

Critical considerations for implant surgery in the aesthetic zone: precision, digital planning, and the pursuit of perfection

3 questions for

Dr Erion Çerekja

At the recent Stockholm meeting, Dr Erion Çerekja, Tirana, shared his perspective on precision, digital workflows, and the realistic pursuit of perfection in aesthetic-zone implant therapy. We asked him to elaborate on the critical factors that guide his daily clinical decision-making.

Dr Çerekja, how do you balance the need for surgical precision with the natural biological variability of soft tissue and bone when placing implants in the aesthetic zone?

Surgical precision provides the structural foundation of every successful implant, but biology ultimately defines what is achievable. My approach always begins with detailed digital diagnostics CBCT evaluation, soft-tissue mapping, and prosthetically driven planning to establish the ideal parameters.

Once in surgery, I adapt these plans to the individual patient's tissue phenotype, bone density, vascularity, and healing capacity. Respecting biology means embracing minimally invasive techniques, preserving blood supply, and planning to support the tissues rather than forcing ideal positions. Precision provides the framework, but biology dictates what is realistically possible. The two must work together, not compete.

In your experience, which steps in digital planning are most critical for achieving predictable aesthetic outcomes, and how do you integrate them into your daily workflow?

Digital planning is indispensable in aesthetic-zone implant therapy. The most critical steps are defining the prosthetic outcome first, accurately merging CBCT data with intraoral scans, and positioning the implant in three dimensions with full respect for prosthetic, biological, and surgical parameters.

This workflow is routine in my practice. Digital tools improve communication with the laboratory, allow guided surgery to be executed with confidence, and enable patients to visualise their future smile. Predictability increases when every clinical decision is anchored to the final restoration.



Given the high expectations in the aesthetic zone, how do you define perfection in implant surgery, and how do you manage cases in which clinical limitations challenge ideal results?

Perfection is not simply about symmetry; it is about creating a natural, harmonious result that integrates seamlessly with the patient's facial features and expectations.

In challenging cases whether due to thin biotype, missing tissue, or structural defects communication becomes essential. I explain the biological limitations clearly and often propose a staged approach. Tissue augmentation, delayed protocols, and thoughtful sequencing allow us to approach excellence even when ideal anatomy is not present. The goal is always to deliver the best possible outcome within the boundaries of biology. Excellence is the goal; 'perfection' is the balance between what is ideal and what is biologically achievable.

In conclusion, we can say that implant surgery in the aesthetic zone is both a science and an art. While digital workflows have significantly raised the standard of precision and predictability, true clinical excellence still depends on experience, adaptability, and honest communication with patients.

Thank you very much for the insights into your working methods.

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