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The Impact of the Recent Rise in Catastrophic Implant Failures

The IDIA Advisory Board

Last fall, we forecast that implant dentistry would face a major crisis if implant companies continued to sell surgical kits and implants directly to general dentists without adequate training required to allow the doctors to meet the standard of care. Eight months later, dentistry is beginning to see the storm we predicted – and we are hearing expressions of alarm.

- Surgical specialists are reporting a dramatic increase in failures and complications being referred to their practices by dentists with limited training.
- Several implant companies are continuing to pursue dentists as new surgical customers without reasonable provisions for adequate training.
- Weekend training courses that do not include any risk management are promoting that surgical placement of implants is simple and profitable.
- Malpractice claims and litigation involving dental implants are on the rise and some law firms are exploring class-action options.

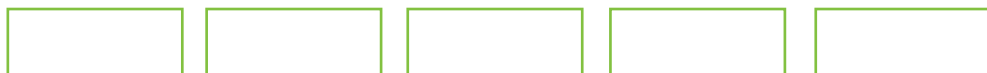
Implant dentistry as we have known it for the past decade has changed and the strides made with high success rates and resulting patient acceptance are now being jeopardized.

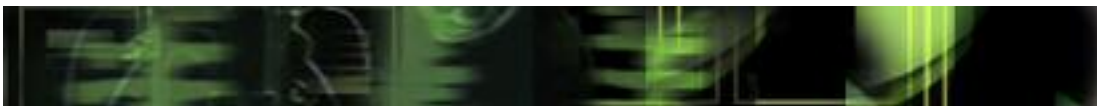
Serious failures and complications are being referred to surgical specialists on an increasingly regular basis, such as: huge oral-antral fistulas, implants floating in the sinus, complete loss of the buccal place in the esthetic zone, entire graft failures causing infections and permanent nerve damage. Unfortunately, this trend is becoming more prevalent as more minimally trained dentists are not only placing implants, but also attempting immediate placement and various bone grafting techniques.

The profession cannot become complacent in a belief that implant dentistry will continue to be a stable standard of care. Each story regarding catastrophic failure removes another pier supporting the bridge that has been constructed between conventional dentistry and dentistry of the 21st century. It took 20 years to overcome the “bad press” associated with implant dentistry in the 1980’s.

If recent trends of harm to patients continue, peer review, state dental boards and/or the legal system will become involved and set arbitrary limits and restrictions on implant dentistry. The public perception of implants is fragile and the damage of bad outcomes from inadequate training may require years to turn around again.

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Those in implant dentistry who have worked hard to gain a level of expertise and expand their practices to include implant dentistry at its highest standards may find they are treating more angry patients, correcting failures, and less time restoring patients without problems.

The ugly truth about implant dentistry is simple – if this trend continues it will only be a matter of time before this situation becomes a major crisis. In fact, one of our legal advisors, a class-action attorney, stated at a recent meeting with industry leaders, that in his opinion this is a “train wreck” – and if these trends do not change, everyone involved with implant dentistry will be hurt – the patients, the practitioners, the profession and the industry.

The tragedy in all of this is that most of these problems could have been avoided if the dentists had been advised of the need for adequate training, rather than being led to believe that a 1-2 day course would prepare them to begin placing implants. If they had been advised of the need for extensive training to fully understand the physiological and anatomical limits of implant techniques, including complications and how to manage them, many patients could have been spared the trauma.

Instead, the proliferation of quick training courses and training centers sponsored by implant companies throughout the country is exacerbating the problem with promotional materials indicating that these abbreviated courses are fully adequate to begin placing implants without regard to the potential problems, complications and their medical-legal implications.

Ideally, dental specialty societies should establish guidelines for the minimum amount of training required for implant surgery. Such a standard would cause the implant industry to revamp its curriculum for surgical training courses to better meet the needs of dentists who want to incorporate surgical implant procedures into their practices while maintaining appropriate standards of care.

Since at this point dental societies have not yet promulgated standards for training, the profession has only two alternatives: allow the situation to deteriorate to the point where patients and practitioners alike pay a significant price, or be proactive in the development of proposed guidelines

How do we explain these outcomes to the patients and w
... when similar cases show up in your office, will you hav
can allow this to happen?



This graft became infected during multiple visits to correct the problem until the patient was referred to a specialist. It is estimated that it will take multiple procedures and possibly two years to correct the problems. And even then the patient is looking at marginal long-term esthetic results. The patient indicated an intention to seek redress in court.



These were immediate implants that are now infected, symptomatic and need to be removed. There is excessive hard and soft tissue loss and the patient will need block grafting. Due to the design of the implants it is uncertain how much additional bone will be lost when they are removed. The patient reported 12 rounds of antibiotics and is investigating redress outside the dental office.



This patient had a consultation with an experienced oral surgeon two years prior to this treatment. The original plan was for extractions, bilateral sinus grafts, 4 implants maxilla, 4 implants mandible, but the patient never scheduled treatment with the surgeon. After getting treatment elsewhere, by a dentist trained in an abbreviated course, the patient returned, concerned that two of her maxillary implants had “fallen out”.



