Interview with Dr Carlos Aparicio, clinical director of Clinica Aparicio in Barcelona, Spain

Dental Implantology – Questions and Answers: Spain

In our series about dental implantology in Europe our interview guest in this issue has been Carlos Aparicio, MD, DDS, MS, who is a pioneer in the application of modern implantology in Spain. He has dedicated the past twenty years to the development of innovative clinical applications in the field of dental implants. Currently, he is directing Clinica Aparicio, the first dental hospital in his country to do research, training and practice in all specialties of odontology. Now, this recognized stomatologist, aged 53, is getting ready to assume the presidency of the annual reunion of the European Academy of Osseointegration (EA0), which will be held in Barcelona in 2007.

How interested in dental implants are patients in your country? Are they well informed about innovative techniques and treatment options?
As was stated recently in an editorial by Dr Araceli Morales, president of the Spanish Society of Implantology (SEI), we can assure you that implantology in Spain is the most sought after treatment in odontologic practices. Reliable statistics indicate that our country ranks second in Europe as an implant consumer.
Implantology constitutes one of the biggest therapeutic revolutions in the field of dental medicine, and the excitement on the part of potential patients translates into frantic scientific activity in the professional field. Nowadays, scientific meetings that do not include an extensive programme in the area of implant rehabilitation are exceptions to the rule.
What stands out is the fact that more and more patients come to our centre asking for a specific implant treatment. So that means that patients have more information on the subject, know about the new techniques and are aware of their advantages. So we can safely say that the popularization of new implant techniques is at a peak moment in Spain.

How interested in dental implants are dentists in your country? How do dentists view dental implantology – as a welcome challenge or as undesirable competition to traditional prosthodontics?
In Spain, as in many developed countries, there has been an evolution. This means that we have had to clean up the poor image of implantology from the 70’s, based on empiricism and anecdotal evidence, without the support of a scientific base. Little by little the field of dentistry, implantology included, has benefited from a new approach: that of medicine based on scientific evidence. Nowadays we can safely assume that level of interest in implants from professionals has grown exponentially. I think the two fundamental reasons for this change are the growing demand for implant treatments from a much more educated population, conscious of the advantages, and the ever-increasing reliability of the technique.

On the other hand, I do not believe we can consider traditional prosthodontics as an active competitor of implantology. On the contrary, I think prosthodontics can benefit from the advantages that dental implants offer as abutments to support prosthesis in a reliable way. Doubtless that the general dentist who does not
wish to be involved in the surgical aspect of this treatment, is becoming more and more conscious of the advantages that this alliance can offer.

What type of education or postgraduate training does a dentist (or physician) need in your country to be able to work in dental implantology?

Implantology is still not considered a specialty independent of odontology in Spain, nor in the rest of Europe as far as I know. We have heard well-known and renowned professionals who, based on semantic arguments, urge the members of a dental specialty to claim the use of the implant as part of their own specialty and who congratulate themselves on not having missed the boat with respect to oral transplantation. In truth, I find it hard to imagine a "membranologist", among other things because this specialty does not have its own identity, but I certainly can imagine a "radiologist" as a specialist in the field of medicine who uses radiology, or an "endoscopist" as the specialist who uses the endoscopy as the main tool in his/her specialty.

Personally, I find the arguments of some professionals who claim the field of oral rehabilitation based on implants as their own artificial, even self-serving. Frequently, to reinforce this argument, they, moreover, try to discredit the expert in implants or the person who limits their practice to oral rehabilitations related to implants.

Some professionals argue that implants placed in the jawbone are surrounded by gingiva and so belong to the field of periodontology. Without entering into the discussion of whether the tissue that surrounds the implant is gingiva or masticatory mucosa, we can say that it is not only in the oral cavity that everything is interrelated. In fact, the oral cavity is related to the rest of the organism. Using similar arguments, such as that implants are surrounded by living bone and, therefore, vascularized, it would be reasonable for a hematologist to affirm that implants belong to hematology. Similar arguments could be used by professionals specialized in bone tissue.

It is then equally logical that other oral health professionals such as prosthodontists might consider that since the final objective of the implant is to stabilize a dental prosthesis, implants pertain to his/her specialty. This without forgetting the obvious relationship of the implant with oral surgery, which make the aspirations of oral surgeons who want to claim the field of implants for themselves more than understandable.

Personally, I believe in the figure of the implantologist. In my opinion, the person who works as an implantologist should have sufficient training in the disciplines involved: surgery, periodontology, conservative dentistry, and of course prosthetics. In fact, today it is impossible to conceive of an implant treatment without a multidisciplinary approach. This training will permit the good implantologist to conduct the treatment and decide on the advisability of interconsultation and/or collaboration with the rest of the specialties involved in the oral rehabilitation. As an active member of the European Academy of Osseointegration (EAO), I think that we are facing an historic moment to regulate exactly what needs to be included in the training of the implantologist.

Of course, I believe that since we practice our specialty in the European Economic Community, the EAO
itself, grouping together and representing European Oral Implantology based on scientific evidence, should propose and standardize the rules that should govern the field in order to regulate once and for all the formation of the specialist in implantology in our territory.

**What is the total number of dentists in your country?**

According to the latest available data from the National Institute of Statistics, the number of Spanish odontologists was 17,538 in the year of 2000.

**What percentage of these, according to your estimate, are active in the field of dental implantology?**

It is difficult to respond to this due to the lack of a census. A rational approximation would be to add up the number of members of Spanish Implant, Periodontic, Prosthetic and Surgical Associations and this would give us approximately 7,000 dentists. But this is only an estimate.

**Is being an active dental implantologist an attractive proposition in your country? If so, why?**

Due to the boom in implantology in Spain, it is not only an attractive proposition but also a very exciting one. The inclusion of new techniques such as Minimally Invasive Guided Surgery or Immediate Loading has put us at the threshold of the future.

