PERI-IMPLANTITIS/ PERI-MUCOSITIS TREATMENT PROTOCOL

PERIOWAVE™ TREATMENT PROTOCOL

The Periowave™ Photodisinfection System is a non-thermal laser-based antimicrobial system intended for the treatment of peri-implantitis, periodontal disease, and endodontic disease.

Ailing and failing implants represent an ongoing challenge to clinicians. Periowave™ offers the clinician a safe and effective alternative for peri-implantitis therapy. The main advantages unique to the Periowave™ Photodisinfection System are:

1. Rapid, thorough destruction of etiologic pathogens.
2. Rapid, thorough destruction of bacterial virulence factors.
3. Rapid, thorough inactivation of cytokines and suppression of inflammatory processes.
4. Safe implant decolonization without fear of damaging the implant surface.

Periowave™ is safe for both human tissue and dental implant materials. Because Periowave™ utilizes cold laser light for activation of the photosensitizing solution, there is no risk of thermal damage to human tissue, prosthetics or implant surfaces. By comparison, subgingival curettage by thermal lasers can damage root surfaces, carbonize soft human tissue (thereby inhibiting junctional epithelium reattachment) and overheat implant materials, risking implant failure.

GUIDELINES FOR OPTIMAL RESULTS WITH PERIOWAVE™

1. Identify and document treatment areas including sites demonstrating pathological probing depths, inflammation, bleeding and/or purulence. Obtain radiographs.
2. Carefully and thoroughly debride each treatment area and control post-instrumentation bleeding. There are a number of implant debridement instruments available - titanium, plastic, carbon-fiber and specially-designed ultrasonic tips. Stainless steel curettes must never be used around implants as they will damage the titanium implant surface which could lead to implant failure.
3. Carefully place the irrigation cannula into each debrided treatment site by leaning it against the tissue during introduction. This gentle placement will reduce the risk of perforating any developing biological/perimucosal seal around the implant and/or scratching the implant surface. Slowly dispense the photosensitizing solution until it can be seen overflowing the gingival margin.
4. Activate the laser, then gently place the light diffusing tip into the treatment site by leaning it against the tissue during introduction. Do not move the light diffusing tip and ensure that it remains in the treatment site for the full 60 seconds of the treatment cycle provided by the laser.
5. Immediately retreat each site repeating steps 3 and 4 above.
6. For major defects, retreat 3 to 4 times by positioning the light diffusing tip at different angles. This will ensure thorough illumination of the exposed implant and peri-implant sulcular surfaces.
7. Recall patient back for retreatment within 1 to 2 weeks.
8. Post-treatment probing around implants is left to the discretion of the dental professional. Care must be taken to avoid perforating the developing biological/perimucosal seal with any dental instrumentation.
9. Bring patient back at 3 months for reevaluation, and retreat as needed.
10. Monitor progress with soft tissue evaluation as well as radiographic comparisons to baseline.

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