

Prevention and treatment of peri-implant diseases—The EFP S3 level clinical practice guideline

5 | RECOMMENDATIONS FOR THE PREVENTION OF PERI-IMPLANT DISEASES

5.1 | Recommendations for primordial prevention of peri-implant diseases

R5.1. In patients awaiting implant placement, do the following behaviours or interventions, prior to implant placement, reduce the incidence of peri-implant mucositis and peri-implantitis?

R5.2. Prior to and during implant placement, what are the considerations related to implant positioning to reduce the risk of incident peri-implant diseases?

R5.3. During implant-supported prosthesis design and placement, are there specific considerations to reduce the risk of incident peri-implant diseases.

5.2 | Recommendations for primary prevention of peri-implant diseases

R5.4. How should the peri-implant health status be assessed at each clinical examination?

R5.5. In patients with diabetes and healthy peri-implant tissues, does glycemic control reduce the risk of incident peri-implant diseases?

R5.6. In patients with healthy peri-implant tissues, does provision of regular supportive peri-implant care (SPIC) reduce the risk of incident peri-implant diseases?

R5.7. In patients who smoke and have healthy peri-implant tissues, does the cessation of cigarette smoking reduce the risk of incident peri-implant diseases?

R5.8. In patients with healthy peri-implant tissues, does augmentation of peri-implant soft tissues lower the likelihood of incident peri-implant diseases?

R5.9. In patients with healthy and thin peri-implant tissues (<2 mm in thickness), does soft tissue augmentation lower the likelihood of incident peri-implant diseases?

R5.9. In patients with healthy peri-implant tissues, does improved oral hygiene prevent incident peri-implant diseases?

R5.10. In patients with healthy peri-implant tissues, does reducing bruxing/parafunctional habits reduce the risk of incident peri-implant diseases?

5.3 | Secondary and tertiary prevention: Recommendations for SPIC

R5.11. In patients treated for peri-implantitis, does supportive peri-implant care (SPIC) prevent

recurrence of peri-implantitis in the medium to long term (≥ 3 years)?

R5.12. In patients treated for peri-implantitis, what is the recommended frequency of supportive peri-implant care (SPIC)?

R5.13. In patients treated for peri-implantitis, what is the appropriate protocol for supportive peri-implant care provision (SPIC)?

R5.14. In patients treated for peri-implantitis is there a specific regime for professional mechanical plaque removal (PMPR) that reduces risk of disease recurrence?

R5.15. In patients treated for peri-implantitis, is there a specific oral hygiene method that reduces risk of disease recurrence?

R5.16. In patients treated for peri-implantitis does the professional administration of adjunctive local antimicrobial agents as part of a supportive peri-implant care (SPIC) program reduce the risk of disease recurrence?

6 | RECOMMENDATIONS FOR THE MANAGEMENT OF PERI-IMPLANT MUCOSITIS

R6.1. In patients with peri-implant mucositis, which are the goals/end points of treatment?

R6.2. In patients with peri-implant mucositis, what is the effect of oral hygiene as an adjunct to professional mechanical plaque removal (PMPR)?

R6.3. In patients with peri-implant mucositis, what is the efficacy of oral irrigators adjunctively used to PMPR?

R6.4. In patients with peri-implant mucositis, what is the effect of any single mode of PMPR, compared with other single modes of PMPR?

R6.5. In patients with peri-implant mucositis, what is the effect of combinations of PMPR procedures, compared to single modes?

R6.6. In patients with peri-implant mucositis, what is the effect of repeating PMPR procedures, compared to a single administration of PMPR?

R6.7. In patients with peri-implant mucositis, which is the effect of modifying the implant-supported prosthesis to enable oral hygiene access?

R6.8. In patients with peri-implant mucositis, what is the efficacy of locally administered antibiotics adjunctive to PMPR?

Prevention and treatment of peri-implant diseases—The EFP S3 level clinical practice guideline

R6.9. In patients with peri-implant mucositis, what is the efficacy of **other locally administered agents** adjunctive to PMPR?

R6.10. In patients with peri-implant mucositis, what is the efficacy of locally administered **photodynamic therapy** adjunctive to PMPR?

R6.11. In patients with peri-implant mucositis, what is the efficacy of patient **self-administered antiseptics** adjunctive to PMPR?

R6.12. In patients with peri-implant mucositis, what is the efficacy of patient **self-administered probiotics** adjunctive to PMPR?

R6.13. In patients with peri-implant mucositis, what is the efficacy of the oral administration of **systemic antibiotics** when used adjunctively to PMPR?

7 | RECOMMENDATIONS FOR NON-SURGICAL MANAGEMENT OF PERI-IMPLANTITIS

R7.1. **Is peri-implantitis treatable?**

R7.2. Which interventions should be provided as part of the **non-surgical step** of peri-implantitis treatment?

R7.3. Which are the **end points of the non-surgical** step of peri-implantitis treatment, and when and how should they be evaluated?

R7.4. What is the efficacy of **sub-marginal instrumentation** in the non-surgical step of peri-implantitis treatment?

R7.5. What is the efficacy of **lasers** in the sub-marginal instrumentation of the non-surgical step of peri-implantitis treatment?

R7.6. What is the efficacy of sub-marginal instrumentation with **air-polishing** in the non-surgical step of peri-implantitis treatment?

R7.7. What is the efficacy of **adjunctive antimicrobial photodynamic therapy** in the non-surgical step of peri-implantitis treatment?

R7.8. What is the efficacy of an **adjunctive antiseptic desiccant solution** in the non-surgical step of peri-implantitis treatment?

R7.9. Do adjunctive **locally administered antimicrobials** improve the clinical outcome of subgingival instrumentation?

R7.10. Do adjunctive **systemically administered antibiotics** improve the clinical outcomes of non-surgical treatment?

R7.11. What is the efficacy of adjunctive **probiotics** in the non-surgical step of peri-implantitis treatment?

8 | RECOMMENDATIONS FOR THE SURGICAL MANAGEMENT OF PERI-IMPLANTITIS

R8.1. What is the importance of adequate **self-performed oral hygiene** in the context of surgical treatment of peri-implantitis?

R8.2. What is the level of **professional expertise** required for surgical treatment of peri-implantitis?

R8.3. What are the **end points of successful surgical** therapy of peri-implantitis?

R8.4. What considerations should be made about the **implant-supported prosthesis** when performing surgical treatment of peri-implantitis?

R8.5. **When** is surgical treatment of peri-implantitis indicated?

R8.6. What is the efficacy of surgical treatment of peri-implantitis using **access flap or resective procedures** (resection of hard/soft peri-implant tissues aiming at reducing or eliminating pockets)?

R8.7. Do reconstructive procedures used in the management of osseous defects (e.g., **bone substitute materials**) as part of surgical treatment of peri-implantitis result in superior outcomes when compared with access flap alone?

R8.8. What are the specific prerequisites (e.g., **dimensions of intra-bony defects**) for a reconstructive approach?

R8.9. What are the **preferred materials** to be used in reconstructive procedures?

R8.10. What is the preferable mode of healing (**submerged versus transmucosal**) to be used in reconstructive procedures?

R8.11. Do photo/mechanical and **physical implant surface decontamination** procedures improve outcomes of surgical treatment?

R8.12. Do **chemical implant surface decontamination** procedures improve outcomes of surgical treatment?

R8.13. Do adjunctive **systemically administered antibiotics** improve clinical outcomes of surgical treatment of peri-implantitis?

R8.14. Do adjunctive **locally administered antibiotics** improve clinical outcomes of surgical treatment of peri-implantitis?