Has Implant Dentistry Become a Boutique Practice?

One of the definitions of the term *boutique* is a business that is exclusive and one that specializes in offering customized services. Alternative definitions use terms such as "fashionable" or "limited services," and there is an appreciation that these services are provided to a select group of individuals. Considering these definitions of the term and having attended any one of the many implant meetings, one wonders if implant dentistry is becoming a boutique practice. This query exists because implant dentistry, as presented at meetings, seems to be limiting itself to a select group of patients who are devoted to more artistic results rather than to the management of specific disease diagnoses.

At this point it's not clear whether this impression is simply a misinterpretation, the result of attending too many implant meetings. Certainly meetings present innovative therapy and, in doing so, can distort our view of clinical reality. Meeting attendees can lose sight of the notion that not all patients are willing to devote the time, funds, and efforts necessary to reach dental nirvana. Conversely, it is possible that patients are becoming more sophisticated in their appreciation of the results achievable when implants are used to support dental prostheses. If the latter is true we may anticipate a dramatic practice shift.

On the positive side, a boutique practice provides patients with exquisite restorations that are indiscernible from the natural dentition. However, realistically, most clinicians understand that, just like in the world of fashion, there is a price to pay for esthetic results. Actually the price comes in more than one category—in extra treatment time, in potential postoperative discomfort, and in additional fees for the additional surgical and provisional prosthetic procedures. In some situations the cumulative costs could price some patients and clinicians from the therapeutic equation.

If the practice model is changing, this begs the question of whether or not this is a favorable path for implant dentistry? To address this question it is critical to understand how implant dentistry arrived in its present position.

Modern implant dentistry developed following the observation that endosseous implants could provide reliable support for dental prostheses in severely debilitated patients. The earliest surgical and prosthetic approaches in implant dentistry were designed to address functional deficits. Many patients benefited from functionally excellent but cosmetically challenged prostheses. Early success in this area led to the expansion of the field, and we now see implants used to support virtually all forms of tooth replacement. Patients benefit from this treatment, since dental implants eliminate the adverse biologic consequence of dental caries and may reduce the magnitude of plaque-induced bone loss.

Many of the advances that have made their way into routine practice were developed in dental boutiques. As the number of clinical applications for dental implants increased, there was a need for ongoing investigation to ensure that treatment outcomes remained satisfactory. The combination of scientific investigation and clinical trial and error has fueled changes within the field of implant dentistry. Certainly the science of implant dentistry will only progress if new ideas are developed, tested, and brought into common practice, assuming that the testing identifies a therapeutic advantage. Science will not progress if clinicians simply repeat the same procedures. Conversely, trial and error without any investigational rigor is unlikely to chart reliable new therapeutic pathways.

However, dental practitioners in a routine clinical setting should focus on the delivery of scientifically validated care rather than on trying out scientifically nebulous boutique practices. Clearly not all clinicians are trained in scientific methodology and would not be comfortable acting as investigators for new and different designs. In the computer world this is called beta testing, and anyone who has participated in such testing can testify that the software is not always stable. Unfortunately many clinicians are forced into this position of clinical investigator because products sold are not always thoroughly tested before reaching the marketplace.

Many clinicians look to meetings to assist them in patient care. Unfortunately, as I attend scientific meetings I frequently see presentations that, although beautifully illustrated, demonstrate very little documentation of clinical outcomes. I recently listened to a clinician describe more than 60 clinical appointments to achieve a spectacular clinical result. My concern in listening to this talk was not with the final result but was with the number of appointments necessary to achieve that result. Although I am cer-

tainly a proponent of implant dentistry, my question was whether this was the appropriate treatment for this patient (which is always easier to assess retrospectively). Hence I wondered about the notion of a boutique practice where esthetic demands may take precedence over functional outcomes.

Obviously when patients present for treatment there are a variety of procedures that can be performed to achieve specific results. In most cases perfect results require extensive intervention, and the durability of the perfection may be unpredictable. In the boutique practice there is an assumption that every patient demands functional and cosmetic perfection. Although every clinician has likely seen patients who fall into this category, my impression is that this is not true for all patients. The pursuit of perfection requires a commitment on the part of the patient to surgical and prosthetic intervention that is often difficult to predict prior to initiation of care. It would be surprising to think that the patient who undergoes a large number of clinical appointments to achieve an excellent result routinely understood prior to the initiation of treatment that this was what was required.

To a great extent the boutique practice of today will dictate the routine practice of tomorrow. In this regard there is great benefit in this style of practice. For example, it wasn't that many years ago that tooth replacement was routinely managed with removable dental prostheses, while today most clinicians agree that fixed dental prostheses are the more appropriate choice. Perhaps this is the greatest contribution the boutique practice will make to dentistry.

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