

Cold Welding of Implant-Abutments: A Dreaded Complication With NO Simple Solution

by Randolph R. Resnik, DMD, MDS



Figure 1: Cold-Welding Possibilities: (a.) Implant-cover screw, (b.) Implant-healing abutment, (c.) Implant-abutment

Cold welding is characterized as the bonding and adhesion process between two metallic components, such as the implant – cover screw, implant – healing abutment, or implant-final abutment. The phenomenon of cold welding can pose an unexpected complication, wherein clinicians encounter difficulties in separating the interconnected components, presenting a highly challenging scenario. Unfortunately, there is currently no universally effective technique to successfully separate the components, with efforts often leading to damage of the implant internal threads or fracture leading to implant removal. The incidence of this complication has been reported to range from 0.5%–8%. (Figure 1)

ETIOLOGY:^{[1][2][3]}

Numerous factors may contribute to the predisposition of cold-welding complications, including variations in implant type, internal versus external connection, and differences in screw head design, material, and diameter. (Figure 2) While the literature provides limited discussion on this complication, various case reports highlight local issues that can exacerbate the risk, such as:

- 1 Application of excessive torque and preload to the cover screw or abutment.
- 2 Manufacturing errors in either of the two components
- 3 Presence of bone debris and dried blood on implant component surfaces, leading to the development of a blood fibrin "glue."

These factors collectively underscore the complexity of preventing and managing cold welding incidents, necessitating careful consideration and awareness during clinical procedures.

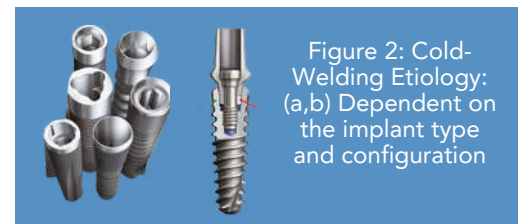


Figure 2: Cold-Welding Etiology: (a,b) Dependent on the implant type and configuration

TREATMENT OPTIONS:

When confronted with cold welding clinical situations, clinicians are presented with various treatment options, which may include:

- 1 **Separation of the Cold-Welded Components:** This involves attempting to carefully separate the cold-welded components. Techniques such as applying controlled force, using specialized instruments, or introducing modifications to weaken the bond may be employed to facilitate successful separation. (cont'd pg 2)

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2 Submerging the Implant - Restore with Conventional Prosthetics: Submerging the affected implant and subsequently restoring the area with conventional prosthetics is an option. This approach allows for the creation of a new restoration while leaving the cold-welded implant in place, minimizing the need for complete removal.

3 Implant Removal with Re-insertion of an Implant: The clinician may opt for complete implant removal. After removal, a new implant can be re-inserted.

The selection of the most suitable treatment option depends on the specific circumstances of each case, and clinicians should carefully assess the feasibility and potential risks associated with each approach to make informed decisions

MANAGEMENT - SEPARATION OF IMPLANT COMPONENTS.^{[4][5]}

When confronted with the task of separating components without damaging internal implant threads, various approaches and instruments can be employed, with the specific method depending on the type of implant connection present.^[6]

Cover Screw:

- 1 Reverse Torque Wrench (Maximum - 40-50 N/cm):** Employing a reverse torque wrench within the specified torque range can help loosen and facilitate the removal of the cover screw without causing damage to the internal threads
- 2 Ultrasonic Scaler:** this instrument maybe used to vibrate and remove a cover screw in counter-clockwise direction: The application of an ultrasonic scaler to induce vibrations can assist in breaking the cold-welded bond, making it easier to remove the cover screw.
- 3 Prepare Screw Access Slot Cover Screw with Reverse Torque:** Creating a screw access slot on the cover screw and applying reverse torque can provide an alternative method for separating the components.
- 4 Apply Crushed Ice over the Cover Screw to Shrink the Screw Threads:** Placing crushed ice over the cover screw can cause contraction, potentially aiding in the loosening of the threads and facilitating the removal process.
- 5 Drill Through the Center of Cover Screw with Carbide (High Speed + Round Bur):** Using a drill with a carbide tip, such as a high-speed round bur, to carefully drill through the center of the cover screw can disengage the body, allowing for the subsequent removal of the threaded screw.

Abutment (Healing):

Modification of Healing Abutment (i.e., Two-Parallel Sides) and Removal with Rongeurs/Extraction Forceps:

Modifying the healing abutment, particularly by creating two parallel sides, facilitates its removal using rongeurs or extraction forceps. This modification enhances grip and maneuverability during the removal process.



