Cavitron Used on Implants?

The debate continues as to which instruments can be used on implants without damage to the abutment.

Trisha, did your Perio Reports summary in this month's Dentaltown Magazine make it okay to use regular Cavitron tips on implants or did I read it wrong? No need for plastic anymore? ■

I've been using ultrasonics on implants for a few years now. I used to work in a periodontal and implant practice and the general thoughts were:

a. If there is calculus around an implant it needs to be removed as a matter of priority.

b. Plastic implant scalers are a nightmare to use.

c. There is no evidence that scratching titanium creates a problem.

d. We all know of the benefits of biofilm removal with an ultrasonic. ■

The word from periodontists I know is that it is much more important to get the calculus off than to worry about scratches to the titanium, so they endorse using metal scalers and metal ultrasonic tips on implants. My wife (the dentist) still tries to get us to use manual titanium implant scalers on them. ■

I know there are plastic Cavitron tips, but I think they were about $170 last time I looked and the doc's eyebrows went way up. So I am using the lame-o plastic scalers. ■

Our rep came in with the titanium manual scaler. I tested it on our titanium crowns, same material we use for the abutments, and guess what... nice sized gouges in the titanium. Didn't purchase them. You are fine to use metal scalers around the crown, but I have always been told to avoid the abutment with metal instruments for fear of creating a defect that would allow for a bacteria cesspool and thus, chronic inflammation. To be honest, I hear so many different theories that it's confusing. Just the other day our oral surgeon said not to probe around the implants unless there was radiographic evidence suggesting peri-implantitis. Aggh! That's a bummer, because that's one of the tools I use to disrupt biofilm. I've seen quite a few implants over the years, never one with calculus and hope I never do! ■
In the *Perio Reports* summary you mentioned, a power scaler wasn’t used. But as was said before, it’s more important to remove deposit from implants if there is infection than to worry about the instrument leaving a scratch. Looks like the plaque and calculus are attaching just fine to a very smooth surface!

The clinical implications of the research are that the laboratory findings suggest very little difference between instruments used on implant surfaces. The real test is how the tissue responds clinically, which depends on both instrumentation and daily oral hygiene.

I have used the “special” ultrasonic tip for implants and found it to be very beneficial. Yes, it was not cheap but implants are becoming much more common and it is important to have the right tools to maintain them. I feel since my doctor encourages patients to do implants in place of bridges and partials, we should provide a safe way to clean them. Let’s be honest, it’s $170 versus $3,000 the patient spends on an implant and crown. My doctor felt the same way – it was definitely worth the expense. Plus it speaks volumes to your patients about the importance you put on all their teeth.

I am asked about using ultrasonics on implants at nearly every course I present. In my humble experience, the magnetostrictive implant scalers (Dentsply, Parkell, MadUltrasonics) with the wrenched on plastic tip are only useful on exposed framework-type implants. They are useless on most single tooth implants as there isn’t much room in the sulcus to manipulate them. Some of the piezoelectric designs (Satelec, EMS) have a little more merit as they are thin enough to get subgingivally.

What I have done for years, but can’t make a blanket recommendation for everyone to do (I do not know what type of power scaler you are using, what kind of skill level you have, what kind of tips you are using, what type of implant, etc.) is to place an unactivated thin (perio style usually numbered 100 by most companies) tip into the sulcus around the implant, place gentle pressure on the gum tissue with it (not the implant itself), then activate the tip with low power and move it around the sulcus to irrigate and affect any biofilm in the sulcus.

Most sources I’ve contacted or refer to indicate there is little need to do anything on most implants that appear osseointegrated via radiographic evaluation with consistent bone levels and have a clinical appearance of healthy gingiva. Hope this helps and doesn’t serve to confuse!

We (our hygiene staff and myself) have been using tunable magnetostrictive micro-ultrasonic metal instruments to clean around implants since 1991. I have used them in non-surgical and surgical treatment of periimplant problems for even longer.

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