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Complications of the Sinus Lift Procedure: Management and Protocol

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Abstract

Oral rehabilitation with dental implants has been widely practiced with a success rate well over 95% in complete, partial, or single edentulism^[1]. However, dental implant placement in the posterior maxillary region is frequently compromised due to certain anatomical and physiological conditions including postextraction alveolar ridge atrophy, pneumatization of the maxillary sinus, and poor quality of residual alveolar bone^[2]. Therefore, vertical alveolar ridge augmentation is often mandatory before or in conjunction with the installation of implants^[3]. The sinus lift is one of the most common procedures performed to increase the height of posterior maxilla for placement of dental implants. It is a sensitive area which is prone to complications. Maxillary sinus augmentation is a well-known and predictable procedure in vertical deficiencies of the posterior maxilla. To date, various techniques have been described based on the physiology of intrasinus bone repair to obtain better outcomes. Nevertheless, these procedures could also be associated with several intra- and postoperative complications such as perforation of the sinus membrane, hemorrhage, infection, graft resorption, and loss of the graft or implants. This article discusses some of the complications associated with sinus lift procedure. The aim of this article is to review the contemporary methods for maxillary sinus augmentation and to present both recommendations for prevention and management of the associated complications.

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