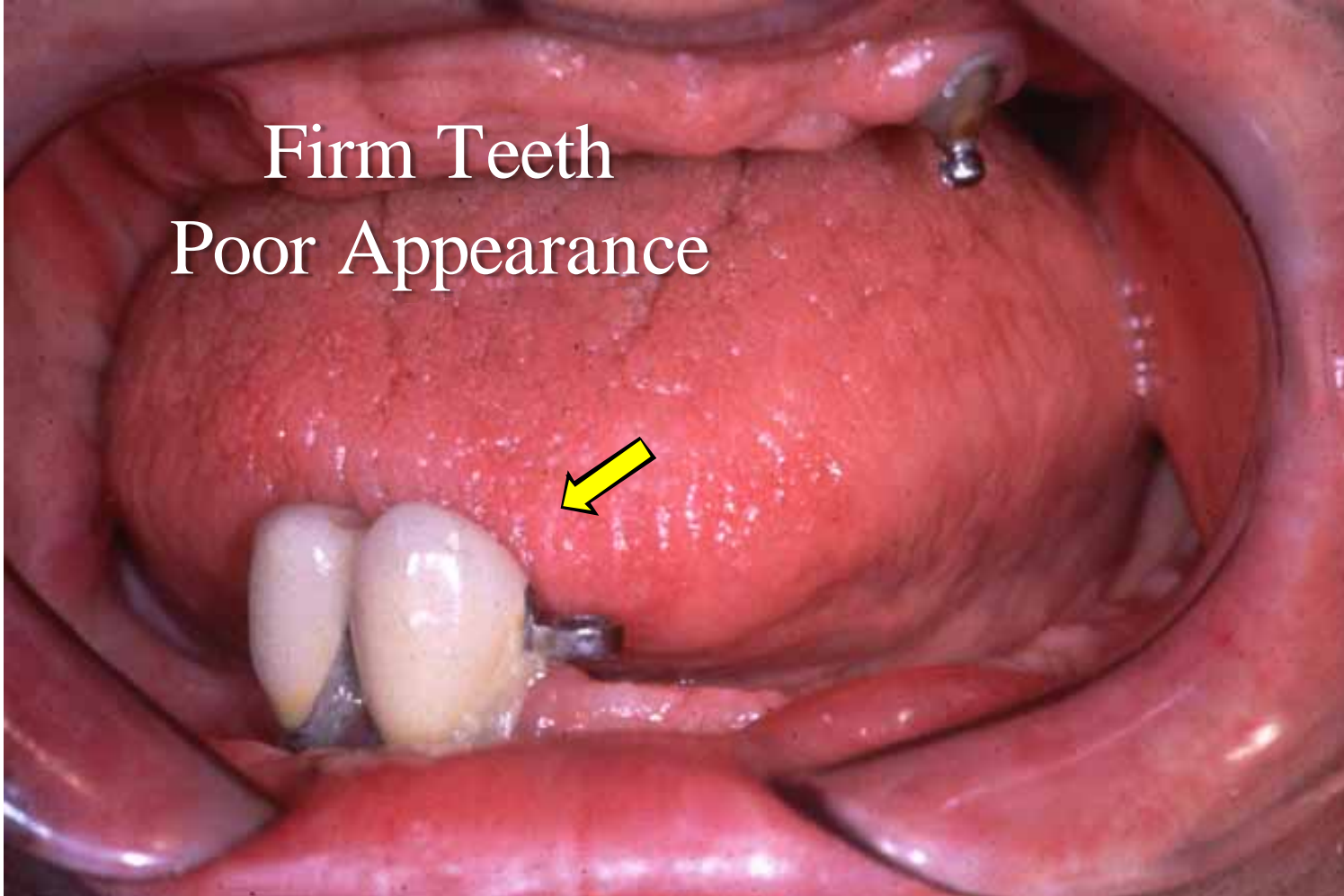


Loose Upper Tooth

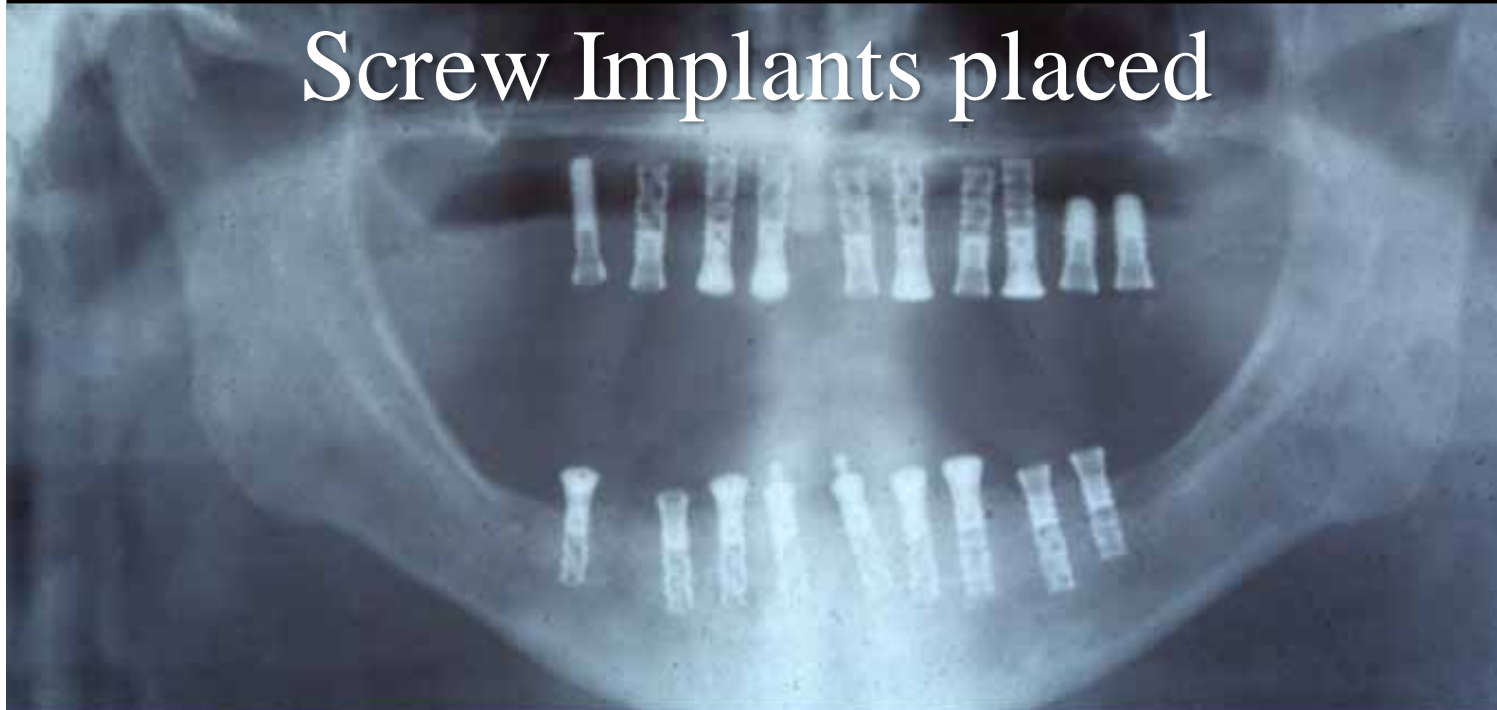


Decayed Root

Firm Teeth
Poor Appearance



