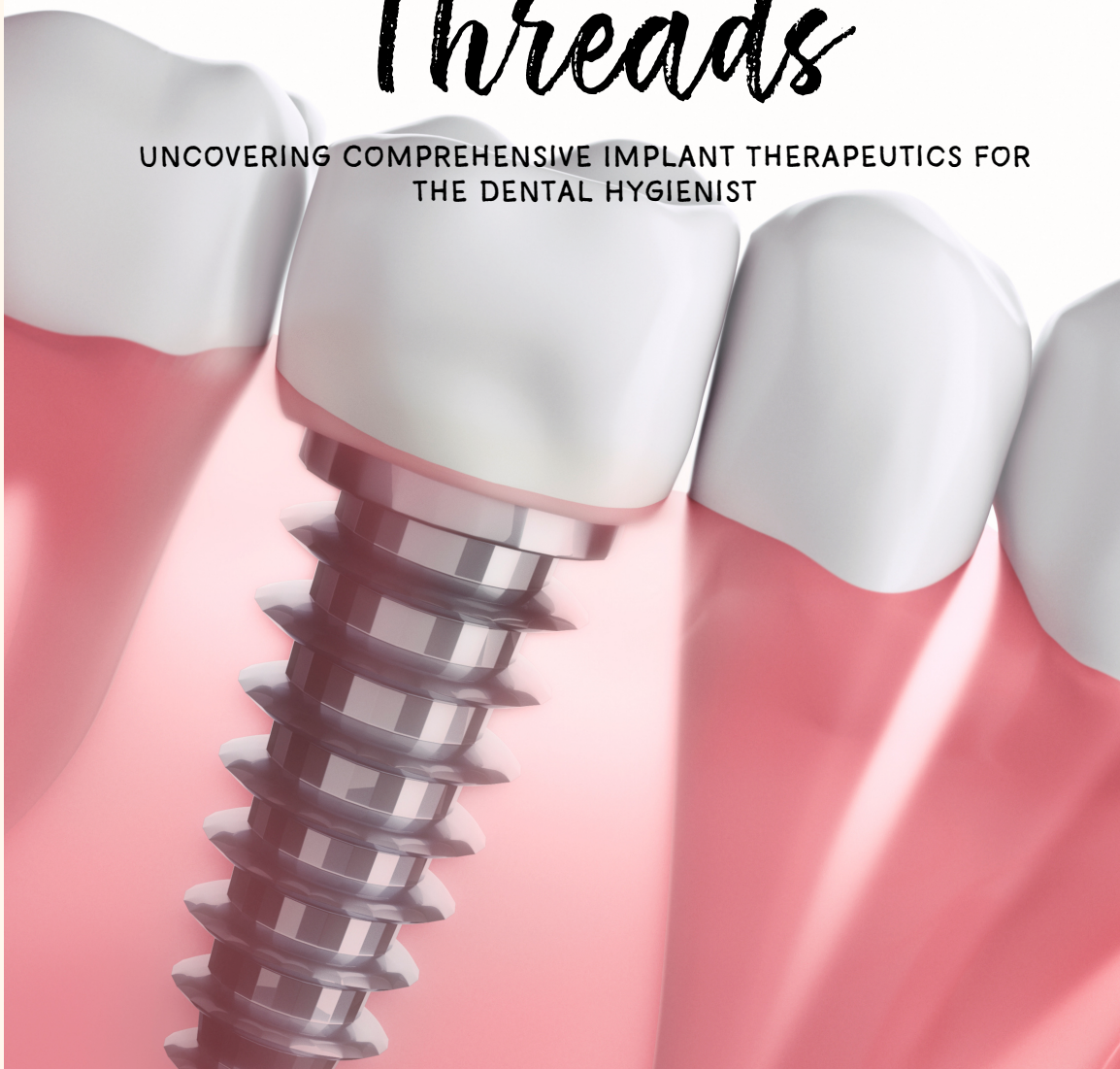


Between the Threads

UNCOVERING COMPREHENSIVE IMPLANT THERAPEUTICS FOR
THE DENTAL HYGIENIST



RDH • UnderOneRoof®

July 21-23, 2022
Orlando, FL

KATRINA M SANDERS RDH, BSDH, M.ED, RF



Katrina
M
Sanders

THE DENTAL WINEGENIST



Welcome

A CLINICAL DENTAL HYGIENIST, AUTHOR AND INTERNATIONAL SPEAKER, KATRINA IS A VIBRANT, PASSIONATE AND CHARISMATIC AWARD-WINNING EDUCATOR WITH A UNIQUE APPROACH TO DELIVERING CONTINUING DENTAL EDUCATION. KATRINA IS THE CLINICAL LIAISON, HYGIENE EXCELLENCE AND INNOVATION FOR AZPERIO, THE COUNTRY'S LARGEST PERIODONTAL PRACTICE. SHE WORKS ALONGSIDE DIPLOMATES TO THE AMERICAN BOARD OF

PERIODONTOLOGY TO INSTRUCT ON COLLABORATIVE PROFESSIONALISM AND STANDARD OF CARE PROTOCOLS WHILE DELIVERING EDUCATION THROUGH HYGIENE BOOT CAMPS AND STUDY CLUBS. KNOWN AS "THE DENTAL RESULTANT", KATRINA IS THE CO-FOUNDER OF THE CORE GROUP, LLC, A BOUTIQUE-STYLE CONSULTING FIRM FOCUSED AT HIGH-LEVEL STANDARDS, EXCELLENCE AND PRODUCTION. KATRINA IS THE FOUNDER, CEO AND KEYNOTE SPEAKER FOR SANDERS BOARD PREPARATORY AND IS A PUBLISHED AUTHOR WITH DENTALTOWN, TODAY'S RDH, A COLUMNIST AND ADVISORY BOARD MEMBER FOR MODERN HYGIENIST AND BRAND AMBASSADOR FOR DIMENSIONS OF DENTAL HYGIENE. HER PHILANTHROPIC EFFORTS INCLUDE DENTAL HUMANITARIAN WORK IN DEVELOPING COUNTRIES, SUPPORTING ABUSED AND HOMELESS ANIMALS AND SPREADING AWARENESS ABOUT THE BENEFITS OF ORGAN AND TISSUE DONATION.

