We would like to thank all the attendees at our August 29th study club discussion lead by Dr. Amarik Singh & Dr. Mark Ligocki. A very special thanks to Dr. Ligocki for all of the hard work on the facilitation of the lecture.

**Upcoming Events:**

Join Dr. Amarik Singh at the Grotto on October 10th for Dinner & Discussion on the “Current Concepts in Traditional Periodontal Therapy.” You will earn 3 complimentary CE credits.

**In the News:**

Dr. Amarik Singh won Top Bronze Male Dancer in a Chicago ballroom competition that he participated in with his wife and Daughter!

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**Current Concepts in the Maintenance of Periodontal and Implant Patients**

Many dental professionals use the terms prophylaxis and periodontal maintenance synonymously. This can cause confusion for the patient and devalue the services we are providing. The American Academy of Periodontology states, “Periodontal maintenance is started after completion of active periodontal therapy and continues at varying intervals for the life of the dentition or its implant replacements.” At Periodontal Implant Associates, we treat periodontal maintenance as an extension of active periodontal therapy. We initiate periodontal maintenance 3 months after surgical or nonsurgical periodontal therapy. We adhere to guidelines that have been proven to help patients experience less attachment loss and lose fewer teeth.

Patients with recurrent gingivitis or slight chronic periodontitis traditionally have been maintained by their general dentist. Patients with a history of chronic periodontitis with moderate attachment loss may receive periodontal maintenance on an alternating basis with the general dentist and the periodontist. Patients with a history of severe periodontal attachment loss, or aggressive forms of periodontitis, often obtain periodontal maintenance at the periodontist’s office, with the general dentist maintaining the non-periodontal aspects of the dentition. This approach has been validated by post-treatment patient surveys from the American Academy of Periodontology.

Evidence also suggests that plaque control is as critically important for the maintenance of dental implants as for natural teeth. Patients with implants should be evaluated at regular intervals to monitor their peri-implant status, the condition of implant-supported prosthesis, and effectiveness of plaque control.

Determining maintenance recall with a natural dentition is dependent upon the classification, severity, and stability of the disease process. When patients have dental implants we consider the amount and type of the implant restoration, difficulty and effectiveness of plaque control, why the patient became edentulous, health history, and all other contributing factors. Our recommendations are always individualized to meet the needs of each patient. Typically, we recommend that a patient with one implant sees their restoring dentist twice a year for implant maintenance. A patient with 2-3 implants to see their restoring dentist twice a year and surgeon once a year for implant maintenance and a patient with 4 or more implants to see their restoring dentist and implant surgeon for alternating 3 month implant maintenance recalls.

Effective periodontal or implant maintenance involves cooperation and understanding among all involved participants: the patient, the restorative dentist, the dental hygienist, and periodontist. A letter of completion is mailed or emailed to the general dentist following periodontal or implant maintenance at Periodontal Implant Associates. We summarize our comprehensive periodontal and/or implant evaluation, assessment of the presence of plaque and/or calculus, note all procedures performed, note any caries or potential deficits, explain our recommended maintenance, and any other comments that may be pertinent to patient care. We also inform the dentist and staff when the patient was last seen at our office and when they are due to be seen with their general dentist. Working together we can improve our patient’s oral and systemic health!

“ Tooth loss in some periodontal patients has been shown to be inversely proportional to the frequency of periodontal maintenance.”