Chapter 28

Prioritizing Barriers of Dental Implants for Patients Attending OPD

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**ABSTRACT**

Carelessness, bad habits, genetics, and age are the most important factors for tooth decay. Many dental problems, including decay, can easily be fixed by dental implants. In this chapter, an effort is taken to prioritize the barriers of dental implants by multi-criteria decision-making techniques like Promethee.

**INTRODUCTION**

A dental implant is a titanium post (like a tooth root) that is surgically positioned into the jawbone beneath the gum line that allows your dentist to mount replacement teeth or a bridge into that area. An implant doesn’t come loose like a denture can. Dental implants also benefit general oral health because they do not have to be anchored to other teeth, like bridges. Because implants fuse to your jawbone, they provide stable support for artificial teeth. Dentures and bridges mounted to implants won’t slip or shift in your mouth an especially important benefit when eating and speaking. This secure fit helps the dentures and bridges as well as individual crowns placed over implants feel more natural than conventional bridges or dentures.

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But, for some people, ordinary bridges and dentures are usually not comfortable, due to sore spots, poor ridges or gagging. In addition, ordinary bridges must be joined to teeth on either side of the space left by the missing tooth. In implants no adjacent teeth need to be prepared or ground down to hold your new replacement tooth/teeth in place. But implants need to have healthy gums and adequate bone to support the implant. Implants are usually more expensive than other methods of tooth replacement. There are two methods of implants: Endosteal implants and subperiosteal implants.

Although dental implant is a very useful technique still dental implant failure rate is also very high. Dental implant failures can take place for several reasons. It may be Short-term failures which can be described as a failure to heal in the bone, a process called "osseointegration." The short-term failures can be treated by removing the implant, repairing the surgical site with a bone graft and allowing it to heal before attempting to place another fixture. Since bone heals much more slowly than soft tissue, this process can take several months. Long-term dental implant failure presents an entirely different set of challenges. They can occur after the implant has healed and become integrated in the bone, and after an implant has been restored. The most common long-term failure (and unfortunately the most difficult kind to treat) is called peri-implantitis. Peri-implantitis is a chronic infection in the gum and ultimately the bone that supports the implant. It may be likened to the periodontal disease process affecting teeth, since both result in the loss of the supporting structure (bone) around a fixed part. Symptoms may include discomfort and pus or bleeding from the gums. The main cause of patients avoiding dentists are fear of pain, time and availability, financial reason. Many people do not fond of visiting doctors.

BACKGROUND

Bandyopadhyay et al. (2017) have studied to assess oral hygiene-related knowledge and practices among engineering students of Bhubaneswar city and also to evaluate the concepts about the side effects of tobacco usage among those students. Kubota et al. (2016) have highlighted the destruction of periodontal tissue by smoking and the unfavorable clinical course of periodontal disease in patients with a cigarette smoking habit. The present study demonstrates that periodontal disease models are useful for elucidating the pathogenesis of cigarette smoking-related periodontal diseases. Jhu et al. (2003) have studied and found that children in India and china where 71.6% and 73.6% respectively had a regular dental visit every 6 months. Gopinath v (2010) has carried out to assess the oral hygiene practices and habits among practicing general dentists. Revathi et al (2017) have focused on degradation mechanisms such as corrosion, tribocorrosion and wear condition of the material. And explored on the evaluation of surface treatment to improve wear and corrosion performance of material. And on surface modification technique such as coating method. Liu et al (2017) have found binary Ti alloys, in particular to Ti—Zr, Ti—Ag, Ti—Cu, Ti—Au, etc. with the alloying components has a high potential as implant materials due to good mechanical performance without compromising the biological behaviour compare to cp-Ti. Gepreel et al. (2012) have explored β-type Ti alloys composing mainly of low cost common metals such as Mn, Sn or Fe, that show high strength, low young’s modulus and exhibit good mechanical properties, biocompatibility and non toxic. Correa et al. (2013) have explained about mechanical properties which were assessed with measure of hardness and elastic modulus and addition of zirconium increase density of the material compared to cp-Ti. Medvedev et al. (2015) have found the effect of surface treatment and mechanical
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