DENTISTRY

Why it was even worse after multiple visits?
The answer for those patients when they ask how we



The dentist who treated this patient perforated the sinus after selecting an implant that turned out to be the wrong size, and placed in insufficient bone. By the time the patient filed a complaint to the dental board, the implant was found to be floating in the sinus. The patient chose to litigate and the dentist subsequently lost his license.



This implant was placed in a non-serviceable position. The patient will have to undergo removal of the implant, bone grafting and placement of a new implant. The treating dentist is training dentists how to place implants in abbreviated courses.



Upon completion of what the dentist believed was a comprehensive implant course, he selected an immediate placement with grafting as his first case. He extracted the tooth, grafted the site and placed the implant. The graft became infected and resulted in significant bone loss and the implant failed. The patient suffers from chronic pain due to nerve damage and will need multiple procedures to correct the problems.

for continuing education programs to prepare dentists without surgical residencies to safely place and manage implants.

The IDIA has taken up the "gauntlet" and is in the process of developing recommendations for training guidelines to meet the legal standard of care for implant placement. We have based these guidelines on numerous factors, including: those already established in Britain, the collective experience of several surgical specialists and restorative dentists on the guidelines committee, and knowledge of the legal ramifications here in the United States.

It is our hope that we can establish a working set of guidelines, supported initially by the implant companies that have participated in meetings with us regarding the distribution of these guidelines, and then work to get them adopted into mainstream dentistry. We also hope that those companies who support the concept of abbreviated training will begin to appreciate the ramifications of their actions. Only in this manner can we effectively preserve the highest standards in implant dentistry and protect our patients and our profession.

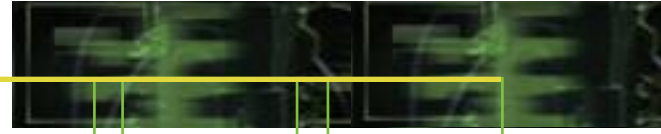
A recent IDIA survey of 40 large surgical practices across the country indicates that the situation is rapidly becoming worse:

- 95% stated that referral of serious failures and complications to their practices have increased dramatically over the past 6 months!
- 90% reported that at least 1-2 referring dentists now place their own implants, most with weekend training.

There are other indications that the situation is about to explode...

- A dentist in Los Angeles lost his license as a result of too many complaints to the California Dental Board following failed implant placement.
- There was a recent verdict in Los Angeles for \$2.7 million for nerve damage and chronic pain following implant surgery.
- There are at least 2 law firms in California that are exploring potential class-action lawsuits against doctors and industry based on promotion and lack of training.





If You Don't Think This Will Affect Your Practice, Think Again

Cynthia M. Bollinger, Director IDIA

The marketing strategies implemented by several implant companies have altered the course of implant dentistry and the resulting rise in catastrophic failures has changed the field significantly. If you don't worry that problems in other offices will affect your practice you might want to reconsider this belief. It is only a matter of time before the profession feels the impact of an increase in malpractice claims, litigation and complaints to state dental boards. Any "bad press" for implant dentistry will result in skeptical patients. It is already happening in California and many other parts of the country.

It is not simply a question of implant companies marketing to your referrals and convincing them that they can place their own implants with minimal training. Catastrophic failures anywhere in your community will result in skeptical patients and once implant dentistry has a "black eye" it will no longer be the treatment of choice for many patients.

Like most surgical specialists, you have probably spent years developing your referral base and providing the education necessary for dentists to feel comfortable recommending implant treatment to their patients. Yet, approximately 85% of the general dentists in this country still do not believe that implant treatment is superior to conventional bridgework in most situations. Therefore, an increase in skeptical patients as a result of the increased failures will cause dentists to revert back to simply recommending bridgework to their patients. This is not only a disservice to patients, but it will also result in a decrease in referrals to your practice.

You have two choices: a) you can be proactive and make adjustments to your business and marketing plan, or b) you can continue doing what you've done in the past and wait until these problems affect your referring dentists, your patients and your practice.

We have recommended that clients provide education on risk management and the complexities of implant surgery for their referring dentists. We believe that surgical specialists have a responsibility to their referring dentists to inform them of the clinical and legal realities of implant dentistry.

We know that several implant companies are trying to market implant placement as simple and profitable. So, what information is available to point out the truth for them? If you don't tell them the truth, who will? Is it acceptable to allow them to be misled? Is it acceptable to allow these massive failures and complications to continue without at least attempting to prevent them through proper education? These are real people that are being hurt, disfigured and traumatized! Yet the profession is supposed to be committed to doing no harm.

For those surgical specialists who fear informing their referring dentists about potential liability because it could appear self-serving, our suggestion is this:

- **Present the Standard of Care program, featuring malpractice defense attorney, Arthur W. Curley, JD, to your referring dentists. The program covers the legal obligation to present implants to all patients missing teeth and the importance of risk management. The program helps prevent dentists from becoming misinformed "weekend warriors" and it gives them the rationale for continuing to present implants to skeptical patients.**
- **Provide a copy of the article that Art Curley wrote in our previous newsletter about the legal consequences for "weekend warriors" to the dentists who have referred failures to you and/or those who have expressed an interest in placing implants.**

The truth is that most of your referrals will appreciate your honesty and your willingness to provide information that helps them avoid being misled by marketing hype. Standard of care issues are objective and not self-serving. If you properly inform your referrals about these issues you have nothing to lose and everything to gain and so do the patients and referring dentists.

