WINGROVE DYNAMICS

Implant Maintenance and Home-Care: Titanium and Ceramic Implants

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Wingrove 5 Step Implant Assessment*

1. **Visual Soft Tissue** - Assess the tissue that surrounds the implant referred to as the perimucosal seal for any inflammation. Record image note keratinized or non-keratinized.
2. **Probe and Palpate for Signs of Infection**.
   Probe- Use a plastic, metal, or titanium probe, 1mm markings, gently **with 0.25 Newtons (N) of pressure**, BOP '0" healthy and "1" for bleeding. **Base-line measurement at one year, after loaded, in-function restoration/ prosthesis.**
   Palpate - Place a finger on buccal & lingual sides of the ridge. Keep pressure on the tissue, move toward restoration, milking action, record pus, blood, inflammation, or infection.
3. **Assess for Residue (Calculus, Cement, or Instrument)-** Use implant specific floss or dental tape. Insert mesial, distal, and crisscross. Move in a shoeshine motion in the peri-implant crevice. Check the floss, if frayed or blood on the floss, the implant will need debridement.
4. **Assess for Mobility, Pain, and/or Occlusion**-Place two mirror handles on either side of the implant restoration & check for any mobility present. If present ask the patient if they are experiencing any pain, VAS scale of 1-10. **Note**-Doctors check occlusion at hygiene exam.
5. **Bone Level** -Radiographic Image to assess health of the implant, measure crestal bone level around the implant(s) at least once a year. Compare to **One-year base-line after loaded**.

Wingrove Recommended Professional Maintenance Protocol

- **5-Step Assessment. Place retraction and Identify biofilm.**
- Professionally remove biofilm, **powder streaming device** or polish silica paste
- Debride proper **titanium scalers only Rockwell hardness 28-30**
- Ultrasonic, use only **Ti, PEEK piezo or PEI magneto tips.**
- Polish restorations (silica) / prosthesis and **apply antimicrobial varnish or gel.**
- Schedule in-office maintenance every 3 mon. first year & recare at **least every 6 mon.**

NOTE: Example Wingrove Ti Implant Kit Rockwell Hardness 28-30

Wingrove Protocol for Debridement Based on Implant Design, Access, and Prosthesis

Example: Wingrove Titanium Implant Scalers (PDT), **use short horizontal strokes to debride.**

Narrow- Diameter Implants: Scale with **WIngrove L3-4**

Wide-Diameter Implants: Scale with **Wingrove B5-6**

Specialty Areas - **Exposed implant threads**: select a shorter radius blade tip of **Wingrove Ti L5 mini** and use horizontal side-to-side motion strokes one thread at a time with gentle pressure.

Under Hadar bar: use short sweeping strokes with **Wingrove Ti N128**.

Cement or residue: **Wingrove Ti N128** and use short horizontal strokes to remove residue.

Apply Cervitec® Plus Varnish (Ivoclar) Bio-compatible, safe for implants
1% Chlorhexidine Diacetate & Thymol, clear, **effective bacterial control up to 3 months.**
Application Steps: Rinse and dry, apply varnish, leave to dry 30 seconds. Do not rinse after application, ask the **patient to wait 1 hour to eat or drink.**

IMPLANT HOME-CARE
Healthy Implant Home Care Protocol

- **Brush** with electric toothbrush with Implant specific heads (Ex: Oral-B Targeted Clean), Interdental brush (Ex: GUM Proxabrush or TePe), and Stannous FL dentifrice **twice daily.**
- **Use a Water flosser twice daily.**
- **Use rubber tip stimulator** (Ex: GUM Sunstar) **once daily** for keratinized tissue **once daily**
- **Rinse non-alcohol antimicrobial rinse** or 1:10 parts water in water flosser unit **twice daily**.

***Wingrove S. Peri-Implant Therapy for the Dental Hygienist: Second Edition 2022**

DISEASE TREATMENT

Peri-Implant Mucositis- Reversible inflammation, affects only soft tissues, no sign of bone loss.
Detect and Diagnose: -Record image and BOP 1 Treat**:**

- Use powder streaming device with erythritol or glycine powder subgingivally.
- Debride with proper titanium tools for implant design or prosthesis if calculus present.
- Apply antimicrobial gel or varnish
- OHI: power toothbrush, water flosser, and anti-microbial mouth rinse 2x daily,
- Re-evaluation is critical in 3-6 weeks.

Peri-Implantitis- Inflammatory reaction w/bone loss affects soft tissue & bone around implants.
Know when to treat and/or refer for Peri-Implant Disease -

Assessment	Classification of Peri-Implantitis	SW Comments
Early	BOP and/or exudate **Bone loss< 25% of the implant length****	Monitor and maintain
Moderate	**BOP and/ or exudate*** **Bone loss 25% -50% of the implant length****	Regenerative TX
Advanced	**BOP and/or exudate*** **Bone loss > 50% of the implant length****	Regenerative TX
Note: *Bleeding and/or exudate on two or more aspects of the implant. **Measure on radiographs ideally from baseline radiograph and at time of prosthesis loading to current radiograph. IF baseline not available, the earliest available radiograph following loading.		

*** *Mod. by SW/ Froum SJ, Rosen PS. 2012 A proposed class. Peri-implantitis Int. J Perio Res D.**

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Textbook: Peri-implant Therapy for the Dental Hygienist Second Edition (2022)
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