Screw Implants placed



Owing to the Bruxing Problem

- A Upper Bar Over-denture was constructed
- A Second Denture was Provided

The Occasionally Patient broke off
Teeth from the Dentures

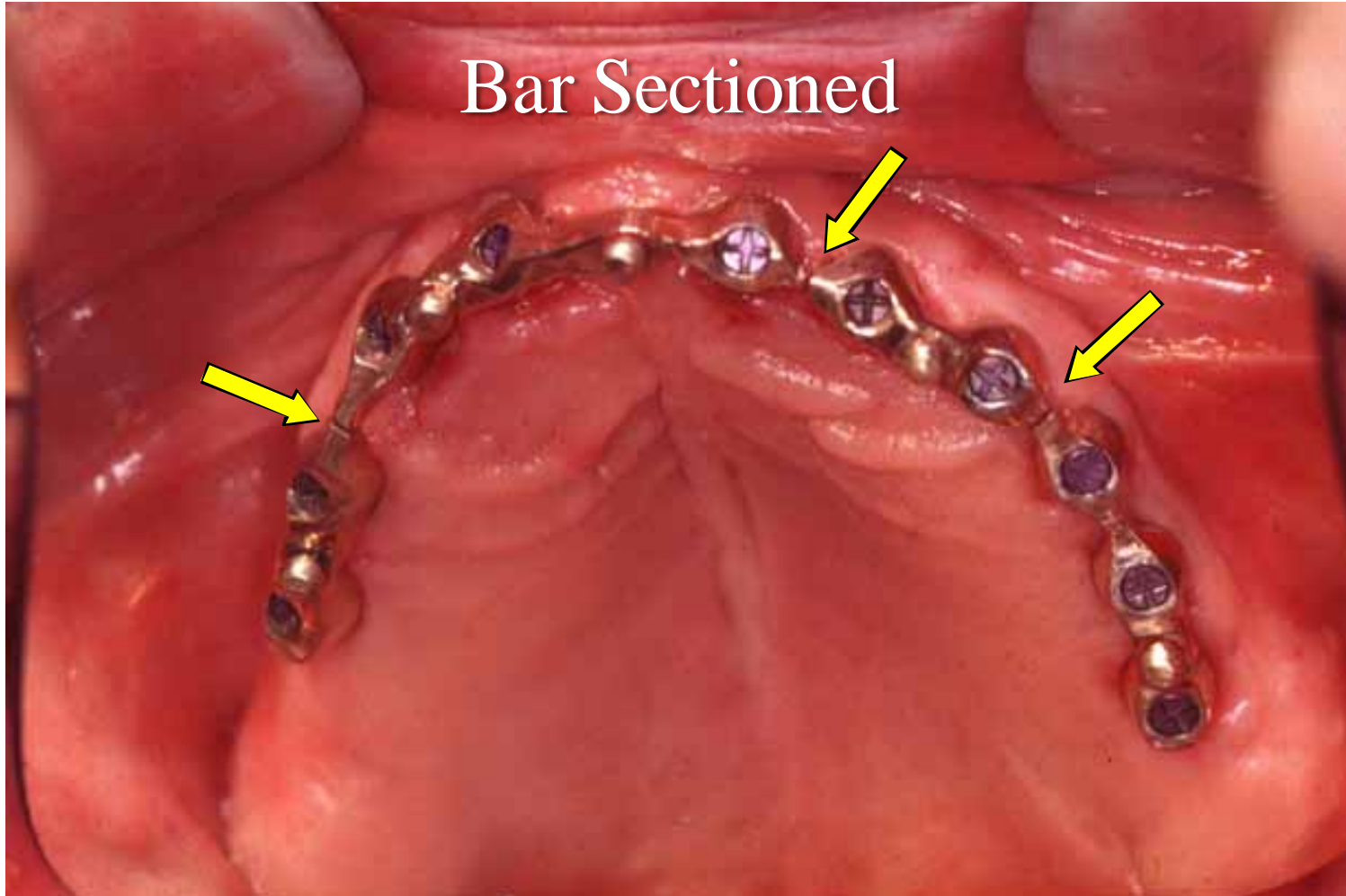
He was able to wear His Second Denture
While the Other Denture was Repaired

