

Implant Abutment Insertion Guidelines

Abutment Insertion in Your Office

Prior to Patient Visit

1. Inspect the abutments and the restoration on the model to insure marginal fit, occlusion and esthetics. Subgingival abutment collar should be smooth and highly polished.
2. Autoclave abutments and seating screws.

Patient Visit

3. Remove healing abutments.
4. Insert abutments and hand tighten the abutment screws.
5. Confirm the abutments are seated with a radiograph.
6. Insert the restoration to confirm marginal fit and occlusion.
7. Torque abutment screw.
8. Seal abutment screw in cemented restorations with impression material or gutta percha. Cement or screw in the restoration.
9. Remove excess cement or torque restoration screw as needed.
10. Confirm case completion with a final radiograph.

Cementation

Implant restorations should have a significant amount of mechanical retention. Minimal cement is needed. Too much cement will prevent the restoration from completely seating. In anterior restorations and restorations with subgingival margins, subgingival cement removal is almost impossible.

I recommend minimal cement and to use an interim cement in order to:

1. minimize incomplete seating
2. prevent subgingival cement accumulation
3. allow retrievability

It is better to use too little cement than too much cement. We will educate the patient that we need retrievability and advise them that there is a small chance the restoration may need to be recemented in the future.

Subgingival cement or open implant margins will result in peri-implantitis and fistula formation.

Specialist in Periodontics Including Implants