Katrina Sanders

AUTHOR EDUCATOR BUSINESS OWNER



THIS PROGRAM IS GRACIOUSLY SUPPORTED BY:


a STERIS company



www.katrinanders.com





Course Objectives

01

REVIEW THE DENTAL HYGIENE PROCESS OF CARE AS IT RELATES TO ASSESSING, DIAGNOSING, PLANNING, IMPLEMENTING AND EVALUATING THE DENTAL IMPLANT CANDIDATE

02

DISCUSS THE OPTIMAL DENTAL HYGIENE PROCESS OF CARE FOR AN ACTIVE DENTAL IMPLANT PATIENT

03

DESCRIBE THE AMERICAN ACADEMY OF PERIODONTOLOGY STANDARDS REGARDING THE DIAGNOSTICS OF PERIIMPLANT DISEASE, INCLUDING THERAPEUTIC OPPORTUNITIES FOR A STAGE IV PATIENT

04

IDENTIFY APPROPRIATE PREVENTIVE AND THERAPEUTIC MODALITIES AS WELL AS ADVANCED PERIODONTAL PROCEDURES DESIGNED FOR DENTAL IMPLANT PATIENTS

05

DISCOVER FUTURISTIC TRENDS IN THE PROVISION OF DENTAL IMPLANT THERAPEUTICS

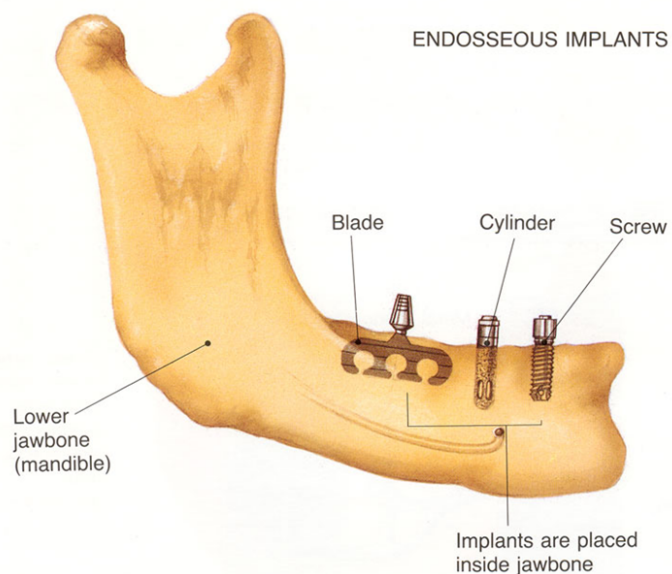
PARTS OF A DENTAL IMPLANT



- Fixture | Post
 - Titanium
 - Ceramic
 - May be coated with hydroxyapatite
- Abutment
 - May contain clips for an overdenture
- Implant prosthetic
 - Crown
 - Implant-supported bridge
 - Removable Denture
 - Fixed denture

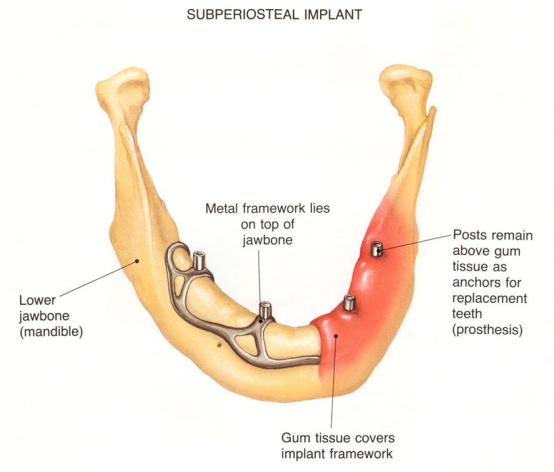
Endosseous Implant

- Most widely used
- Placed within the bone
- Abutment posts protrude through oral tissues to support removable prosthetic overdenture, dentist-retrievable denture, or fixed prosthetic crown or bridge.



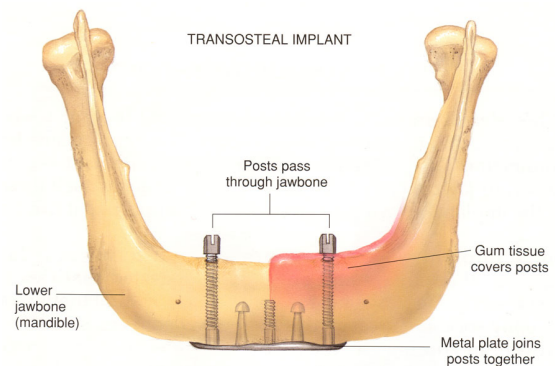
Subperiosteal Implant

- Metal framework is placed over bone and under periosteum
- Metal posts on framework protrude through oral tissues to support prosthesis
- System used when width or depth of bone is insufficient for endosseous implants



