



IMPLANT AWARENESS

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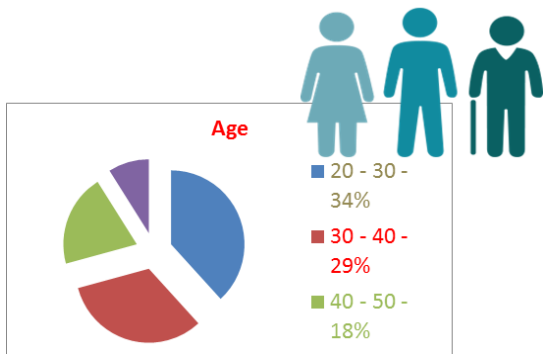
KEYWORDS :

We have conducted a cross-sectional survey taking 1285 individuals as the sample population locally in the city of Hyderabad, state of Telangana in India.

The sole purpose of this survey is to analyse the percentage of people who are aware about the various types of treatments and conditions related to oral health.

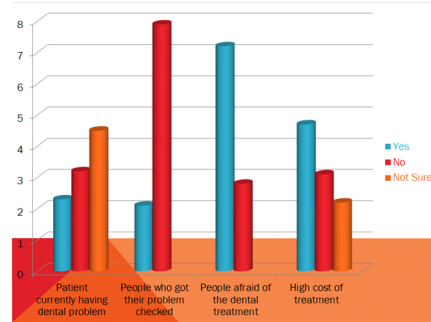
This makes it easy for the general population to have an understanding about the treatment options which in turn makes it easier for all the dentists, as this would help the patient in self motivation, especially when it comes to the implant therapy or orthognathic surgery or Root canal therapy etc.

Along with that it also helps us understand the knowledge of the general public about the treatments that a dentist can offer. As we know that most of the public are not aware of the latest advancements and procedures, from this survey we can evaluate the extent of their knowledge.

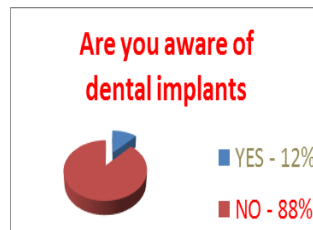


Out of the selected sample population, there were 34% of people belonging to the age group 20 to 30 year old, 29% of 30 to 40 year old, 18% of 40 to 50 year old and 8% of 50 and above.

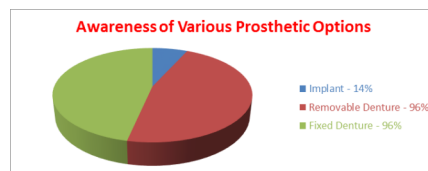
- Age as a prognostic factor in implant success has been discussed by several authors.
- Older patients, theoretically, have potentially longer healing times, more systemic health factors, and the likelihood of poorer local bone conditions.
- In an animal study on rats, aged 6 weeks (young group), 12 weeks (adult group), and approximately 2 years (old group)
- The young group showed that new trabecular bone formed actively around the implant, and good bone contact was achieved more rapidly than in the adult group.
- In contrast, in the old group both the quantity of newly formed trabecular bone around the implant and bone contact were less than in the other groups.
- The results suggest that the rate and volume of new bone formation around implants decrease with increasing age.



Out of the total population that has been surveyed there were only 12% of the individuals who were aware of dental implants, 88% of the remaining individuals have never heard about the dental implants. With the information that we have acquired from this survey, it can be concluded that the Awareness of oral health and various other dental procedures has to be increased by means of a melange of social activities.



We have asked the people who have agreed to be aware of the dental implants about the source of their information. The vast majority of people have given their source to be their own dentist, accounting for almost 49%. The second most common source was found to be the internet which accounts for almost 31%. The remaining 20% included various other resources like relatives, newspaper, television, articles, journals etc



Out of the entire surveyed population only 14% of the individuals were actually aware of implants. People usually responded with a "Yes" when they were asked whether they have heard about the removable and fixed dentures before.

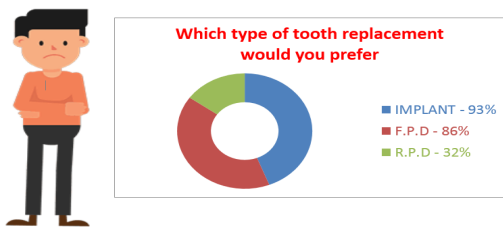
We can clearly state that the people are not aware of the latest advances in dentistry, Which makes it difficult for the dentist to explain each and every detail about the treatment options to the patient as this would take long time for motivation as well.

Most of the patients are aware of the tooth replacement as fixed and removable options, But they are not aware that they would have to sacrifice the adjacent teeth to some extent in order to get a crown and bridge. This gets the dentist back to square one.

In order to motivate the patient the dentist has to start from the beginning explaining about each and every advantage as well as the disadvantage of the various treatment options.

This would result in delay or postponement of the treatment until the patient gets motivated.

Such issues can be resolved by educating the community about all the various treatment options and their procedures in brief.



