No influence of the clinicians' experience on the outcome of dental implants: a clinical audit

Objective:
The purpose of this outcome audit is to evaluate the influence of the clinicians' experience on the outcome of dental implants. In addition, to identify the associated risk factors that might influence the success and survival of the implants.

Methodology:
Records of patients treated with SLA/SLActive Straumann implants were screened. This enabled us to have a minimum of 12 months of follow-up. Eligible patients, according to inclusion criteria, were contacted and invited to undergo a follow-up assessment. Success was accounted for and defined in a comprehensive manner by considering four different categories: implant perspective, peri-implant soft tissue perspective, prosthetic perspective, and patient satisfaction. Patients' investigations included clinical examination of implant mobility, suppuration, width of keratinized mucosa, probing depth, plaque accumulation, prosthetic complications, and patient satisfaction. Also, a radiograph was taken to evaluate bone loss and peri-implant radiolucency.

Results:
Thirty-eight patients with 84 SLA/SLActive Straumann implants were available for the assessment. The mean age of the patients at implant surgery was 49.05 ± 13.19 years. Over the mean follow-up period of 26 months, no implant fracture was noted. Overall, eight implants were considered failures (9.5%). Two out of six patients with a history of periodontitis (HoP) and two out of five smokers exhibited failed implants. Patients' satisfaction responses showed that all the responses were statistically higher than the test median value of 3. The median value of general satisfaction using a visual analogue scale was 9 out of 10.

Conclusion:
This five-year audit of 84 Straumann implants with an SLA/SLActive surface in thirty-eight partially and fully edentulous patients revealed high survival and success rates (100% and 90.5%). Within the limitation of this clinical audit, Regarding implant failure, there were no identifiable contributing factors that were specific to the students' inexperience. It can be concluded that implant practice among trainee programme is satisfactory. History of periodontitis and lack of patients' compliance with supportive periodontal therapy in some cases have been shown to be risk factors associated with increased implant failure, mainly peri-implantitis.