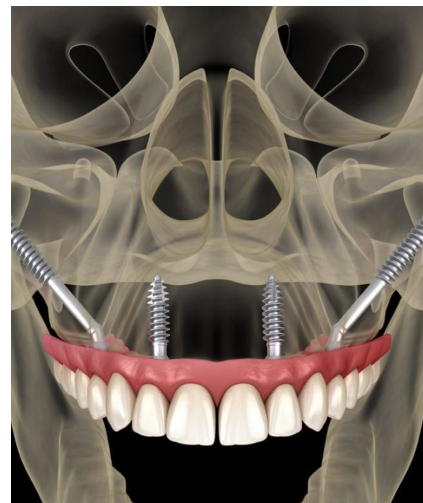
Transosteal Implant

- Metal framework is placed through mandible
- Rarely used and, when so, strictly on mandible
- Used when a patient has an atrophic edentulous mandible or a congenital or traumatic deformity of mandible



Zygomatic Implants

- Implanted into the zygomatic bone, which is much denser and provides a solid anchor point for the implant
- Significantly longer than traditional dental implants
- Optimal with insufficient bone mass

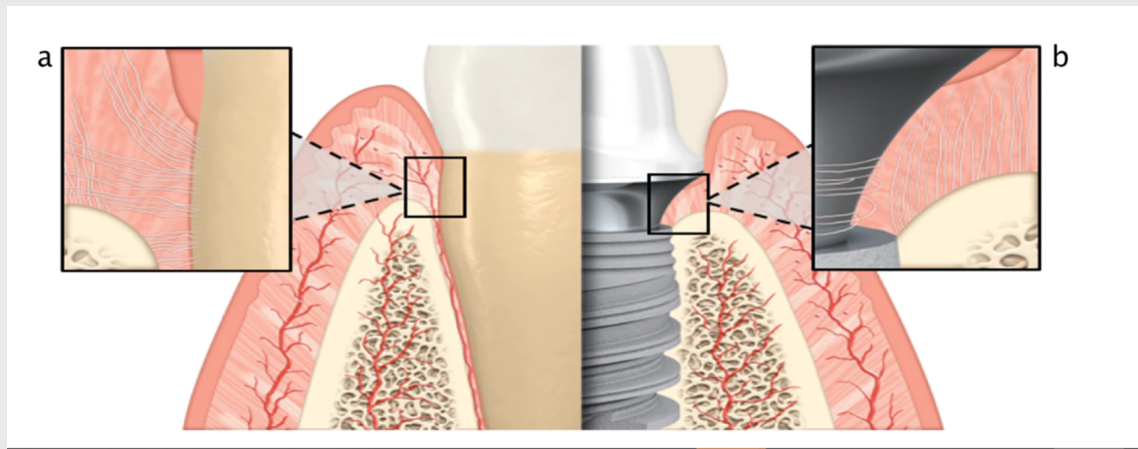


ASSESSMENT



Implant Assessments

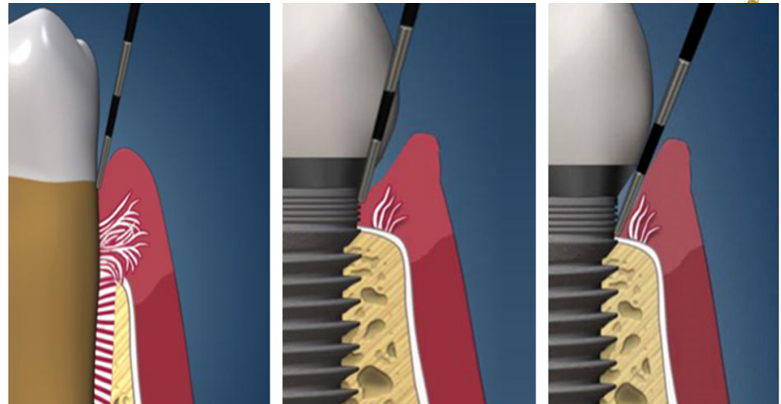
1. Visual examination of the soft tissues surrounding the implant
2. Probing & palpating the implant for signs of peri-implant disease
3. Identify the presence of calculus, biofilm or residue
4. Evaluate for mobility or patient-reported pain
5. Institute radiographic protocols to evaluate bone level



A lack of periodontal ligament around the implant limits the blood supply. Also, collagen fibers around the implant surface run parallel and not perpendicular, as the Sharpey's fibers do to the cementum of the tooth

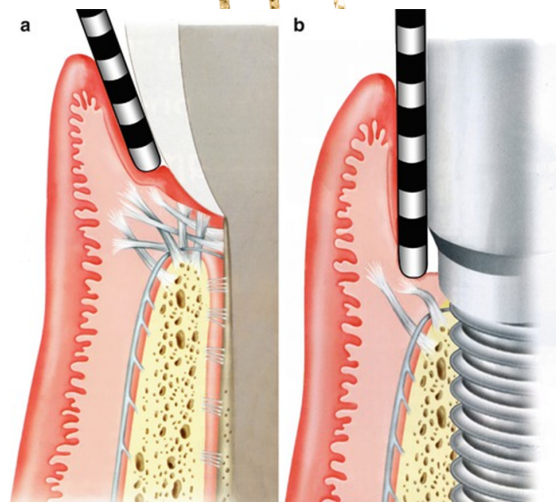
Dental Implants have 80% less attachment apparatus when compared with teeth

The peri-mucosal seal around a dental implant is fragile from the penetration of the probe, which can allow pathogens in and may risk the success of the implant.



Optimal Probing Pressure

The 'Simple Six' Rule considers osseointegration & regenerative procedures: wait 6 months after implant restoration before probing. Probe to evaluate inflammation or infection to .15 Newtons and notated bleeding.



Cha, J. J., Wadhvani, C., Wang, M., Hokett, S. D., & Katancik, J. (2019). Instrument Selection and Application Used to Probe Dental Implants. *International Journal of Oral & Maxillofacial Implants*, 34(1).

