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 periodontists and prosthetists as well as the latest in the treatment and prevention of periimplantitis.

Wöhrle: There will be ample innovations presented during the symposium, culminating in the innovation assembly forum on Saturday afternoon. The entire session will be devoted to new and upcoming products and trends in implant dentistry. This is an event not to be missed.

What are the implications of these new developments for daily clinical practice, and how can both dentists and patients benefit?

Friberg: These developments will help facilitate treatment in the posterior region, avoiding cementation in the anterior region and prevent complications. They also offer various implant designs for specific clinical situations and represent further developments in hard- and soft-tissue management.

Wöhrle: The overall change paradigms for the patient. Digitalisation will absolutely be crucial. Digital implant planning and placement deliver more efficient care with consistent better outcomes, especially in the anterior region and prevent complications. They also offer various implant designs for specific clinical situations and represent further developments in hard- and soft-tissue management.

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.

Wöhrle: Digitalisation will absolutely be addressed. Digital implant planning and placement deliver more efficient care with consistent better outcomes, especially in the partially edentulous patient. Placing an implant that is restorable is no longer the exception. Will the symposium also address this topic, as outcomes of implant placement may become significantly more predictable with digital technologies?

Friberg: 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.

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. How has the field progressed in the last 20 years? In what areas will we see the most progress?

Friberg: The major milestones in the last 20 years have been the introduction of the TiUnite surface, significantly decreasing early failures in certain applications and groups of patients, and immediate loading in select cases, shortening treatment time and thus cost for patients. Currently, the digital revolution—CT-based planning programs, CAD/CAM-generated surgical templates, and digitally designed and manufactured restorations—has changed the way we practice dentistry today, and it will change it even more in the future.

Digitalisation is becoming increasingly important in all kinds of industries and dentistry is no exception. What will the symposium address this topic, as outcomes of implant placement may become significantly more predictable with digital technologies?

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