

Protect teeth/implants all around

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Dentistry has a new interdisciplinary approach to detect, diagnose, and treat patients with an emphasis on Biofilm Science. The 2018 Classification of Periodontal and Peri-Implant Diseases and Conditions follows a medical model that identifies disease based on stage, extent, and progression.¹⁻³ Also, an important update published in 2023 focuses on prevention and treatment of peri-implant diseases.⁴ Fortunately, new protocols, tools, and products have emerged to reflect this methodology.⁵

DETECT, DIAGNOSE, AND TREATMENT

Detect, diagnose, and treatment for natural teeth and implants starts with a comprehensive dental exam. Document patient's medical and dental history, full mouth probe (FMP) including any dental implants, radiographs, and optional intraoral digital full-arch scan. If inflammation is present, note bleeding points (30% or more teeth gingivitis), or palpate for signs of infection around implants (up to 65% of implants develop mucositis), and document in patient records. Early detection and safe protocols are key for effective periodontal or peri-implant disease treatment.⁶

NATURAL TEETH MAINTENANCE

Adult Prophylaxis and Periodontal Disease Maintenance

- Place **OptraGate®**; pull apart, place in corners of mouth, position in vestibular regions with tabs forward.
- Use low abrasion Subgingival Air Polisher (SGAP) with 14–25-micron powder to remove biofilm.
- Debride any calculus present with ultrasonics and curette Instruments
- Polish teeth with **VivaDent®** Polishing Paste, dry, and apply **Cervitec® F, FL** varnish. Instruct patient to wait 1 hour to eat or drink. Recare at least every 3-6 months based on health, risk factors, and home-care.

PERIODONTAL DISEASE TREATMENT

Gingivitis: Inflammation of the soft tissues with no bone loss (BL)

- Place **OptraGate®**; pull apart, place in corners of mouth, position in vestibular regions with tabs forward.
- Use low abrasion SGAP with 14–25-micron powder subgingival, to treat inflammation of gingivitis.
- Debride any calculus present with ultrasonic and curette Instruments.
- Apply **Cervitec® Plus** varnish around gingival margins to prevent biofilm formation up to 3 months.
- OHI: Electric toothbrush, water flosser, antimicrobial rinse twice daily and re-evaluate, set recall for 3 months.

Periodontitis	Periodontitis Stage	Probe Depth	Bone Loss	Clinical Attachment Loss	Treatment
Inflammatory disease or condition affecting the periodontal supporting tissues and bone. ¹	Stage 1: Initial	<4mm	Mostly horizontal	1-2mm	Periodontal Debridement Treatment
	Stage 2: Moderate	<5mm	Mostly horizontal	3-4mm	Periodontal Debridement Treatment
	Stage 3: Severe	>6mm	Vertical, Furcations II-III	>5mm	Regenerative Periodontal Disease Treatment / Bone and Tissue
	Stage 4: Loss of dentition	>8mm	Extend to root & beyond, Furcations	>8mm	Regenerative Treatment: Guided Bone and Tissue Regeneration / Implants

Periodontitis Stage I-II Treatment: Non-Surgical Periodontal Debridement Treatment

- Place **OptraGate®**; pull apart, place in corners of mouth, position in vestibular regions with tabs forward.
- Use low abrasion SGAP with a 14–25-micron powder to remove biofilm and anesthesia as needed.
- Periodontal debride affected teeth with ultrasonics and curettes plus PDT Queen of Hearts™ curette.
- Complete with ultrasonic lavage on low power to remove any remaining sulcus debris present.
- Apply **Cervitec® Plus** varnish along gumline, flows into affected periodontal pockets as adjunctive therapy*5.
- Re-evaluate in 6 weeks and set recare for 3-4-month periodontal maintenance.

IMPLANTS MAINTENANCE

Healthy Implant Maintenance Patients

No inflammation or bone loss <2.0 mm



- Place **OptraGate®**; pull apart, place in corners of mouth, position in vestibular regions, tabs forward.
- Use low abrasion SGAP with a 14–25-micron powder to remove biofilm.
- Debride with proper instruments, PDT Wingrove™ Ti Implant Scaler Set, and PEEK, PEI, or Ti Ultrasonics.
- Polish restoration with **VivaDent® Polishing Paste FINE**, dry, apply **Cervitec® Plus** varnish around the gingival margins, flows into peri-implant crevice. Instruct patient to wait 1 hour to eat or drink.
- OHI: Electric toothbrush, water flosser, antimicrobial rinse twice daily, and recare at least every 6 months.⁷

PERI-IMPLANT DISEASE TREATMENT

PERI-MUCOSITIS

Inflammation of the soft tissues with no bone loss <2.0 mm and Early Peri-Implantitis

- Place **OptraGate**; pull apart, place in corners of mouth, position in vestibular regions with tabs forward.
- Use low abrasion SGAP with a 14–25-micron powder subgingival, to treat inflammation of mucositis.
- Debride with proper instruments, PDT Wingrove™ Ti Implant Scaler Set, and PEEK, PEI, or Ti Ultrasonics.
- Polish restoration/prosthesis with **VivaDent® Polishing Paste FINE**. Apply **Cervitec® Plus** varnish to gingival margins, flows into peri-implant crevice. Instruct patient to wait 1 hour to eat or drink.
- OHI: Electric toothbrush, water flosser, antimicrobial rinse twice daily, and re-evaluate 3 weeks.

