

Recommendations for the prevention of peri-implant diseases

Where does the need for this guideline come from?

- Implementation of the 2018 classification of peri-implant diseases as well as the availability of defined clinical diagnostic criteria/parameters should facilitate the use of appropriate preventive and therapeutic interventions to prevent and treat peri-implant diseases. The application of this S3-level clinical practice guideline for "Prevention and treatment of peri-implant diseases" will allow a homogeneous and evidence-based approach to maintain peri-implant health, to prevent and treat peri-implant mucositis and peri-implantitis.

What do patients need to know?

- An essential prerequisite to prevention and therapy of peri-implant diseases is to inform the patient of the diagnosis, including causes of the condition, risk factors, treatment alternatives and expected risks and benefits including explanations regarding consequences of refused treatment.
- This discussion should be followed by agreement on a personalized care plan.
- The plan might need to be modified during the treatment journey, depending on patient preferences, clinical findings and changes to overall health.

How do we interpret these infographics?

- Blue colour:** Recommendations in favor of a particular strategy of treatment or specific procedure.
- Orange colour:** Open recommendation in which the clinician is responsible for the final choice of a particular strategy of treatment or specific procedure based on specific patient characteristics.
- Uncertain recommendation for whose clarification further research is needed.**

- Red colour:** Recommendations against a particular strategy of treatment or specific procedure.

Grade of recommendation ^a	Description	Syntax
 A	Strong recommendation	We recommend We recommend not to
 B	Recommendation	We suggest We suggest not to
 O	Open recommendation	May be considered

^a If the group felt that evidence was not clear enough to support a recommendation, statements were formulated, including the need (or not) of additional research.

TABLE
Strength of recommendations:
grading scheme (German Association
of the Scientific Medical Societies
(AWMF) and Standing Guidelines
Commission, 2012)

Aim:

This infographic presents recommendations for individual interventions used in the prevention and treatment of peri-implant diseases for preserving the health of peri-implant tissues and, thereby, extending the longevity of complication-free survival of dental implants when used to replace missing teeth.

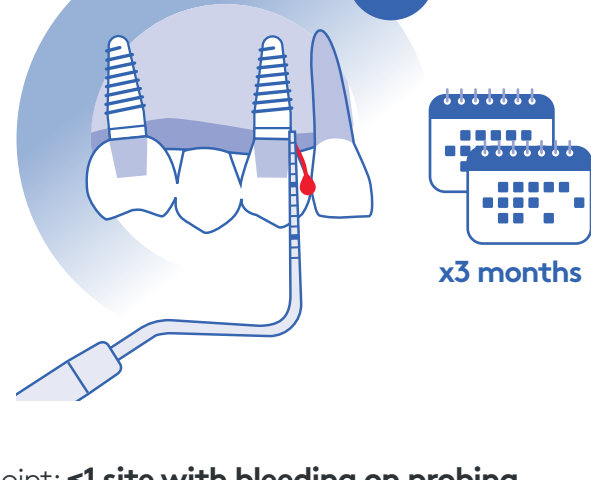
It aims to:

- inform sound preventive approaches peri-implant diseases, and thereby improve the overall quality of peri-implant interventions undertaken in Europe and worldwide;
- reduce dental implant loss arising due to peri-implantitis;
- reduce medical and dental costs and improve the quality of life of patients.

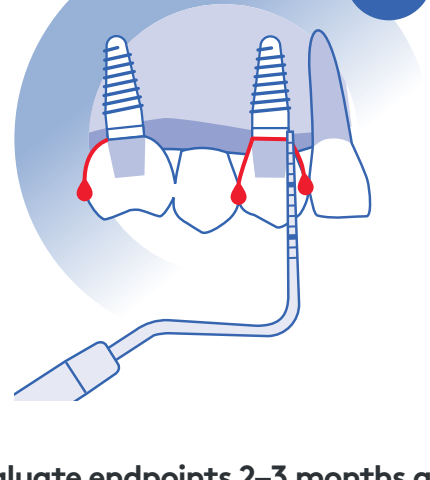
General recommendations in the management of peri-implant mucositis

Goals/endpoints for treatment of peri-implant mucositis

Recommended interventions Recommended



Endpoint: **≤1 site with bleeding on probing (BOP) and no suppuration.**



Evaluate endpoints 2–3 months after the intervention.