Figure 3:
(a) Modification of healing abutment,
(b) Removal with rongeurs or forceps

Abutment (Final):

Use of Hemostats or Forceps to Rotate the Implant from the Implant Body:

Employing hemostats or forceps to carefully rotate the implant from the implant body aids in the separation of the abutment during the final stage. Proper placement of the instrument at the most occlusal aspect enhances the fulcrum force, facilitating controlled and effective rotation. Care should be exercised as this procedure may lead to fracture of the implant neck

It is crucial for clinicians to exercise precision and choose the appropriate instruments for each step, considering the specific characteristics of the abutment and implant type. Careful execution of these techniques can help ensure successful component separation without compromising the integrity of the internal implant threads. (cont'd pg 3)



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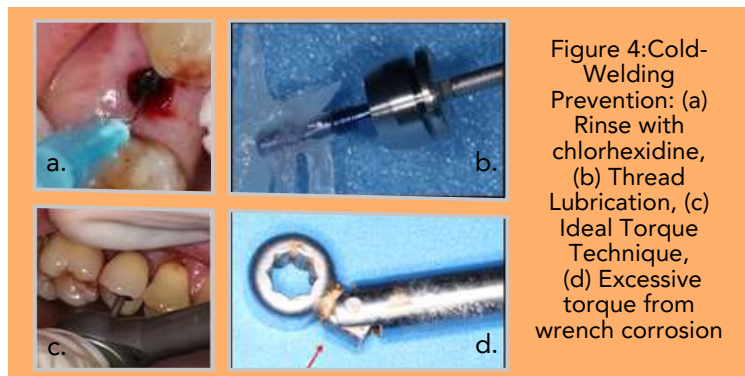


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COLD WELDING PREVENTION:^{[7][8]}



In the literature, certain implant systems, such as Astra and Straumann, have been reported to exhibit a higher incidence of cold welding complications, primarily attributed to the morse taper design of these systems. Various techniques have been advocated to mitigate the risk of cold welding:

- **Lubrication Applied on Threads of Implant Components (Water-based Petroleum Jelly or Antibiotic Ointment):** Application of lubrication, such as water-based petroleum jelly or antibiotic ointment, on the threads of implant components helps reduce friction and may decrease the likelihood of cold-welding during assembly and disassembly.
- **Irrigation (Chlorhexidine) of the Internal Implant Threads Prior to Abutment Placement:** Prior to abutment placement, irrigation of the internal implant threads with chlorhexidine serves to cleanse and prepare the surfaces, potentially minimizing the risk of cold welding.
- **Verification of Accurate Insertion Torque:** Applying hand torque pressure torque within the range of 10-15 N/cm for cover screws and healing abutments ensures appropriate insertion torque. For final abutments, manufacturer recommended torque should be utilized.
- **Verification of Accurate Torque Wrenches:** To prevent excessive torque, ensuring the precision and accuracy of torque wrenches used during implant procedures is vital for preventing excessive torque application. Regular calibration and adherence to manufacturer specifications contribute to reliable torque delivery and help minimize the risk of cold-welding complications.

These preventive measures aim to enhance the overall success of implant procedures and reduce the incidence of cold welding, particularly in systems with morse taper designs.

CONCLUSION

Effectively managing cold-welding complications presents a significant challenge for practicing clinicians. The intricacies involved in separating components can vary widely across cases, and thus, a universal solution is not feasible for the diverse clinical scenarios that may be encountered. This article aims to tackle the inherent challenges associated with cold-welding complications and provides a range of approaches to navigate the complexities inherent in the diverse clinical situations.

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- [7] Krishna, R., R. Kejrival, and J. Suma. "Retrieval of Cold Welded Dental Implant Cover Screw Using a New Technique." *Int J Implantol Clin Res* 6.3 (2015): 69-72.
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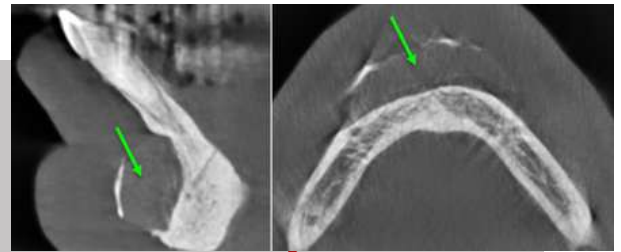


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CBCT QUESTION OF THE MONTH

Upon CBCT evaluation for implant placement, resorption of the mandibular symphysis area was present. What is the possible etiology of this bone resorption (green arrows)?

