

## Not Ready Yet (Yes, Words Matter)

As I review the submissions to *The International Journal of Oral & Maxillofacial Implants* that cover implant outcomes and contemplate the clinical patient implant care in my own clinic, I am constantly reminded of the dental students in my college. Why?

When patients come to us, they seek the application of our learning, skills, and practice for implant care. They want a predictable outcome, which relies on a partnership between the clinician's team, the patient's ability to care for their implants and restorations, biology, and the recognition that nature is random and unexpected results can occur. So, why do we call implants that are nonfunctional "failures"? Yes, there are situations where the engineering design and/or placement of a restoration are less than optimal, leading to an increased risk of unexpected outcomes. But are these failures? There is a larger issue around the words we use as dentists and specialists with our patients, our colleagues, our students, and ourselves. Words matter.

If a patient returns to our clinic with a loose implant in the first year and there is no obvious clinical reason for the state of the device, is it a "failure" or a "complication"? It's an important distinction. Given the short time span, perhaps biology had not yet integrated with the surface or didn't respond to the typical modeling response of woven to mature lamellar bone. Maybe it was simply "not ready yet." If a prosthetic fracture occurs, is it a complication that can be addressed (reversible), is the situation so compromised the implant and restoration must be replaced (irreversible), or is it an anticipated maintenance issue of typical wear and tear? I would argue that all these scenarios invoke the diagnostic process, risk factor assessment, and deployment of care as part of the process that leads to the observed outcome.

Now, let's flip the situation. A patient returns to your practice for a 6-month wellness exam. You placed four implants 10 years ago, and she was restored with custom abutments and ceramic crowns. She was 42 years old and in good health at that time. At 50, she was diagnosed with an autoimmune disease and placed on a series of medications to manage her condition. At the wellness check, you note the development of significant bone loss around the implants associated with purulence, bleeding on probing, and recession. Your patient is upset that she may lose the implants. The question of the day: Is this an implant failure, a complication, or perhaps a mere untoward event associated with her medical condition? Perhaps she is simply "no longer ready." Words matter.

To say that implants "fail" is rather a misnomer. Titanium is agnostic to the environment in which it is placed

(most of the time); it doesn't care. Rather, it is biology that fails. If an implant has lost or did not achieve integration despite a proper healing protocol and period of long-term function, it is rather pejorative to say that the implant fails—perhaps the body is just no longer ready for clinical function.

Why is this important? When a patient presents with a "failing" prosthesis or implant reconstruction, it is important to assess why it has failed and to learn from recurring trends to improve your practice. On the other hand, a patient with a prosthesis showing anticipated wear after 10 years in function is simply an issue of maintenance. In prosthodontics, we often provide complex care wherein the patient may not realize they have embarked on a lifetime of maintenance (what I call, "RedoDontics") for issues such as fractures, replacement of teeth, and/or replacement of the prosthesis. I'm not sure why patients should be surprised if we frame this process of lifelong maintenance (ie, service life of the restoration) as normal and expected. Just like servicing an expensive automobile, they need to understand the complexity of the vehicle they have in their mouths and the idea that they are in a partnership with us to keep it running smoothly. Nothing lasts forever, and to imply otherwise is naïve at best. Orthopedic surgeons reviewing outcomes of joint replacement refer to implant looseness (eg, femoral stems) as needing a "revision," not as an outright failure. The implant just needs to be replaced (and the provider gets reimbursed for this). Again, words matter. Should we not consider the same?

Sometimes, historically high-achieving dental students approach an examination or competency evaluation with every belief that they will do well, and then on the day of the exam they do the four-letter "F word": They fail. Crushing to the soul. The toll on them is large, and the guilt is significant. We feel the same when an implant fails. But is it a failure, or was it simply "not ready yet" or even "no longer ready"? Words matter. To say "failure" implies they can never succeed; to say "not ready yet" implies a time of further learning, further integration of knowledge, reflection, and the application of new experiences that expand one's knowledge base and allow for improvement over time.

My point: Let's be careful with words. To say "failure" is to invoke finality with an implication of fault. To say that the implant needs to be revised implies that care evolves with the patient and the science, and that there is no fault. To say to a novice provider (a dental student) that they are not ready yet simply implies that they have more to learn. Neither the student nor the "failed" implant are hopeless. Most of what we deal with are

expected maintenance issues (eg, worn and chipped teeth), occasional complications (eg, broken screws), and sometimes a shortcoming of biology (eg, a loose implant). This is not a failure of the implant, but a failure of biology.

Thank you,



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Dr Stanford would like to recognize the input, comments, and discussion when preparing this editorial from Drs Lambert Stumpel, Jörg Neugebauer, Robert Levine, Robert Lemke, and others. Thank you.