DENTAL IMPLANTS AND THE PROCESS OF CARE

Peri-implant therapy is a growing reality for dental hygienists in the 21st Century. As the population ages, we are going to see more clients replacing missing teeth with implants. This session will focus on maintaining implants, as well as educating and working effectively with clients to protect, preserve and restore their oral health. Participants will learn how the process of care model can apply to dental implants and empower decisions for providing quality care for clients. Starting with assessing the need for implants, the process covers documentation, planning and implementation, and finally evaluation, using evidence-based protocols to assess implants.

Learning objectives:
- Understand the consequences of edentulism
- Assess and identify opportunities for dental implants
- Recognize the type of implants and implant parts with prosthodontics options
- Understand the value in applying the fundamentals of the process of care with therapeutic communication for short- and long-term goal setting with clients
- Apply assessment skills required to evaluate the pre-implant client
- Identify risk factors that affect implant success
- Understand the dental implant treatment planning process
- Utilize evidence-based protocols for monitoring and maintaining dental implants

The Process of Care applies

Assessment
- We need to understand the importance of assessing for the need of implants
- Remaining current on the assessment of implants

Documenting
- Identify considerations and risk factors
- Use protocols and checklist to document the assessment of implants

Planning
- Educating and collaborating, facilitating
- Discussing expectations of procedures and outcomes

Implement
- Facilitating, monitoring, supporting our clients implants
- Development of client specific oral hygiene regimens and interval recommendations
- Maintaining implants via probing, radiography instrumentation, polishing

Evaluation
- Evidence based protocols to assess implants
- Recognizing, Identify and acknowledgement of a problem
- Remaining current ourselves

Most Babies Born Today May Live Past 100 * The trends included in the article show that many Western nations will have most people living past 100, with half of all babies born in 2007 in the U.S. likely to live to age 104. The Lancet/ABC News

What % of Canadians over age 65 are edentulous?
Effects of Edentulism
- Loss of bone in the first year 25% in width and 4mm in height
- Exposure of the mandibular nerve
- Thickening of the tongue
- Thinning of the soft tissue
- Deterioration of the TMJ

Purpose of Dental Implants - to support planned prosthetics

Indicators for Implants
- We are living longer
- Cracked teeth
- Edentulous client dissatisfied
- Issues of removable prosthodontics
- Documented advantages of implant supported prosthodontics
- Psycho - social stigma of tooth loss
- Increased demand from clients
- Increased demand from clients
- Edentulous client dissatisfied

What Prompts Implants

<table>
<thead>
<tr>
<th>Crisis</th>
<th>Periodontal</th>
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<tbody>
<tr>
<td>Endodontic</td>
<td>Prosthodontics</td>
</tr>
</tbody>
</table>

Implant Discussion Points
- Biocompatible materials
- Artificial roots
- Function and feel like your own teeth
- No dietary restrictions
- No esthetics issues like clasps showing and/or adhesives needed
- No covered palate – does not change taste and speech
- No soft tissue irritation

Educating our clients

Fear
- Pain needs to be addressed
- Discuss during the procedure there are options
- Post-surgical procedure there are pain management protocols that will manage your discomfort

Cost
- The fee(s) for treatment is based on a number of factors
- A completed examination & reviewed of diagnostic records are required
- Creation of an individualized treatment plan with your specific needs

Time
- Discussing the process/time lines
- Individualized evaluation by the surgical dentist
- What prosthesis is available in the interim

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Discussion points
- Maintains and supports facial structure
- 95-98% success rate
- 4-8 month procedure
- Cost is comparative to a fixed tooth borne bridge
- No destruction of adjacent teeth
- Re-absorption of bone is substantially slower

Presenting Options
- Nothing to optimal oral health options

Types of Implants
- Root form
- Blade
- Subperiosteal

Titanium
- Strong
- Biocompatible
- Osseointegrative

Zirconia
- Hypoallergenic
- White
- Radioactive isotopes

http://www.dentaltribune.com/articles/specialities/implantology/9139_zirconium_dioxide_implant_solutions_a_metall-free_option.html

Implant Parts
- Implant Body – part that is within the bone
- Abutment – part that screws directly into the implant / prosthetic is attached
- Healing abutment or screw cover – seals the implant to protect and prevent soft tissue from invading the implant
- Prosthetic

Assess, Evaluate, Document
- Client expectations
- Availability of bone
- Perio status of adjacent teeth
- RMH
- General health
- Oral health, oral hygiene
- Stress level
- Smoking

Osseointegration: The direct contact between living bone and a functionally loaded dental implant surface without interposed soft tissue at the light microscope level. The clinical manifestation of osseointegration is absence of mobility.

