The implant safety checklist

Tick each one as you go. The numbers in brackets are the sources, listed at the end.

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Before you fly

- [ ] 1 **Gum disease: Treat gum disease first, and get it checked.**
  Past gum disease is the most consistent patient factor in implant loss and in gum infection around implants. In the Swedish population study, gum disease meant about 3 times the odds of losing an implant early. [3][6]
- [ ] 2 **Smoking: Stop smoking, or at least cut right down.**
  Smokers lose implants early about twice as often, and the risk rises with the number of cigarettes a day. What counts is whether you smoke, and how much. [4][5]
- [ ] 3 **Your medicines: List every medicine you take, and send the list before you book.**
  Some daily medicines, antidepressants among them, are linked to more implant failure. The surgeon must know. Never stop a prescribed medicine on your own. Tell the surgeon and your own doctor. [7][2]
- [ ] 4 **Bone drugs: Taking bone-strengthening drugs? Say so, with the dose and how long.**
  With bisphosphonates or denosumab the main risk is a rare jaw-bone problem, not the implant failing. For osteoporosis doses, the jaw-bone problem was rare: about 0.5% after implants. [8]
- [ ] 5 **Diabetes: Diabetes? Bring an HbA1c result from the last 3 months.**
  Well-controlled diabetes heals close to normal. Poorly controlled diabetes means more gum infection around implants. [9]
- [ ] 6 **Radiotherapy: Had head or neck radiotherapy? Say so. This is a specialist case.**
  Implants in bone that had radiotherapy fail about twice as often. It needs a hospital team with your cancer records, not a standard trip. [10]
- [ ] 7 **Grinding: Grind or clench your teeth? Say so, and plan a night guard.**
  Grinding overloads implants and breaks parts: about twice the odds of implant failure across 27 studies. [11][2]
- [ ] 8 **3D scan: Ask for a 3D scan (CBCT) before the plan is final, and ask what it showed about your bone.**
  The amount of bone decides the implant length, whether you need a graft, and whether one trip is possible. Bring any scan you already have. [12]
- [ ] 9 **Bone graft: Ask if you need a bone graft or sinus lift, and how it changes the timeline.**
  Grafts work well, but they add healing time and usually mean two trips. [13]
- [ ] 10 **Implant brand: Ask which implant brand and model, before you pay.**
  In the Swedish population study, implants from small-share brands had about 8 times the odds of early loss. Choose a well-documented major system, and ask that the connector and screw come from the same maker. [3]
- [ ] 11 **Your surgeon: Ask who places the implants, and how many they place.**
  Surgeons differ in early failure rates. No study gives a safe minimum number, so ask and compare. [14]
- [ ] 12 **One trip or two: Ask whether your case can be one trip or needs two, and why.**
  Same-day teeth work for the right single-implant cases. For a full arch the evidence is thinner, and everything depends on the implant being firm in the bone on day one. [15]
- [ ] 13 **Written warranty: Get the warranty in writing, and read who it actually covers.**
  A maker's "lifetime" guarantee is often a promise to the dentist about parts, not to you about the cost of redoing the work.

In the chair

- [ ] 14 **Implant card: Get the implant card before you leave.**
  It should show the brand, model, size and date for each implant. Any dentist back home needs it to find matching parts. [16]
- [ ] 15 **Box labels: Take photos of the implant box labels, and take your X-rays and scans home.**
  The sticker carries the maker's name and the implant's details: the simplest check that the implant is the one you paid for. [16]
- [ ] 16 **Screw or cement: Ask whether the crown is screwed in or cemented.**
  Leftover cement under the gum is a known cause of gum infection around implants. If it is cemented, ask how the extra cement is removed, and get an X-ray after. [17][18]
- [ ] 17 **Crown material: Ask what the crown is made of, which brand, and which lab makes it.**
  Both main materials work well on implants (about 98% still in place after 5 years); they fail in different ways. A brand and a lab can be checked. "Zirconia" alone cannot. [19]
- [ ] 18 **Fit and X-ray: Before the final teeth go on, check the fit and your bite, and get a baseline X-ray.**
  The baseline X-ray is what every future dentist compares against to spot bone loss early. [20]

At home, for life

- [ ] 19 **Home dentist: Book a dentist or hygienist at home before you fly, and go about every 6 months.**
  People who skipped regular care had about 3.8 times the odds of implant failure. [9][21]
- [ ] 20 **Daily cleaning: Clean around the implants every day, and know the warning sign.**
  Gum infection around implants is common, and plaque is the cause. The sign to act on: gums around an implant that bleed. [22][20]
- [ ] 21 **Night guard: Wear the night guard if you grind, and stay off cigarettes while you heal.**
  The same two risks as before the trip, items 2 and 7. [11][4]
- [ ] 22 **Your records: Keep your implant card, X-rays and notes together, and give copies to your dentist at home.**
  Without them, a dentist at home is guessing which parts you have.

SOURCES Each one with its link: www.thehudsondental.com/implant-safety-checklist#sources

[1] Howe MS et al. 2019, Journal of Dentistry (10-year implant survival, 18 studies)
[2] Chrcanovic BR et al. 2017, Clinical Implant Dentistry and Related Research (1,406 patients, Sweden)
[3] Derks J et al. 2015, Journal of Dental Research (2,765 patients, Swedish population)
[4] Fan YY et al. 2024, Journal of Dentistry (smoking and early implant failure, 32 studies)
[5] Stiller et al. 2024, Dentistry Journal (smoking dose and implant failure, 33 studies)
[6] Annunziata M et al. 2024, Journal of Periodontal Research (gum disease and implant loss, 14 cohorts)
[7] Harutyunyan L et al. 2024, Int J Oral Maxillofac Implants (antidepressants and implant failure)
[8] Mirza R et al. 2025, Endocrine Practice (bone-strengthening drugs and implants)
[9] Carra MC et al. 2023, Journal of Clinical Periodontology (risk factors and maintenance)
[10] Schiegnitz E et al. 2022, Clinical Oral Implants Research (implants after radiotherapy)
[11] Häggman-Henrikson B et al. 2024, Journal of Oral Rehabilitation (grinding and implants, 27 studies)
[12] Tyndall DA et al. 2012, AAOMR position on imaging for implants (3D scans)
[13] Pjetursson BE et al. 2008, Journal of Clinical Periodontology (implants after a sinus lift)
[14] Jemt T 2019, International Journal of Prosthodontics (9,167 implants, surgeons and early failure)
[15] 2026 meta-analysis of trials, Journal of Prosthetic Dentistry (same-day vs later teeth, single implants)
[16] Council of European Dentists 2020, position on implant cards (PDF)
[17] Wilson TG 2009, Journal of Periodontology (leftover cement and implant gum disease)
[18] Sailer I et al. 2012, Clinical Oral Implants Research (screwed vs cemented crowns, 59 studies)
[19] Pjetursson BE et al. 2018, Clinical Oral Implants Research (crown materials on implants)
[20] Berglundh T et al. 2018, World Workshop consensus (baseline X-ray, warning signs)
[21] Monje A et al. 2016, Journal of Dental Research (how often to have check-ups)
[22] Derks J, Tomasi C 2015, Journal of Clinical Periodontology (how common implant gum disease is)
[23] Vietnam Decree 98/2021/ND-CP on medical devices (summary, Tilleke & Gibbins)