Put down new roots for the sake of safety and patient confidence

Implant survival rates of well over 90 percent over a period of ten years are a clear sign of success. Do we not have every reason to be satisfied? There must be some areas in (dental) medicine that are envious of such treatment results. Should we have any concerns about the routine use of implants, for example also in general dental practice?

I definitely think that we should be concerned! After all, highly controversial questions remain unanswered: Which concepts have actually proven successful in implantology in the past decades? How safe is implant treatment in general and how good are the many new concepts in particular? What are the alternatives?

In the search for answers to these questions it helps to go back to the roots and aims of our specialist field. The organisers of the three-country congress in Bern, Switzerland, have therefore rightly opted for this return to past values as the motto of the congress: *"Back to the roots"*.

This surely does not mean returning to the beginnings of perio-implant prosthetics. Our roots go deeper.

When deciding on implants, bone augmentation, soft tissue grafting and implant-supported restorations we must still orient ourselves according to the rules that apply for conventional forms of treatment.

Developments in periodontology and endodontology have contributed to long-term, successful stabilisation of the natural dentition. The options provided by these procedures are therefore also the first-line differential treatments to the implant.

If the extraction of a tooth cannot be avoided, nowadays implant-prosthetics is often the sole alternative – as it is also the preferred choice of the patients.

Other decision-making criteria must then be used to determine the correct choice of treatment for the specific patient. This always requires comprehensive knowledge of diagnosis, treatment planning and implant placement. This knowledge and any uncertainties or unanswered questions should continually be communicated.

How safe is an implant in a dentition otherwise damaged by periodontal pathogens? Is alveolar ridge augmentation preferable to short implants? These questions have yet to be answered in full as no reliable evidence is available. The topic of fixed restorations versus removable restorations is also controversial.

Last but not least, our diagnosis certainly no longer ends at the periodontium. Extensive medical anamneses, complementary medical approaches and arguments against implant placement must be taken into consideration.

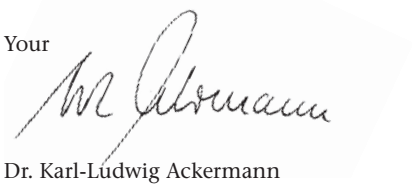
As long as there is a residual risk that our patient may be "damaged" by our implantological activity, we must continue our research to exclude as many uncertainties as possible.

We must continually put down new roots, without abandoning proven principles, to achieve a high degree of safety and patient confidence.

May the Bern congress contribute to attaining more knowledge for our routine implant treatment.

Hopp Schwiiz (Go Switzerland)!!

Your



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