Peri-implant mucositis: Reversible inflammatory reaction in the soft tissues surrounding a dental implant that can lead to bone loss.

Peri-implantitis: Inflammatory reaction in the hard and soft tissues surrounding a dental implant that results in bone loss.

Permucosal seal: Junctional epithelium that separates the connective tissues from the outside environment surrounding a dental implant
To Probe or not to Probe?

- Indicated if bleeding or exudate
- Radiographic examination
- During the first year: 2mm of bone loss
- .1 for the next 5 years

Implant Instruments – Know where you are instrumenting

Changes from Baseline - Indicates a need for further assessment

- Inflammation
- Bleeding
- Exudate
- Radiographic Bone Loss

Implant Maintenance Classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>Area of Treatment</th>
<th>Condition of Hard and Soft Tissues</th>
<th>Dental Hygiene Plan</th>
<th>Treatment Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I Healthy Tissue</td>
<td>Crown/prosthesis</td>
<td>Firm, pink; tightly adherent tissue</td>
<td>Biofilm removal</td>
<td>Subgingival debridement</td>
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<tr>
<td></td>
<td></td>
<td>No bleeding on probing</td>
<td>Removal of supragingival calculus</td>
<td>Subgingival debridement</td>
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<tr>
<td></td>
<td></td>
<td>No radiographic bone loss</td>
<td>Self-care reinforcement</td>
<td>Rubber cup with nonabrasive paste</td>
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<tr>
<td>Class II Peri-Implant Macromembrane</td>
<td>Crown/prosthesis AND Transmucosal portion of the abutment</td>
<td>Tissue with signs of inflammation</td>
<td>Biofilm removal</td>
<td>Hand implant instruments (optional)</td>
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<tr>
<td></td>
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<td>Probing depths of ≤ 5 mm</td>
<td>Removal of calculus and/or cement</td>
<td>Sonic or ultrasonic implant instruments (optional)</td>
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<tr>
<td></td>
<td></td>
<td>Bleeding on probing</td>
<td>Self-care reinforcement</td>
<td>Endoscopy examination/ debridement</td>
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<tr>
<td></td>
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<td>No radiographic bone loss</td>
<td>Evaluation of contributory or secondary factors: local, systemic, social, etc.</td>
<td>Treatment by dentist who placed implant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Calculus and/or cement</td>
<td>Self-care reinforcement</td>
<td>Referral to specialist</td>
</tr>
<tr>
<td>Class III Peri-Implantitis</td>
<td>Crown/prosthesis AND Transmucosal portion of the abutment AND Implant fixture</td>
<td>Tissue with severe inflammation</td>
<td>Evaluation of contributory or secondary factors: local, systemic, social, etc.</td>
<td>Endoscopy examination/debridement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increased probing depths</td>
<td>Self-care reinforcement</td>
<td>Surgical intervention</td>
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<tr>
<td></td>
<td></td>
<td>Radiographic bone loss</td>
<td>No dental hygiene treatment</td>
<td>Subgingival debridement (same as above)</td>
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<tr>
<td></td>
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<td>Calculus and/or cement</td>
<td>Immediate consultation with a dentist</td>
<td>Hand implant instruments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exposed threads</td>
<td>Subgingival debridement</td>
<td>Sonic or ultrasonic implant instruments</td>
</tr>
<tr>
<td>Class IV Failed Implant</td>
<td>Crown/prosthesis AND Transmucosal portion of the abutment AND Implant fixture</td>
<td>All Class III conditions PLUS Mobilit (sign of failure)</td>
<td>No dental hygiene treatment</td>
<td>Endoscopy examination/debridement</td>
</tr>
<tr>
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<td>Immediate consultation with a dentist</td>
<td>Surgical intervention</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Urgent referral to dentist who placed implant or specialist</td>
<td>Subgingival removal of implant</td>
</tr>
</tbody>
</table>


Layer Your Learning


