SEPA

New expert consensus aims to improve peri-implant health

Practical clinical recommendations unite surgical and prosthetic planning to help prevent disease and support long-term implant success.

With more than 6,000 member periodontists and oral health professionals, the Spanish Society of Periodontology (SEPA) is the scientific society dedicated to periodontology and implant dentistry, and is recognised as a global leader in periodontal science and clinical practice.

The society has recently led the development of a major expert consensus report providing clinical recommendations on the influence of surgical and prosthetic factors on peri-implant health and disease. The paper, bringing together the clinical expertise of periodontists, prosthodontists and dental technicians, has been published in the *Journal of Esthetic and Restorative Dentistry*, under the title "Influence of surgical and prosthetic factors on peri-implant health or disease: clinical recommendations from a SEPA expert consensus". "This guidance document stems from the need to offer clinicians a practical framework to prevent peri-implant diseases from the outset of treatment, taking into account both surgical and prosthetic considerations," says Dr Ignacio Sanz Sánchez, co-author of the paper. Dr Beatriz de Tapia, co-author and SEPA board member for education and research, adds:

"Implementing these recommendations may have a meaningful impact both nationally and internationally, by providing clear and consistent criteria for clinicians and dental technicians, and supporting more predictable decision-making in both clinical and laboratory settings."



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Peri-implant diseases, including peri-implantitis, remain a major concern in implant dentistry and are frequently associated with prosthesis-related factors. This review highlights the importance of integrating both surgical and prosthetic planning to reduce the risk of disease development. Clinicians are encouraged to prioritise prosthetic designs that facilitate effective oral hygiene. Three-dimensional implant-positioning — guided by the intended prosthetic outcome — is essential to minimise complications. Material selection, including ceramic and zirconia restorations, may also influence plaque-accumulation.

Long-term success in implant dentistry depends on prosthetically driven planning, hygienic prosthetic design, appropriate selection of implant–abutment connections and materials, minimal implant manipulation, and maintenance tailored to patient risk.

SEPA's leading role

SEPA has played a leading role in coordinating and driving this multidisciplinary consensus, bringing together leading expertise in periodontology, prosthodontics and dental technology, with the support of the dental company Eckermann, to translate scientific evidence into practical clinical guidance.

Key topics included three-dimensional implant positioning, implant–abutment connections, prosthetic design and component handling. This collaborative approach reflects SEPA's ongoing commitment to promoting integrated, evidence-based dentistry and improving long-term patient outcomes.

Access the full paper here

Clinical recommendations

The expert consensus is structured around five key clinical domains:

1 Prosthetic design and emergence profile
- Prosthetic factors play a major role in peri-implant health.
- Designs should facilitate effective hygiene for both patient and clinician.
- Overcontouring should be avoided.
- Convex profiles are associated with increased risk of peri-implant disease.
- Straight or concave profiles with an emergence angle < 30° are preferred.

2 Implant positioning and surgical planning
- Implant placement should be prosthetically driven.
- Three-dimensional positioning is essential (mesio-distal, apico-coronal and bucco-palatal).
- Poor positioning may lead to unfavourable prosthetic compromises.
- Guided surgery may be beneficial in complex cases.

3 Implant–abutment interface
- Internal conical connections are preferred.
- Platform switching may improve crestal bone stability.
- Polished-neck implants may benefit higher-risk patients.

4 Prosthetic components and handling
- Intermediate abutments may provide a protective effect in multiple-unit restorations.
- Narrow or concave designs are preferred.
- Abutment height > 2mm may reduce early bone loss, particularly in patients with thin mucosa.
- Placement of the definitive abutment at surgery is recommended.
- The "one abutment–one time" concept may reduce bone remodelling.

5 Materials, retention and maintenance
- Screw-retained restorations are preferred.
- Excess cement is a well-established risk factor for mucositis and a potential contributor to peri-implantitis.
- Zirconia shows favourable soft-tissue response and lower plaque accumulation.
- No clear evidence of reduced peri-implantitis risk versus metal-ceramic restorations.
- Hygienic design, patient education and regular maintenance are essential.

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