

What Is the Monetary Value of Dental Implant Treatments?

The answer to this question may be more than what we think. Naturally, all treatment costs must be reasonable and within the financial reach of the patients we treat in our private practices. What we actually charge for our services needs to be based upon overhead expense, degree of difficulty, our expertise, and what we feel our time, education, judgment, and personal financial needs require. However, once the case is completed and the patient has the pleasure of using the “nice new teeth,” what do patients really think these teeth are worth? How much money would it take for the patient to “sell” these “nice, new teeth”?

Several studies have examined the patient’s improved quality of life (QOL) when treated with implant-retained dentures.^{1,2} The majority of studies evaluate QOL by descriptive methods or health evaluations.³ Oh et al,⁴ found that implant supported over-dentures provided a significant improvement of oral health-related QOL. Implant-retained denture patients had significantly fewer functional limitations, less physical pain, less psychological discomfort, and less disability.⁴

In 2012, Papadaki et al⁵ found that social behavior and self-confidence were both diminished for many patients wearing complete dentures. Conventional dentures are not an acceptable solution for some patients. The good news is that an implant-retained mandibular denture provides elderly patients with improvements in both oral health QOL and general health-related QOL.⁶

A 2009 Canadian study measured the preferences of edentulous elderly patients regarding mandibular implant-retained dentures using willingness-to-pay (WTP) and willingness-to-accept (WTA) criteria. These researchers also assessed the effect of long-term financing on WTP.⁷ Seventy percent of the patients were willing to pay three times more than the current cost of conventional dentures for an implant-retained prosthesis. If patients could pay for the implant-retained denture treatment with monthly installments, the acceptance rate was 96%.

Sendi et al⁸ surveyed patients in Switzerland who had received 2 dental implants for the purpose of retaining their mandibular denture. These authors assessed the patient’s QOL with the implant-retained restoration based upon their WTP for the implant treatment and their WTA money in exchange for the reversal of the implant treatment. This study revealed that 16 patients (average age 73.5; range 58–87 years) rated their satisfaction with their previous unretained conventional denture with a score of 3.25 (1 = not satisfied at all; 10 = very

satisfied). These same patients were then provided with a 2 implant-retained denture. These patients rated their 24-month posttreatment satisfaction score at 9.68. They also found that 11 of 16 patients would not “sell” their implants for any amount of money. Of the 5 patients willing to trade their implants for money, the asking price was anywhere from 2 to 66 times what they paid for them.⁸

Recently, I asked a patient of ours who had received an “all-on-6” implant fixed mandibular prosthesis “How much money would you need for me to take the teeth and implants back?” Her reply was “No one has enough money for me to give these teeth back.” Another patient who had also received an implant-fixed mandibular full arch prosthesis was asked the same question. He answered “These teeth are so good you should have charged me twice what you did.” I think that clearly states the value of what we do for our patients.

Yes, we do provide patients with benefits greater than just the monetary number!

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