














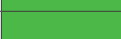




















UNTERABSCHNITT 1: ANAMNESE

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		
	Antiresorptive 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)	
	Immunsuppression [32, 33, 68]	Niedrigdosierte Steroid-Therapie	
		Cytotoxische Medikation	
Antikoagulation	Prophylaktisch		
	Therapeutisch		
Protonenpumpeninhibitoren [1, 4, 27]			
Raucher [18, 24, 59]	Nichtraucher		
	Schwacher Nikotinkonsum		
	Starker Nikotinkonsum		
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)
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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	
		Dünnere Biotyp	
	Voroperationen/vernarbtes Gewebe		
Kölner Klassifikation des Kieferkammdefektes 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 Risiken [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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