The Bar was Initially Constructed
in One Piece

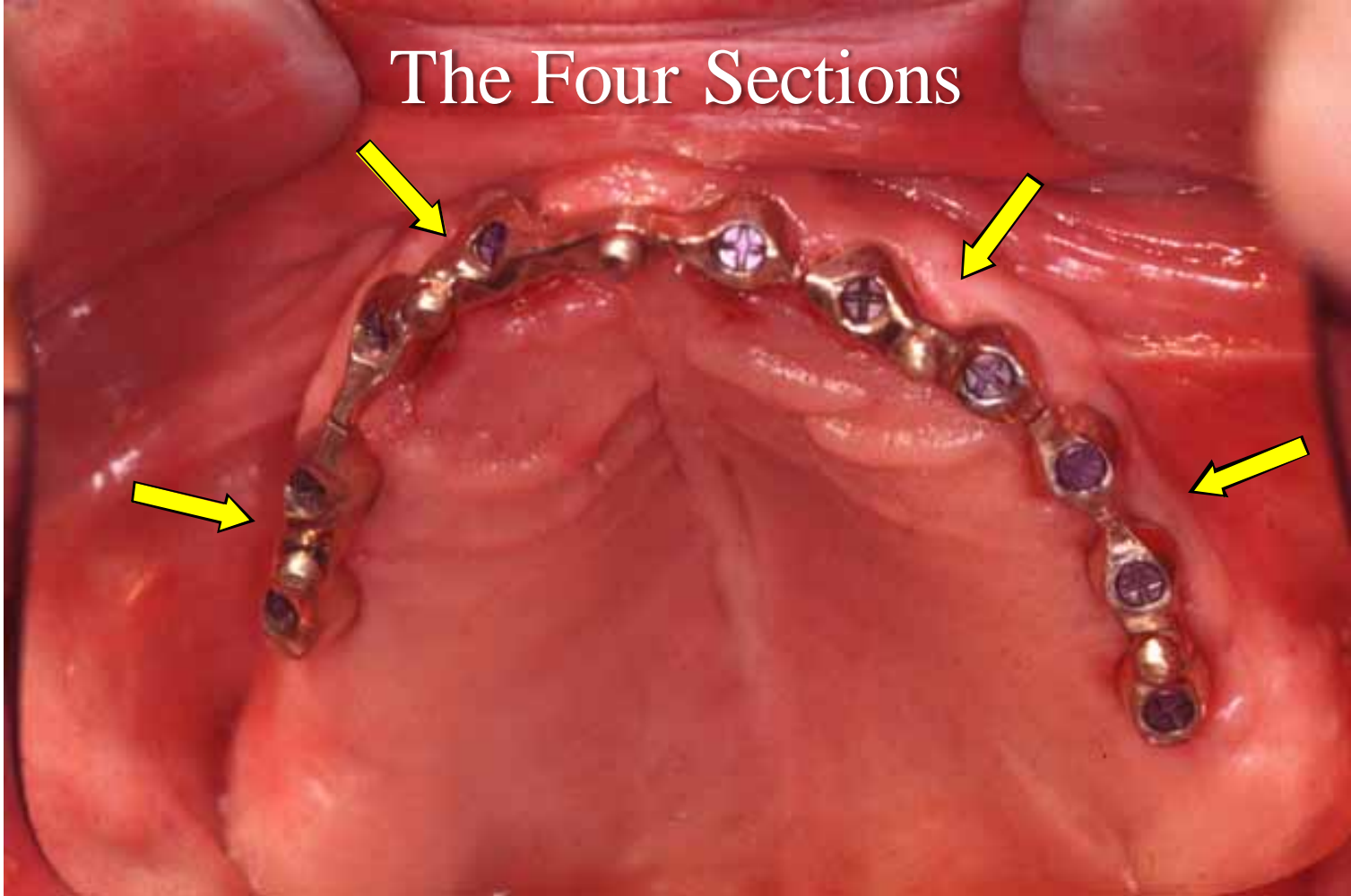
The Bar did not Fit