Signs of PeriImplant Disease



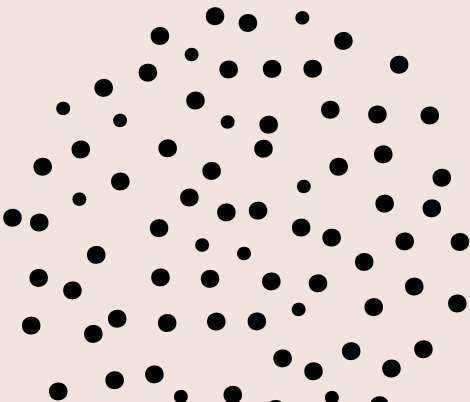
Pocket formation	Radiographic destruction	Suppuration
Inflammation	Gingival color changes	Bleeding upon probing
Poor oral hygiene	Inadequate dental care	Systemic health

DIAGNOSIS



Peri-Implant Health

Mucosa is keratinized

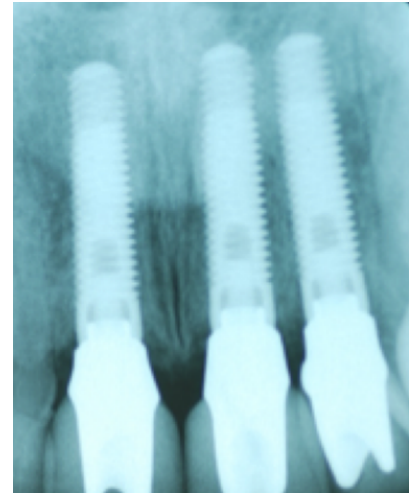


Clinical Characteristics / PeriImplant Health

Absence of signs of inflammation (i.e., redness, swelling, bleeding on probing, suppuration).

It is not possible to assign a range of probing depths that are characteristic of peri-implant health.

Peri-implant tissue health can exist around implants with reduced bone support.



Renvert, Stefan, G. Rutger Persson, Flavia Q. Pirih, and Paulo M. Camargo. "Peri-implant health, peri-implant mucositis, and peri-implantitis: Case definitions and diagnostic considerations." *Journal of clinical periodontology* 45 (2018): S278-S285.

Histological Observation / PeriImplant Health

A HEALTHY PERI-IMPLANT MUCOSA AVERAGES 3-4 MM IN HEIGHT.

THE MUCOSA INCLUDES SULCULAR AND JUNCTIONAL EPITHELIUM AS WELL AS A ZONE OF CONNECTIVE TISSUE-IMPLANT CONTACT.

THE JUNCTIONAL EPITHELIUM IS LONGER COMPARED TO THAT ON TEETH.

IN THE CONNECTIVE TISSUE LATERAL TO THE SULCULAR EPITHELIUM, THERE IS A SMALL INFILTRATE OF INFLAMMATORY CELLS.

Renvert, Stefan, G. Rutger Persson, Flavia Q. Pirih, and Paulo M. Camargo. "Peri-implant health, peri-implant mucositis, and peri-implantitis: Case definitions and diagnostic considerations." *Journal of clinical periodontology* 45 (2018): S278-S285.

PERI-IMPLANT MUCOSITIS



- Inflammatory lesion of the soft tissue surrounds implant
- Bleeding on probing & visual signs of inflammation.
- Reversible with plaque elimination

Renvert, Stefan, G. Rutger Persson, Flavia Q. Pirih, and Paulo M. Camargo. "Peri-implant health, peri-implant mucositis, and peri-implantitis: Case definitions and diagnostic considerations." *Journal of clinical periodontology* 45 (2018): S278-S285.

Clinical Characteristics / PeriImplant Mucositis

PRESENCE OF BLEEDING ON PROBING (BOP). THIS SIGN OF INFLAMMATION IS OFTEN ACCOMPANIED BY REDNESS, SWELLING AND SUPPURATION.

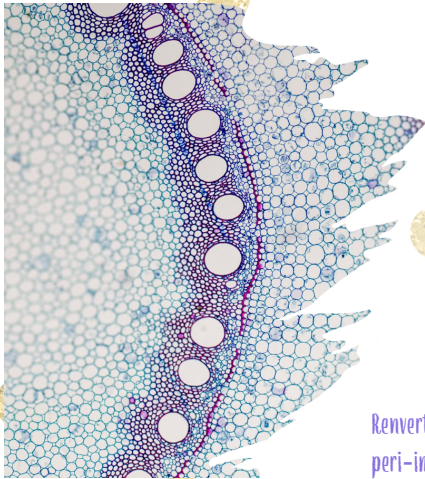
COMPARED TO BASELINE MEASUREMENTS - INCREASED PROBING DEPTHS ARE OFTEN OBSERVED DUE TO SWELLING AND/OR DECREASED PROBING RESISTANCE.

SMOKING, DIABETES MELLITUS, AND RADIATION THERAPY MAY MODIFY THE CONDITION.



Renvert, Stefan, G. Rutger Persson, Flavia Q. Pirih, and Paulo M. Camargo. "Peri-implant health, peri-implant mucositis, and peri-implantitis: Case definitions and diagnostic considerations." *Journal of clinical periodontology* 45 (2018): S278-S285.

Histological Observation / PeriImplant Mucositis



- The lesion is composed of a well-defined inflammatory infiltrate of plasma cells and lymphocytes lateral to the pocket/junctional epithelium.
- The infiltrated area is rich in vascular structures.
- The inflammatory infiltrate does not extend "apical" into the supracrestal connective tissue zone.

Renvert, Stefan, G. Rutger Persson, Flavia Q. Pirih, and Paulo M. Camargo. "Peri-implant health, peri-implant mucositis, and peri-implantitis: Case definitions and diagnostic considerations." *Journal of clinical periodontology* 45 (2018): S278-S285.