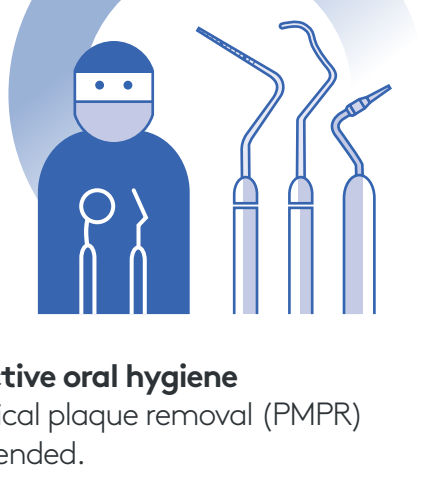
When ≥2 BOP sites, or ≥1 site with profuse BOP, or presence of suppuration, re-treatment should be rendered.

Oral hygiene as an adjunct to Professional Mechanical Plaque Removal (PMPR)

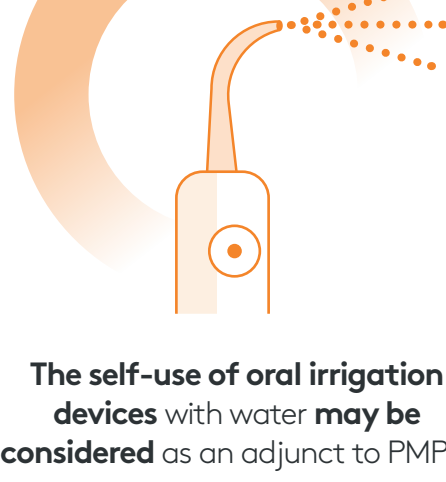
Recommended interventions



Self-performed effective oral hygiene along with professional mechanical plaque removal (PMPR) is recommended.



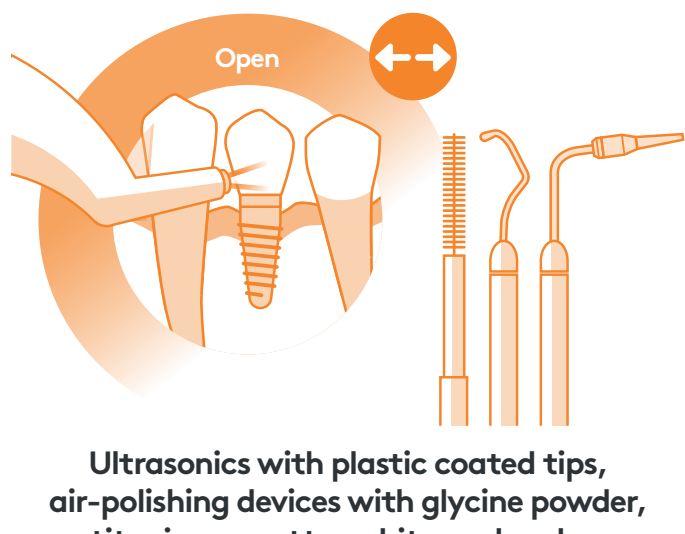
Open recommendation



The self-use of oral irrigation devices with water may be considered as an adjunct to PMPR.

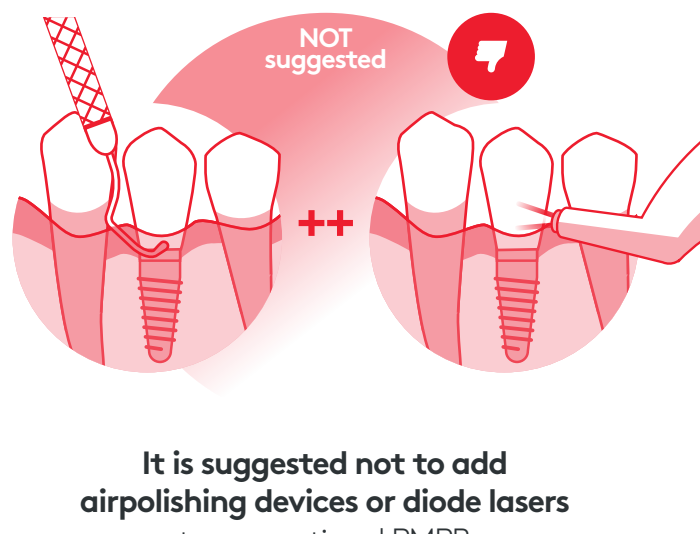
Professional Mechanical Plaque Removal (PMPR) in peri-implant mucositis: single forms and combinations

Open recommendation



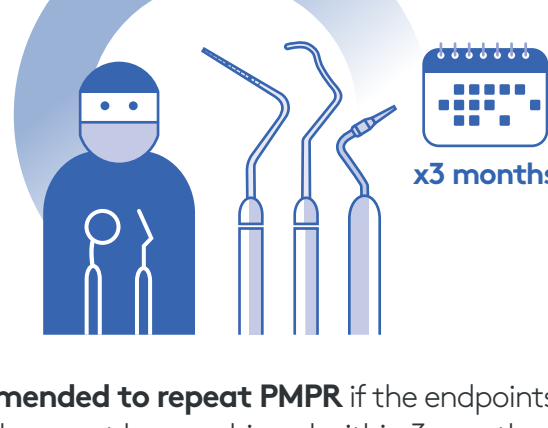
Ultrasonics with plastic coated tips, air-polishing devices with glycine powder, titanium curettes, chitosan brushes may be considered as single modes of professional mechanical plaque removal (PMPR)

Not suggested



It is suggested not to add airpolishing devices or diode lasers to conventional PMPR (curettes, ultrasonics or both).

