

IMPLANT TREATMENT PLANNING CONSIDERATIONS

RICHARD T. KAO, DDS, PHD

GUEST EDITOR

Richard T. Kao, DDS, PhD, is in private practice in Cupertino, Calif. He also is associate clinical professor at the University of California, San Francisco, School of Dentistry, and the University of the Pacific Arthur A. Dugoni School of Dentistry.

As dental implants become a more accepted treatment modality, there is a need for all parties involved with implant dentistry to be familiar with various treatment planning issues. Though the success can be highly rewarding, failure to forecast treatment planning issues can result in an increase of surgical needs, surgical cost, and even case failure. In this issue, the focus is on implant treatment planning considerations.

Proper provisionalization during implant site preparation and osseointegration phase is essential. Though it is important for the patient's appearance and function, it is even more important in that it cannot impinge on the healing tissue. The first paper provides a review of various interim prostheses and its indication for use. More importantly, there should be active participation of the implant surgeon during the treatment planning phase of the provisionals.

The transitioning of patients from a dentate state to implant-supported restorations requires much planning. In the second paper, Dr. Arun Sharma and his colleagues provide insights to protocols for case transitioning and treatment options. This article will provide readers with a better

understanding of the complexities involved with the smooth transitioning of a patient during this emotionally and functionally difficult period.

Two papers deal with how the quality of life and function can be improved with the use of dental implants in our partially or fully edentulous patients. Dr. Don Curtis and colleagues review how edentulism can result in both diminished level of masticatory function and compromised quality of life. Clinical examples of how implants utilized in various prosthetic

designs can correct these problems are reviewed. In the fourth paper, Dr. Eugene LaBarre describes how the simple use of mini-implants can significantly improve the function of mandibular full dentures.

The last paper focuses on dental cone beam computed tomography. Jerome Peck and Dr. Greg Conte review the important of using CBCT for pre-treatment implant evaluation and the decision-making process. The use of this technology has expanded to be used in conjunction with virtual treatment planning software to design surgical templates so that implants can be placed in ideal

prosthetic position. Though this article is not meant as a “cookbook” on the use of this technology, it will familiarize the readership about the potential tools available for implant treatment planning.

Clinicians involved with various aspect of implant dentistry will find these articles useful and informative. The articles will increase one’s knowledge of implant treatment planning and necessary ingredients for clinical success. ■■■■