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## Tips for Implant Cementation

- 1) Use radiopaque Temp-bond, Temp-bond NE, or zinc phosphate cement (Zn inhibits bacterial growth).
- 2) Use the abutment which brings the cement line consistently closest to crest of the tissue.
- 3) Use less cement.
- 4) Place a vent hole in the abutment (or instruct your lab do this).
- 5) Place guttapercha, cotton, or teflon tape in occlusal access opening (but leave space for excess cement).
- 6) Be careful with Resin modified glass ionomer cement (it is the most commonly used final cement, but it is radiolucent and difficult to remove in a deep sulcus).
- 7) Do not use Durelon (it will corrode titanium).
- 8) Do not use tissue colored cements.
- 9) Understand that most cements were tested to inhibit caries forming bacteria (not periodontal pathogens which are commonly found associated with implant failures and excess cement).
- 10) Understand the different biology of attachment of gingival tissues to a tooth versus an implant (there is not a strong intact compartment of tissue fibers to stop peri-implant disease penetration once it starts).

## Instruments / Techniques for Removing Excess Cement Around Implants

**Notes:**