



## **CURRICULUM VITAE**

**ALEXANDROS H. GROUS, DMD, Dr. Dent.,FICD**

2, VASILEOS ALEXANDROU STR.  
ATHENS 11634 -GREECE

TEL. :+30 210 7211181

MOB: +30 693 2348048

e-mail : [alex@grousdentalclinic.com](mailto:alex@grousdentalclinic.com)

[www.grousdentalclinic.com](http://www.grousdentalclinic.com)

skype: alexandros.grous

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Graduate of Athens University, Dental School (1980).

Post Graduate Prosthodontics Program at Tufts University School of Dental Medicine, Boston (1981-1983).

Assistant clinical professor of Prosthodontics, Restorative Dept. TUFTS University (1983-1984).

Maintains a full time private practice limited to Prosthodontics and Implant Dentistry, in Athens.

Active member of EAED(1996), member of ICP, EAO,FICD, Fellow ITI

Active member of the Hellenic Society of Odontostomatological Research (Past President 2007-2009)

Past President of Tufts Prosthodontic Alumni Charitable Organization (2011-2016)

Active lecturer in conventions and continuing education courses on various. Prosthodontic, Esthetic and Implant Dentistry topics.

Volunteer Prosthodontist at the Olympic Village Hospital of Athens 2004 Olympic & Paralympic Games.

Part time clinical instructor at the postgraduate Prosthodontics department, School of Dentistry, University of Athens.

He also teaches macro photography to postgraduate dental students at University of Athens School of Dentistry. He is a member of the Hellenic Photographic Society.

## **ABSTRACT**

### **RISK MANAGEMENT IN IMPLANT DENTISTRY**

Partially or fully edentulous patients' treatment using dental implants has matured rapidly over the past four decades. Although it is now a very predictable clinical procedure demonstrating a considerably high success rate, various biological, mechanical and technical complications have been reported consistently and accordingly the incidence and prevalence have also steadily increased. Therefore the dental practitioner should take care in the formulation of the treatment plan and acquire the necessary clinical skills to place and restore implants to function.

The purpose of this presentation is to briefly list and discuss thru clinical cases some important points to remember from the perspective of risk management:

1. Carefully evaluating the patient's medical condition and suitability for implant treatment;
2. Taking the necessary precautions to minimize the risk of failure;
3. Identifying factors that may hinder success and informing the patient of how they may affect the outcome;
4. Acquiring and developing the necessary clinical skills in both surgical and prosthetic treatment;
5. Obtaining informed consent from the patient as part of the treatment record;
6. Suggesting a maintenance protocol designed to achieve long-term success and enhancing the patient's compliance to it.

Even after taking all the precautions mentioned above, it is of paramount importance for the patient to understand that, as with any therapy involving surgical procedure, there is no guarantee of success.

In addition, any anticipated difficulties in the prosthetic treatment phase should be discussed clearly during the treatment planning phase to provide the patient with realistic expectations of the final result.