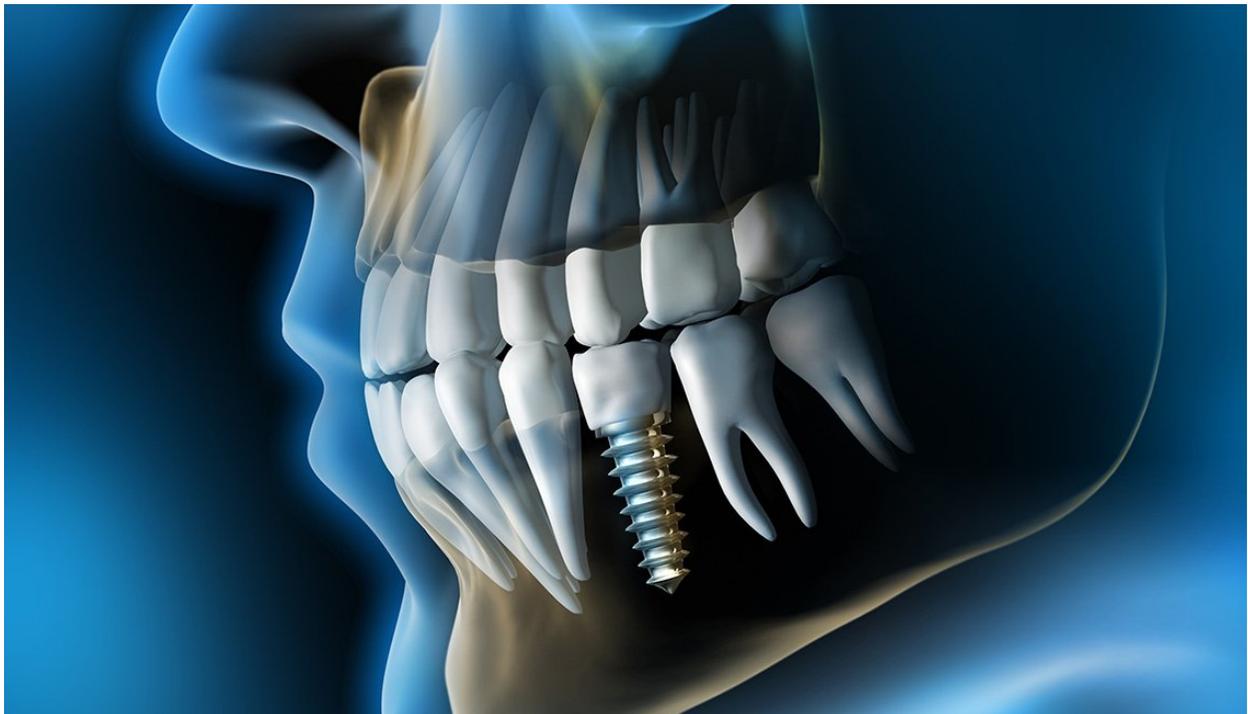


# When Dental Implants Go Wrong

What to know before you get implants — and how to watch for symptoms of infection

by Sandra Lamb, **AARP**, November 13, 2020



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At first Kaye Madsen noticed her energy wasn't what it had been. When she started feeling tired throughout the day, the 70-something wondered if she might be depressed. Then the pain in her mouth kicked in, which made eating difficult.

Soon more troublesome symptoms arose. Her [blood sugar levels](#) shot up, which was worrisome because of her type 2 diabetes. A fever came and went.

When the areas around her dental implants started to ooze with a foul-tasting discharge, her dentist took X-rays that showed infection in Madsen's gums. She was treated with oral antibiotics, then antibiotic injections and mouthwash. After more months of pain, Madsen insisted that her dentist remove the implants, which he did, inserting a partial plate in place of the missing teeth.

Madsen had had her implants for several years, and always followed a rigorous hygiene regimen of twice-daily brushing, flossing and mouthwash. But having diabetes meant she had a harder time healing from surgeries like this one. Her dentist hadn't told her about that, and she hadn't known to seek out a specialist, which is often recommended over a general dentist for implants.

Every year, roughly 3 million people in the U.S. receive implants to replace one or more teeth or anchor a full set of dentures. The procedure is an expensive, multi-step process that involves implanting a titanium screw in the jawbone to serve as the post the false teeth are attached to. Before the procedure, teeth may need to be pulled and bone grafts may be necessary.

While the American Dental Association estimates that the vast majority of implant surgeries are successful, those that aren't can require another complicated and costly removal procedure. To prevent problems, here's what dentists say every prospective implant patient should know.