Ethar ElShennawy, BDS, MSc
Radiology Research and Development Specialist
ITXPROS



PROSTHETIC QUESTION OF THE MONTH

Recent studies suggest that titanium corrosion poses a significant risk for peri-implantitis. This study evaluated how different dental cements affect titanium (Ti) corrosion. The three types of cement tested were (1) TempBond NE, (2) FujiCEM-II, and (3) Panavia-F-2.0. Which cement type was associated with the highest amount titanium corrosion?

Alhamad, Mostafa, et al. "The effect of three dental cement types on the corrosion of dental implant surfaces." Heliyon10.1 (2024)

PHARMACOLOGY TIP OF THE MONTH



SERIOUS ANESTHESIA RISKS WITH OZEMPIC MEDICATIONS

As the use of Ozempic® (semaglutide) and other glucagon-like peptide-1 (GLP-1) receptor agonists becomes more widespread for the treatment of type 2 diabetes and weight management, the American Society of Anesthesiologists (ASA) has recently put forth recommendations to discontinue these medications prior to elective surgeries involving sedation.

There has been a concerning increase in complications among patients taking these drugs, particularly due to delayed gastric emptying, which raises the risk of pulmonary aspiration during sedation. Given that standard fasting guidelines may not adequately reduce the risk of aspiration, the ASA advises extending the fasting period to 8-12 hours and stopping these medications approximately one week prior to the procedure.

Fujino E, Cobb KW, Schoenherr J, Gouker L, Lund E. Anesthesia Considerations for a Patient on Semaglutide and Delayed Gastric Emptying. Cureus. 2023 Jul 19;15(7):e42153

Answers page 6

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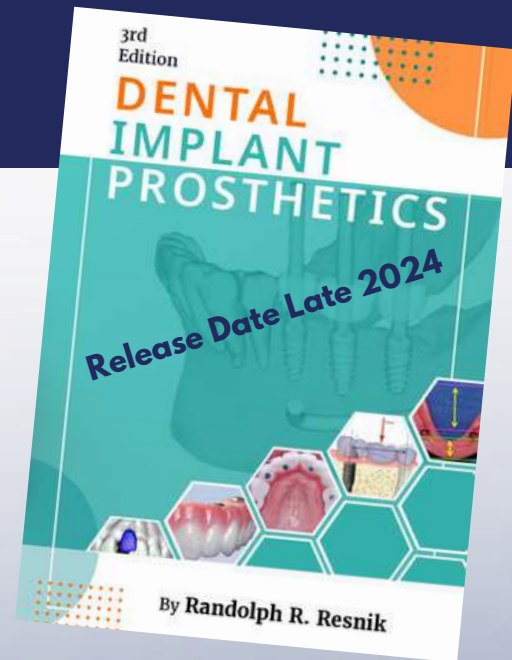
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MASTERING THE BUSINESS OF DENTISTRY

ROGER P. LEVIN DDS



Hello Readers,

I am very excited to provide the latest installment of "Mastering the Business of Dentistry" in the Resnik Implant Institute newsletter. I have great respect for the educational importance of the Institute, and I sincerely hope that I will be able to contribute ideas on the business of dentistry and increasing practice production that will benefit all students and alumni. My own career as CEO of Levin Group began with one question that I am still asking 39 years later – how do you increase production in a dental practice while reducing stress? Based on this critical question, I look forward to providing more practical recommendations that can be implemented quickly to benefit all your practices.

*All the best,
Roger*

MAKE IMPLANTS SOUND NORMAL

INTRODUCTION

Implant dentistry has become a clinical science with a remarkably high success rate as a treatment modality. Many dentists learn implants gradually and differentiate what type of cases they will perform. There are dentists who are willing to "take on anything" and others who limit themselves to more straightforward cases. At any level, significant education is required to gain the necessary knowledge, and for that reason implant dentistry can be perceived as complicated, even by trained dentists. This perception often finds its way into case presentations and may create a sense for patients that dental implants might not be right for them.

IMPLANTS ARE A NORMAL ROUTINE SERVICE

Unlike 20 or 30 years ago when dental implants were emerging, and the type of implants and adjunct components were evolving, today dental implants are a normal everyday service. I do not know the exact number, but many implants are placed daily. Implants are as routine today as any as any other dental service to replace lost teeth, and dentists should view this as the norm.

As you begin to view implants as the best option for missing teeth, it will come across to patients this way in case presentation. They will have less anxiety or concerns on the part of the patient for choosing dental implants to restore their mouth to optimal health. Dental implants have an extremely high success rate and (although it does not need to be discussed in a case presentation) even in a failure, the implant can still be replaced.

