

## More on the Implant Warranty

The implant warranty program can be very successful. However we need to consider the three viewpoints of the three different people involved.

1. You may desire to give reassurance to the patient that the implant decision is the correct one and are willing to share the risk in such a decision. There are lots of reasons for that, and they are not all salesmanship. There are enough implant failures out there where the patient paid for the implant and when it failed in a relatively short period of time, nothing was done to help the patient with the replacement implant. So you want to differentiate yourself by giving some assurance that you are willing to go the extra mile to help the patient.
2. You are providing a "closing statement" to encourage the patient have the area treated and are willing to share the risk with the patient.
3. You are providing the referring dentist with the same assurance.

You however need to place enough safeguards in place to reduce the need to exercise the warranty.

Here are some safeguards.

1. **Medical History** The medical history needs to include such risk factors as smoking and diabetes. On the medical history are the following:
  1. Do you smoke? If so, what and how much?
  2. Do you have diabetes? What was your last A1C?

There are other health factors of course are involved but these are the major ones. But really when we are doing bone grafting, particularly anterior bone grafting, smokers are not a good risk it all. Better to extract the tooth, do a socket fill, and close it up and let it heal before doing the implant.

With regard to diabetes, I've been caught a few times with undiagnosed diabetes. However, It's rather simple to do hemoglobin A1c. It costs less than \$25 or chances are if we go through the primary care provider it will cost is 0.

**2. Consultation with the patient.** The consultation needs to be detailed enough for the patient understands his/her risks as well as rewards. So do you. You have to decide whether the patient qualifies for the warranty. There are some that don't, but you're willing to do the implant anyway as long as the patient is willing to take all of the risk. I use this sparingly.

**3. Assurance of a serviceable restoration.** There's a further responsibility that you have and that is to make sure that the restoration comes out as well as it possibly can. We are relying upon different skill levels of dentists restoring our cases. I know that you can't control everything. But, for the patients who have a rather poor dentist, we can provide more control. Let me tell you how. For that dentist, we agree that we do the final abutment and the final temporary. I know that a screw-retained final restoration is the restoration of choice. But I also know that some don't know how to do it, don't have a torque wrench, don't know how to use a torque wrench, don't choose to do it, you know the rest. But we can make a custom abutment they will have correct margination and minimize the chance of subgingival cement. We use a laboratory that does scanning and computerized milling of the abutments. This provides some great opportunities. The custom abutment and temporary are placed in our office so we can control it. With computerized milling, the dentist receives a set of working articulated models including a die model of the abutment. The dentist can send it to his or her favorite lab or order the crown from the lab that made the abutment. No impression is necessary. Literally all the dentist has to do is to cement in the crown.

Of course this will work for single crowns. If we're talking about larger cases, then more sophisticated methods of articulation may be necessary, and you'll have to decide on the risk factors involved, particularly regarding the warranty.

The patient's viewpoint is very simple. He or she wants to pay for the implant only one time. There is an expectation that if the implant fails early, and he or she is not warned about the fact, the implant would be guaranteed for a certain period of time. The warranty is the patient's assurance of what you would do in the event of failure anyway.

You can place certain caveats as part of the warranty. We require the patient to come in for an immediate post cementation check. At the time of the post cementation check, we will take an x-ray, probe, check occlusion and contacts and check for subgingival cement. Checking for subgingival cement is not foolproof however as many cements are not radio opaque. However, if we see a mucositis that wasn't present at the time of uncovering or abutment placement, we can assume that there is subgingival cement and take immediate action. We use the Perioscope in such a situation. Other safeguards, such as putting a couple of sponges over the screw head and leaving the chimney way open will allow a place for cement to flow and reduce the amount that comes out at the margins.

Another requirement of the warranty is that the patient see us at the interval that we prescribe for prophylaxis and/or examination. If they don't come at that interval, then the warranty is void. If I feel that patients are at lower risk, then we can still share prophylaxis with the other office, or just see the patient for a yearly exam after the first year, which is more intensive regarding frequency of visits to our office.

I do not guarantee restorations. I only guarantee implants, but then again it is the implant that is more likely to have a tendency to fail. If revisions are necessary, that is also not part of the warranty,

but if something does go wrong, particularly when I should have noticed it in advance such as a lack of keratinized tissue, I will do the revision at no charge.

The implant warranty is a business tool. It can be good business if you set it up for success.