The Bar had to be Sectioned

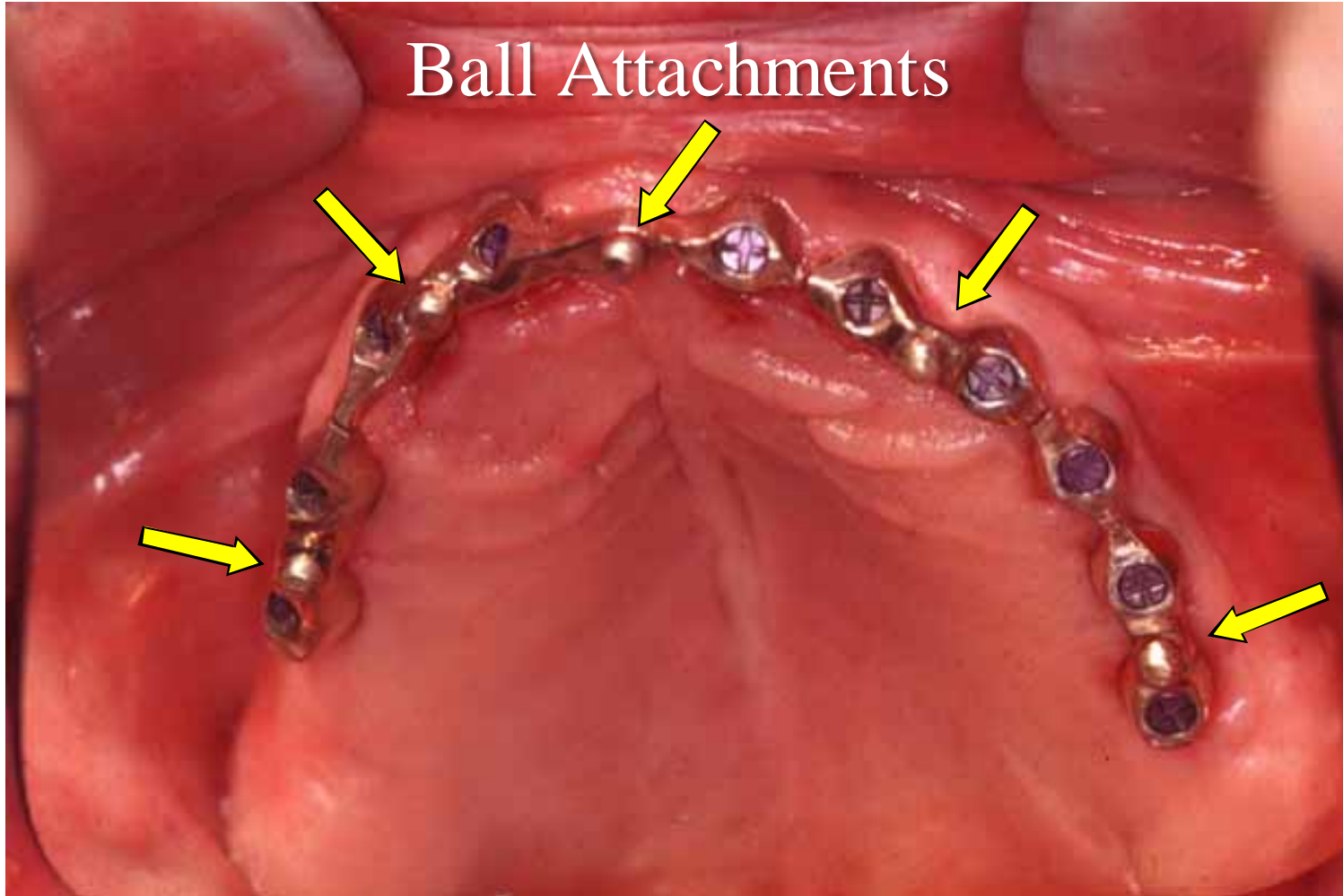
Bar Sectioned



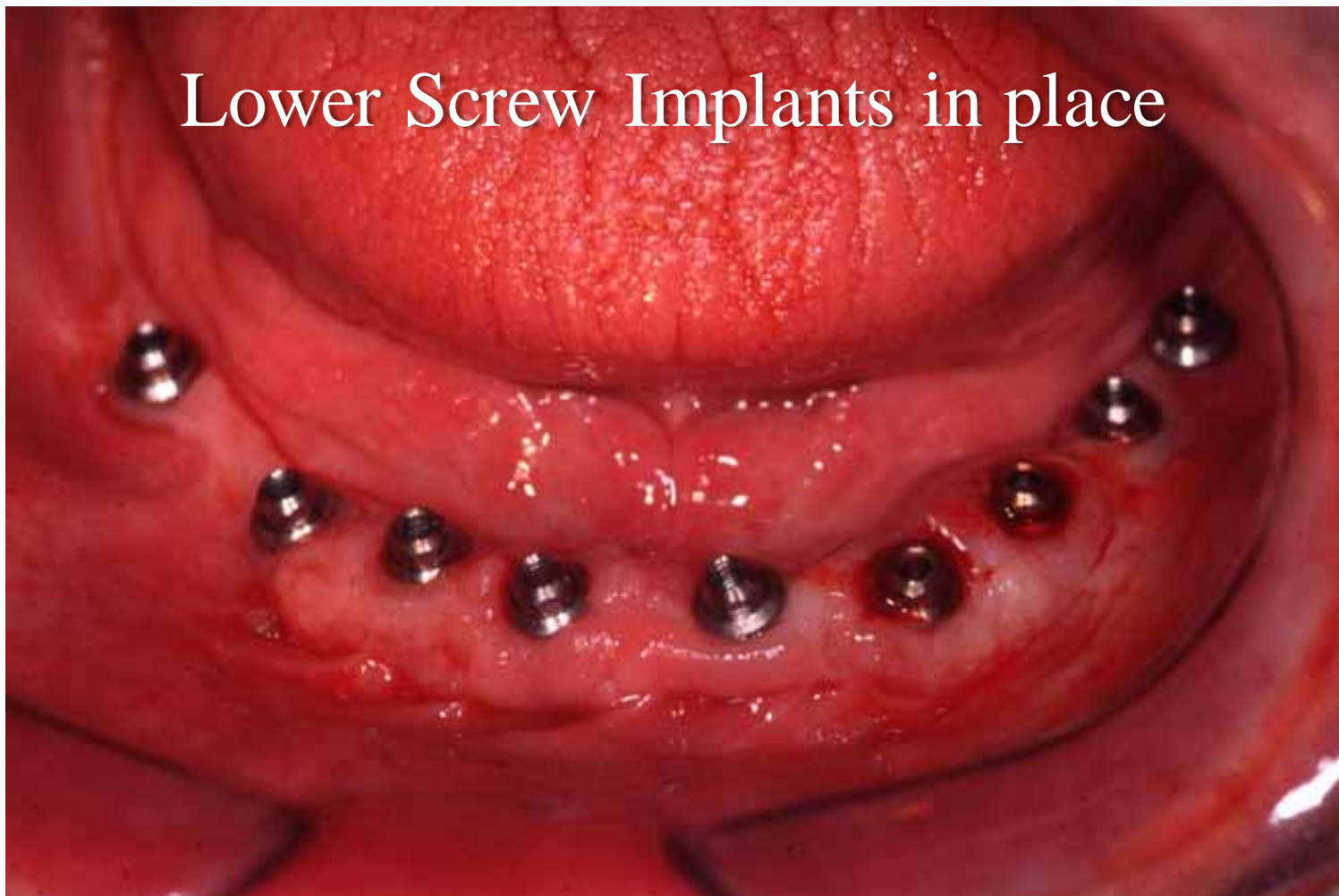