**Are there any specific requirements for dentists offering in-office implantological services?**

In theory, implantology should be practiced in offices with an established surgical procedure, a stock of surgical material, special surgical rooms, and professionals who are prepared to solve any medical emergencies that might arise during surgery. However, and here I am going to permit myself the license of referring to recent news about something which I recognize I have a special interest in: currently dentists with little experience in implantology or facing complex cases, have absolutely futuristic tools at their disposal, such as the website www.guided-implant.com. This website combines computer technology with the accumulated experience of renowned professionals so that any dentist, in any country, can send in a patient’s clinical and radiological data and in a few days receive a surgical guide, with mucosal support, which incorporates the position, direction, and depth of the implants to be placed. The precision is such that, once the guide is in place, the inexperienced surgeon can perform flawless guided surgery, without stitches, with a minimum of discomfort and with the same exactitude as the surgery if it had been performed by the tutor who created the treatment plan for the case.

Who pays for implantological treatment, and how? What are the respective shares of patients, statutory or private health insurance plans, and/or other institutions and organizations? Is dental implantology a prerogative of wealthy patients, or are there ways to provide treatment for patients with limited financial means?

Nowadays, patients that come to our centre looking for implant treatment do not fit into a specific income level, far from that. On the contrary, the economic and social range gets wider every day, even though it is true that the cost for this treatment is high. Many people come to us because they know that our centre is specialized in implant related rehabilitations and they trust us to give them honest advice. They are usually people that have had a bad time and need to know they are in good hands. I have always said that society must learn to accept that a person who looses teeth suffers a form of mutilation. Dental implants constitute without a doubt the most conservative treatment, which offers success rates higher than those of conventional prostodontics. There are, of course, financial solutions in the Spanish banking market, but nowadays patients pay for treatments out of their own budget.

Is there a legal framework designed specifically for dental implantology?

To my knowledge, there is no specific mention of oral implants as a dental specialty. We do have some jurisprudence, which states the obligation of the dentist to deliver the promised result. This is similar to what occurs in cosmetic surgery.

A specific mention of implant surgery exists in the Patient Informed Agreement. But, legally speaking, it is a general framework.

What are the problems implantologists are facing in your country?

The major difficulty comes from the fact that implantology is not yet a recognized dental specialty, although the number of implant experts who call themselves implantologists continues to grow larger and larger in Spain. There are training programmes that allow a general dentist to obtain a diploma in Implantology without having passed the required studies or even acquired the minimum knowledge necessary. In other words, any dentist can place implants without having received any special training.

Are there different types of expert training? Are there special degrees or certificates awarded following successful completion of specialized curricula?

In Spain, dentists used to be medical doctors specializing in stomatology, which etymologically means specialist in the mouth. New legislation has eliminat-
ed the need to study medicine as a previous step to dental specialization. Today, you study dentistry directly and it seems logical that afterwards there should be the possibility of specializing in a specific area and obtaining a degree, which certifies such studies. It would also be only fair to recognize the rights/studies previously established.

Nowadays there are different specialized programmes in the different fields of odontology, but an official diploma that certifies the student as a specialist in a specific area of dentistry still does not exist.

How do you believe dental implantology in your country will develop – as the ideal solution in prosthodontics or as one concept of many?

As I told you, dental implantology in our country is enjoying a boom. If I could ask for one wish, I would ask the university, which comes from the Latin word “universalis”, to follow any eventual guidelines from the EAO, an association with an inestimable scientific tradition, and to organize official studies that accredit training in dental implants.

Given developments on a European level, what chances and what threats do implantologists in your country anticipate for their own future?

It is clear that we live in a globalized world, so exchange of information is and will be more and more frequent. The opportunity for intellectual and professional enrichment is there. It is a private decision whether to bet on specialization, continuing education and excellence or remain static watching your knowledge grow old.

Please name three topics that you would like the BDIZ EDI – European Association of Dental implantologists to prioritize in their work.

- Development and promotion of scientific implantology based on evidence.
- The economic independence of the Association from industry.
- Development of a training/specialization programme in implantology that is recognized on a European level.

What are your wishes for dental implantologists in your country?

- The official recognition of implantology as a specialty in odontology and the creation of an appropriate academic and clinical training programme to allow for the exercise of this practice.
- Joint activity of Spanish implantologists and other European implant associations to form one cohesive group.

In your opinion, how important is linking the science of dental implantology with topics of practical relevance such as billing, liability, or office management?

I believe these areas are part of the daily work of any odontological practice because they are intimately related to general practice.

If we are talking about a private practice, we cannot forget that we are referring to a service-oriented company, no matter what size it is. Management must work so that the professional can render his/her services.

Supplementary questions related to the work of BDIZ EDI:

What would be the importance and the mission of a European journal in the field of dental implantology?

- To make all the clinical, scientific, and technological advances available to all professionals who exercise this practice as well as the general dentist.
- To become the official organ of the field it represents, and have its own resources to make it independent from industry.
- The importance, intellectual recognition, and the level of impact the magazine would be closely related to two factors: having enough subscribers to guarantee that the magazine would be independent and the guidelines that the editorial staff establish for the selection of articles to publish. It is clear that the most difficult time for a new scientific magazine is in its beginnings, and so it is essential to accelerate the unifying process of implant associations that will allow its initial economic survival.

On which topics would you appreciate a panel discussion or international symposium?

Apart from establishing a common standardized training programme in implantology, it would be important to reach a consensus on the methodology to be followed and to unify criteria and minimize errors by establishing official protocols in every one of the interventions related to implant rehabilitation.

Thank you very much for answering our questions, Dr Aparicio.

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