## UNTERABSCHNITT 1: ANAMNESE

| | | | |
|---|---|---|---|
| Gesundheitszustand | ASA Klassifikation [11] | ASA 1,2 | |
| | | ASA = 3 | |
| | | ASA >/= 4 | |
| Vorerkrankungen | Diabetes mellitus [5, 15, 17, 18, 44, 45, 54, 55, 61, 78] | HbA1c < 6.5 | |
| | | HbA1c 6.5 – 7.5 | |
| | | HbA1c > 7.5 | |
| | Bestrahlter Kiefer [18, 25, 62, 79, 88] | < 55 Gy | |
| | | < 55 Gy: Oberkiefer oder augmentierte Areale | |
| | | > 55 Gy | |
| | | Innerhalb der letzten 12 Monate | |
| | Parodontopathie [6, 21, 28, 53, 72, 76, 87] | Kein Anhalt für Parodontopathie | |
| | | Behandelte oder Anamnese einer Parodontopathie | |
| | | Unzureichende unterstützende Parodontaltherapie | |
| | | Nicht therapierte Parodontopathie | |
| Medikation | Keine Medikation | | |
| | Antiresoptive Medikation (ARDs) [7, 16, 40, 63, 67, 77, 81, 85] | Niedrige Dosis für Osteoporose (oral und systemisch) | |
| | | • Niedrige Dosis mit Augmentation, Sofortimplantation | |
| | | Höhere Dosis zur Prophylaxe ossärer, tumorbedingter Komplikationen | |
| | | • Höhere Dosis mit Augmentation, Sofortimplantation | |
| | | Hochdosis, > 4x jährlich zur Therapie ossärer Metastasen | |
| | | • Hochdosis mit Augmentation, Sofortimplantation | |
| | | ARDs und weitere Infektionsrisiken (z.B. Parodontopathie) | |
| | | ARDs und medikamentenbedingte Kofaktoren (z.B. Immunsuppression) | |
| | Immunsuppression [32, 33, 68] | Niedrigdosierte Steroid-Therapie | |
| | | Cytotoxische Medikation | |
| | Antikoagulation | Prophylaktisch | |
| | | Therapeutisch | |
| | Protonenpumpeninhibitoren [1, 4, 27] | | |
| Raucher [18, 24, 59] | Nichtraucher | | |
| | Schwacher Nikotinkonsum | < 10 Zig. pro Tag | |
| | Starker Nikotinkonsum | > 10 Zig. Pro Tag | |
| Bruxism [10, 22, 26, 49–51, 89] | Nein | | |
| | Ja | | |
| Patientenerwartung [86] | Angemessen | | |
| | Nicht angemessen | | |

## LEGENDE

Geringes Risiko

Mittleres Risiko

Hohes Risiko

Therapie nicht empfehlenswert (keine KI)

## UNTERABSCHNITT 2: LOKALE BEFUNDE

| | | | |
|---|---|---|---|
| Ästhetische Risikofaktoren | Außerhalb der ästhetischen Zone | | |
| | Lachlinie [83] | Tief | |
| | | Mittel | |
| | | Hoch | |
| Weichgewebe | Attached gingiva [14, 56] | Adäquat | |
| | | Inadäquat | |
| | Parodontaler Biotyp [3, 35, 43, 46, 75] | Dicker Biotyp | |
| | | Dünner Biotyp | |
| | Voroperationen/vernarbtes Gewebe | | |
| Kölner Klassifikation des Kieferkammdefek-tes Defekt (CCARD) | Kein oder kleiner Defekt | | |
| | Horizontal > 4mm | | |
| | Vertikal oder kombiniert > 4mm | | |
| | Außerhalb der Kontur des Kieferkamms | | |
| Kieferlage | Normgerecht | | |
| | Ungünstig | | |
| Periapikale Läsionen Nachbarzähne angrenzende Pathologien [31, 66, 69] | Nein | | |
| | Vorhanden | | |
| Mundhygiene [29] | Ausreichend | | |
| | Unzureichend | | |

## UNTERABSCHNITT 3: CHIRURGIE

| | | | |
|---|---|---|---|
| Anatomische Risken [38, 80] | Keine | | |
| | Enge Lagebeziehung zu Nachbarstrukturen (Nerv, Wurzeln, Papille etc.) | | |
| Heilungsperiode nach Zahnverlust [9, 19, 23, 37] | Spätimplantation | | |
| | Früh- bzw. verzögerte Implantation | | |
| | Sofortimplantation | | |
| Belastung nach Insertion [13, 20, 37, 73] | Konventionelle Einheilphase (nach mind. 8 Wochen) | | |
| | Frühe Belastung (innerhalb 4 bis 8 Wochen) | | |
| | Sofortversorgung/-belastung (innerhalb 72 Stunden) | | |
| Augmentations-techniken [2, 57] | Kölner Klassifikation des Kieferkammdefektes (CCARD) | Keine Augmentation notwendig | |
| | | Horizontal > 4mm | |
| | | Vertikal oder kombiniert > 4mm | |
| | | Außerhalb der Kontur des Kieferkamms | |
| | Sinusbodenelevation [34, 48, 60] | Mit Septen | |
| | | Interner Lift bei weniger als 2 mm Restknochenhöhe | |

## UNTERABSCHNITT 4: PROTHETIK

| | | | |
|---|---|---|---|
| Biomechanik [39] | Keine biomechanischen Probleme zu erwarten | | |
| | Verbindung Implantat-Zahn [12, 42, 47, 82, 84] | Starr | |
| | | Beweglich/mobil | |
| | Extension erforderlich [36, 70, 71, 74] | | |
| | Ungünstige Lastverteilung [65] (Kronen-Implantat-Verhältnis /Einzelzahnversorgung) | | |
| | Nicht angepasster Implantatdurchmesser [52] | | |
| | Notwendigkeit der Reparatur, Überarbeitung der Suprastruktur | | |
| | Versorgung von verschiedenen Implantatsystemen in einer Versorgung | | |
| Ästhetik [41, 52, 58] | Nachbarzahnsituation | Zahn | |
| | | Brückenglied | |
| | | Implantat | |
| Art der Versorgung [39, 52, 64] | Anzahl und/oder Verteilung der Implantate | Adäquat | |
| | | Nicht adäquat | |
| | Festsitzend | Zirkuläre Brücke | |
| | Herausnehmbar | Brückendesign | |
| Komplexität übersteigt Fähigkeiten des Patienten [64, 86] | Handling und/oder Reinigbarkeit | Günstig | |
| | | Sehr schwierig/unmöglich | |

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