The Four Sections



Ball Attachments



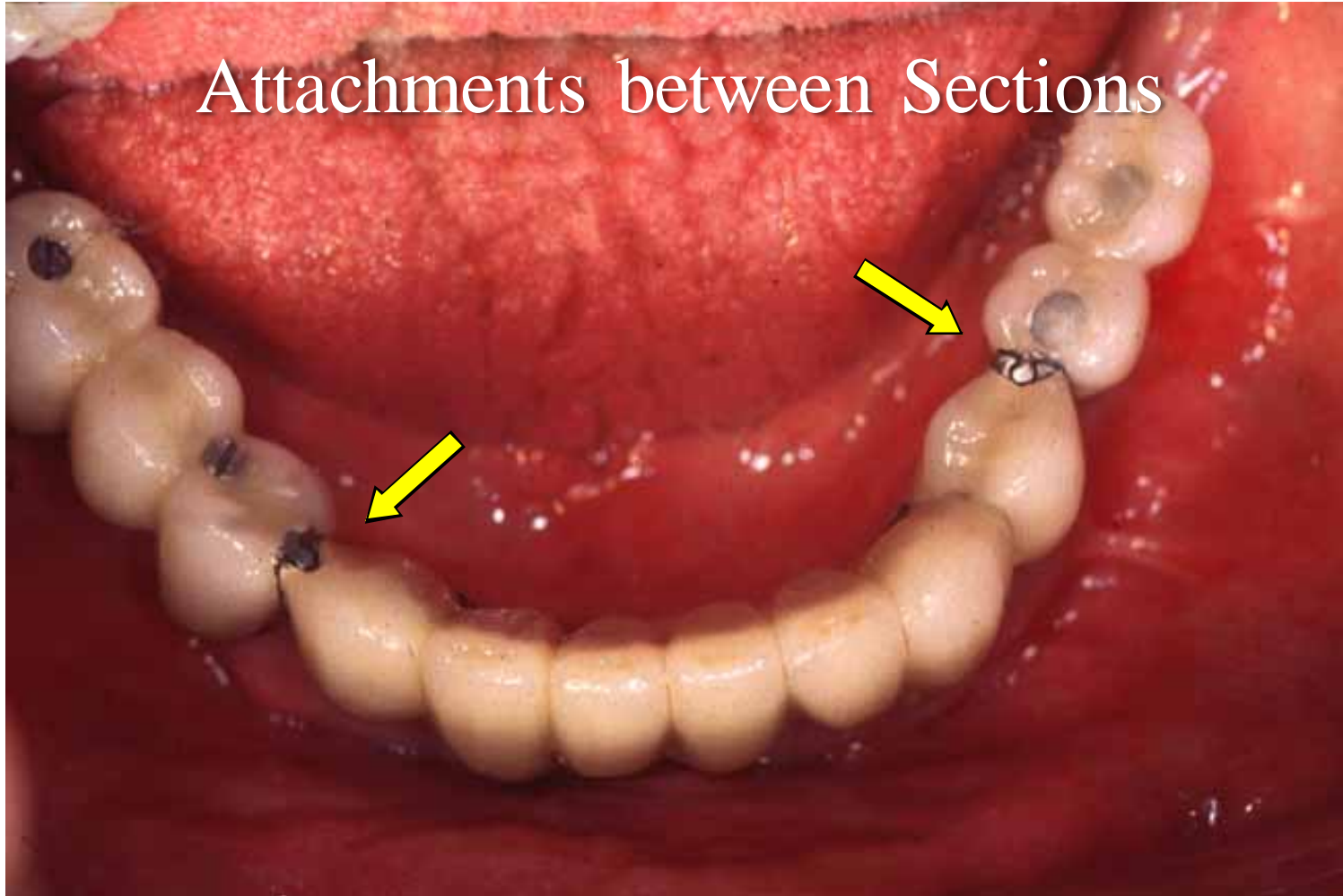
