Preface

This atlas is written for dentists involved in outpatient implant dentistry and oral surgery, particularly to implant surgeons originating from general dentistry or non-surgical specialities who are confronted with basic surgical manoeuvres such as designing and raising the muco-periosteal flap or suturing techniques. However, even oral and maxillofacial surgeons may find the description of innovative techniques or manoeuvres of interest, especially those related to marsupialisation technique, the selection of incision and flap design, sinus floor elevation technique with the existence of maxillary sinus mucosa lesions, as well as the comprehensive approach to the removal of failing implants and the management of peri-implantitis.

This text compares the two disciplines of dental implant surgery and tooth-preserving surgery with respect to procedures, problems, and failures and provides guidance on the prevention and management of complications. While the predictability, functionality and durability of dental implants make them an attractive option, complications can arise at any stage of treatment. In this atlas, the aetiology of a wide variety of complications and failures in surgical implant dentistry is described. Both implant-related and non-implant-related complications are considered, with advice on avoidance and management. Since many complications have their roots in oral and periodontal surgical manoeuvres, also relevant to tooth-preserving surgery, these manoeuvres are themselves discussed and extensively illustrated. To make the entire project livelier, a substantial number of references are listed, quoting video material presented in the form of video clips on the YouTube, similar to reading abstracts in the PubMed. Entire videos can be found in the specially created website for that purpose.

Tooth-preserving surgery, which should be considered prior to the placement of an implant, entails the use of surgical procedures for the treatment of diseased teeth that cannot be treated by routine conservative measures. The most frequently used tooth preservation procedures are fully described, with emphasis on correct surgical technique as a means to avoid complications and failures both in the intraoperative period and in the postoperative period. The use of these procedures is constantly weighed against the effects of tooth removal and insertion of dental implants.

This text is divided into four chapters. The first two chapters are devoted to common topics amenable to both disciplines: implant dentistry and tooth-preserving surgery. The aetiology of complications and failures is described as dental surgeon related, patient related and instrument/equipment related. The second chapter talks about common measures and common obstacles in implant dentistry and tooth-preserving surgery as parameters of significant importance to be respected when planning such surgical procedures with emphasis on the preventive measures taken to counteract possible complications. Common measures are related to surgical access, selection of incisions and flap design, selection of needles and suturing materials, medicinal treatment as well as supportive steps. Anatomical structures, such as the maxillary sinus, the nose, the peripheral nerves, the neighbouring teeth as well as the soft and hard tissue conditions that may interfere with the execution of surgical procedures are described in the subchapter Common Obstacles. Clinical observations, recommendations, or comments referring to preventive measures are given in italics throughout the entire text, to be distinctive and easily found by the reader.
Complications and failures related to implant dentistry are described in the third chapter. The management of implant-related complications is described in detail, and protocols are given for the successful treatment of peri-implant infections and the removal of failing implants. Chapter 4: “Tooth-Preserving Surgery Revisited” throws more light onto the procedures that are still successful in the treatment of diseased teeth. This is particularly important for implant surgeons who tend to disregard this fact and are more prone to place an implant instead of treating the tooth with long-term results that can match those achieved with dental implants.

I sincerely hope this atlas will offer readers the professional achievement and pleasure that I have been experiencing by performing surgery and collecting the material for this text. Since I have been privileged to be taught by many masters willing to devote their time and competence, my mission of the educator is fulfilled if I am able to reciprocate this valuable gift together with my own expertise.

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