

We Treat Sick Implants

Dear Doctor,

Do you have any implants in your practice that look like this?



We all have some in our practices and as more implants are placed this number is sure to increase. I have been rescuing sick implants for 30 years. In the 90's the cases were few and the treatment protocols were less defined. The treatment protocols have evolved and over the last 10 to 15 years my success rate has been predictable with the majority of the treated implants still functioning.

My protocol has evolved from 1. open flap surgery with mechanical debridement, antibiotic application to the implant surface, bone graft mixed with injectable antibiotic or growth factors, membrane and primary closure to 2. the faster, less invasive LAPIP laser treatment. Both approaches were yielding good results, but the laser therapy is a short office procedure with only minor post-operative discomfort. The results have been encouraging with all the LAPIP cases in the short term while we wait to document long term results. One advantage of LAPIP procedure is the ability to go back to gain more attachment in the future because patients don't object to a second round as it's a short procedure with little to no post-operative pain.

The laser controls the infection as it removes the granulation tissue, helps surface debridement/decontamination of the implant, forms a stable blood clot as the medium for regeneration of a soft tissue seal and typically regenerates bone evident after 6 months to 2 years. While bone regeneration doesn't always occur, the goal is arresting bone loss, eliminating inflammation, infection ultimately retention of a failing implant in stable, comfortable function no matter what the radiographic bone level.

The costs to save an implant are far less than extraction, graft and replacement. As you might expect the earlier we treat the better; However, I feel that seemingly hopeless implants can be rescued in many cases. The 'Hail Mary' cases need to be approached with full disclosure, informed consent and rational expectations with the patient.

If you have cases in your practice you'd like to discuss please call me and send me the x-rays at Drnolf@thrivesleepandbreathing.com or my personal email nolfr@ptd.net.

Best regards,

Randy Nolf, DDS

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