

Recommendations for the prevention of peri-implant diseases

Where does the need for this guideline come from?			How do we interpret these infographics?		
Implementation of the 2018 classif as the availability of defined clinics facilitate the use of appropriate prev prevent and treat peri-implant diseas	ication of peri-implant al diagnostic criteria/pa rentive and therapeutic	diseases as well rameters should interventions to s S3-level clinical	Blue colour:	Recommendations in favor of a particular strategy of treatment or specific procedure.	
practice guideline for "Prevention and allow a homogeneous and evidence-b health, to prevent and treat peri-imp	d treatment of peri-imp pased approach to main lant mucositis and peri-	lant diseases" will tain peri-implant implantitis.	Orange colour:	Open recommendation in which the clinician is responsible for the final choice of a particular strategy of treatment or specific procedure based	
What do patients need to know?				on specific patient characteristics.	
An essential prerequisite to preventi is to inform the patient of the diag risk factors, treatment alternatives a	on and therapy of peri- nosis, including causes on nd expected risks and b		Uncertain recommendation for whose clarification further research is needed.		
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.			Red colour:	Recommendations against a particular strategy of treatment or specific procedure.	
Grade of recommendation ^a	Description	Syntax		TABLE Strengh of recommendations:	
				grading scheme (German Association	

				Suchgron recommendations.
	А	Strong recommendation	We recommend We recommend not to	grading scheme (German Association of the Scientific Medical Societies (AWMF) and Standing Guidelines Commision, 2012)
00	В	Recommendation	We suggest We suggest not to	
	0	Open recommendation	May be considered	

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

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:

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

General recommendations in the non-surgical step of peri-implantitis treatment





Concomitant periodontal therapy as needed.

Endpoints of non-surgical peri-implantitis treatment



at more than one site and no suppuration. If they are not achieved, additional treatment is recommended.

Mechanical/physical cleaning/ decontamination

Mechanical methods for sub-marginal instrumentation in the non-surgical step of peri-implantitis treatment

NOT suggested





Non-surgical supra- and sub-marginal instrumentation with curettes and/or sonic /ultrasonic devices is recommended.

Not suggested



It is suggested not to use air polishing.

Chemical approaches for cleaning/decontamination

Not suggested

Lasers are not suggested

to be used, either adjunctively

or as monotherapy.



The use of **antimicrobial** photodynamic therapy (adjunctively or as monotherapy) is not suggested.



The use of **desiccant antiseptic** gel, adjunctively to sub-marginal instrumentation or as monotherapy, is not suggested.

Adjunctive therapies in non-surgical sub-marginal instrumentation

Not suggested



The use of locally administered antimicrobials administered adjunctively or as monotherapy is not suggested.



The use of **probiotics** as an adjunct to sub-marginal

instrumentation

is not suggested.





NOT mmende

The routine use of **systemic** antimicrobials as an adjunct to nonsurgical treatment is not recommended.

Recommendations for the surgical management of peri-implantitis

of peri-implantitis treatment

Not recommended



It is recommended not to perform surgical treatment of peri-implantitis in patients **not achieving** and maintaining **adequate** levels of self-performed **oral hygiene**.



Open recommendation



In the surgical management of osseous defects in peri-implantitis patients, access flap with/without reconstructive procedures (bone grafts with/without barrier membranes) may be considered.

Recommended interventions



Reconstructive procedures are suggested to be preferably applied at intra-osseous ≥3 mm in depth.

What is the preferable mode of healing (submerged versus transmucosal) to be used in reconstructive procedures?

Open recommendation



We do not know whether a submerged or transmucosal healing protocol would **influence** the outcomes of **reconstructive procedures**.



antimicrobials as adjunct to surgical therapy of peri-implantitis is not recommended.

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



local antibiotics as adjuncts in the surgical

treatment of peri-implantitis.