PERI-IMPLANTITIS

Pathological condition characterized by plaque-induced inflammation of the peri-implant connective tissue and subsequent progressive loss of supporting bone

Renvert, Stefan, G. Rutger Persson, Flavia Q. Pirih, and Paulo M. Camargo. "Peri-implant health, peri-implant mucositis, and peri-implantitis: Case definitions and diagnostic considerations." *Journal of clinical periodontology* 45 (2018): S278-S285.



Clinical Characteristics / PeriImplantitis



Renvert, Stefan, G. Rutger Persson, Flavia Q. Pirih, and Paulo M. Camargo. "Peri-implant health, peri-implant mucositis, and peri-implantitis: Case definitions and diagnostic considerations." *Journal of clinical periodontology* 45 (2018): S278-S285.

A PLAQUE-ASSOCIATED INFLAMMATORY LESION OF THE PERI-IMPLANT MUCOSA LEADING TO PROGRESSIVE LOSS OF SUPPORTIVE BONE.

PRESENCE OF THE SAME SIGNS OF INFLAMMATION OBSERVED IN PERI-IMPLANT MUCOSITIS.

ANY OR ALL OF THE FOLLOWING COMPARED TO PREVIOUS MEASUREMENTS - INCREASED PROBING DEPTH, RECESSON OF MUCOSA, ADDITIONAL RADIOGRAPHIC BONE LOSS.

FASTER RATE OF BONE LOSS THAN IN CASES OF PERIODONTITIS.

Histological Observation / PeriImplantitis

- Lesions extend apical to the pocket epithelium and contain large numbers and densities of plasma cells, lymphocytes, and neutrophils (PMNs).
- Compared to periodontitis cases, peri-implantitis lesions exhibit important histologic differences, inflammatory infiltrate in close proximity to the crest of supporting bone and there are larger numbers and densities of PMNs.

Renvert, Stefan, G. Rutger Persson, Flavia Q. Pirih, and Paulo M. Camargo. "Peri-implant health, peri-implant mucositis, and peri-implantitis: Case definitions and diagnostic considerations." *Journal of clinical periodontology* 45 (2018): S278-S285.

Classification of PeriImplantitis

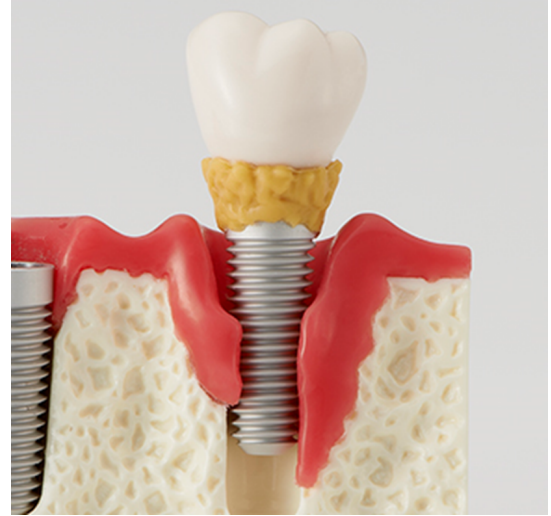
Early	PD > 4mm (bleeding and/or suppuration on probing) Bone loss < 25% of the implant length
Moderate	PD > 6mm (bleeding and/or suppuration on probing) Bone loss 25-50% of the implant length
Advanced	PD > 6mm (bleeding and/or suppuration on probing) Bone loss 25-50% of the implant length

FroumS3, Rosen PS. A Proposed Classification of Peri-implantitis. *Int J Periodontics Restorative Dent*. 2012 Oct;32(5):533-40.

PERI-IMPLANT SOFT AND HARD TISSUE DEFICIENCIES

Contributed by etiological factors: systemic disease, medications, tissue turnover, trauma, local disease, biochemical factors, tissue morphology

Renvert, Stefan, G. Rutger Persson, Flavia Q. Pirih, and Paulo M. Camargo. "Peri-implant health, peri-implant mucositis, and peri-implantitis: Case definitions and diagnostic considerations." *Journal of clinical periodontology* 45 (2018): S278-S285.



Why is PeriImplantitis on the Rise?

POOR DIAGNOSIS

IMPROPER PLANNING

POOR TREATMENT PROTOCOLS

INADEQUATE IMPLANT POSITION (VERTICAL AUGMENTATION, TISSUE THICKNESS, IMPLANT PLACEMENT DEPTH)

IMPLANT DESIGN AND SURFACE

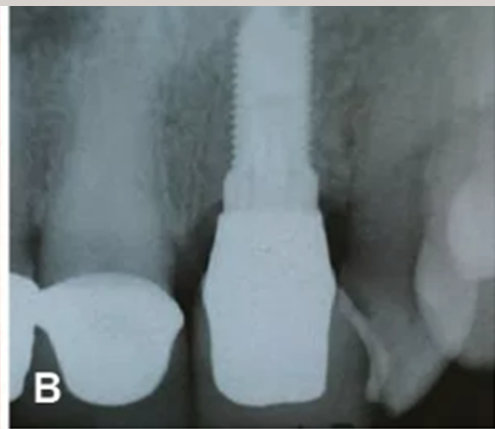


PLANNING



D6080

- Implant maintenance procedures
- Including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis.
- This procedure includes a prophylaxis to provide active debriding of the implant and examination of all aspects of the implant system including occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant.