EXPLAINING DENTAL IMPLANTS TO PATIENTS

Our perception often influences how we present cases. Some dentists go out of their way to spend more time on the negative potential side effects of dental implants (of which they are relatively few). Focus on the benefits instead. Make implants sound normal, and the best possible option for missing teeth. Discuss the success rate of implants, then as in all cases, you can point out any negatives that might occur.

For example, if you are restoring a tooth that is significantly fractured, there's always a chance that the restoration will fail, and further treatment may be necessary. When you explain that to a patient, you typically give them the information, but do not over-emphasize the chance of failure because restorations are seen as a normal routine process. You are very comfortable with restorations, even with the knowledge that a certain number have a risk of failure for varying reasons. The same approach should be taken for implants.

Begin to use key statements when presenting implants. Examples include:

- Dental implants are recognized as the best way to replace any missing tooth
- Dental implants restore your mouth to optimal health, as if you never lost this tooth (or teeth).
- The success rate of dental implants is extremely high and there's no reason that your case will not be successful.
- Anything less than dental implants is a compromise.
- Why would you want anything other than dental implants?

These are the type of statements you want associated with dental implants. If you genuinely believe that dental implants are an excellent choice for that patient then the patient is relying on you (the doctor) to give the best advice and help them make the best decision. In most cases, dental implants are the best decision.

Periodically you will find patients that bring up their own concerns about dental implants. Each of these needs to be answered carefully and completely, but the goal is for the patient to be comfortable moving forward. Unless there is a

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by Mark Romano
 CEO of NOW MEDIA

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Your online reputation can significantly impact your dental practice's online success. 87% of consumers read online reviews for local businesses, with 79% trusting online reviews as much as a word-of-mouth referral.

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true contraindication for dental implants, which is relatively rare, then responding to any patient concerns is just a normal part of the overall process. But follow concerns with a positive statement about implants. Don't let the time, effort and complexity of learning about dental implants influence how you speak to patients about receiving them. Dental implants are normal and routine.

Practice using statements like...

- Tens of millions of dental implants have now been placed successfully.
- Thousands of dental implants are placed every day.
- Dental implants have had the same high success rate for many years.

These are comfort zone statements. They help patients who may or may not know about dental implants become comfortable with accepting treatment. You will hear objections, but most of these are not clinical objections as much as individual lifestyle concerns. Implants are expensive. That may be an issue for many patients and should be acknowledged. But be careful not to over-

emphasize that implants are expensive. You might also hear about the amount of time involved. Help patients understand that implants can last a lifetime and maintain optimal health for a few hours of inconvenience.

SUMMARY

During case presentation convey to patients that implants are normal and routine and the best possible treatment in most cases to replace missing teeth. Do not allow the time, effort and complexity surrounding you learning about dental implants to influence how you talk to patients. Simply ask yourself if you had this particular case in your mouth, would you want a dental implant? And if the answer is yes, then talk to the patient in a manner that encourages them to move forward.

ROGER P. LEVIN, DDS

Roger P. Levin, DDS is the CEO and Founder of Levin Group, a leading practice management consulting firm that has worked with over 30,000 practices to increase production. A recognized expert on dental practice management and marketing, he has written 67 books and over 4,000 articles and regularly presents seminars in the U.S. and around the world. To contact Dr. Levin visit www.levingroup.com or email levin@levingroup.com.

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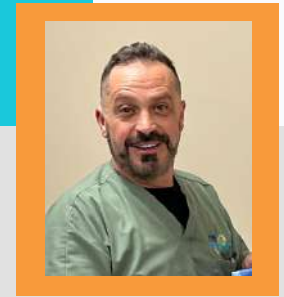
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CBCT QUESTION OF THE MONTH

Answer: The use of injectable facial fillers are popular non-surgical cosmetic procedures used to enhance the appearance of the chin. One of the concerning complications of this procedure is the occurrence of bone resorption beneath the chin augmentation procedure. This complication is thought to arise from the continuous pressure exerted on the underlying bone of the chin during everyday activities like chewing, talking, and smiling.

PROSTHETIC QUESTION OF THE MONTH

Answer: Both resin cements, Fuji and Panavia, led to higher levels of titanium corrosion. Fuji cement, in particular, had the highest Ti corrosion, possibly due to fluoride release from the glass ionomer. Fluoride is believed to alter the protective oxide layer, resulting in greater corrosion. Interestingly, TempBond was found to decrease Ti corrosion and acts as a protective surface covering.

