From little things

A decade after they entered the local market, mini-implants still have some way to go in convincing many in the dental profession that they are worth the effort. By John Burfitt

ntroduce a new product onto the market, and the general rule of business is that it lives or dies by its reputation. Ten years since mini-implants were introduced into Australian dentistry, the verdict remains divided on the device some claim has changed the industry for the better and others who call it 'bad dentistry'.

The minimally invasive mini-implant technique has become a popular option for dentists when choosing the best method for stabilising dentures in patients. The mini-implant consists of small biocompatible titanium alloy screws, measure less than 3mm in diameter and is one piece. In contrast, conventional implants start at about 3.4mm and are two pieces.

The mini-implants are also narrow enough that they can be inserted directly through the overlying gum tissue and into the

In another contrast to traditional implant methods, miniimplants do not require the gum to be cut.

Despite these benefits and the success many practitioners have reported, mini-implants appear to suffer from an image problem. There are a significant proportion of practitioners who have not been sold on the device, which is not only smaller and faster to install, but also significantly cheaper.

Felicity Griffett, a director of Melbourne's ID Health which supplies mini-implants, agrees there has been a mixed message about the role the devices can play.

"People believe that with mini-implants we're trying to replace conventional implants, and that is just not true," she says. "We discuss minis as an option for patients who don't meet the criteria for conventional implants.

"There is also this perception this is a quick fix when in fact it's just a minimally invasive technique that is learnt rapidly, and has been learnt by hundreds of dentists who had been placing conventionals and are now placing minis, and they can see the difference."

Feedback from some of the dentists she has trained in the procedure has resulted in some startling and surprising results. Griffett claims.

*Dentists come to the course, learn the technique and do a couple of cases, but then are told they are doing bad dentistry by the specialists they work with," she says.

"I find it interesting that in every other area of medicine, things have become smaller and that's celebrated as we've moved into keyhole surgery and micro-surgery, but for some reason in dental surgery, it's not."

Mini-implants are not, however, suitable for every patient. Among the number of unsuitable conditions, Griffett claims,





Mini-implants can offer minimally invasive, affordable solution for denture stabilisation, but not everyone is sold on them.

are men with large jaws, while Sydney prosthodontist Dr David Roessler says he has a standard rule that he never uses them in an upper jaw.

"The place for them is a lower jaw when you're considering either a full denture or a fairly large extensive partial denture," Roessler says. "The advantage of them in a full denture situation over a traditional way is that by having a bigger spread of implants, it's going to be a more stable denture and because they're smaller, it's going to be easier to place, and you need less bone to do it."

While Dr Roessler says he had many successful experience of using mini-implants, he understands the reluctance of some colleagues to follow suit.

"I've been using traditional implants for most of my career, and most of the time when I mention I'm also doing miniimplants now, people look at me and go, 'really?" he says.

"Mini-implants have got a pretty poor reputation and part of that is a lack of understanding in where they are appropriate. The other part is in terms of the way they've been marketed as something that is simple.

"It is true they're cheaper and faster, but you've still got to