

# Restoring Implants for the Dental Team: Tips and Maintenance



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Today, more and more of the restorative cases arriving at dental laboratories are based on implants. Whether the dentist or a specialist is placing these implants, there are a few key factors for the dental team to remember when sending a case to the lab. Passing on detailed information to the dental technician is critical in all forms of cosmetic dentistry and nowhere is it more important than in implant-based restorations.

1. Clear concise fixture level impressions are indicated for better control. Cases always seem to go well if the impressions are readable. Imagine that! Open Tray method is preferred with direct impression copings. Closed tray impressions should be taken with indirect impression copings.
2. Send the impression copings, and indicate to the lab the implant company, type and size. If you don't send us the lab analog/implant replica, we will have to order one in order to pour over the impression. There are many implant companies out there and this information is extremely helpful when it comes time to order the components necessary to process the case.
3. Indicate what type of abutment and restoration is preferred.
4. Always give extra time for the lab to fabricate the case. If we have to order analogs, abutments etc., it does take extra time to have these items shipped to the lab.

After the abutment is seated and the restoration placed, the patient is on his or her way to a successful future – that is, if proper care is performed. It has certainly been proven over many years of clinical experience that the success of the implant relies on the health of the oral environment. The dental hygienist, an important team member, is often the one who sees the implant-restored

patient on a regular basis and has a key role in maintaining the health and success of those implants.

Here are a few tips for the hygienist to assist in bacterial control and care of implants:

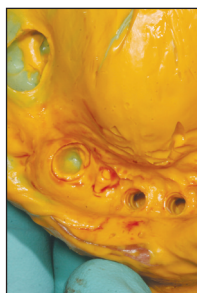
- Recommend hygiene aids such as an oral irrigator, end-tuft brush, interdental brushes, superfloss, yarn, or thicker floss to the patient. A chlorhexidine rinse may be prescribed.
- Suggest to the patient a non-abrasive toothpaste and an alcohol free mouthrinse, such as in the Oxyfresh or CloSYS systems. Both these systems help control Volatile Sulfur Compounds (VSCs) which can contribute to the destruction of periodontal tissues.
- Investing in an electric toothbrush would be beneficial.
- During maintenance or re-care appointments, use implant safe instruments. Plastic, graphite, and gold



Getting the tray ready.



Applying the Polyvinyl material to the implants.



Verifying the impression.



Dental hygiene implant tools.

tipped instruments may be safely used to remove deposits without damaging the implant surface.

- For implant retained dentures, evaluate and change clips and o-rings, as these areas may attract more bacteria than the bar itself. It may be beneficial for the patient to soak their dentures in one part water and one part white household vinegar with an antibacterial denture tablet on a daily basis before brushing.
- Ultrasonics: not recommended, but plastic coverings are available that can be used to prevent damaging the implant surface.
- Polishing paste: utilize a non-abrasive polishing paste or tin oxide. Do not use medium or coarse paste as this may leave scratches on the surface of the implant, thus providing a rough surface for bacteria to adhere to. The goal is to maintain a scratch-free, polished surface. A prophyl jet is contraindicated.
- Assessment of bacteria, bleeding and mobility should be done at every re-care visit. There is a lot of discussion as to whether to probe or not to probe. If the biological seal and tissues appear healthy, it may be more beneficial to assess the implant with radiograph instead of probing. It is up to your office to decide on the philosophy that works best for your patients.

From start to finish, communication with the laboratory is a vital part of the long-term success of the implant. Every dental team member should be adequately trained on basic terminology such as: impression coping, lab analog/implant replicate, abutment, cement-retained restorations, screw-retained restorations, etc. Communication with the laboratory becomes more clear when everyone on the team – both dentist and lab – are on the same page.