Implant Maintenance Protocol

ASSESSMENT, MONITORING & PERI-IMPLANT DISEASE CLASSIFICATION

NORTHERN COLORADO PERIODONTICS

SOUTHERN WYOMING PERIODONTICS

GUIDELINES FOR PROBING

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

RECOMMENDED INSTRUMENTATION FOR IMPLANTS

- Titanium curettes
- Titanium ultrasonic tips
- With glycine or erythritol air polisher
- Plastic probes ideal
- NO plastic curettes
- NO stainless steel instruments

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 veritcal batwings
- 5+Implants: Panorex or individual PA's

RECOMMENDED STEPS FOR

IMPLANT EVALUATION AT EACH VISIT

#1

VISUAL TISSUE ASSESSMENT

1 Is there keratinized or non-keratinized tissue?

2 If no keratinized tissue, consider soft tissue

3 Are there signs of inflammation present?

#2

PALPATE IMPLANT FOR SIGNS OF INFECTION

- Place a finger on buccal & 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

#3

ASSESS FOR CALCULUS/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, calculus/cement may be present
- Check for radiographic evidence of calculus/cement

#4

ASSESS IMPLANT MOBILITY & 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, loose screw, lack of osseointegration
- If mobility or pain, take radiographic to assess. May need referral back to surgeon

#5

ASSESS 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 appears, cement could be the cause
- Measure any bone loss for signs of peri-implantitis
- Compare to previous radiographs

PREDISPOSING FACTORS FOR PERI-IMPLANT DISEASE

- Previous or current periodontitis
- Poor homecare
- Lack of professional maintenance
- Poor restorative design
- Systemic disease
- Medications

GUIDELINES FOR MAINTENANCE

Risk Control
- Smoking cessation
- Control systemic conditions
- Manage parafunction
- Address modifiable risk factors

Maintenance Recall
- Recall interval based on risk assessment
- Common interval is 3-6 months
- Reinforce homecare at every visit

Re-Evaluation
- Repeat complete assessment
- Probe & chart
- Review radiographs
- Update diagnosis and treatment plan

Documentation
- Chart all findings
- Record PD, BOP, suppuration, mobility, plaque, and bone levels
- Track changes over time

NOTICE: If you have any questions about any of the above information please feel free to reach out to our staff during our normal operating hours.

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

Peri-Implant Disease Classification

IMPLANT MAINTENANCE & PERI-IMPLANT DISEASE CLASSIFICATION

NORTHERN COLORADO PERIODONTICS

SOUTHERN WYOMING PERIODONTICS

Assessment	Classification of Peri-Implantitis	Comments
 **PI MUCOSITIS**	• Inflammation, BOP, and/or suppuration of soft issue surrounding implant • **WITHOUT** bone loss	• No radiographic bone loss • Early intervention is critical • Reverse inflammation and maintain health • Consider referring if not equipped to manage
 **PI EARLY**	• PD > 4mm • Bleeding and/or suppuration on probing • Bone loss < 25% of the implant length 	• **Important to reverse & maintain** • Consider referring if not equipped to manage
 **PI MODERATE**	• PD > 6mm • Bleeding and/or suppuration on probing • Bone loss 25% - 50% of the implant length 	• Moderate bone loss • Address modifiable risk factors • 3-4 month maintenance • Consider referring
 **ADVANCED**	• PD > 8mm • Bleeding and/or suppuration on probing • Bone loss > 50% of the implant length 	• Advanced bone loss • Higher risk of implant loss • Consider long-term prognosis & referring

Peri Implant Mucositis

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

Peri-Implantitis

Inflammation, BOP, and/or suppuration of soft issue surrounding implant, **WITH** bone loss

Note: Bleeding and/or suppuration. Defined as 2 or more aspects of implant.
**Xray comparison to evaluate changes of bone should be measured on radiographs from baseline radiograph and at time of prosthesis loading to current radiograph. If baseline is not available, the earliest available radiograph following loading should be compared to current radiograph.

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