Lower Screw Implants in place



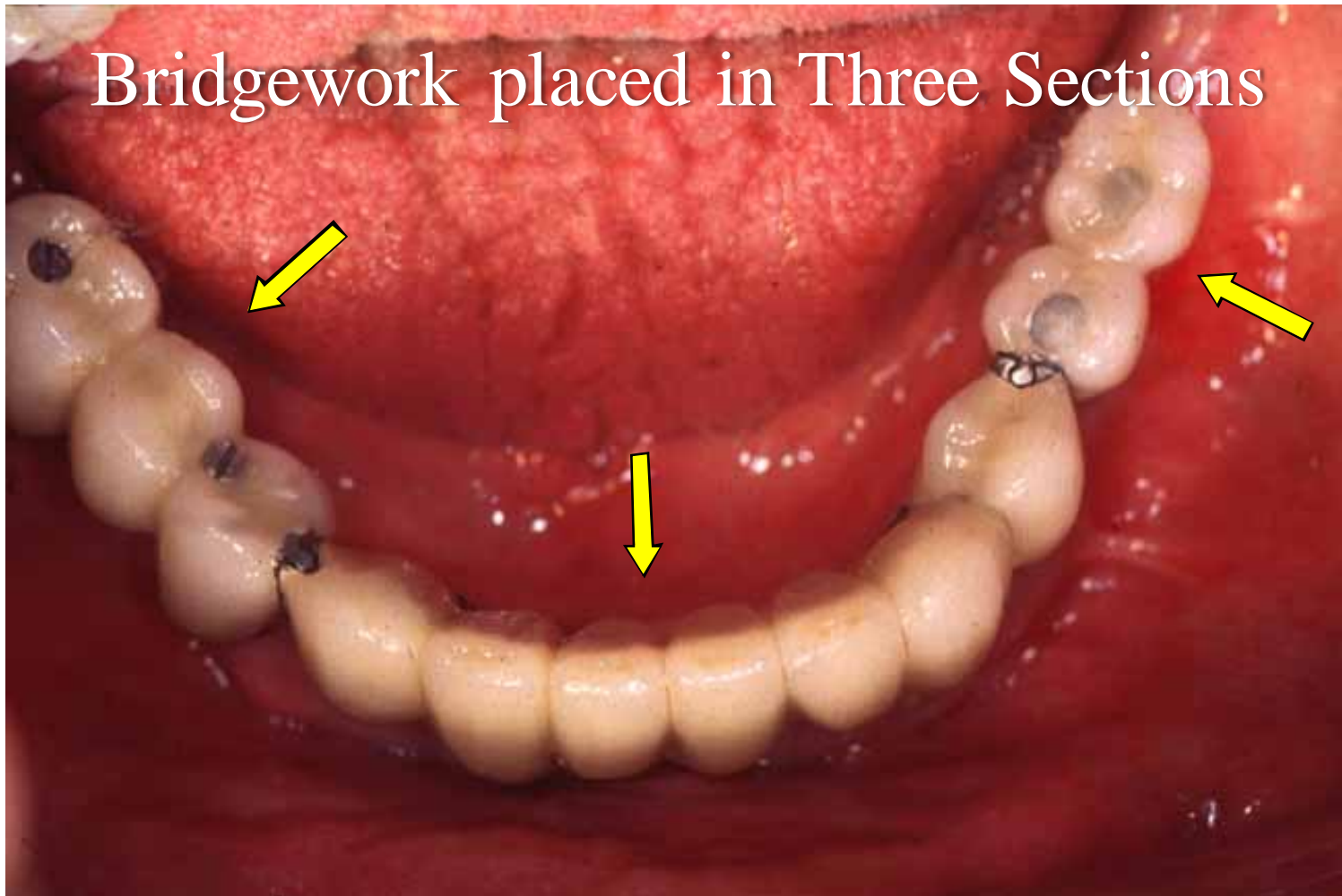
To take into Account
the Flexure of the Mandible