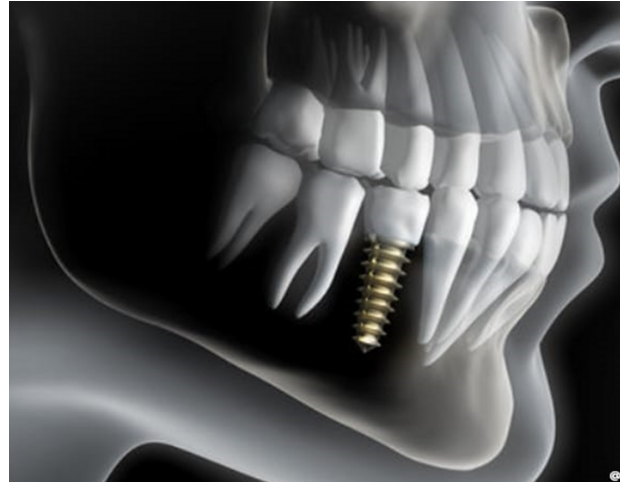


D6081

- Scaling and debridement in the presence of inflammation or mucositis of a single implant
- Including cleaning of the implant surfaces, without flap entry and closure.
- This procedure is not performed in conjunction with d1110, d4910 or d4346

PeriImplant Mucositis

- Clinical Findings: Reversible Disease
- Procedure
 - D6081 | Scaling, and debridement in the presence of inflammation or mucositis of a single implant
- Adjunctive Therapies
 - Anesthesia [D9215]
 - Oral Hygiene instruction [D1330]
 - Nutritional Counseling [D1310]
 - LBR | LAPT [D4999]
 - Subgingival Medicinal Agent [D4921]
 - Local delivery of antibiotics [D4381]
- Re-evaluation [D0171]
 - Increased frequency of visits
 - Bacterial Testing [D0415 or D0417 & D0418]



Implants fail at **10x rate** of natural teeth in patients with treated chronic periodontitis



<https://www.perioimplantadvisory.com/clinical-tips/article/14200690/dental-implants-fail-at-a-rate-10-times-that-of-natural-teeth-in-patients-with-treated-chronic-periodontitis-new-study>

Implant Maintenance

- NON-METAL SCALERS AND RUBBER CUPS ARE NOT EFFECTIVE FOR IMPLANT DEBRIDEMENT (1)
- NON-METAL TIP ULTRASONIC SCALERS WERE DEEMED SUITABLE FOR IMPLANT MAINTENANCE AS THEY REMOVE DEBRIS WITHOUT SIGNIFICANT RISK OF SURFACE DAMAGE (2)

1. Louropoulou, A., Slot, D. E., & Weijden, F. (2014). The effects of mechanical instruments on contaminated titanium dental implant surfaces: a systematic review. *Clinical oral implants research*, 25(10), 1149-1160.

2. Sato, S., Kishida, M., & Ito, K. (2004). The comparative effect of ultrasonic scalers on titanium surfaces: an in vitro study. *Journal of periodontology*, 75(9), 1269-1273.

Implant Maintenance with Piezon from HuFriedy Group

- INSTRUMENT COATING MADE OF HIGH-TECH POLYETHER ETHER KETONE FIBER
- COMFORTABLE DURING THE PATIENT; SMOOTH SURFACE COATING AND GENTLE TIP MOTION
- STAINLESS STEEL CORE TO PROTECT FROM BREAKAGE

LEARN MORE ABOUT HUFRIEDYGROUP



Ti Brush

INDICATED FOR OPEN FLAP DEBRIDEMENT OF TITANIUM IMPLANT SURFACES AFFECTED BY PERI-IMPLANTITIS



Ivoclar Vivadent Proxyl Prophy Paste

CLEANS GENTLY AND EFFECTIVELY, WITHOUT ABRASION OF TOOTH STRUCTURE OR RESTORATIONS.

HIGH AND MEDIUM ABRASIVE VALUES ARE DESIGNED FOR THE REMOVAL OF PLAQUE AND LIGHT STAINS

THE FINE GRIT PASTE DOES NOT CONTAIN PUMICE

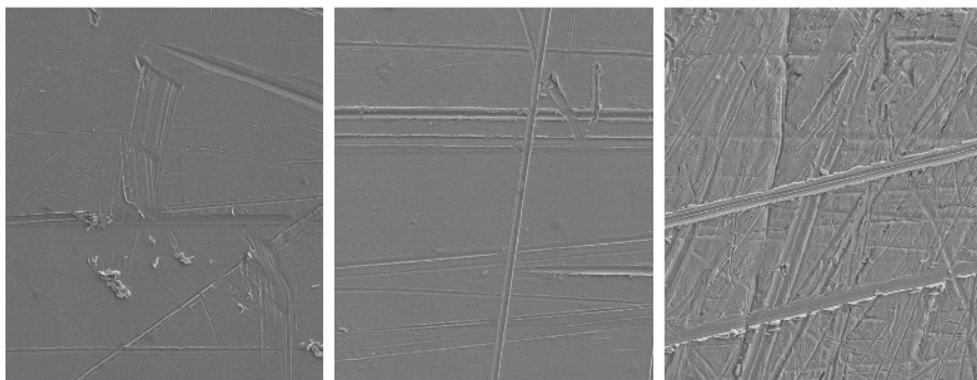
RECOMMENDED FOR POLISHING EXPOSED DENTIN, IMPLANTS AND RESTORATIONS

MEDIUM GRIT PASTE [FLUORIDE-FREE] IS INDICATED FOR CLEANING OF CAVITY PREPARATIONS PRIOR TO DIRECT RESTORATION PROCEDURES.

