



BREAKOUT SESSION

Dental Implant Restoration Registry (DIRR)

Group Participant: Your role is to actively engage in the discussion, share your insights, and respect others' perspectives. Your active participation and constructive feedback are important.

Group Facilitator: Introduce yourself and facilitate a discussion of the study and implications to practice. Promote a space where all practitioners voice their opinion. Call on people directly, particularly if one person is dominating the conversation.

Group Recorder: Please record a summary of the group's discussion on the form provided and, in conjunction with the practitioner group leader, be prepared to summarize your group's findings.



Brief Study Review:

The Dental Implant Restoration Registry (DIRR) followed implant-supported restorations placed in routine dental practice for over three years to better understand implant outcomes beyond simple survival. The study enrolled more than 1,400 patients with over 2,000 implants across 126 practitioners, collecting baseline data at prosthetic placement and annual follow-up for up to three years.

Implant removal was uncommon at follow-up; however, biological and prosthetic complications were relatively frequent. Many implants showed biological changes such as increased probing depths, bleeding on probing, or need for peri-implant disease treatment, while prosthetic issues most often involved screw loosening or loss of retention. Overall, the findings emphasize that implant success should not be defined solely by whether an implant fails, but also by ongoing monitoring and management of biological health and prosthetic integrity. DIRR highlights the importance of systematic peri-implant assessment, maintenance planning, and patient counseling as part of long-term implant care.



DISCUSSION QUESTIONS

Dental Implant Restoration Registry (DIRR)

1. Which baseline patient factors in this cohort would most change your implant maintenance or recall strategy?

2. Do the preliminary follow-up findings change how you prioritize biologic versus prosthetic complication surveillance in your practice?

3. Based on these data, what should be the single most important chairside message when counseling a patient receiving an implant restoration?

4. The NIDCR is interested in studies focused on “integrating oral health into medical care.” What ideas do you have regarding oral health practitioners partnering with medical professionals to address specific health issues of patients with dental implants?
