



National Veterans Health Administration Implant Risk Assessment and Patient Education

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Background

Patients often believe that implants will solve all of their tooth related problems.⁽³⁾ This creates a need to increase patient education on potential sequelae of implant placement and improve treatment planning decision making. The use of a dental implant risk assessment with the patient in the early treatment planning stage is the key to establishing the patient’s expectations of this procedure. The Veterans Health Administration (VHA), Office of Dentistry has constructed a risk assessment with clinical recommendations that are based on evidence, when available, and expert consensus, when evidence is not definitive to help improve patient expectations and treatment planning guidelines.⁽¹⁾⁽²⁾⁽⁴⁾

What Is Included In the Risk Assessment?

The assessment looks at medical history (conditions and medications), implant success or failure at the same or different site(s), tissue type, surgical difficulty, tobacco use, periodontal disease, oral hygiene, mental health, caries risk, bruxism, appointment compliance, and need for supplemental procedures. ⁽²⁾⁽³⁾

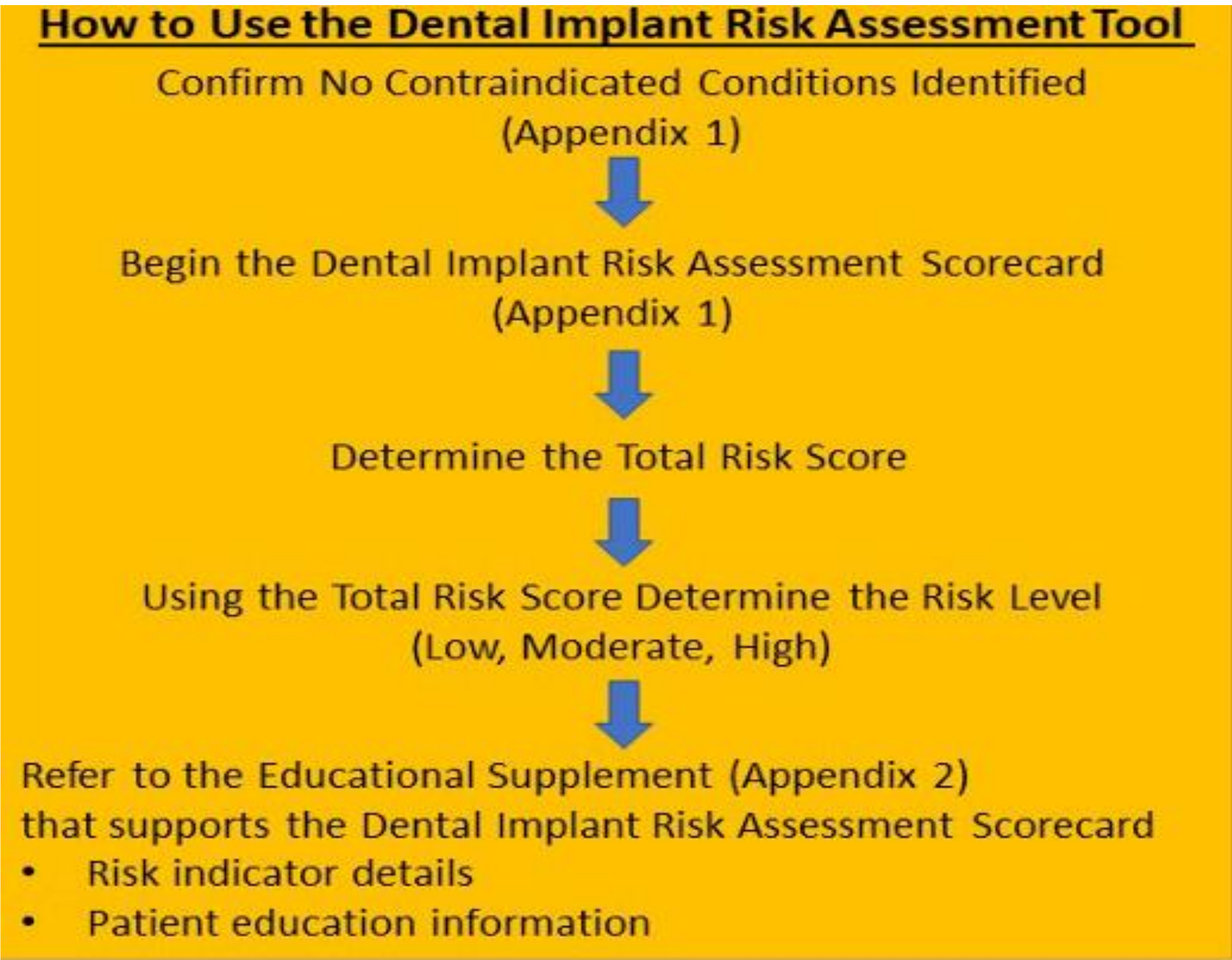


Figure 1: Obtained from the Risk Assessment and Strategies for Successful Dental Implant Treatment: recommendations from the Veterans Health Administration, Office of Dentistry, page 15.⁽⁴⁾ This image references the decision-making pathway for implant placement and necessary patient education for appropriate implant planning.

