

## BDIZ EDI Quality Guideline for Implantology

# Recommendations for practitioners and patients

BDIZ EDI President Christian Berger explains in this interview why the association created the Quality Guideline for Implantology. Berger was instrumental in revising the Quality Guideline, which was first published in 2002 and is regularly updated—the latest update is from 2019. It is intended as a set of recommendations for practitioners and patients.



BDIZ EDI President Christian Berger talks about the revised Quality Guideline for Implantology.

### **What are the benefits of the BDIZ EDI Quality Guideline for Implantology?**

Our Quality Guideline has the status of a recommendation and serves as a tool for self-evaluation and self-assessment. Only dental professionals know their own work and their patients, with all their expectations and problems. Only treatment providers themselves can reliably assess how the prevailing conditions—which influence every medical treatment, sometimes decisively—have positively or negatively influenced the respective treatment result. BDIZ EDI would like to emphasise the fact that the criteria are based on evidence from dental science. They can therefore claim validity even in the current political and scientific environment, where scientific evidence is unfortunately often disregarded when it comes to defining what constitutes fair remuneration. In 2000, the Quality Guideline was a first attempt to highlight the issue of quality in oral implantology in Germany. The Quality Guideline has been continuously modified and updated and will continue to be updated as necessary.

### **What about its implementation in practice?**

First things first: The Quality Guideline is not intended to prescribe or introduce standardised treatment procedures or practice structures. Dentistry is a liberal profession, and it will continue to be up to dentists to decide how to achieve the required quality, because it is their responsibility to achieve it. The Quality Guideline sets out a list of six quality criteria for implant procedures: medical history, examination, treatment planning, patient education, concomitant prevention—as well as implant surgery and implant prosthetics themselves. These quality criteria are assessed on the basis of five evaluation criteria: What is the indication for the proposed treatment? What are the treatment goals? What are the risk factors that affect the treatment goals? Are there standards related to the treatment measures? What are the indicators of treatment

outcome? This evaluation assigns the treatment result one of the following categories:

- A+ Excellent result with no reservations whatsoever
- A Good result, appropriate to aspire to in normal cases
- B Deficient, potentially harmful
- C Unacceptable, alternatives required

The Quality Guideline provides a step-by-step procedure for applying these quality and evaluation criteria, culminating in a list of criteria and of the categories A+ to C.

### **What is the aim of the BDIZ EDI Quality Guideline for Implantology?**

Promoting quality in implant treatment has been the main objective of BDIZ EDI for 30 years now. It was no coincidence that in 2001 we received recognition from the German Federal Constitutional Court for a formal specialisation, or professional focus, on oral implantology for dentists. Our Quality and Registration (Q&R) Committee tests products and materials. We continue to develop our own biotope of implantological experts. We emphasise the importance of well-trained professionals who regularly participate in continuing education (CE) activities. And we publish annual guidelines on current implantological issues complete with recommendations for clinicians. Of course, we know that assessing the quality of dental outcomes is not an easy task, not least because quality issues are controversial even among many experts in the field. Our aim is to provide implant dentists—and, where possible, their patients—with a suitably calibrated yardstick by which they can assess the results achieved for themselves and for their patients.

**Thank you very much for your comments.**

*The interview was conducted by Anita Wuttke, Editor-in-Chief.*

BDIZ EDI Quality Guideline for Implantology



BDIZ EDI Quality Guideline for Implantology  
March 2019  
Page 17 von 19

**6.5.6 Surgical Procedure**

- Conservation of soft tissue and bone
- Correct surgical access
- Prevention of heat damage to bones
- Correct implant position (location, length, angle)
- Implant with primary stability
- Bone augmentation using autologous, allogeneous or alloplastic material
- Sinus floor elevation and augmentation or internal sinus lift
- Neurolysis, repositioning of the nerve
- Guided bone regeneration (GBR)
- Soft-tissue grafting

**6.5.7 Complications**

- Postoperative bleeding
- Injury to neighbouring anatomical structures
- Pain
- Neuropathies or paraesthesia
- Infection (acute or chronic)
- Fistulas (nasal or maxillary sinus)
- Jaw fracture
- Reactive gingiva hyperplasia
- scarring
- Implant cannot be restored
- Instable implant
- Implant loss
- Tissue graft loss
- Implant fracture

**6.5.8 Restorative treatment**

- A passive fit of the implant-supported restoration must be ensured.
- The implant must not be overloaded during function.
- The implant-supported restoration should meet aesthetic requirements.
- The materials used must be innocuous to the implant.
- Implant-supported restorations must facilitate oral hygiene. In addition, the patient should be instructed in hygiene procedures once the implant-supported restoration has been delivered.

**6.5.9 Postoperative Care/Recalls**

- Individual professional postoperative care and maintenance must be ensured.
- The recall should be determined by the merits of the individual case.
- Minimum: annual clinical recalls plus radiological check-ups after 1, 3, 5 and 10 years.
- In case of pathological clinical radiological findings, shorter recall intervals will generally be required.

**6.6 Indicators for evaluating results**

- Clinical examination to evaluate wound healing
- Soft-tissue status, implant stability and radiological status after the end of the healing phase
- Clinical and radiological evaluation of the implant in the functional phase
- Subjective complaints/pain

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Bibliographical note

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