PERI-IMPLANTITIS

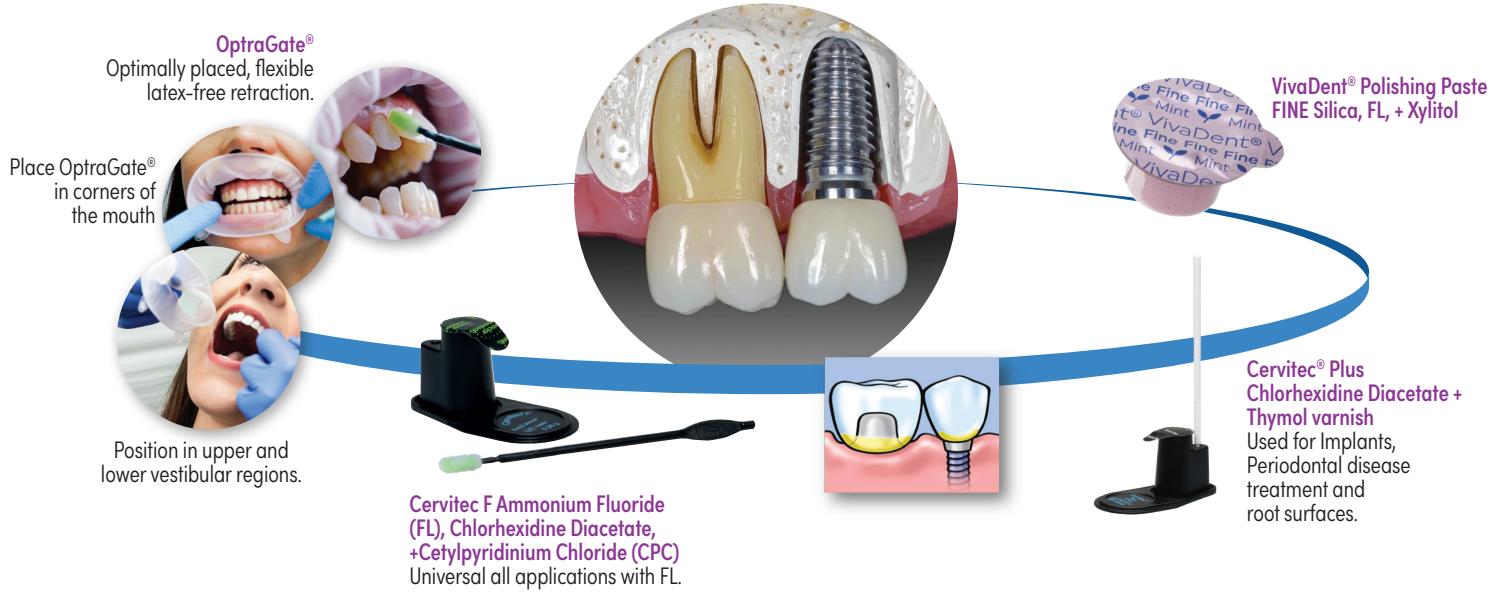
Inflammation of soft tissue and marginal bone loss ≥ 3.0 mm. Know when to treat.

Early: Bone loss < 25% compared to length of the implant, treat and monitor closely.

Moderate: Bone loss 25%–50% compared to length of implant, see specialist for treatment.

Advanced: Bone loss >50% of implant length, see specialist for treatment.

Note: Measure on radiographs from time of definitive prosthesis loading to current or earliest radiograph.⁸



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2. Froum S. The new classification of periodontal disease that you, your patient, and your insurance company can understand. *Perio-Implant Advisory Website*. Published August 30, 2018.
3. Wingrove S. Clinical applications for the 2018 classification of peri-implant diseases and conditions. *Perio-Implant Advisory Website*: Published Nov. 6, 2018.
4. Herrera D et al. Prevention and treatment of peri-implant diseases The EFP S3 clinical practice guidelines. *J Clin Perio.* 2023;1-73
5. Wingrove S. *Peri-Implant Therapy for the Dental Hygienist: 2nd Edition* 2022: Wiley / Blackwell
6. Ananda V et al. Chlorhexidine- Thymol varnish as an adjunct to scaling and root planing. *J of Oral Biology and Craniofacial Research* 2012 May-August Volume 2, Number 2; pp. 83-89
7. Bidra A, Daubert D, Garcia L, Kosinski T, Nenn C, Olsen J., Platt J.A., Wingrove S., Chandler N.D., Curtis D. 2016 ACP Clinical Practice Guidelines for Recall and Maintenance of Patients with Tooth-Borne and Implant-Borne Dental Restorations. *J Prosthodontics* 25 (2016) S32-S40.
8. Froum S.J., Rosen P. A Proposed Classification for Peri-Implantitis. *Int.J Perio. Restorative Dent* 2012; 32:533–540