

# The role of implantology in the upcoming years



Dr Rolf Vollmer

Dear colleagues,

"Has everything been seen before? Concepts in dental implantology"—this was the topic of the 44<sup>th</sup> annual meeting of the German Association of Dental Implantology in Düsseldorf last year. I have been active in the field of implantology since the early seventies, and I have seen many trends and designs come and go. The entire time, I was convinced that dental implantology would develop into a scientifically recognised dental discipline based on a large number of trial and error attempts. This vision was realised in 1982 when implantology was formally recognised as an advanced field in dentistry by the Deutsche Gesellschaft für Zahn-, Mund- und Kieferheilkunde (German Association of Oral and Maxillofacial Dentistry). Nowadays, implantology is formally recognised as a dental discipline.

Considering the current trends, particularly in geriatric dentistry, it becomes obvious that implantology will play an important role in the rehabilitation of older patients in the next 20 years. Furthermore, in view of the increasing number of edentulous patients, there is significant potential for treating many people who can benefit from implantology.

On the one hand, a trend towards simpler and cheaper implants and treatment concepts is evident in the industry; on the other hand, even the market leaders offer special types of implants with difficult implantation procedures at excessively high prices. As a logical consequence, treatment can be very expensive owing to high material costs. This is in contrast to treatment concepts like "All-on-4®", on which multicentre studies have been conducted, that are promoted to make implants and their benefits affordable for more patients on a social-based level.

In my opinion, the current development has both positive and negative aspects. I believe that it poses a particular problem for the newcomer in terms of deciding on standard, large or small, short, or mini implants, or implants of different materials, such as ceramic, as well computer-guided navigation systems. It is suggested that the smaller the implants the more easily they can be inserted into the jaw without problems, perhaps with navigation, maybe without requiring a flap procedure. Daily practice often shows us other results and veterans in our discipline will smile because they know about the problems and failures. Consider that the surgeon is not a robot and behind the implant there is a human being. Comparison here to the speed of vehicles seems fitting: exceeding the speed limit on the highway may result in a fine; exceeding the speed limit in implantology may lead to implant failure and court for the implantologist.

Let's see what the upcoming International Dental Show in Cologne will present to us.

With best regards,

Dr Rolf Vollmer

First Vice-President and Treasurer of the German Association of Dental Implantology