ALL PASTES CONTAIN XYLITOL TO HAMPER THE METABOLISM OF BACTERIA AND THUS INHIBITING GROWTH



- On cementum, proxyl caused significantly less loss of tooth structure compared with competitors
- The wear volume of proxyl pastes on composite materials when compared with competitors demonstrated minimal and less abrasive wear
- The integration of less abrasive pastes doesn't impair surface gloss and improves luster of restorations
- Ideal for implant polishing



Data on File via Ivoclar Vivadent

Cervitec® Plus

- CLEAR VARNISH CONTAINING CHLORHEXIDINE AND THYMOL
- DOES NOT HURT GINGIVAL FIBROBLASTS
- DOES NOT CAUSE DISCOLORATION OR NEGATIVE TASTE
- PATIENTS DON'T NOTICE "THE FILM" AS MUCH AS THEY DO WITH FL VARNISH
- PH VALUE 6.5-7
- CAN BE USED ON PATIENTS OF ALL AGE GROUPS
- TIME RELEASED – UP TO 3 MONTHS!

IMPLANT ABUTMENTS COATED WITH
CHLORHEXIDINE VARNISH DEMONSTRATED
SIGNIFICANT REDUCTIONS IN BACTERIAL GROWTH
WHEN COMPARED WITH UNCOATED ABUTMENTS,
DEMONSTRATING AN ANTIBACTERIAL EFFECT ON
IMPLANT ABUTMENT SURFACES

Gonzalez, A., Miñán, A. G., Grillo, C. A., Prieto, E. D., Schilardi, P. L., & de Mele, M. A. F. L. (2020). Characterization and antimicrobial effect of a bioinspired thymol coating formed on titanium surface by one-step immersion treatment. *Dental Materials*, 36(12), 1495-1507.



Implant Therapy with Chlorhexidine Varnishes

- OXIDE LAYER OF DENTAL IMPLANTS DO NOT PROVIDE A BARRIER FOR STAPHYLOCOCCUS AUREUS
- BACTERIAL LEAKAGE INTO IMPLANT-CROWN ASSEMBLIES IS HARNESSSED WITH THE USE OF CHLORHEXIDINE VARNISHES
- THE USE OF THIS MEDICAMENT MAY AID IN MAINTAINING AN INFLAMMATION-FREE MARGINAL MUCOSA IN ACHIEVING CLINICALLY SUCCESSFUL TREATMENT OF PERI-IMPLANTITIS

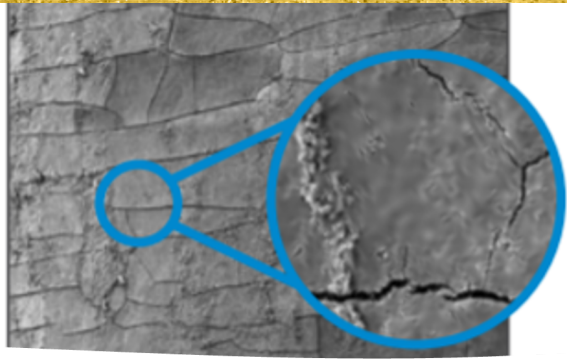
Besimo, C. E., Guindy, J. S., Lewetog, D., & Meyer, J. (1999). Prevention of bacterial leakage into and from prefabricated screw-retained crownson implants in vitro. *International Journal of Oral & Maxillofacial Implants*, 14(5).



LEARN MORE
ABOUT IVOCAR



Before Treatment



After 3 Second Treatment

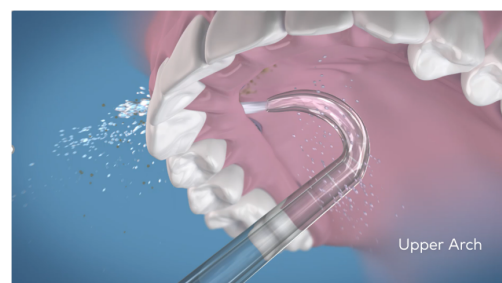
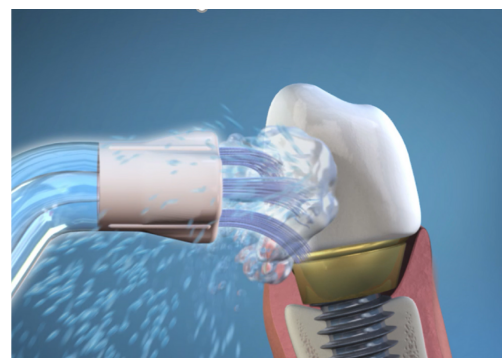
Water Flossing Efficacy

A BENCHMARK STUDY CONDUCTED AT USC FOUND THAT THE SHEAR HYDRAULIC FORCES PRODUCED BY THE WATER FLOSSING SIGNIFICANTLY REMOVE UP TO 99.9% OF PLAQUE BIOFILM FROM TREATED AREAS.

Gorur A, Lyle DM, Schaudinn C, Costerton JW. Compend Contin Ed Dent 2009; 30 (Suppl 1):1-6.

COMPARED TO STRING FLOSS, THE PLAQUE SEEKER® TIP IS UP TO 2X AS EFFECTIVE AT REDUCING BLEEDING AROUND IMPLANTS AND IS SAFE TO USE

Magnuson B et al. Compend Contin Educ Dent 2013; 42(Special Issue 8): 2-7



The American Academy of Periodontology

- PLACEMENT POSITIONS OF IMPLANTS AND PROSTHESIS' CONTOURS SHOULD ALLOW ACCESS FOR DAILY ORAL HYGIENE AND PERI-IMPLANT PROBING DURING SUBSEQUENT ORAL EXAMINATIONS.
- TO MINIMIZE THE DEVELOPMENT OF PERI-IMPLANTITIS, EACH PATIENT MUST BE PLACED ON AN INDIVIDUALIZED PROGRAM OF SUPPORTIVE CARE (I.E., IMPLANT MAINTENANCE).
- OBTAIN BASELINE RADIOGRAPHIC AND PROBING DEPTH MEASUREMENTS FOLLOWING THE COMPLETION OF THE IMPLANT-SUPPORTED PROSTHESIS.

