Implant maintenance care solution

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Implant maintenance care programme

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Professional infection control procedures are necessary to achieve long-term success of our implant treatments and include the removal of hard and soft tissue deposits on implant and superstructure components with scalers.

Great care and caution should be practiced when cleaning the dental implant and the instruments to be used should ideally be capable of removing efficiently the bacterial deposits without altering the implant surface, the implant components and the surrounding tissues.

In this context, it is imperative to highlight that deep instrumentation, such as “subgingival debridement” that normally is performed around teeth, is not recommended in non-surgical treatment of peri-implant diseases. The reason for this difference in strategy is due to the difference in the functioning of the implant device with its threaded part and other obstacles to access. The risk of causing injury to the inflamed tissues when performing “blind” instrumentation must be emphasised.

Debridement of implant surfaces

Hand curettes of different materials have been proposed as instruments for removing bacterial deposits of the supra- and subgingival peri-implant areas. Among these instruments, plastic, carbon fiber, stainless-steel and titanium curettes are included. Some studies have been performed to evaluate these different materials regarding their cleaning efficacy and potential of alteration of the implant surface and prosthetic component, which could affect its biocompatibility, biofilm formation and therefore the implant longevity.

The long-term success of implants is fundamentally dependent upon the effective home care and on the dental team’s administration of professional prophylaxis procedures in the dental office. Following the completion of the surgical and prosthetic procedures in implant therapy, it is imperative to inform the patient about how to carry out self-performed infection control procedures.

The purpose of surgical therapy is to remove plaque and calculus from the abutment and then opened past the deposit. With a light pressure, a vertical, horizontal, semi-circular or oblique stroke will then be applied to remove all hard and soft bacterial deposits. After removing bacterial plaque and calculus from the abutment or implant, the surface can be polished with rubber cups to prevent additional plaque accumulation.

During non-surgical treatment of peri-implant mucositis and initial peri-implantitis, all subjects who present any signs of peri-implant disease should be thoroughly informed about the disorder and instructed on how to carry out self-performed infection control. Whether the disease is mucositis or peri-implantitis, the initial phase of therapy must always include professional infection control procedures. The main objective is to remove peri-implant biofilm and calculus with scalers, without altering the implant surface, with the goal of re-establishing a healthy peri-implant mucosa.

The treatment of peri-implantitis requires often but not always surgery. The purpose of surgical therapy is to provide access for decontamination and decontaminant of the implant surface. Following local anesthesia, full-thickness flaps are elevated on the buccal and lingual aspects of affected implants. Inflamed tissue is removed, and titanium-implant curettes are used to remove hard deposits on implants. The implant surfaces are then decontaminated with saline for 2 min. Osmotic recontouring is performed when indicated, and flaps are adjusted and closed with single interrupted sutures.

References

Editorial note
A list of references can be obtained from the publisher.

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Implant surface treated with Titanium curette

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