

Implant Maintenance Protocol

Guidelines for Probing

- Record baseline pocket depths at 3 to 6 months post loading, then every 6 months thereafter.
- Use plastic probes only and gently probe using light 15 g of probing force.
 - Record if inflammation, bleeding, cement, or exudate is present and address.

Visual Tissue Assessment

- Is there keratinized or non- keratinized tissue?
- If no keratinized tissue, consider soft tissue grafting
- Are there signs of inflammation present?

Recommended Instrumentation for Implants

- USE** Titanium curettes
- USE** Titanium ultrasonic tips
- USE** subgingival air polisher
- USE** Plastic probes only
- NO** plastic curettes
- NO** stainless steel instruments

Palpating Implant for Signs of Infection

- Place a finger on buccal and lingual of the ridge just below the implant apex.
- Keeping pressure on each side of the ridge, move upward toward the implant restoration.
- If the implant is infected, pus or blood will ooze up from the sulcus surrounding the implant.

Assess for Calculus and/or Cement

- Insert floss through contacts on both sides of implant, wrap floss in circle & criss- cross in front
- Move in shoeshine motion in peri-implant crevice
- Check floss -if frayed or roughened-Calculus and/or cement may be present
- Also check for radiographic evidence of calculus or cement (will only show mesial or distal).

Assess the Implant-Mobility and Pain

- Use 2 mirror handles to gently assess the implant crown(s) for mobility
- Ask the patient if they are experiencing pain around the implant(s)
- Evaluate for occlusal trauma (shimstock and articulating paper), loose screw, lack of osseointegration
- If mobility or pain take radiograph to assess
May need referral back to surgeon

Assess the Implant Bone Level

- Take a radiograph to monitor crestal bone level around implant(s).
- Make sure threads appear as clear lines, in some cases a vertical bitewing may give a more parallel image.
- Look for unexplained bone loss -if crater appearance - cement could be the cause
- Measure any bone loss for signs of peri-implantitis
- Compare to previous radiographs for changes.

Guidelines for Radiographic Monitoring

- Take a radiograph at implant placement, healing abutment placement, restoration, 6 months, then annually thereafter
- 1-4 Implants: Make a vertical bitewing or Periapical of each implant or vertical batwings
 - 5 or more implants: Panorex or individual PA's

Classification of Peri-Implant Disease

Peri Implant Mucositis

Inflammation, BOP, and/or suppuration of soft tissue surrounding implant, **WITHOUT** bone loss.

Peri-Implantitis

Inflammation, BOP, and/or suppuration of soft tissue surrounding an implant **WITH** bone loss.

Predisposing factors for Peri-implant disease: Previous or current periodontitis around natural teeth, poor homecare, lack of professional maintenance, poor restorative design, systemic disease, medications

Assessment

Classification of Peri-Implantitis

Comments

Early

PD> 4mm bleeding and/or suppuration on probing* Bone loss< 25% of the implant length**

Important to reverse and maintain

Moderate

PD> 6mm bleeding and/or suppuration on probing* Bone loss 25% -50% of the implant length**

See Specialist for Regenerative TX

Advanced

PD> 8mm bleeding and/or suppuration on probing* Bone loss> 50% of the implant length**

See specialist for Regenerative TX or Implant removal

Note: *Bleeding and/or suppuration on two or more aspects of the implant. **Measure on radiographs ideally from baseline radiograph and at time of prosthesis loading to current radiograph. If baseline not available, the earliest available radiograph following loading should be compared to current radiograph.

*Froum SJ, Rosen PS. A proposed classification for peri-implantitis. *Int J Perio Restorative Dent* 2012; 32: 533-540