The Annual Implant Examination

MEDICAL/DENTAL HISTORY

VITAL SIGNS

COMPREHENSIVE ORAL CANCER SCREENING

PERIODONTAL ASSESSMENTS

PROBING DEPTHS & BLEEDING UPON PROBING

PRESENCE OF PLAQUE & CALCULUS

RADIOGRAPHIC SURVEY

OCCLUSAL STATUS & STABILITY OF PROSTHESIS

INTRAORAL IMAGING

PATIENT COMFORT

ORAL HYGIENE INSTRUCTION



Indications for Placement

COMPROMISED TEETH	SYSTEMIC CONCERNS	PERIODONTAL DISEASE	HISTORY OF RCT
<ul style="list-style-type: none"> • MISSING, BROKEN, OR FRACTURED • SIGNIFICANT LOSS OF TOOTH STRUCTURE (>30% OF TOOTH STRUCTURE) • SIGNIFICANT CARIES (>30% OF TOOTH STRUCTURE) 	<ul style="list-style-type: none"> • HIGH CARIES INDEX/ HISTORY • SYSTEMIC DISEASE WHICH WOULD IMPACT SALIVA FLOW, INCREASING CARIES • CONGENITALLY MISSING TEETH 	<ul style="list-style-type: none"> • BONE LOSS APPROX. OR INTO A FURCATION • TOOTH MOBILITY >1 • INFECTION/ ABSCESS 	<ul style="list-style-type: none"> • PERI-APICAL RADIO. • LOCALIZED VERTICAL BONE LOSS • ENDO/PERIO LESION • POST PRESENCE IS A CONCERN WHEN MIXED WITH ALL OF THIS • TRAUMA HISTORY



New Data: Titanium Damage

- THE CYTOTOXIC EFFECT OF DEBRIS RELEASED FROM DENTAL IMPLANTS INTENSIFIES THE INFLAMMATORY RESPONSES WITH MUTAGENIC POTENTIAL OF THE SURROUNDING CELLS.
- THE PRESENCE OF METALLIC DEBRIS AT PERI-IMPLANT TISSUES ALSO STIMULATES THE MIGRATION OF IMMUNE CELLS AND INFLAMMATORY REACTIONS; THESE CELLS CAN REACH THE BLOODSTREAM, ACCUMULATING IN LUNGS, LIVER, SPLEEN, AND BONE MARROW.

Non-Surgical Periodontal Options

Blind SRP

- NON-DIAGNOSTIC
- INDICATED FOR PATIENTS $\leq 5\text{MM}$ TO ENSURE A SUCCESSFUL OUTCOME(1)
- SUCCESSFUL IN 39% OF PERIODONTAL CASES | UNSUCCESSFUL IN 61% OF PERIODONTAL CASES(1)

Visual SRPsm

- DIAGNOSTIC
- ERADICATES HISTOLOGICAL SIGNS OF CHRONIC INFLAMMATION AFTER 6 MONTHS(2)
- INDICATED FOR >60% OF CASES OF INFLAMMATION ASSOCIATED WITH RESIDUAL BIOFILM-COVERED CALCULUS(3)

1. Van der Weijden, GA (F), Dekkers, GJ, Slot, DE. Success of non-surgical periodontal therapy in adult periodontitis patients: A retrospective analysis. *Int J Dent Hygiene*. 2019; 17: 309-317. <https://doi.org/10.1111/idh.12399>

2. Wilson Jr, T. G., Carnio, J., Schenk, R., & Myers, G. (2008). Absence of histologic signs of chronic inflammation following closed subgingival scaling and root planing using the dental endoscope: Human biopsies-A pilot study. *Journal of periodontology*, 79(11), 2036-2041.

3. Wilson Jr, T. G., Harrel, S. K., Nunn, M. E., Francis, B., & Webb, K. (2008). The relationship between the presence of tooth-borne subgingival deposits and inflammation found with a dental endoscope. *Journal of periodontology*, 79(11), 2029-2035.

Residual Cement Removal

NO TREATMENT REMOVES ALL RESIDUAL CEMENT FROM IMPLANT SURFACES; IMPLANT SURFACE DAMAGE WAS FREQUENTLY OBSERVED AND APPEARED TO RESULT FROM LASER IRRADIATION.

Fletcher, P., Linden, E., Cobb, C., Zhao, D., Rubin, J., & Planzos, P. (2021). Efficacy of Removal of Residual Dental Cement by Laser, Ultrasonic Scalers, and Titanium Curette: An In Vitro Study. *Compendium of Continuing Education in Dentistry* (Jamesburg, NJ: 1995), 42(5), e5-e9.



Summary

01

PERIIMPLANTITIS PREVALENCE IS 18.5% AT THE PATIENT LEVEL, AND AT THE IMPLANT LEVEL.

02

CUSTOMIZED REGULAR MAINTENANCE CARE EVERY 3-4 MONTHS DEPENDING ON INDIVIDUAL NEEDS WILL REDUCE THE RISK OF PERI-IMPLANTITIS.

03

IATROGENIC, PATIENT AND ANATOMICAL FACTORS CAN IMPACT THE SUCCESS OF A DENTAL IMPLANT.

04

EARLY TO MODERATE PERI-IMPLANTITIS CAN BE TREATED PREDICTABLY WITH OPEN-FLAP DEBRIDEMENT AND REGENERATIVE THERAPY.

05

ADVANCED PERI-IMPLANTITIS HAS POOR PROGNOSIS AND WILL RESULT IN IMPLANT LOSS.

Thank You!



Katrina Sanders

www.katrinanders.com

katrina@katrinanders.com



@MsSandersRDH



@TheDentalWINEgenist



@TheDentalWINEgenist



Katrina M Sanders
RDH, BSDH, M.Ed, RF



www.katrinanders.com