



Dental Professional Liability | Clinical Treatment

Implants

Please Note

A number of sample risk management forms and letters are available electronically in association with this manual, including written informed consent templates, patient termination letters, records release authorization forms and others. Dentist's Advantage-insured dentists may access these sample documents on the [Dentist's Advantage website](#).

Each PDF sample permits customization: copy and paste the sample text from the PDF template document to a text editing file (MS Word, Apple Pages, etc.); edit text and add your dental practice information where appropriate; save the file to create a blank form for ongoing use. If necessary, customize the text of the form template for specific patient needs. You may wish to include components from various sources if the templates provided do not meet the needs of your practice.

While a number of form templates are available, documents are not available for every dental procedure. We encourage you to create consent forms for those dental procedures you perform frequently. You may wish to use the sample consent forms as an outline and review the manual section on informed consent. Consider consulting your attorney to ensure that your forms comply with state informed consent statutes.

Risk management content and resources are provided for illustrative purposes only. The information is intended to provide only a general overview of the matters discussed and is not intended to establish any standards of care.

Implants

Implant claims consistently involve a greater *severity*, or dollar value, than most other dental malpractice claims due to the expense of implants and the complex and expensive corrective remedies required to return the patient to his or her preoperative condition.

The following allegations have been reported for implant claims:

- Improper placement of the implant into a vital structure, such as a sinus or nerve bundle
- Improper placement of the implant — poor angulation, proximity to a natural tooth, proximity to another implant; unusable fixtures
- Improper choice of implant — too long, too short, too narrow, too wide
- Improper technique causing loss of implant — failure to osseointegrate, periimplantitis, postoperative infection
- Improper fabrication of the implant restoration — poor design, poor occlusion, poor esthetics
- Unnecessary placement of implant fixtures — more placed than clinically needed to support the restoration
- Insufficient number of implants placed — too few placed than clinically needed to support the restoration
- Inadequate precautions — e.g., swallowed or aspirated screw, abutment, screwdriver, impression coping, broken screw

Do not place any implant fixtures unless you, the patient, and the restorative dentist have all agreed on the treatment plan.

Managing the Risks of Implant Claims

Recognizing risk factors

The success of implant dentistry can be affected by many factors.

Patient factors

- Systemic factors
 - The patient's overall health — are there more important systemic disease processes that should be addressed prior to considering dental implants?
 - Underlying diseases such as diabetes, bleeding disorders, or hypertension
 - History of antiresorptive therapy — these patients should be thoroughly evaluated as candidates, and the risk of osteonecrosis disclosed during treatment planning and informed consent discussions
- Local factors
 - Adequacy of bone, oral hygiene, occlusion, ridge morphology, bone quality, sinus or nerve position, periodontal status, extent of interincisal opening, width of keratinized gingiva, distance between proposed endosseous fixture sites
- Other factors
 - Reasonableness of expectations, expense of treatment, ability to financially afford treatment, tobacco use, alcohol use, patient attitude

Clinician factors

- Adequacy of patient evaluation and diagnostics, including radiographic assessment
- Patient selection
- Appropriateness of the treatment plan
- Adequacy of pre-surgical case planning
- Selection of the proper implant fixture — length, diameter, design
- Clinical ability and experience — both surgical and restorative phases
- Communication with other implant team dentists

Controlling the risks

Clinical

- Do not place any implant fixtures unless you, the patient, and the restorative dentist have all agreed on the treatment plan.
- Select for treatment only those cases that you believe have a good prognosis for long term success.
- Say “no” when an inappropriate candidate insists on having implants.
- Obtain appropriate radiographs and diagnostic models to properly assess the implant site(s).
- Review and understand information on nerve injury prevention and post-nerve injury management, especially for implant placement in the posterior mandible.
- Plan the implant restoration, then create a surgical stent to act as a guide during implant placement.
- Follow a *sterile* surgical technique during surgery, not simply a clean technique.
- Irrigate copiously during surgery to prevent overheating the bone, a cause of implant failure.
- Use antibiotics, when warranted, based upon your evaluation of the patient and the surgery itself.
- Select an implant size that is appropriate for the implant site and function.
- Place a barrier, such as gauze, in the posterior of the mouth to block dropped or mishandled items from falling back into the pharynx.
- Use high-speed suction with a filter over the tip to keep the patient from aspirating or swallowing hardware and to keep you from losing it.
- Be cautious when attempting to restore implants that have been placed at an incorrect or overly challenging angulation. The poorer prognosis for case success must be disclosed to the patient.
- Encourage patients to return for routine maintenance appointments even if implants and no natural teeth are present.

Communication

- Closely manage patient expectations throughout treatment. If expectations are unrealistic, do not accept the case.
- Ensure that the patient, implant surgeon, and restorative dentist communicate regularly both when planning and during the course of treatment.
- Have a comprehensive informed consent discussion with the patient.
- Discuss finances before beginning treatment. Once you begin treatment, you may be obligated to continue even in the absence of payment.

Documentation

- Thoroughly document treatment, including patient discussions, in the patient healthcare information record.
- Record all specific identifiers of the implant fixture, such as manufacturer, size, type, and lot number.
- Use a written informed consent form and write a thorough progress note reflecting the informed consent discussion. *Please refer to [page IX](#) for information about access to risk management forms.*
- Retain models for full arch and difficult or complex cases at least until the statute of limitations in your state expires for that case. Also consult your state practice act regarding specific requirements for retaining dental casts/models.

Please refer to [page IX](#) for information about access to sample forms on “Discussion and Consent for Implant Placement Surgery” and “Discussion and Consent for Implant Restoration.”

For more information call Dentist's Advantage at 888-778-3981, or navigate to the

Dentist's Advantage website [Risk Management section](#).

To access the Dental Professional Liability Claim Report: 2nd Edition [click here](#).



In addition to this publication, CNA and Dentist's Advantage have produced additional risk control resources on topics relevant to dental professionals, including: newsletters; articles; forms; letters; and claim scenarios.

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