Brushing Technique in Patient with Implant Supported Dentures - A Review

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Abstract: Aim: To a review on brushing techniques in patient with implant supported denture. Background: Dental implants have been used in edentulous jaws to improve the stability of complete dentures. Attachment of these implants improves the stability and function of the prostheses and increases patient satisfaction. Brushing prevent the plaque built up .Plaque build-up is harmful because it can lead to gum disease and tooth decay. Reason: The main reason for this review is , In dental implants both early and late implant failures have been reported .Factors responsible for early failures include inadequate surgical technique, bacterial contamination of implant or inadequate maintenance care procedures.

Keywords:

1. Introduction

Dental implants have been used in edentulous jaws to improve the stability of complete dentures. Attachment of these implants improves the stability and function of the prostheses and increases patient satisfaction. Brushing prevent the plaque built up .Plaque build-up is harmful because it can lead to gum disease and tooth decay.

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Manual tooth-brushing methods including Bass, Stillman’s, Fones, Charter’s, horizontal, vertical, scrub, and roll have been taught for decades, with the Bass and roll methods the most commonly recommended. It has been estimated that over 90% of people employ their “personal tooth-brushing method,” which is generally a “scrub” method using vigorous horizontal, vertical, and/or circular movements. Recent studies compared three-minute brushing with either the modified Bass or “normal” method and found that the modified Bass method removed significantly more supragingival plaque than did the normal technique for all sites and all times examined. The modified Bass method was especially effective on the lingual sites, an area commonly showing higher plaque scores.(1)

2. Modified Brushes

2.1 Interdental Brushes

A waist-shaped interdental brush presents with more diameter at the base and tip and hence, may result in more contact to the teeth or prostheses at the lingual and buccal line angles when passing through the inter proximal area. Moreover, when retrieved, the bristles might drag out more biofilm at the tooth angles resulting in a better cleansing effect than that of regular interdental brushes.

2.2 End –Tufted Brushes

The lingual aspect of mandibular anterior implant-supported prostheses is often difficult to reach for adequate hygiene. The modification of an end-tufted toothbrush to allow for improved access into to difficult-to-reach areas.

2.3 Powered Tooth Brush

The clinical effectiveness of a powered toothbrush (Braun Oral-B Plaque Remover 3-D) and a manual soft toothbrush (Oral-B Squish-grip brush) for the control of supragingival plaque and soft tissue in ammation around implants supporting mandibular over dentures reveals powered tooth brush can also be used for implant supported prostheses(2)

2.4 Electronic Tooth Brush

The electric toothbrush Oral B Professional Care 7000 appears to be safe for patients with fixed prosthesis on implants in aesthetic areas.(2,3)

Toothbrush design is believed to have an impact on tooth-brushing efficacy, particularly in areas that have traditionally been more difficult to clean, such as the lingual, interproximal, and posterior surfaces. Design modifications can include improvements to the handle, brush head, and bristles(4)

3. Tooth Brushing Technique

3.1 Still Mann Technique/ Modified Bass

The bass and still-man method were designed to concentrate on cervical portion of the teeth and adjacent gingival tissue. Each of these method can be modified to add a roll stroke. The brush is positioned similar to Bass and STILLMAN TECHNIQUE after activation brush head in back and forth directions the head of the brush is rolled over the gingiva and tooth so that filaments can reach the interdental space.(5,1)
3.2 Leonard Technique

It is similar to horizontal brushing technique but the movement is applied in vertical direction using up and down strokes (5).

3.3 Fones Method

With the teeth closed the brush is placed inside the cheek and fast circular motion is applied that extended from maxillary gingiva to mandibular gingiva using light pressure. Back and forth strokes are used in lingual and palatal surfaces.

3.4 Bass Technique

This is used to clean the area directly blow the gingival margins. The head of the brush is placed in oblique direction towards the apex, the filaments are directed in the sulcus at 45 degree to the long axis of the tooth. In the lingual aspect of the anterior tooth the head of the BRUSH is paced vertical direction. This method is most accepted.

3.5 Stillmann Technique

It is used for massage and stimulation of gingiva as well as cleaning the cervical areas of the tooth. The head of the brush is placed oblique toward the apex, the filament are placedpartial on the gingiva and tooth, light pressure and vibration are applied.

3.5 Charters Method

In this method uses the reverse portion of the brush head. The head of the brush is placed oblique direction with the filament directing towards the occlusal surface. It is used to clean area like interdental papillae.

3.6 ROLL Techniques

The head of the brushes positioned in a oblique direction towards the apex of the teeth and the filament placed partial on the gingiva and partial on the tooth, light pressure is given against gingiva. Next the head of the brush is rolled over the gingiva and tooth in occlusal direction (5).

4. Conclusion

The main reason for this review is, in dental implants both early and late implant failures have been reported. Factors responsible for early failures include inadequate surgical technique, bacterial contamination of implant or inadequate maintenance care procedures (6). However the effectiveness of tooth brushing depends on instrument used, method used, duration of brushing (7).

References

[5] Jan Lindhe, mechanical plaque control, clinical periodontology and implant dentistry