

Non-Surgical Peri-Implantitis Treatment Protocol

Prepared in accordance with the EFP 2023-2025 clinical guidelines

This document is intended for dental professionals as a practical set of guidelines for the non-surgical treatment of peri-implantitis. The protocol is based on the consistent application of diagnostic procedures, decontamination, modification of patient behaviour, and assessment of treatment effectiveness.

Peri-implantitis treatment must be systematic and based on the consistent application of clinical steps. This protocol has been prepared in accordance with the latest 2023 clinical recommendations of the European Federation of Periodontology (EFP) and data from the current literature.

1. Comprehensive Diagnosis and Treatment Planning

1.1. Medical History and Risk Factor Assessment

A comprehensive patient history is obtained, including an assessment of systemic diseases, medications, smoking, history of periodontal disease, and other risk factors.

1.2. Clinical Examination

Probing is performed around the implant to determine probing pocket depth, bleeding on probing, suppuration, soft-tissue condition, mobility, and recession.

1.3. Radiographic Assessment

A standard radiograph or CBCT examination is performed to assess the defect configuration and the extent of bone loss.

1.4. Analysis of the Prosthetic Reconstruction

The quality of the prosthetic reconstruction, accessibility for cleaning, possible overhanging margins, improper support, possible cement remnants, prosthetic margins, excessive contours, or other factors that may promote inflammation are assessed.

2. Non-Surgical (Conservative) Treatment

Initially, assess and remove the prosthesis to gain access to the implant surface. Place a healing abutment and leave it in place until the active inflammation has subsided.

2.1. Chemical Decontamination

First, disinfect by rinsing several times with 0.12% chlorhexidine solution and metronidazole solution, and apply Fitodenta hydrogel (containing hyaluronic acid and

metronidazole, which remains in the pocket and continues to provide a disinfecting effect for several days).

Repeat the procedure 3 times, once weekly.

Monitor whether the inflammation subsides. If it does, the patient may be monitored for 1 month. If signs of inflammation persist, continue treatment.

2.2. Mechanical Decontamination

Thoroughly clean the implant surface using PerioFlow with glycine or erythritol. Use ultrasonic tips if visible calculus deposits are present and need to be removed from the implant surface.

2.3. Adjunctive Measures

After each mechanical cleaning, rinse several times with 0.12% chlorhexidine solution and metronidazole solution, and apply Fitodenta hydrogel.

Repeat the procedure 3 times at 2-week intervals, then wait 1 month.

2.4. Correction of the Patient's Oral Hygiene

Provide the patient with individualised oral hygiene instructions, select appropriate cleaning aids, and ensure that the hygiene practices are followed consistently.

2.5. Follow-Up Assessment

Perform a reassessment after 12 weeks. If signs of inflammation or bone loss persist, plan surgical treatment.

Note: The product is intended for professional use in dental practice.