

## GUEST EDITORIAL

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# Women in esthetic implant dentistry

I have been invited to share my thoughts on the role of women dentists in a specific dental field that has a significant focus on esthetics.

I am referring to implant dentistry, where the advances in treatment concepts and products today allow us to achieve stunning esthetic treatment results that are both safe and predictable as well as stable and maintainable in the long term.

Implant dentistry has come of age. It is one of the most rigorously researched disciplines in dentistry and it is today an established treatment modality with application across the full range of indications for the replacement of missing teeth. Its benefits are further supported by patient-reported outcomes.

Esthetic dentistry is a focus of clear interest among female colleagues the world over; however, fewer women dentists than men are attracted to implant dentistry and its scope for contributing to esthetic outcomes. This seeming reluctance among female colleagues to embrace implant dentistry in general as well as esthetic contributions in particular is therefore puzzling. It is also of very real concern, both for the present and the future care of our dental patients.

The number of implants placed worldwide is growing steadily. The estimated total is 36 million annually, and this number is set to rise exponentially in years to come. At the same time, the global dentist workforce is becoming increasingly female, with women comprising 60% to 80% of newly graduating dentists. It is therefore clear that a critical mismatch is potentially looming between the demand for provision and maintenance of implants, unless we can inspire our existing as well as new female colleagues to engage in implant dentistry in sufficient numbers.

The question is: Why do women seem less attracted to implant dentistry? The answer appears to be multifactorial. To begin with, most undergraduate curricula focus on natural teeth, and rightly so. This leaves little time for incorporating the further and comprehensive discipline of implant dentistry at undergraduate level.



Charlotte Stilwell  
Dr med dent, DDS,  
FCGDent FITI

## Why a horseshoe crab on the cover?

Since the 1970s, horseshoe crabs have been used in human medicine in laboratory testing to detect pyrogenic substances: the limulus amoebocyte lysate (LAL) test. In this test, the amount of fever-causing (pyrogenic) bacteria is measured using the coagulation of a lysate obtained from the blood cells of the horseshoe crab.

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For many new graduates, the first encounter with implant dentistry therefore only comes late in the undergraduate course and may be limited to an elective short program. For women dentists, who by self-admission tend to be risk averse and prefer to be absolutely on top of every dental procedure they engage in, this minimal exposure to implant dentistry may present the first significant barrier. The second barrier may be the prospect of having to undertake considerable, costly, and lengthy training in order to gain the necessary expertise and experience to provide implant therapy safely and predictably.

And yet demographic data show that women dentists embrace the additional education and training associated with training in, for example, orthodontics, periodontics, and special needs dentistry. Could a third barrier therefore be the perception that there is no readily available and affordable education and training in implant dentistry that lends itself to a manageable work–life balance?

The good news is that there is a solution. It would be a good start if all dentists could graduate with the basic knowledge and ability to assess implants and their restorations, undertake straightforward maintenance, and spot problems for early referral, as needed.

Beyond that, education in implant dentistry has evolved at both the international and local levels. There are structured education programs that offer pathways to beginners for progressing through the recognized increasing levels of difficulty in implant therapy, undertaking first straightforward, then advanced, and finally complex indications.

Furthermore, these pathways are designed with continued professional development and the demands of a changing work–life balance in mind, as faced by most female colleagues. They can be flexible and thereby allow for a gradual progression to consolidate knowledge, expertise, and experience before tackling the next step on the journey.

In common with all the high-end esthetic treatment featured in this journal, implant therapy in the esthetic zone belongs to the category of advanced and complex treatment in dentistry. The very experience and proficiency required to undertake this therefore represent an ideal motivational goal on the implant journey for ongoing general professional development. Evidence-based tools and decision trees are constantly evolving and are freely available for identifying and mitigating esthetic risks and assisting structured assessment and planning.

For my part, I was in my early 40s before my work–life balance allowed me to branch into continuing professional development courses to expand my repertoire into both esthetic and implant dentistry. I was fortunate to work in a practice with a patient demand for both of these aspects. In addition, I was fortunate enough to have the input and support of experienced prosthodontic, surgical, and technical colleagues who guided me in translating theory and principles into practice. I was also introduced to the ITI (International Team for Implantology), the implant organization that has been my steadfast academic partner and professional community network for the past 20 years, and which I now have had the honor and privilege of leading for 4 years.

To sum up, implant therapy is an established and indispensable contributor to esthetic dentistry, with proven benefits for

patients. Implant therapy demands serious knowledge, expertise, and experience at the advanced to complex end of dentistry, which cannot be acquired overnight. It does, however, lend itself ideally to an individually paced education and training pathway. I highly recommend implant dentistry as a very exciting discipline for stimulating ongoing professional motivation and for enriching the overall professional journey that in most cases will span decades.

Enjoy reading this latest issue of IJED!



Charlotte Stilwell