



# Editorial

## Beyond Implant Survival: Rethinking Success in Implant Prosthodontics

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The field of implant dentistry has changed prosthodontic rehabilitation so that replacing missing teeth is now more predictable than it ever has been. However, even though the rates of implant survival continue to be impressive, there is still a question which deserves to be looked at again: if an implant survives has the treatment certainly been a success? The answer might be no.

Although implant survival is a significant endpoint, it accounts for only one aspect of treatment success. It is possible for an implant to be osseointegrated even if the patient suffers from peri-implant inflammation, prosthetic complications, recurring technical issues, poor esthetics, functional limitations, or dissatisfaction. Long-term evidence shows that implant-supported prostheses can survive even when biological and technical complications continue.<sup>1</sup> It can happen that the implant survives while the rehabilitation process is unsuccessful.

In the field of prosthodontics this distinction is especially significant since the implant itself is not the treatment but rather the rehabilitation is. The final result depends on a number of factors including biological health, prosthetic stability, occlusion, comfort, esthetics, hygiene accessibility, maintenance, function, and patient expectations. There is now

increasing evidence to reveal that patient-reported outcomes form an essential aspect of implant rehabilitation and one that cannot be obtained solely from conventional clinical parameters.<sup>2,3</sup>

This leads to an unpleasant question: are we focusing on what is easiest to measure rather than on what is most important to the patient? Although implant survival is objective and easy to quantify, comfort, confidence, chewing ability, esthetic satisfaction, the burden of maintenance, and quality of life are more complicated. It is these latter outcomes that the patients actually experience.

Imagine two patients: in one case the implant survival is excellent but there are recurrent fractures of the prosthesis, poor access for hygiene, the need for frequent maintenance, and dissatisfaction regarding the appearance; in the other case the implants are stable, the prosthesis is easy to maintain, function is comfortable, the esthetics are acceptable and satisfaction is high. When assessment is made solely on the basis of implant survival, both treatments seem to have been successful; but when evaluated in terms of rehabilitation, they are clearly not the same.

The prosthesis is therefore not merely a passive component of the implant. The way in which the

prosthesis is designed, the materials chosen, the occlusion, the distribution of the implants, the ease with which hygiene can be carried out, and the maintenance requirements can all have a substantial effect on long-term results. There is evidence to show that the material and design of the prosthesis influence biological and technical complications in implant-supported multi-unit prostheses.<sup>4</sup> Implant success cannot be divorced from prosthodontic decision-making.

Maintenance should be given just as much attention. The delivery of an implant-supported prosthesis is not the conclusion of treatment but rather the start of a lifelong journey of maintenance. The peri-implant tissues need to be monitored, the prosthetic parts have to be assessed, and the restoration must allow for effective hygiene and access by professionals. The evidence relating to the removal of full-arch implant prostheses stresses the importance of supportive peri-implant care and maintainability, as well as pointing out the limitations in the current evidence concerning optimal maintenance protocols.<sup>5</sup>

It is perhaps now the time to shift from a focus on survival to one on rehabilitation. Rather than simply asking "Has the implant survived?", we should ask whether the peri-implant tissue is healthy, whether the prosthesis is stable and can be maintained, whether the patient can function comfortably, whether the patient is satisfied with the esthetics, whether their quality of life has improved, and how much maintenance has been needed?

Future research should therefore include information on implant survival together with details of biological complications, prosthetic complications, maintenance treatments, patient-reported outcomes, function, esthetics, and quality of life; survival should

be kept as an important endpoint but should not be the only one.

The main aim of implant prosthodontics is not merely to keep titanium in the bone; it is to restore function, comfort, confidence, and the quality of life. When an implant rehabilitation is carried out technically successfully, patients should be able to function, communicate, smile and socialise without having to constantly think about their prosthesis. Perhaps, therefore, the question we should ask is no longer: "How long did the implant survive?" but instead "Did the patient truly thrive with it?" Because implants may survive for decades—but it is the patient, not the implant, who defines success.

## References

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