3 Day



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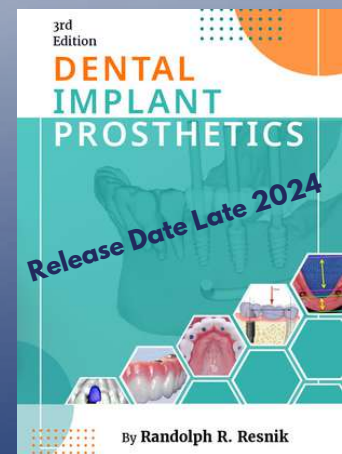
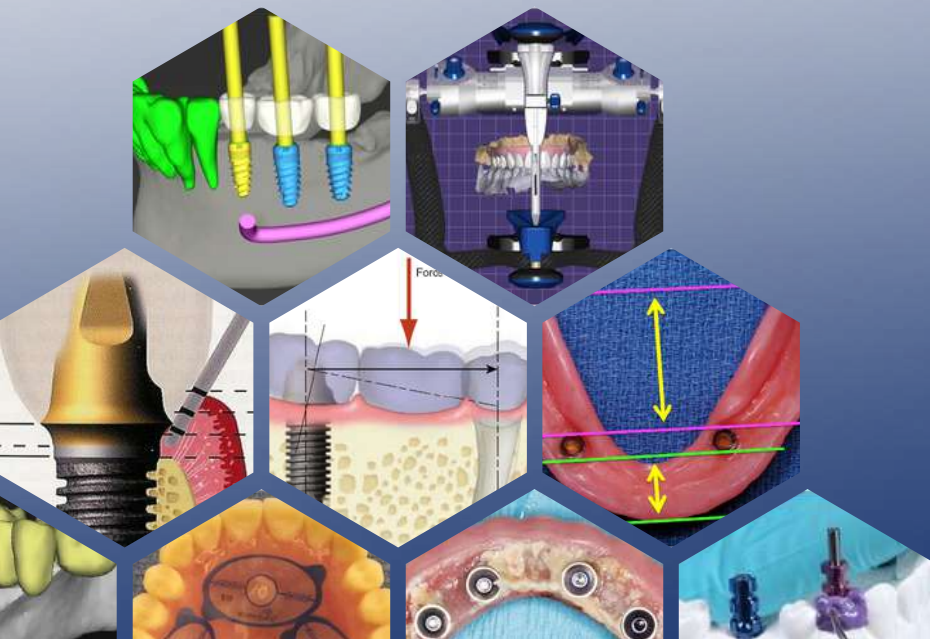
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Randolph R Resnik DMD, MDS
Director



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Dr. Resnik and his team are amazing! I took an extensive implant curriculum about 12 years ago and only placed the straight forward single or double implants since then. If you want to raise your implant game for your patients, your practice, and yourself - you don't have a choice: SIGN UP TODAY and you won't regret it! Cheers! -- **Dr. Chad Yenchsky**

The course gives you the confidence you need to place dental implants and allows you to meet like minded colleagues and instructors. \ Dr. Resnik is a great lecturer, keeps things interesting and presence scientific research to back up his claims. Most importantly the course will provide you with cook book instructions and protocols for everything you will encounter during your implant journey, from placement, to suture line opening to dealing with infections, consent form templates, medical clearance templates...etc. \. Strongly recommend! -- **Dr. J Chen**

This course gives you a comprehensive introduction to placing single, multi, and full arch implants mostly using guided techniques. This course is for anyone at any level. The audience is made up of beginners who have never placed an implant (like myself) to the well seasoned general dentists/ OMFS who has had years of experience placing implants. Best money I have spent to forward my career. -- **Dr. Natalie Sigwart**

I finished the 5-course curriculum just this past year. Dr. Resnik and the faculty are hands down the best in the business. The Resnik program gives you the education, tools, and the confidence to be proficient at implant dentistry. This curriculum gives you the knowledge and the skills to take your practice to the next level! -- **Dr Michael Buck**

After 30 years of practicing dentistry, my only regret is that I did not get involved with implant dentistry earlier in my career, specifically with the Resnik Institute. I never realized how rewarding and exciting for both me and my practice this could be. Dr. Randy Resnik and his entire staff are a major factor in this testimony! -- **Dr. Douglas Adel**

Dr. Resnik has an amazing depth of scientific based knowledge concerning his subject. He builds a very large zone of safety. If one stays within this zone the success rate will be maximized and complications will be extremely rare. -- **Dr. Terry Rigdon**

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