When I first entered the field of implantology many years ago, I remember very well how extremely meticulously the procedure was approached. Back in the pioneer days, there was only one company operating in the field and it had a near-monopoly on not only the implants but also the training of the few who worked in this discipline, which, although far older in origin, was at its beginning stages, to develop the scientific and practical framework that it required and warranted in those years.

My experience in the surgical field allowed me to understand very clearly the reasons for careful and scrupulous adherence to protocols, the adequate preparation of the operating room, and the necessary attention to sterility and to the management of a patient who was to undergo the implanting of a foreign body with the expectation that it could last for some time. At that time, all this was reserved for a few, who paid proper attention to treatment planning for the sake of their own patients and those referred to them by their colleagues. I have to admit that since then I have witnessed, with great perplexity and not less concern, a gradual softening of the procedure, which, although being practiced by more clinicians nowadays, has experienced a dangerous decline in terms of rules, protocols, patient awareness and ethical guidelines that practitioners are supposed to follow. Similar to regenerative surgery, a simplification period followed the period of development and consolidation, which moved implant therapy to within the reach of many more practitioners, thus liberating patients from having to undertake long and sometimes unnecessary journeys in hope of receiving treatment from a distinguished dentist many miles away.

Unfortunately, this rapid growth did not follow what, in my view, should have been the correct sequence in the evolution of the field. I will not discuss here the university courses, which are seldom adequate in providing regular dentists with the necessary surgical skills. Instead, let me consider who is truly able to practise implantology today. How many practitioners profess to be able to do so, without actually having obtained the required academic qualifications? How many have only undergone minimal training during a two-day course run by an implant company (the so-called weekenders’ club)?

During my teaching activities on national and international levels, I have had the great pleasure of meeting many clinicians who possess the skills necessary to perform implant procedures. Far too often, however, have I also met those who do not give due attention to the discipline. In my course on anatomical surgery, now running for the 15th time, I am often and sadly reminded of the fact that many dentists not only lack basic anatomical knowledge, but also are not aware of the fact that adequate anaesthesia is very much based on the knowledge of anatomical landmarks. To this can be added ignorance of the basic rules of surgery, as if making an incision and inserting an implant are trivial and risk-free acts. When I ask what is to be done in case of an arterial lesion, for

Opinion

EAO 2014, a starting point for reflection and reconsideration of the implant profession

By Prof. Mauro Labanca, Italy

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A plethora of scientific and educational activities exists today that is too often only a showcase for some individuals not worthy of approaching a podium. Let us use this valuable tool for its rightful function as a means by which to share the expertise of those who are more experienced for the benefit of those who are not, as a way to share and learn from our mistakes, and to say what needs to be said even though it may appear to go against the current or appear to be a step back, applying that old axiom that sometimes less is more. And, above all, let us make the patient the focus of our treatment plan again by leaving behind procedures not really required by our patients and that are only there to feed our pride or to bring another series of flattering slides to the screen.

What our patients only ever want and need is a solution to their problem. They have placed their trust in us and we must, in good science and good faith, find a solution based on sound and proven scientific principles that are compatible with our real competences. We have to admit to ourselves that not everything that can be done should be done. With more humility and the correct training and expertise, we must restore scientific and cultural dignity to our profession, which we are currently in serious danger of losing at the expense of the many professionals who continue to believe in this profession and to practise it according to the best and most realistic criteria of excellence.

Prof. Mauro Labanca is co-founder and vice-president of Società Italiana Studio Colori-Orofacciali (the Italian society for the study of orofacial pain). He also maintains a private practice in Milan in Italy. This Friday, he will be presenting a paper titled “Monitoring osseointegration: A dynamic biological process” at the Osstell industry symposium at the EAO congress in Rome.