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> [Int J Oral Maxillofac Implants.](#) Mar-Apr 2002;17(2):271-6.

Flapless implant surgery: a 10-year clinical retrospective analysis

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Abstract

Purpose: This article is a retrospective clinical analysis of implants placed with a flapless approach.

Materials and methods: Seven hundred seventy implants were placed in 359 patients to both completely edentulous and partially edentulous arches with fixed prostheses or removable complete dentures. Each patient was examined after 3 months, 6 months, 1 year, and then every year. Prostheses were removed, if possible, and implant mobility was assessed, peri-implant radiographs were obtained, and periodontal probing was performed. Implants were considered failed if they had mobility or pain, had to be removed, or if they showed more than 0.5 mm loss per year and signs of active peri-implantitis.

Results: The cumulative success rate for implants placed using a flapless 1-stage surgical technique after a 10-year period varied from 74.1% for implants placed in 1990 to 100% a

Discussion: Since flapless implant placement is a generally "blind" surgical technique, care must be taken when placing implants. Angulation of the implants affected by drilling is critical to avoid perforation of the cortical plates, both lingual or buccal, especially on the lingual in the premolar area and the anterior maxilla. There should be no problem if the patient has been appropriately selected and an appropriate width of bone is available for implant placement. There is a learning curve to every surgical procedure, after which it becomes routine. There are

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advantages for the patient as well as for the surgeon, since the procedure is less time consuming, bleeding is minimal, implant placement is expedited, and there is no need to place and re-sutures.

Conclusion: Flapless implant surgery is a predictable procedure if patient selection and surgical technique are appropriate.

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