

There is nothing as complicated as the truth –

Daniel Kemp

Because of the unparalleled success of implant dentistry, the number of practices incorporating implant surgery has risen dramatically. Unfortunately, there has been an accompanying rise in the number and incidence of complications. All clinicians have had these problems. Here are mistakes we have seen and made in over 70 combined years of implant surgical practice:

- Not understanding your patient: No two patients are alike. Recognize their variations and modify treatments accordingly.
- Performing less than a thorough and comprehensive history, examination and diagnosis.
- Forgetting that a patient's medical history will affect outcomes more than surgical materials, techniques or protocols.
- Forgetting that patient pre- and post-op compliance affects outcomes, often more than surgical materials, techniques or protocols.
- Recency bias: Techniques that worked well for one patient may not work as well for another patient. It is vital to use surgical approaches which account for the individual patient's capability to heal and be successful!
- Not understanding yourself:

 - Forgetting you don't know what you don't know!
 - Letting your ego write checks your skill set can't match!

Surgical competency is a process, not an event. The progression of case difficulty must match that of your experience and training.

- Mistaking "dog and pony shows" for science based, quality training. Don't let speakers, marketing hype or braggadocio of friends and colleagues replace fundamentals, surgical protocols and clinical instincts.
- Not separating the science from the sell:

 - Thinking that the latest and greatest products will compensate for poor surgical treatment choices, techniques and experience.
 - Allowing corporate hype to influence choice of materials, surgical approaches and protocols.
 - Utilizing products without demanding and assessing their basis in science.

Forgetting that implant surgery is merely a component of the overall treatment plan:

- Performing the surgery without understanding prosthetic / restorative protocols and workflows or providing a "restoratively driven" surgery.
- Not understanding when to regenerate bone and when to "work around" bone deficiencies.
- Failure to recognize and treat patients with parafunction, which often leads to failure and frustration for the patient and the treatment team. Do not forget the mission!

Patients want teeth which will last. All components of the team must work together to execute this mission and attain long term success. In closing, when complications occur, look in the mirror, not elsewhere, for the reason. Success is a result of self assessment, introspection and proper training, not "hopium."