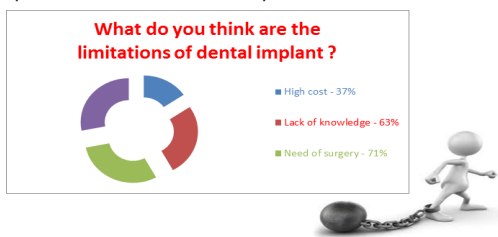
Out of the entire population, 93% of people had a proclivity towards implants, stating the reason for their choice as “ a permanent solution”.

There were almost 86% who have opted for F.P.D. Because they found F.P.D to be a better solution for their problem as compared to an R.P.D.

Around 32% have given their choice as R.P.D. As it was an economic option.

Most of the people who were surveyed expressed their choice of tooth replacement to be implant over the F.P.D as the first priority, giving the reason for their choice as “getting a sound disturbed in order to replace another tooth would be futile, as it might lead to further complications”.

The patients have considered R.P.D as a temporary option rather than a permanent solution to their problem.



We have asked the patients about the limitations of a dental implant. Most of them felt the limitations of the dental implants to be LACK OF KNOWLEDGE. Although there were people who felt the other reasons as limitations, However they can be motivated about those concerns.

One of the most common cause for implant failure is Peri-Implantitis. This is the condition where the plaque and bacteria accumulate on the implant surface and result in various conditions as described in the table below.

Score	Apse et al. [10]	Mombelli et al. [9] (mGI)
0	Normal mucosa	No bleeding when a periodontal probe is passed along the mucosal margin adjacent to the implant
1	Minimal inflammation along with color change and minor edema	Isolated bleeding spots visible
2	Moderate inflammation with redness, edema, and glazing	Blood which forms a confluent red line on mucosal margin
3	Severe inflammation with redness, edema, ulceration, and spontaneous bleeding without probing	Heavy or profuse bleeding

Implant Maintenance:

To ensure prolonged success of an implant, proper maintenance is vital. Patients with dental implants generally have a history of less than-ideal home care, resulting in the partially or edentulous state.

These patients may moreover have improper oral hygiene practice due to postsurgical fear of causing damage, on the one hand, or overzealous home care trying to stay absolutely plaque free, on the other hand.

Either of these situations can lead to detrimental consequences. The patient must initiate the implant care regimen immediately after surgical placement. However, during healing periods, when mechanical plaque control is contraindicated, chemical agents (e.g., chlorhexidine) should be used.

Patients should be instructed in circular brushing according to the BASS technique using small, soft-bristled brushes, twice daily.

Various other means can also be used like: Floss Interproximal Cleaners Water Irrigation Locally Applied Chemotherapeutics

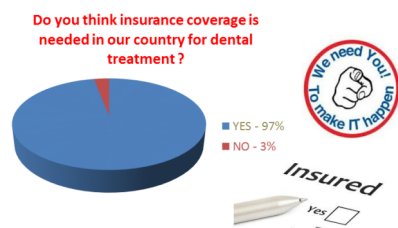
Professional Hygiene Care Scaling. Removal of calculus and plaque, if present, is indicated for implants at a hygiene visit.

Metallic instruments, such as stainless steel, should not be used to probe or scale dental implants as they can scratch, roughen, contaminate, or cause a galvanic reaction at the implant-abutment interface that will further make the titanium surface more susceptible to bacterial plaque and calculus build up, increasing the possibility of peri-implant inflammation [1, 2, 3].

Plastic instruments produce insignificant alteration of the implant surface and are, thus, recommended for scaling implants, even though residues from the instruments are left behind [5, 4].

Plastic instruments reinforced with graphite and gold-plated curettes are more rigid and can be sharpened and can as well be used [5]. However, caution must be exercised when sharpening these gold-plated instruments and when using them on rough surface, as the gold surface could be chipped and worn down, respectively, exposing the underlying alloy and leaving an unsuitable surface [1, 5].

Upon insertion of the instrument, the blade should be closed against the abutment and then opened past the deposit, engaging it apically with the stroke extending coronally. Depending on the location of the deposit, horizontal, oblique, or vertical, short working strokes and light pressure should be used to prevent trauma to the delicate peri-implant sulcus. Prostheses can sometimes limit access of the scaler, and, in such cases, an ultrasonic or sonic scaler covered with a plastic sleeve can be used to remove deposits [6]. The nonporous titanium surface calculus that forms around implants tends to be softer than calculus adhering to a natural tooth and is mostly supragingival. Occasionally, harder deposit around an implant may be found, which can be removed using a product like SofScale (Dentsply Professional, York, PA, USA) before scaling to further reduce the risk of scratching the implant during calculus removal [2].



Last but not the least, We have asked the patients whether they preferred an insurance policy which had coverage for the dental

implants or the one which did not have any such coverages, upon which most of the patients have responded with a "YES" showing their acceptance to the point about insurance coverage for dental implants.

CONCLUSION

- From the obtained information we can conclude that there is a need to encourage and participate in the awareness programs and limitations of corresponding procedures.
- We have found out that there is need to increase the awareness via T.V, Newspaper, Articles, etc. This ensures an increase public awareness regarding the latest advancements in dentistry
- There was an infinitesimal quantity of people who were aware of implants compared to the ones who knew about F.P.D and R.P.D.
- On educating the patient about all the types of prosthesis, Most of them have opted for the implants as their preference.
- Literally everyone wanted insurance policies to cover the implants along with the vast majority of procedures that they usually cover.

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