

Maintenance of Dental Implants

Many of our patients have seen the wonderful benefits of dental implants to replace one or more teeth, or to help with the retention of dentures. Dental implants are capable of high success rates over the long term but they are not immune to problems. Many of the significant risk factors are up to our patients to control.

Preventing bacteria

Teeth and dental implants are unusual in the body as they both breach the body's outer defenses in passing from the outside to the inside. Teeth have a special tissue to help maintain this, the periodontium, where our immune system fights the ingress of bacteria into our tissues including the bone of the jaws. Implants do not emerge from the bone through the gum via a periodontium. The mucosal cuff around a dental implant is more like a rubber band sealing off. Once bacteria breach this seal they are in direct contact with the supporting bone. This can lead to rapid bone loss and eventual loss of the implant. Preventing the ingress of bacteria (plaque) via good home oral hygiene practices and early recognition of problems is essential for the long-term maintenance of implants.

How do you clean dental implants?

Cleaning of implants starts with good brushing, preferably with an electric tooth brush. This is followed by thorough flossing. It is important to use a teflon type floss, such as Colgate Total, which will not fray and leave fragments under the mucosal cuff. The floss is wrapped partially around the crown and gently slipped under the cuff. When we restore an implant we ensure that we teach our patients the correct flossing technique.



At recall visits our hygienists also review the flossing technique as we are convinced it is critical to the long-term success of a dental implant. Bridges will require special techniques.

How do your dentist and hygienist maintain your implants?

At your regular examination appointments, we review the tissues around the implants (the tightness, texture, colour, susceptibility to bleeding), the presence of plaque, or worse still, pus in the mucosal cuff. We may from time to time take an X-ray to look at bone levels around the implant. If we detect an issue, we will go through your cleaning techniques and may consider referrals to a periodontist for management. Early recognition and aggressive management of the problem is essential to reduce the chances of the implant being lost.