Implant Assessment and Maintenance Protocol

*Munib Derhalli DMD, MS, MBA, Cindy Campbell RDH, Annie Davidson RDH, MS*

***Implant Assessment and Chairside Maintenance Protocol***

1. ***Assess Tissue Appearance and Color:***

* Inspect the tissues surrounding the implant (peri-mucosal seal) for signs of inflammation – Red, Cyanotic tissue
* You are looking for consistent color and texture of the tissues
* Digitally inspect (Palpate) the tissues around the implant – “Milk’ the tissues for BOP and/or Suppuration

1. ***Probing the Implant:***

* Initial baseline probing should be completed at 6 mo. post-implant restoration – once biologic width is stable and bone remodeling complete
* Use either a Titanium or Plastic probe around the implant
* Light pressure – no more than 25N – record “0” Healthy or “1” Bleeding
* Baseline measurements should be taken at 1 year post loading (restoration in place) and in function

1. ***Assess for supra/sub-gingival debris:***

* Explore the margin area using a ‘crisscross floss’ technique to inspect for calculus and cement around the implant. Floss that is frayed or the presents of blood indicate an issue with the implant that needs to be addressed
* Inspect the contacts for passivity/light contact for areas of food impaction

1. ***Assess the implant restoration/prosthesis for mobility, pain, and occlusion:***

* Correct occlusion is vital to maintain implant health
* Use 2 blunt ended instruments to assess mobility (Brassler Ti probe)
* Check occlusion to determine excessive bite load on implant – adjust if necessary
* If evidence of traumatic occlusion consider an appliance to mitigate force

1. ***Assess Implant bone level:***

* Baseline radiograph should be taken 1-year post-loading of the restoration/prosthesis
* Radiographs should be taken perpendicular to the implant body with clear view of the threads
* Measure crestal bone levels around the implant annually

*Chairside Maintenance Protocol*

1. ***Inspect the peri-mucosal area for Biofilm:***

* Remove the biofilm using a sub-gingival air polisher with Glycine powder (4 sites per tooth and 5 seconds per site)
* You can also polish the dentition to remove the biofilm layer

1. ***Assess the area for supra/subgingival debris – Calculus/Cement:***

* Removal of Calculus or cement should be completed carefully so as not to damage the implant surface
* Use a Titanium scaler (28-30 RWH – Rockwell Hardness Scale)
* Ultra-sonic tip inserts (PEEK) or PEI ultrasonic tips should be used with caution and never used on the implant body – only the abutment/restoration interface within the peri-mucosal seal

1. ***Irrigate the peri-mucosal area around the implant:***

* Use CloSyS® to irrigate out any debris around the implant following debridement
* An ultrasonic or PEI can be used (with proper inserts) to Lavage the area surrounding the implant

1. ***Polish the implant restoration/prosthesis:***

* Use a non-abrasive prophy paste to remove residual stain

1. ***Apply antimicrobial Varnish:***

* Cervitec® Plus – Chlorhexidine Diacetate (Chlorhexidine Gluconate should be avoided – Peridex) to the cervical area of the implant
* Antimicrobials will not increase the attachment level but will decrease the inflammation