



Implant Maintenance Guidance

Your patient has undergone implant treatment at Blackhills Clinic and is now being discharged back to you.

From now on, the patient enters a maintenance programme. The patient has been given oral hygiene instructions in order to maintain peri-implant health on a daily basis. However the implants, just like the rest of the oral cavity, need to be monitored by you every six months.

It is important to probe around the implant(s) and this can be done by using a plastic or metal periodontal probe. This will not damage the tissues around the implant. Probe around the implant as you would around a natural tooth. The most important criteria to check for are:

1. The presence of plaque at the implant soft tissue margin
2. The presence of bleeding on probing (BOP)
3. The peri-implant probing depth
4. The presence of suppuration on probing (SUP)

The presence of plaque demonstrates that the patient needs to improve their oral hygiene technique on a daily basis. It is important to explain and to demonstrate, this to the patient. It is often appropriate to use a rubber polishing cup and paste to clean effectively around the implant neck. Removal of plaque prevents the initiation of inflammation in the peri-implant mucosa i.e. **peri-implant mucositis**, which can progress and lead to loss of bone around the implant i.e. **peri-implantitis**.

Peri-implant mucositis is comparable to **gingivitis**. The peri-implant mucosa is red and swollen and bleeds on probing. Provided the probing depths are not greater than 3mm, the condition is reversible following improvement in oral hygiene, mechanical debridement and use of antiseptics, such as Chlorhexidine gel or mouthwash.

Peri-implantitis is comparable to **periodontitis**. The peri-implant mucosa is red, swollen and bleeds on probing; in addition the peri-implant probing depths would have increased (\uparrow 5mm) and suppuration may be evident. In this case, it is best to refer the patient for specialist treatment to Blackhills Clinic.

A word of note regarding the interdental areas: at these sites, the probing depth might be in the range of 5 mm, this being due to the increased height of the interdental papillae. Provided that there is no BOP and no increase in probing depth, continue to manage the area with interdental brushes and/or floss and maintain the monitoring programme. If there is BOP and an increase in probing depths, then refer the patient for specialist care to Blackhills Clinic.

On the other side of this sheet you will find a record form and algorithm that will help you manage implant maintenance care for your patients. Where appropriate, the first (baseline) assessment has already been carried out and you will be advised as to the frequency of recall for your patient.

If you need further assistance, please do not hesitate to contact one of us at Blackhills clinic. We are here to help.

Kind regards,

The Blackhills Team



Implant Maintenance Record Form

Name of Patient: _____

D.O.B. _____

Date: _____

Date: _____

Date: _____

Implant site: _____

Implant site: _____

Implant site: _____

Probing mm	Mes	Mid	Dist
Buc			
Pal/Ling			
BOP		SUP	

Probing mm	Mes	Mid	Dist
Buc			
Pal/Ling			
BOP		SUP	

Probing mm	Mes	Mid	Dist
Buc			
Pal/Ling			
BOP		SUP	

Date: _____

Date: _____

Date: _____

Implant site: _____

Implant site: _____

Implant site: _____

Probing mm	Mes	Mid	Dist
Buc			
Pal/Ling			
BOP		SUP	

Probing mm	Mes	Mid	Dist
Buc			
Pal/Ling			
BOP		SUP	

Probing mm	Mes	Mid	Dist
Buc			
Pal/Ling			
BOP		SUP	

