Hygiene with dental implants is so tedious and critical to their long-term success that the patient’s level of home care effectiveness will determine the success of the dental implants. Personal oral hygiene must be maintained and is halted. This orientation is parallel to the implant long axis. (Fig. 4) When a periodontal probe is inserted into the sulcus around an implant the probe tip advances passing between the fibers of the gingival cuff till the crestal bone prevents it from providing any additional probing resistance. The peri-implant mucosal seal may be less effective barrier to the bacterial plaque than the periodontal around a natural tooth, tissue attachment. (Fig. 5) There is less nasolinguely in the gingival tissue surrounding dental implants compared to natural teeth. This reduced vascularity concomitant with parallel-oriented collagen fibers adjacent to the body of any dental implant make dental implants more vulnerable to bacterial insults. Personal home care appointments and or periodontal probing, should be performed only when signs of infection are present, ie. exudate, swelling, bleeding on probing, loss of peri-implant soft tissue, and/or radiographic evidence of peri-implant alveolar bone loss. Usually during the first year subsequent to restoring dental implants, a 3-month recare schedule should be implemented, especially if the patient lost teeth because of periodontal disease. But if after 12 months, the patient’s implants are stable and peri-implant tissues are healthy, then a 4-6 month recare regimen can be implemented. However, cognizant of each patient’s level of home care effectiveness, systemic health, and periodontal status of the peri-implant tissue when determining these recare intervals.

Implants vs natural teeth

It is essential to understand the periodontal relationship between the gingiva and the structure it attaches to be a natural tooth or an implant. (Figs. 1 and 2) The fiber orientation on the gingival cuff around a natural tooth attaches perpendicular to the long axis of the tooth. (Fig. 1) This acts as a barrier when insertions of periodontal probe within the sulcus. The probe tip advances apically till the tip contacts the parallel-oriented collagen fibers and is halted. This orientation is not seen around implants. With an implant the gingival fiber orientation is parallel to the implant long axis. (Fig. 4) When a periodontal probe is inserted into the sulcus around an implant the probe tip advances passing between the fibers of the gingival cuff till the crestal bone prevents it from providing any additional probing resistance.

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Historically, personal oral hygiene was the standard mode for implant bony housing still required and may effectively clean the peri-implant region before, during, and after implant placement and should be modified using various adjunctive aids for oral hygiene to effectively clean the altered morphology of the peri-implant region before, during, and after implant placement. For instance, interproximal brushes can penetrate up to 5mm into a gingival sulcus or pocket and may effectively clean the peri-implant sulcus. In addition to mechanical plaque control, daily rinses using 0.1% chlorhexidine gluconate or Listerine provide a welcome adjunct.

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With dental implant patients, the dental professional must evaluate the prosthetic components for plaque, calculus, and the stability of the implant abutment. Radiographs of dental implants should be taken every 12 to 18 months for implant maintenance visits. For dental implant restorations that are screw reattached, the dental professional needs to remove the prosthesis at least once a year. It may more easily assess the status of the peri-implant hard and soft tissues, the existence of acceptable mobility of the prosthetic components or the implant fixture itself, and the patient’s level of home care effectiveness. Remember that the presence of any symptoms of infection, radiographic evidence of peri-implant bone loss, and/or neurosensory changes may be indicative of an ailing or failing implant.

Impacts on natural teeth

It is essential to understand the periodontal relationship between the gingiva and the structure it attaches to be a natural tooth or an implant. (Figs. 1 and 2) The fiber orientation on the gingival cuff around a natural tooth attaches perpendicular to the long axis of the tooth. (Fig. 1) This acts as a barrier when insertions of periodontal probe within the sulcus. The probe tip advances apically till the tip contacts the parallel-oriented collagen fibers and is halted. This orientation is not seen around implants. With an implant the gingival fiber orientation is parallel to the implant long axis. (Fig. 4) When a periodontal probe is inserted into the sulcus around an implant the probe tip advances passing between the fibers of the gingival cuff till the crestal bone prevents it from providing any additional probing resistance.

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Clinical inspection for signs of inflammation, ie. bleeding on probing, exudate, mobility, probe-able pockets, and a radiographic evaluation of the peri-implant housing still remains the standard mode for evaluating the long-term status of endosseous dental implants. For instance, successful and stable endosseous dental implants exhibit no mobility. But, if there is

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