

Editorial

“It is what we know that prevents us from learning more” ... Albert Einstein’s adage is very apt in today’s context. We invest an enormous amount of time to learn some principles and techniques and we continue to foster it and start to become dogmatic about it ourselves. When new ideas and technologies arrive, we become skeptics and will resist change.

While it is noble to continue with what works, sometimes we overlook alternate methods that may be better or more efficient. The technology adoption lifecycle with the bell curve is a representation of how we as learners look at the rapidly changing field of implant dentistry. When guided surgery was introduced into implant dentistry, the early adopters were quick to incorporate the technology and for years, it stayed with them. It is now over 10 years that the guided surgery that purports more accuracy has still not crept into mainstream and the early majority of the bell curve are still to be convinced with the early adopters’ cohorts’ widespread usage.

One of the main influencers for getting the early majority to look at the reliability and reproducibility of their technology is the sincerity in which the information is translated to the larger group. Guided surgeries are still sparingly being used due to the limited application of the technology in atrophic ridges, mandatory use of radiographic templates, dual scans, limited mouth opening, or the presence of opposing dentition.

One such technology that is going to revolutionize guided surgeries and could make it mainstream is navigated surgeries. Complex algorithms and robotic guidance has now made this space-age technology a reality in dentistry. Navigated surgeries are getting increasingly popular due to the elimination of a third-party need to fabricate guides. The real-time drilling sequence and the direct visualization of the trajectory of the drill and the pinpoint accuracy brought about by the bull’s eye target acquisition has added a new dimension in implant treatment planning. Avoidance of vital structures, like the IAN, sinus, lingual artery, submandibular concavities can now be planned with precision.

While the technology has recently received FDA approval, it may be a year or two before we start to see its routine use in clinical practice. The materials and equipments are proprietary and open architecture may not be available any time soon. The innovations in dentistry continue to explode and we as practitioners need to keep our minds open for technologies that will provide with greater reliability and functionality.



Shankar Iyer DDS MDS
Editor-in-Chief
e-mail: drsiyer@aol.com