The last topic to be considered in the treatment planning phase, which should not be overlooked, is dental implant maintenance. One aspect of implant maintenance that is occasionally encountered by the restorative dentist is when the crown becomes loose as a result of the screw. The causes of screw loosening are (1) lateral interference and (2) quality of the abutment implant interface. On removal of the crown and screw, it is recommended that the old screw be discarded and a new screw placed and torqued in (according to the manufacturer’s recommendations). If the clinician decides to use the same old screw, they can run the risk of breaking the screw inside the implant, which results in the decision to (1) bury the implant, (2) the challenge of retrieving the screw, or (3) trephination (a trephine is used to cut the bone surrounding the implant), which can allow the opportunity to place a new implant in the future.

There are certain groups who because of their medical conditions cannot avoid a deterioration in their oral hygiene (eg, the elderly, patients with dementia, multiple sclerosis, or cerebral palsy); therefore, efforts by a caregiver or family member are needed. Then, there is the population of patients who neglect the maintenance of their dentition, whom dentists encounter on a daily basis. Furthermore, it should not be a surprise to see a patient with implants and a history of periodontitis or completely edentulous cases as a result of years of neglect to present at follow-up or recall appointments with poor oral hygiene. If they did not care for their natural teeth, this situation will probably continue, unless a disciplined oral hygiene regimen is introduced by the clinician/dentist, dental hygienist/dental therapist, and patient. The use of any metal instrument should be avoided while cleaning around the implant restoration, because it can scratch the implant surface and allow bacteria to manifest. There are several different implant instruments on the market (plastic, graphite, titanium-coated, and solid titanium); however, titanium is recommended because of its strength, which is needed to remove calculus. This factor brings up the important aspect of implant scalers to clean around the implants and the use of plastic periodontal probes, but only when there is clinical or radiographic evidence of unhealthy tissue or abnormal bone loss, respectively. Precautions during recall visits should be taken to avoid disruption of the mucoperiosteal seal surrounding the implant. Wingrove recommended that every clinician who is responsible for implant maintenance, “should have at least 1 go-to implant instrument set needed to meet all implant maintenance challenges.”

On recall visits (every 3 months within the first year, every 6 months in the partially dentate patient, annually in the completely edentulous patient), when it is determined by the dentist to take radiographs, then, measurements should be taken and the probing depths or any changes in bone height should be documented. Those patients with fixed implant bridges, roundhouse, or fixed hybrid dentures should be taught how to use and advised to use superfloss (Oral-B) or a floss threader. The use of a water flosser (Waterpik) can also be helpful in the cases described earlier; however, it should not be directed into the gingival sulcus. All advice for implant maintenance and good oral hygiene should be discussed at the beginning, throughout the delivery process, and during follow-up care.

From the beginning to the end of treatment and maintenance, there should be a satisfied patient, the dentist should have an interesting collection of histories and images, and most importantly, everyone should be all smiles.

REFERENCES


