Excuse me, are you an implantologist?



About three years ago, a member of the Singapore Chapter of the Association of Osseointegration had unabashedly proclaimed to me that implantology was poised to be the next wave in Asian dentistry. From a patient's point of view, that statement still seems rather raw on its delivery. Yet witnessing how the science and technology of implants

has embedded itself in the clinical consciousness of our dentists in the region – and the countless hours they spend in continuing education on the subject – leaves little doubt as to how true that hypothesis sounds today.

Despite this, the future of implants still hangs in limbo, in so far as being the preferred technique and procedure amongst patients. Indeed, widespread adoption of implants calls for a concerted effort by all dentists – particularly the general practitioners – to acquire and apply the necessary skills and knowledge. Interestingly, this trend of implantology training is a growing one, and does appear to be tipping towards the general practice. Contrary to the popularly-held perception that rules implantology within the domain of specialists, GPs have been busy attending workshops and CE classes to learn or upgrade their implant techniques; and many have already included implant procedures in their daily repertoire.

Aiding the GPs' thirst for more implant knowledge are dental manufacturers with their slew of easy-to-use, single-stage implant systems. So convinced are some companies of their products' user-friendliness that they are comparing learning implant skills to picking up a new

sport like skiing and golfing. In fact, many implant products – such as the Brånemark and Steri-Oss – have been updated and tailored for use by general dentists, and not solely because they represent an overwheming majority. According to the manufacturers, most general practitioners are more than equipped to handle these procedures, although they may still be required to refer the more diffcult cases to the surgeons.

One GD whom I spoke to – who has attended countless implant workshops and is almost completing a three-year implantology course offered by the University of Frankfurt – said he would, without question, refer a sinus lisp case, but can handle simple bone grafting and GTR procedures. This means that the specialists too will benefit from a situation in which more GDs are jumping onto the implantology bandwagon, thereby upping the number of referral cases. This should allay a common fear amongst specialists that GDs might be biting off more than they can chew.

Incidentally, the two implant articles featured in this issue are written by general dentists. Both authors will be expounding implant systems – Mini Dental Implants and ITI – that they are currently using in their respective setups. Like them, as more GDs take the plunge to offer implantology in their clinics, the take-up rate for patients would naturally increase in tandem. After all, the future of implants may be in the hands of dentists; but they must eventually find their way into the jaws of patients.



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