

## Disparity in patients' and dentists' satisfaction regarding implant restorative treatment

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Background: Cross-arch fixed implant prostheses have a good prognosis. However, information on prosthetic quality and patient's opinion on treatment outcome is scarce.

Aim: The aims of this retrospective study were to describe patient-centered outcomes regarding quality and patient's opinion of full arch bridges placed on Biomet3i dental implants (Palm Beach Gardens, FL, USA) and to compare these with the dentist's opinion.

Methods: Patients consecutively treated over the last 4 years with mandibular or maxillary full-arch fixed prostheses on four to seven implants were recalled for an independent quality evaluation and to score patient's satisfaction. All implants were immediately loaded with a screw-retained metal reinforced acrylic provisional bridge within 48 hours after surgery by one operator. Prosthetic treatments were performed by trainees or staff members. Implant survival, marginal bone level, measured from the abutment-implant interface, quality of implant and prosthetic treatment and patients' opinion were assessed by means of validated check-lists and OHIP-14 questionnaire. By enlarge, the latter focused on satisfaction and well being.

Results: Sixteen of twenty-two patients attended the examination; 5/120 (4.1%) implants were lost before final reconstruction.

During a mean follow-up of 26 (7–48; SD 13.6) months, no further losses occurred, only one provisional bridge needed to be repaired. Mean marginal bone level was 2.1mm (0–3.9; SD 0.7); mean probing pocket depth 3.4mm (2.5–5.5; SD 0.71); 30% of the sites were plaque-free and 11% showed no bleeding. For patients' opinion see table 1. The clinician rated the prostheses perfect in 37% for design, 50% for fit, 46% for occlusion/articulation and 31% for esthetics. The overall score was perfect in 31%. The mean satisfaction score for the dentist and patient were, respectively, 39% and 72%. There was a significant discrepancy in quality assessment on esthetics and overall score between clinician and patient ( $P < 0.005$  – Wilcoxon signed-rank test).

Conclusions and clinical implications: Patients deem their fullarch fixed prostheses on implants as satisfactory and of acceptable quality. Most patients overrated the esthetical aspect and overall score compared with the dentist. Implant and prosthetic failure rates are within acceptable limits after a mean functional loading of 2 years certainly given the fact that immediate loading was performed.