The Lower Superstructure was constructed
in Three Sections
Joined by Attachments

Attachments between Sections



Bridgework placed in Three Sections



Finished Case with a Night Guard
in place





Valid or Informed Consent

Rules of Valid/Informed Consent

- Everything must explained by the Dentist
- Everything must be Written down
- Dated and Signed by the Dentist
- Dated and Signed by the Patient

Valid/ Informed Consent

- A Copy must be kept by the Dentist
- The Copy must be Retrievable
- A Copy must be given to the Patient
- The Patient must be asked to keep the Copy in a Safe Place

The Patient must be informed of

- The Treatment to be undertaken
- The Products to be used
- Alternative Options for Treatment
and their Estimates

The Patient must be informed of

- The Risks Involved
- The Likely Recovery Period

The Patient must be informed

- If they will be treated in a Training Facility
- If their Treatment will be viewed by Students
- If the Treatment will be videoed and/or photographed

Consent Forms

- Are helpful but do not constitute Informed/Valid Consent
- They are not Personal to the Specific Patient

You must

- Make and retain Full and Contemporaneous Records of the Treatment provided
- i.e. Written up at the Time of the Treatment

You must have

- Sufficient experience to perform the Treatment
- Have Adequate Instruments and Equipment

You must have

- Written Consent for Sedation
- Have Adequate Oxygen Supply
- Must have Adequate Recovery Facilities
- Must have Adequate Up to Date Emergency Drugs

You must provide

- Written Pre and Post-operative instructions prior to Sedation
- Must be given to the Patient Several Days before the Appointment
- Not on the Day of the Appointment

You must provide the Escort with

- An Explanation as to why there is a Delay before or during the Procedure if There is one
- Postoperative Instructions

You must provide
Appropriate Alternative Pain and
Anxiety Control Management
Strategies

You must have

The Correct Indemnity Cover for the
Procedures you are providing

Preoperative Complications

- Failure to take an Adequate Medical History
- Failure to take a Blood Pressure
- Failure to arrange appropriate Drug Therapy changes

Preoperative Complications

- Failure to adequately assess the Patient's Psychological makeup
- Failure to detect an Adverse Psychology

Preoperative Complications

- Failure to bond well with the Patient
- Failure to bond well with the Patient's Escort

Patients who don't want to know Anything

- Have to know What is going to happen to Them
- Choose the Right Time to talk to Them
- Talk to a Close Friend or Relative if necessary

Preoperative Complications

Failure to take Special Precautions for
Medically Compromised Patients

Failure to get Valid Consent for Sedation

- Requires an Explanation of All the Options
- Sedation and Local Anaesthetic
- General Anaesthetic
- Local Anaesthetic only

Failure to get Valid Consent
for the Use of Human and Animal Products

Animal Products

- Collatape (Bovine Tendon)
- Bioguide (Pig Product)
- Biomend (Bovine Tendon)
- Catgut (Sheep's Tendon)

Medically Compromised Patients

- Diabetics
- Heart Attack Patients
- Irradiated Patients
- Strokes
- Patients on Certain Medication

Failure to arrange appropriate Drug Therapy changes

- Patients on Aspirin
- Patients on Steroids
- Patients on Anticoagulants

Prophylactic Aspirin

- Aspirin prevents Platelet Activation and Aggregation
- Platelet inhibition by aspirin begins about 1 hour following ingestion
- Lasting for the life time of the affected Platelets(7-10 days)

Prophylactic Aspirin

- Non Aspirin NSAIDs, such as Ibuprofen:
- Reduce Production of Thromboxane A₂
- Interfere with Platelet Aggregation

Prophylactic Aspirin

Have been reported to cause Bleeding
in Patients

taking Oral Anticoagulants
(e.g. Warfarin)

Prophylactic Steroids

Patient who have taken Steroids
for more than One Month within the Last
Year
are in Danger of Adrenal Crisis if placed
under Stress

High Blood Pressure Case

- At Surgery Appointment
- A Patient was found to have a Blood Pressure of 220/110
- Patient referred to Own Doctor

High Blood Pressure Case

- Unable to be stabilized
- Three unit Bridge was prepared under Supervision of an Anaesthetist

The End