“This is the most comprehensive congress I have ever taken part in”

An interview with scientific committee chairmen Drs. Bertil Friberg and Peter Wöhrle

by Dental Tribune International

Drs. Friberg and Wöhrle, could you please introduce yourselves to the readers by telling them how you became involved in the scientific committee of the 2016 Nobel Biocare Global Symposium?

Friberg: I have been a member of the Brånemark Clinic in Gothenburg, Sweden, since its founding in 1986. For the past 30 years, I have been working in close collaboration with Nobel Biocare regarding lectures, research and clinical activities.

Wöhrle: During my doctoral and postdoctoral training at Harvard in the 1980s, I was introduced to the work of Prof. Per-Ingvar Brånemark. Ever since then, implant dentistry has been the focus of my professional career. Over the years, I have become increasingly involved in research and teaching in addition to clinical work. My formal training in the interrelated areas of implant dentistry, namely surgery, prosthodontics and laboratory technology, allows me to help improve outcomes based on understanding the effects and synergies on each other and streamlining the different aspects of treatment.

What did you consider most important in compiling the scientific program for the symposium?

Friberg: This symposium has something to offer for everyone, as it covers all aspects of topics related to implant dentistry. We went to great lengths to develop several different tracks based on specific topics of interest. Once the attendee decides which topic is most interesting, the schedule allows for full exploration of that subject via lectures, master classes and hands-on courses. We will have multiple activities every minute of the symposium, offering unprecedented learning opportunities based on individualized interests and scheduling.

Wöhrle: This symposium offers something for everyone and will be devoted to new and upcoming products and trends in implant dentistry. This is an event not to be missed.

The theme of this year’s event is “Where innovation comes to life.” Which innovations can participants look forward to in particular?

Friberg: In addition to various new components, including NobelParallel, NobelActive WP and angulated screw channel abutments, which aim to facilitate the work of clinicians, participants will learn about the work of clinicians. During the symposium, digitalization, handling research data, cell biology and bone research will be addressed. Digital implant planning and treatment planning, implant placement and prosthetics, maintenance considerations, complications and how to handle them, and how to interpret result data.

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The overriding goal of significant innovations in implant dentistry is to allow practitioners to achieve better long-term clinical outcomes in more patients. The graftless approach and the digital workflow, including 3D planning and implant placement with CAD/CAM-generated surgical templates, are prime examples of how innovations can transform long-established protocols for the benefit of the patient.

Both of you have many years of experience in implant surgery. How has the field progressed in the last 20 years, and how can events like the Nobel Biocare Global Symposium support dentists in keeping up with these changes?

Friberg: In my opinion, computer planning of implants is much more important when treating patients with severely resorbed jaw bone and in patients in whom implants may interfere with various anatomical landmarks, and for whom exact positioning of the implants may be the difference between success and failure. Straightforward cases are normally solved without digitalization.

Wöhrle: Digitalization absolutely will be addressed. Digital implant planning and placement deliver more efficient care with consistently better outcomes, especially in the partially edentulous patient. Placing an implant that is restorable is no longer the aspiration; with today’s technology, one can do better. Properly executed guided surgery, combined with proper treatment planning, elevates the level of excellence while increasing efficiency and safety.

Another major topic in implant dentistry is the treatment and prevention of periimplantitis. What is the current scientific evidence on this issue?

Friberg: This is a topic addressed in many congresses today. We must keep in mind that there is still not an accepted definition of periimplantitis and, thus, prevalence figures vary greatly. Several efforts have been made to gather expertise from all over the world to provide consensus statements on the problem.

At the moment, we do not sufficiently understand the periimplantitis issue, its site specificity, its sometimes very poor response to treatment, the impact of microbes, the foreign body reaction and so on. However, all these topics will be addressed at the symposium to provide clinicians with the latest research on periimplantitis.

Wöhrle: As Dr. Friberg just explained, there is no consensus on the definition of periimplantitis, its cause or even its treatment. I am looking forward to the latest research and updates that will be presented during the symposium.