Recommended interventions Recommended



It is recommended to repeat PMPR if the endpoints of therapy have not been achieved within 3 months.

Modifying the implant-supported prosthesis

Not recommended



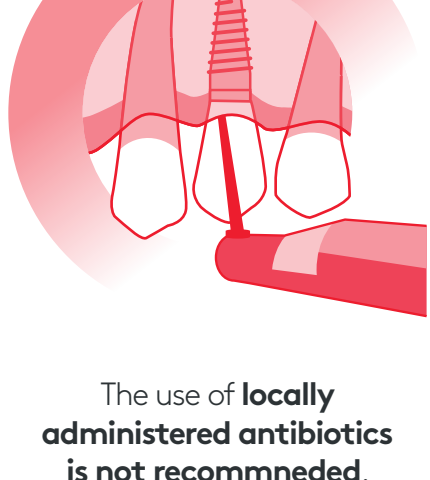
If self-performed oral hygiene (OH) is not possible, **it is recommended to clean/remove/modify the implant-supported prosthesis.**

Recommended interventions

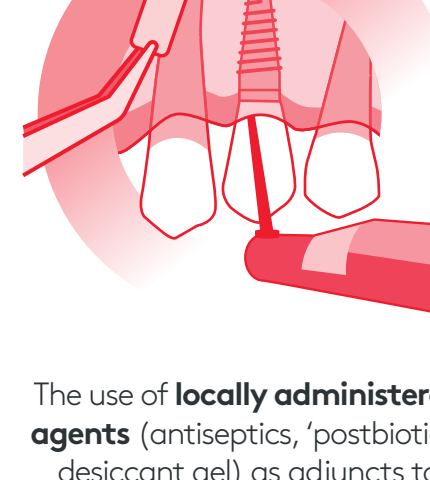


Use of adjunctive measures in peri-implant mucositis

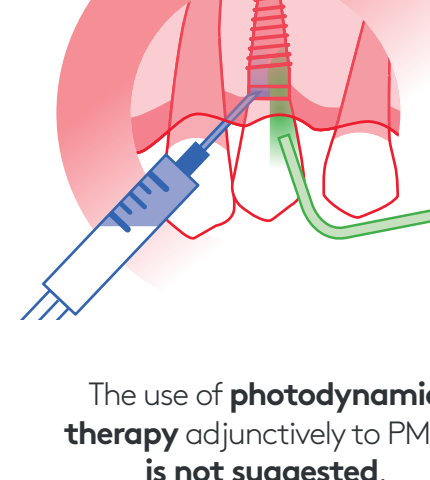
Not recommended NOT recommended NOT suggested



The use of **locally administered antibiotics** is **not recommended.**



The use of **locally administered agents** (antiseptics, 'postbiotics', desiccant gel) as adjuncts to professional mechanical plaque removal (PMPR) **is not suggested.**



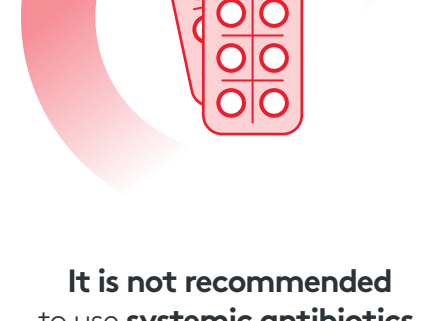
The use of **photodynamic therapy** adjunctively to PMPR **is not suggested.**

Open recommendation



The time-limited **self-administration of oral rinse antiseptics** (chlorhexidine and herbal-based) or the professionally guided self-administration of probiotics adjunctive to professional mechanical plaque removal (PMPR) **may be considered.**

Not recommended



It is not recommended to use **systemic antibiotics.**

This document is a graphic adaptation of the actual clinical practice guidelines and the reader is referred for the correct explanation to the original article: "Prevention and treatment of peri-implant diseases - The EFP S3 level clinical practice guideline" by Herrera and coworkers, *Journal of Clinical Periodontology* 2023, <https://onlinelibrary.wiley.com/doi/full/10.1111/jcpe.13823>