Guest Editorial

Dental implants: Who's responsible for what?

I recently visited a long-time friend's office. We attended dental school together–he in periodontics and I in prosthodontics. This periodontist places a lot of dental implants and, as I watched him doing postoperative denture adjustments, recementing provisional restorations, and attempting to rebond acid-etched provisionals, I questioned why his patients weren't having these procedures performed by the restorative dentists who referred them. My friend shrugged; when his patients come to him seeking help, he does what he can to make them more comfortable. Actually, I, too, provide extended services to my implant patients. They call me when there is swelling or when their pain medication isn't working to their satisfaction. I'm the one removing those "hang-on" sutures that didn't fall out. Once again, they need help so I help them.

This scenario caused me to ponder where the responsibility lies in implant treatment. Some dentists "do it all"–treatment planning, surgery, follow-up, provisional restoration, abutment placement, final restoration, etc. Most dentists, however, prescribe to the multidisciplinary approach. Our training and experience tell us that we do some things better than others, so we refer to other specialists that which we don't feel comfortable doing ourselves. So why are some dentists trying to do it all? Perhaps it is because there are no guidelines in place to dictate responsibility in implant dentistry. That being said, here are my proposed guidelines for the lines of responsibility in treatment of implant patients:

1. *Choosing the type of dental implant, ie, external hex, internal hex, Morris taper: Restorative dentist.* Because the design of the implant dictates the restoration placed, the restorative dentist should make this decision. There may be need for discussion with the surgeon, especially if the surgeon has never placed the specified implant type, but the restorative dentist should be responsible for this decision.
2. *Implant placement: Joint decision.* Since the desired final restoration is dependent on the implant position, the restorative dentist needs to be involved in this decision. However, the surgeon should not be asked to place an implant in a location where there is little chance for success. Communication between the surgeon and restorative dentist should evoke a joint decision on optimal implant placement.
3. *Mesiodistal, buccolingual placement of implant: Restorative dentist.* Once the implant position is agreed upon, the exact positioning is determined by a diagnostic wax-up, from which a surgical guide stent is then made. This is the responsibility of the restorative dentist. If the restorative dentist does not make a surgical guide stent and implants are poorly positioned or not parallel, it is the fault of the restorative dentist. Likewise, if the restorative dentist takes the time to make a surgical guide stent and the surgeon does not use it, the restorative dentist has cause to seek a new surgeon for his/her patients.
4. *Length and diameter of the implant: Surgeon.* The surgeon should be responsible for determining the implant length and diameter. The exception would be in cases of wide spaces, ie, molars, where a wide-neck implant would be advantageous from a restorative point of view. In such cases, the restorative dentist should request a wider implant and the surgeon should try to accommodate this request based on available bone, etc.
5. *Vertical position of implant: Surgeon.*
6. *Grafting or guided tissue engineering around implant: Surgeon.*
7. *Postsurgical complications and follow-up: Surgeon.*
8. *Termporization following implant surgery: Restorative dentist.*
9. *Maintenance of provisional restorations: Restorative dentist.*
10. *Restorative options: Restorative dentist.* The restorative options should have been planned prior to implant placement, but this phase of implant therapy is ultimately the responsibility of the restorative dentist in conjunction with the desires of the patient.
11. *Maintenance of the implant-restorative complex: Restorative dentist and/or surgeon.* As a practical measure, oral surgeons are not set up to do recall, while periodontists and most restorative dentists are. Follow-up is essential, but it does not matter who follows the completed implant case. Communication between disciplines would be a novel thought here.

Such is my outline of the lines of responsibility in implant treatment. I know that "when all is said and done, there's a lot more said then done." But setting these responsibilities straight is important for every dentist placing implants and ultimately is in the best interests of our implant patients.

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