My colleague and I are both very frustrated with the ‘plastic’ instruments available for cleaning implants. What does everyone out there use? Is there something better or should we simply leave them alone?

The periodontist I work for and I both agree that the plastic instruments are completely worthless and have stopped using them, including the bulky plastic probe and the plastic-tipped Cavitron insert, which is also too bulky.

Since most implants really don’t accumulate much calculus buildup (unless they are in the lower anterior) you’re really just removing plaque from around the gum line and in the sulcus (which can be 3-6mm). I start by using my explorer or regular probe to explore into the sulcus and see if there is plaque and bleeding. If not, I move on and leave it be. If there is bleeding and plaque, I insert my Cavitron tip to flush out the sulcus (some patients with a deeper sulcus require some Oraqix or Cetacaine liquid anesthetic for this). I don’t actually apply any pressure against the abutment, just flush out the area.

When calculus is present, it’s typically supra and around a lower anterior implants; again, I use the Cavitron to tap at the calculus and it typically comes right off pretty easily. I honestly don’t worry about the whole fear of putting micro-scratches in an implant abutment (and my boss is not concerned with this either). I’ve seen way more plaque accumulation in a subgingival root concavity that never created an issue than could ever accumulate in the scratch on an implant.

Hu-Friedy makes titanium implant instruments that look just like our traditional scalers. Good for plaque removal if the sulcus allows you to get the instrument down there comfortably for the patient, but not the greatest at calculus removal since there is no cutting edge on it. We have some; I use them but also use regular scalers and the Cavitron when needed.

I use titanium scalers for implants. At the last IFDH symposium, I attended a lecture on periimplantitis by a Swedish implantologist. She said that scratching the implant is not really an issue; it is more important to improve the health of the tissue by effective removal of the deposits. Having said that, I still cannot bring myself to use anything but titanium scalers on implants.

I had a hard time at first too, but now I do it all the time. Honestly, in our office, we see the predominant cause of peri-implantitis to be retained cement from crown placement! It causes inflammation, pocketing and severe bone loss if not treated ASAP. We always take a radiograph on our implant patients after they have had their implant crown placed by their GP to check for residual cement because it often shows up on the X-ray just like a piece of calculus! My first encounter with this, my boss scheduled a patient with me so I could anesthetize them and scale off the cement. It will (most of the time) scale off like a piece of tenacious calculus, but you definitely need a sharp scaler, the titanium instrument just won’t cut
Has anyone tried the Wingrove Implant Curettes from PDT? They were developed by an RDH, Susan Wingrove.

I was wondering about that, too. Thanks for posting.

Debbi, I do the same as you. The plastic instruments are worthless. So I always very carefully scaled around them and used the Cavitron for the lavage to flush plaque and food debris out of the sulcus. For those lower linguals, always have all your patients brush first with a dry toothbrush and always hold the toothbrush vertical. Even the power toothbrushes. If your patients do those two things they will never have build up again! It really does work. Teach your patients and try it yourself, it will make a believer out of the both of you!