Consensus on Immediate Implant Function: An International Survey on Terminology, Applicability and Limits

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Introduction
A questionnaire with 98 questions on aspects of immediate implant function was compiled by 419 international clinicians and scientists (Europe, North America, Asia, Oceania). In 57 countries, 1296 FDA-registered implants were evaluated. The questionnaire covered the following aspects: immediate implant function, terminology, clinical biological aspects, surgical protocols and pain management. The questionnaire was evaluated and summarized in a consensus paper. The purpose of the gathering was to assess the frequency of usage of concepts like immediate implant function and the terminology used. The findings demonstrated a large variability in the understanding and the use of concepts like immediate implant function. The choice of the procedure included start procedures with different definitions.

According to the experts, implant diameter and length within 6-7 mm in non-edentulous areas with preserved bone quality and implant design within Rynemark TDS+ or an equivalent implant (tooth-like and ovoid) were essential for immediate function. The authors agree that the integration of implants is the key factor for successful outcome.

The same rights for IL and DL with regard to number of implants

(A) Occlusion
Simultaneous mandible/multi-implant (PFP)
1. Simultaneous evaluation on an occlusion surface
2. Occlusal functional requirements for working surface?
3. Occlusal functional requirements for non-working surface?
4. Occlusal functional requirements for non-working surface?

(B) Occlusion
Simultaneous mandible/multi-implant (PFP)
1. Simultaneous evaluation on an occlusion surface
2. Occlusal functional requirements for non-working surface?
3. Occlusal functional requirements for non-working surface?

(C) Occlusion
Segmented PFP
1. Occlusal functional requirements for non-working surface?
2. Occlusal functional requirements for non-working surface?
3. Occlusal functional requirements for non-working surface?

(D) Occlusion
Single-tooth evaluation
1. Occlusal functional requirements for non-working surface?
2. Occlusal functional requirements for non-working surface?
3. Occlusal functional requirements for non-working surface?

E. A “damping effect” (removal, abutment, cement) is necessary for IL success?

F. In general in augmented sites a PI performs the same procedure as in non-augmented sites?

(G) In general in augmented sites a PI performs the same procedure as in non-augmented sites?

(H) Do you believe that successful osseointegration is possible?

(I) Do you believe that successful osseointegration is possible?

(J) Do you believe that successful osseointegration is possible?

(K) Do you believe that successful osseointegration is possible?

(L) Do you believe that successful osseointegration is possible?

(M) Do you believe that successful osseointegration is possible?

(N) Do you believe that successful osseointegration is possible?

(O) Do you believe that successful osseointegration is possible?

(P) Do you believe that successful osseointegration is possible?

(Q) Do you believe that successful osseointegration is possible?

(R) Do you believe that successful osseointegration is possible?

(S) Do you believe that successful osseointegration is possible?

(T) Do you believe that successful osseointegration is possible?

(U) Do you believe that successful osseointegration is possible?

(V) Do you believe that successful osseointegration is possible?

(W) Do you believe that successful osseointegration is possible?

(X) Do you believe that successful osseointegration is possible?

(Y) Do you believe that successful osseointegration is possible?

(Z) Do you believe that successful osseointegration is possible?

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3. Conclusion: The authors believe that immediate implant function is the key factor for successful outcome.

Summary

Terminology
1. Immediate implant function
2. Immediate implant function

Clinical and biological aspects
1. The influence of bone volumes and density as well as bone volume ratio and the surgical site of inflammation is needed.
2. Proven surgical concepts for immediate implant loading are accompanied by tissue engineering.

Surgical protocols and pain management
1. Surgical protocols and pain management

Documentation
1. Existing data on the use of immediate implant function

Components
1. Immediate implant function

Appendix
1. Immediate implant function

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Risk factors, such as an increased risk of palpitations, but the authors noted this would be a point that truly needed to be the reason behind the use of immediate function. A questionnaire was included in the occlusal pattern for immediate loaded single-tooth restorations. Contacts in centric occlusion and disocclusion movements on single tooth restorations should be extended (10%); contacts is anterior region, single unit in the posterior region and bilateral contacts in the posterior region higher load resistance should be extended. A closer view on the occlusal contact pattern for PFP and PFP in the additional occlusion and restorations such as on implant FP and implant FP in the additional occlusion could not be achieved. Appropriate data are presented for extended and non-retaining abutments and single unit contacts are used as well. A logical conclusion is the need of a standardization pattern for immediate loaded single-tooth restorations. Contacts in centric occlusion and disocclusion movements on single tooth restorations should be extended (10%); contacts in the anterior region, single unit in the posterior region and bilateral contacts in the posterior region higher load resistance should be extended. A closer view on the occlusal contact pattern for PFP and PFP in the additional occlusion and restorations such as on implant FP and implant FP in the additional occlusion could not be achieved. Appropriate data are presented for extended and non-retaining abutments and single unit contacts are used as well. A logical conclusion is the need of a standardization pattern for immediate loaded single-tooth restorations. Contacts in centric occlusion and disocclusion movements on single tooth restorations should be extended (10%); contacts in the anterior region, single unit in the posterior region and bilateral contacts in the posterior region higher load resistance should be extended. A closer view on the occlusal contact pattern for PFP and PFP in the additional occlusion and restorations such as on implant FP and implant FP in the additional occlusion could not be achieved. Appropriate data are presented for extended and non-retaining abutments and single unit contacts are used as well. The question about the necessity of a “damping effect” (removal, abutment, cement) is necessary for IL success? The main goal of an accredited implant protocol is to provide the best treatment options to the patient, with regard to quality and comfort. Although the necessity of a “damping effect” (removal, abutment, cement) is necessary for IL success? The main goal of an accredited implant protocol is to provide the best treatment options to the patient, with regard to quality and comfort. Although the necessity of a “damping effect” (removal, abutment, cement) is necessary for IL success? The main goal of an accredited implant protocol is to provide the best treatment options to the patient, with regard to quality and comfort. Although the necessity of a “damping effect” (removal, abutment, cement) is necessary for IL success? The main goal of an accredited implant protocol is to provide the best treatment options to the patient, with regard to quality and comfort. Although the necessity of a “damping effect” (removal, abutment, cement) is necessary for IL success? The main goal of an accredited implant protocol is to provide the best treatment options to the patient, with regard to quality and comfort.