Appendix 1: Dental Implant Risk Assessment Scorecard

Patient Name: _____

SS # Last Four/ DOD ID: _____

Date of Assessment: _____

ALERT!! If you select a “YES” to any of the conditions below, you must **STOP** the risk assessment and provide an alternative option for treatment, until cleared by a medical provider. [Clear Buttons](#)

Allergic or Hypersensitive to Titanium	☐ YES	☐ NO
Active or Recently Complete IV Bisphosphonate Therapy	☐ YES	☐ NO
Undergoing Active Cancer Treatment	☐ YES	☐ NO
Cardiac Event (Within the Last 6 months)	☐ YES	☐ NO
Immunosuppressed (Post-Transplant)	☐ YES	☐ NO

Medical/Dental History Questions

1. Currently smoking		0
2. Diabetes/HbA1c at time of implant placement		0
3. History of same site failure		0
4. Use of anti-resorptive agents		0
5. Current use of Serotonin Reuptake Inhibitors (SSRI)		0
6. Current use of Proton Pump Inhibitors (PPI)		0
7. History of H&N Radiation: >55Gy		0
8. Poor compliance with dental appointments		0

Clinical Exam Questions

9. Periodontal disease		0
10. Plaques levels at exam		0
11. Thin tissue biotype		0
12. Bruxism		0
13. Maxillary posterior molar implant position		0

Total Risk Score:

Figure 2: Obtained from the Risk Assessment and Strategies for Successful Dental Implant Treatment: recommendations from the Veterans Health Administration, Office of Dentistry, page 28.⁽⁴⁾ This is an image of Appendix 1 and displays the risk assessment score card that is used for decision making in planning implants and points out appropriate points for patient education.

Clinical Results

Different conditions, habits, and medical history contribute to a set of points towards the score and result in the case being considered low, intermediate, or high risk for implant placement. This score should be used to assist in making the best decision for the patient based on current evidence.⁽¹⁾ The dental department at the Clement J. Zablocki VA Medical Center in Milwaukee, Wisconsin aims to track results long term and assess implant success or failure based on their risk assessment score. Conclusions cannot be made yet, as this is a newly implemented system at our facility.

Patient Education

After completing the score card (Figure 2/Appendix 1) and determining the risk level for placing implants, there is an educational document that provides dental clinicians with further understanding of the identified risks as well to communicate more efficiently with the patient what their risk factors are.⁽¹⁾ The educational form includes discussion points regarding the following medical and dental history topics: smoking, HbA1c values at the time of tentative placement, previous same site implant failure, use of anti-resorptive agents, use of Selective Serotonin Reuptake Inhibitors (SSRIs), use of Proton Pump Inhibitors (PPI), head and neck radiation of greater than 55 Greys, and compliance with maintenance intervals. In addition, the education form provides information regarding clinical examination questions such as, status of periodontal disease (treated/inactive or untreated/active), plaque levels at the time of the exam, tissue biotype (thin or thick), any history of bruxism, and implant position (is it in a maxillary molar location). There are additional Appendix checklists available for the provider to use for patient education. These include an implant focused intraoral examination checklist for the dentate patient (Appendix 3) and an implant focused intraoral examination for the edentulous patient (Appendix 4).⁽¹⁾ After patient dependent factors (i.e. plaque levels, tobacco/smoking habits, oral hygiene habits, HbA1c, etc.) have been addressed, they can be reconsidered for implant placement.

Resources

- 1.Risk Assessment and Strategies for Successful Dental Implant Treatment: Recommendations from the Veterans Health Administration, Office of Dentistry. Veterans’ Health Administration Central Office, Office of Dentistry. Washington, DC. August 15, 2023
- 2.Patient-Centered Risk Assessment in Implant Treatment Planning. Curtis, D et al. *The international Journal of Oral & Maxillofacial Implants*. Vol 24, num 2, 2019. 506-520.
- 3.Public perceptions of dental implants: a qualitative study. Wang, G. et al. *Journal of Dentistry*. Vol 43 (2015) 798-805.
- 4.A review of selected dental literature on evidence-based treatment planning for dental implants: Report of the Committee on Research in Fixed Prosthodontics of the Academy of Fixed Prosthodontics. Wood, M.R and Vermilyea, S.G. *Journal of Prosthetic Dentistry*. 2004; 92:447-62.