

→ **PROFILE**

by **Leigh Stuart**

James A. Vito, D.M.D., underscores the importance of having dental implants done right the first time.

“Do implants last forever? The answer is a complicated maybe.” So shares James A. Vito, D.M.D., who notes that this answer may surprise some patients whose dentists provide false assurances that all dental implants will last until the end of time.

“Implants need to be well placed and well taken care of,” Dr. Vito explains. “In order for an implant to be successful, the patient needs healthy bone, a good volume of bone, and healthy surrounding gum tissue—a lot of it. Otherwise, yes, the implant will fail over time.”

According to Dr. Vito, studies show that due to the diversity of skill sets of those performing dental implant surgery, most implants have a lifespan of four months (on the low end) to nine years (on the high end). When done well, however, they could last 20, 30, or more years. In order to achieve that maximum lifespan, an implant must be properly planned for and put into the patient’s mouth with the utmost skill and care.

“Studies show that when a dentist ignores certain critical parameters or isn’t knowledgeable enough, or if a patient doesn’t want to do necessary bone and



STRONG FOUNDATIONS

gum grafts that are needed to ensure long-term success, then this will compromise the long-term success of the dental implant," he says. "Dental implants require a certain volume of bone to surround them. If an implant is placed in an area with insufficient bone volume, the implant will fail. During this failing/breakdown process, the patient is going to continually lose bone, both around the dental implant and the surrounding area which is not going to grow back.

"When the implant fails," he continues, "the patient is left with a possible cosmetic problem; then, if the patient wants to have another implant, that patient might be looking at additional procedures such as reparative bone grafts and gum grafts."

This all means more time, more procedures, and, ultimately, more money. His point: Do it right the first time, even if it means having to get additional grafts to properly prepare the foundation. In the end, doing so will likely provide a better, longer-lasting result.

"You're protecting your investment," he adds. "Usually the most expensive part of an implant is the restoration that goes on top of the implant; so, if you don't have the proper foundation, one is compromising the longevity of that restoration. It makes more sense to create an ideal environment to place the implant in; otherwise, you may end up paying for a second round of procedures that are more expensive than the first."

The Right Fit

A dental implant placed in the proper housing is more likely to thrive. Without the support of enough bone or gum tissue, the implant is susceptible to dental disease—even more susceptible than natural teeth, according to Dr. Vito.

"If the bone encasing the dental implant is very thin, it is susceptible to breakdown under normal chewing function," he adds. "This can create bone loss and expose the dental implant surface which should be encased in bone. Once plaque gets onto an implant surface, the bone begins to recede very quickly. Unlike a smooth surface like a root surface, implant surfaces have a roughened design to make adherence to the bone better. Once this surface becomes exposed, it makes it easier for plaque to adhere and create a situation called *peri implantitis*, which results in continued bone loss in the area. So, this same roughened surface that is supposed to make it attach to a healthy bone site will work against the implant if it is improperly placed."

When choosing a practitioner to place a dental implant, Dr. Vito recommends a thor-

ough review of the individual's skills and qualifications. He suggests finding someone who is board certified by the International Congress of Oral Implantologists (ICOI) or the American Board of Oral Implantology/Implant Dentistry (ABOI/ID); he has been certified by both. Additional qualifications include board certifications by the American Academy of Periodontics or the American Board of Oral and Maxillofacial Surgeons.

Questions a patient should ask of his or her provider prior to implant surgery include:

- Do I have enough bone to support the implant?
- Will I need an additional procedure to provide additional bone or gum tissue?
- How many implants have you placed?
- Of those, how many have failed?
- Do you have the ability to address any implant-related problems should they arise?
- Do you have specialized training related to dental implant placement?
- Are you certified by a governing board such as the ICOI or ABOI/ID?

No Room for Error

Many practitioners are trained only in "ideal" circumstances. But in most cases, he says, "the ideal dental patient is not walking through the door." More often, patients are missing a tooth or teeth and have been for a while. As a result, bone loss may have occurred.

"Implant companies make implants of all sizes to fit any situation," he explains. "That doesn't mean the dentist will be using the right implant for the right situation. Each tooth has a certain diameter, and implants have diameters

to match. But, if you're missing a molar, you can't possibly think that you can put an implant in that's the size of a lower front tooth to take its place. But if a patient doesn't have the width of bone, some practitioners will put that small implant under a molar crown. And it'll work for a while, but eventually there is going to be fatigue in the bone because of the large crown on the narrow implant."

In addition to structural issues, Dr. Vito notes that such scenarios are also often linked to hygiene problems, which can also end in gum disease, bone loss, and persistent irritation of the area.

"Every patient's dental implant need is custom for that individual," he adds. "It's like getting a custom suit—everyone has their own unique measurements. Therefore, every patient has a different bone density, volume of bone, volume of gum tissue, number of teeth missing, and circumstances such as

bridgework or damage from the grinding of the teeth. A number of factors need to be weighed and measured before an implant is put in."

Assessing the whole of a patient's medical condition is vital to the process as well. Certain ailments, including diabetes and osteoporosis, as well as corresponding medications, can greatly impact a patient's healing time as well as that patient's odds of success.

"Patients and practitioners alike need to appreciate that every patient's needs are unique and hence the dental implant procedure needs to be customized to a patient's unique situation," Dr. Vito says. "I can't impress upon people enough that there is no 'one size fits all' solution."

For all of these reasons, Dr. Vito prescribes extreme care when choosing a provider to perform an implant procedure.

"There is no room for error in what we do," he says. "General dentists often advertise that they can do a [dental implant] procedure for less money. But that person might not have the necessary skills or knowledge of placing implants, or the knowledge to salvage the implant if there is a problem. A patient in need of dental implants will want someone who can deal with any complications that may come up." ■

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