

Treatment of Peri-implant mucositis and Peri-implantitis

A questionnaire survey

The present study is part of a research project on peri-implant diseases and it aims to evaluate the attitudes and treatment options of specialists and general dental practitioners. The results will be analysed as part of an Elective Project for a Birmingham dental student, in conjunction with Griffith University. The survey is anonymous and the results will be an extremely helpful feedback for structuring the education in implant dentistry both at an undergraduate and postgraduate level. The survey is conducted by - Griffith University, Australia and the University Of Birmingham, UK and has received ethical approval. The survey will include practitioners in Australia and the UK. If you wish to be informed on the outcome of the survey and receive upcoming reports, please add your e-mail at the end of the survey. Your contribution is greatly appreciated.

For any comments or requests, please don't hesitate to contact me – Samantha Collier (4th Year Dental Student, Univ of Birmingham) at sjc650@bham.ac.uk at the University of Birmingham or Dr Nikos Mattheos (Associate Professor) nikos@mattheos.net at Griffith University.

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|--|--|
| 1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | 2. Age 25-34 <input type="checkbox"/> 45-54 <input type="checkbox"/> 65+ <input type="checkbox"/> 35-44 <input type="checkbox"/> 55-64 <input type="checkbox"/> |
| 3. What is your practice orientation: <input type="checkbox"/> General Practitioner <input type="checkbox"/> Periodontologist <input type="checkbox"/> Prosthodontist <input type="checkbox"/> Oral Surgeon <input type="checkbox"/> Currently attending specialist education in: (field) 5. How many years have you been working as a specialist? <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> >10 6. Where do you practice? <input type="checkbox"/> Private practice <input type="checkbox"/> Public service, hospital <input type="checkbox"/> Public service, university <input type="checkbox"/> NHS <input type="checkbox"/> other 7. Are you surgically placing dental implants? <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Where did you receive your specialist education? <input type="checkbox"/> UCL – the Eastman <input type="checkbox"/> Queen Mary, London <input type="checkbox"/> Kings College, London <input type="checkbox"/> Bristol <input type="checkbox"/> Cardiff <input type="checkbox"/> Dundee <input type="checkbox"/> Birmingham <input type="checkbox"/> Leeds <input type="checkbox"/> Liverpool <input type="checkbox"/> Manchester <input type="checkbox"/> Newcastle <input type="checkbox"/> Sheffield <input type="checkbox"/> Edinburgh <input type="checkbox"/> Glasgow <input type="checkbox"/> Queens University Belfast <input type="checkbox"/> other (please list) 8. What route did you undertake to achieve your specialist status? <input type="checkbox"/> monospecialist – eg MCLinDent <input type="checkbox"/> multifactorial – eg general restorative training <input type="checkbox"/> existing long term specialty practice <input type="checkbox"/> other (please specify) |

9. What percentage of your patients with dental implants has been diagnosed with:

| | 0-25% | 26-50% | 51-75% | 76-100% |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mucositis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| peri-implantitis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. What percentage of UK patients with dental implants do you believe have

| | 0-25% | 26-50% | 51-75% | 76-100% |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mucositis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| peri-implantitis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Which of the following do you consider etiologic factors for mucositis and peri-implantitis?

- ☐ Bacterial plaque
☐ Smoking
☐ Adverse loading
☐ other

12. Which of the following treatment methods do you use for the treatment of mucositis?

| | Always | Often | Sometimes | Rarely | Never |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Oral hygiene Instruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Antimicrobial gel/ mouthrinse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-surgical debridement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Surgical debridement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local antibiotics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Systemic antibiotics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Control of occlusion/ tensions in the supraconstruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. Which of the following treatment methods do you use for the treatment of Peri-implantitis?

| | Always | Often | Sometimes | Rarely | Never |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Oral hygiene Instruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Antimicrobial gel/ mouthrinse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-surgical debridement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Surgical debridement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local antibiotics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Systemic antibiotics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Control of occlusion/ tensions in the supraconstruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. If you use systemic antibiotics in the treatment of mucositis:

- do you use them:

| | Always | Often | Sometimes | Rarely | Never |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| pre-operative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| post operative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. If you use systemic antibiotics in the treatment of peri-implantitis:

- do you use them:

| | Always | Often | Sometimes | Rarely | Never |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| pre-operative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| post operative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- which type / combination of antibiotics do you use?
- which dosage?

16. Which type of instruments do you use for the mechanical debridement of implants?

- ☐ Stainless steel instruments
- ☐ Titanium instruments
- ☐ Plastic instruments
- ☐ Ultrasonic scalers
- ☐ Other

17. Which frequency of maintenance visits do you consider proper for the first year after treatment of peri-implantitis?

- ☐ every 1-2 months
- ☐ every 3rd month
- ☐ every 6th month
- ☐ after a year

18. Which is the proper time for a radiographic evaluation after treatment of peri-implantitis?

- ☐ after 3 months
- ☐ after 6 months
- ☐ after 9 months
- ☐ after a year

19. Finally, as based on your experience, how effective are the methods we have today for the treatment of peri-implantitis?

- ☐ very effective
- ☐ moderately effective
- ☐ little effective
- ☐ not effective

e-mail address (optional).....

Please add any free text comments that you may wish to add to the treatment of Peri-implant mucositis and Peri-implantitis in the following text box.