

INTERVIEW

with — Prof. Mauro Labanca

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Q: Prof. Labanca, how did you become involved in the Clinical Masters™ Program?

A: I started offering this course in Brescia, Italy, in 2001, once a year, to Italian-speaking dentists. From 2005, I also offered the course in Vienna, Austria, still for Italian dentists, until 2015. Starting in 2016, I brought it back to Brescia, where I teach anatomy at a medical school. It has been a great success; so much so that last year we had to offer two courses in Italy and had many new participants who learned about it from their colleagues. This means that we have to do very little to promote it.

I wanted to bring this course to an international audience as well and started to offer the course again in Vienna in 2016, but in English. I had known about and been

interested in the Clinical Masters™ Program as a mean of making the course international. I feel our course is so important and unique that dentists all over the world could benefit from it. Becoming part of the Clinical Masters™ faculty gave me a great opportunity to do so.

Q: For what reason did you decide to offer your course in Vienna rather than Italy, since you were already offering it there?

A: This is an essential course and it can only be given in an anatomical institute, not in a dental school or in any private venue. Mainly, the location in Italy did not allow us to offer the course to as many participants as we could (12 in Italy, 20 in Vienna). Also, Vienna is more central and thus more

accessible from other countries, so it is better suited as an international location.

Q: Why do you think there is a need for this course? Do dentists not receive this kind of training during their studies?

A: There is usually a huge lack of information about anatomy. The participants in this course may be students or practicing dentists. Perhaps they do not have enough experience of surgical treatments or they might have done their surgical training without sufficient anatomical guidance. Learning more about anatomy is the right way to start. In a way, it is like getting a map of a city. One might need a map of Vienna because one is new to the city and needs to find one's way about or because

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one has been living there for years, but did not know enough of the city. A map will allow one to understand why it is better to go this way, move in this or that direction. The course is not aimed at any particular group based on their experience or age; we provide a map of anatomical surgery. Through this course, participants will gain more skills and confidence in moving inside the “city”, guided by the anatomical landmarks of their patients.

Q: *What would you say are the most important aspects that make this course unique?*

A: There is a major difference between this and other courses in which cadavers are dissected. In anatomy, dissection is useful and important, but not for learning how to perform surgical procedures.

Our course is an anatomical and surgical course. We demonstrate the most important surgical procedures, for example a sinus lift augmentation, guided by the anatomy. We do not tell the participants how to perform a sinus lift, since the course is not about surgical techniques or

which procedure should be used. Technique and surgical procedure are mainly a matter of personal preference or background. Our goal is to give participants, no matter the technique they use, information to avoid anatomical risks. For example, in placing an implant, we focus on the relevant anatomical structures to be considered. That is the main issue. Surgical techniques may be different, but anatomy is the same all over the world.

Furthermore, this is the only current noncommercial course. Companies provide us with materials of course, but they are partners and supporters only. My colleagues, professors of anatomy whom I teach with, and I are totally independent. We do not receive payments from any of the companies that provide materials and instruments, allowing us to maintain our independence. We seek to share anatomical information, and this is not linked to products or materials as surgical procedures are. We have an association with 15 companies, the most significant in their field. The participants have access to all

the materials and instruments they need, as well as the latest versions available on the market. The advantage for companies is that they can assist the participants who use their products and share the information about the course.

Lastly, we work with fresh specimens, not fixed ones. If one uses a fixed specimen in performing anatomical procedures, some structures are lost. A fixed specimen is perfect for dissection where one only needs to see the anatomical structure that is the focus, but one needs to see the most important structures, the nerves and arteries, in performing any surgical procedure. The fresh specimens are frozen and kept at -80°C and then thawed so that they are perfectly preserved and their anatomical structures clearly recognizable. With our specimens, all the arteries have been injected with a special rubber (red resin) to retain the same dimensions and consistence of those of a living patient.

Q: *How is the course organized? How many people attend the course?*

A: We have ten workstations at which the twenty participants work in pairs. Every workstation has two tutors, one for anatomical questions and one for dental and surgical questions. Questions arise in both disciplines and I can answer the ones related to surgery, but an anatomical specialist answers questions on the anatomy. Anatomy is a very wide field and our tutors are full professors specialized in orofacial anatomy.

Such topics as diagnosis, developing a treatment plan, biological assessment, guided surgery and using the materials available are covered during the teaching section. In the practical part, we perform surgical techniques to demonstrate the areas of risk, prevention and management of failures, and pain management in dentistry.