## Considering implants

A dental implant, which can replace a single tooth, several teeth or your entire set, is one of three main options for missing teeth. The others are a removable dental appliance, such as a complete or partial denture, and a fixed dental bridge that is cemented in place.

Of those, choosing an implant should be the “last resort,” says Gordon Christensen, a prosthodontist in Provo, Utah. When considering the options, “natural teeth should be retained, if possible,” he stresses.

Implants are also not cheap, ranging from around \$3,000 to \$6,000. Most dental insurance doesn't cover the procedure, though it may cover a portion of the cost of a crown.

According to Robert Pick, a specialist in periodontics and implants and a clinical associate professor at the Northwestern University Feinberg School of Medicine, the 10-year success rate for implants “is from 95 to 98 percent, with the lower jaw being slightly more successful than the upper jaw.” But Christensen considers a survival rate past 10 years “unreliable,” adding that more research is needed to know exact success rates.

## Some health conditions can get in the way

A patient's good health is the strongest predictor of a successful implant procedure. The following conditions may make it harder:

- **Autoimmune diseases, allergies and diabetes.** People with conditions like [rheumatoid arthritis](#) and diabetes heal at a slower rate, which can prevent an

implant from fusing with the jawbone.

- **Medications.** Patients should be sure to discuss their meds with the dentist, as some may also interfere with the fusing of the implant to the jawbone. Heartburn medications, for instance, interfere with calcium processing, so they may damage the ability of the jawbone to heal around the implant screw.
- **Gum disease.** Healthy gums are a prerequisite.
- **Osteoporosis or osteopenia.** An estimated 20 percent of women 50 or older have osteoporosis, and about 50 percent are estimated to have low bone mass, which often means a bone graft will be necessary to ensure that there is enough bone density to hold an implant in place.
- **Tobacco use.** Nicotine restricts blood flow to the gums, which slows the healing process and contributes to [inflammation](#) of the gum tissue around an implant. Tobacco users have an implant failure rate of up to 20 percent.
- **Chemotherapy and head or neck radiation.** These therapies can weaken the bone structure and affect the lifespan of an implant.

## What to do before an implant

Potential implant patients should be prepared to share their full health history with the dentist. Also, says Pick, the dentist should take a CBCT X-ray to assess a patient's bone density level. Christensen notes that the dentist should look carefully at the prospective patient's bite, which can help predict success. Patients can also ask if the surgeon plans to use a computer model to do a virtual dry run of the procedure, which experts say can help guarantee success.

## What can go wrong?

All oral surgeries include a small risk of bleeding disorders, infections and allergic reactions. Luckily, long-term complications — like those Madsen suffered — occur on an infrequent basis. But an implant placed too close to a nerve can cause numbness or tingling in the tongue, lips, gums or face. Foreign-body rejection is rare but can cause pain at the implant site, along with swelling, fever and chills. An injury to the area around the implant can loosen it.

To repair a problem, the patient should return to the dentist immediately. Inflammation in the tissue surrounding an implant is often due to excessive force in biting and requires only adjusting the bite. Bacterial infections can be treated with antibiotics, followed by continued good hygiene.

## Selecting an implant dentist

Seek out an experienced dental surgeon and ask what percentage of her business is implant surgeries. While a general dentist can perform implant surgery, a specialist is usually recommended. An oral surgeon, who deals with hard- and soft-tissue diseases or defects, is uniquely qualified for tooth extraction and jaw surgery. A prosthodontist — a specialist trained in tooth replacement — typically creates and installs artificial teeth or crowns. Consult the American Academy of Implant Dentistry ([aaid-implant.org](http://aaid-implant.org)) for a dentist in your area.

## Caring for your dental implants

Just as with your natural teeth, regular and thorough dental hygiene is vital to keeping your implants healthy.

- Brush your teeth twice a day using a soft-bristled brush, paying close attention to the gumline. You can also use a sonic or mechanical toothbrush.
- Floss twice a day, being careful to remove all bits of floss from around the teeth. For some patients, a better option is interdental brushes to remove plaque from between teeth. A buildup of plaque and bacteria can lead to an inflammatory condition called peri-implantitis, which can result in bone loss around the titanium post.
- Eat foods rich in calcium, like milk, cheese, yogurt, kale and sardines, or take a calcium supplement.
- Avoid chewing ice, hard candy and similar substances, which can break the crown.
- Visit your dental professional regularly for exams and deep cleanings.