

PROTECT TEETH / IMPLANTS ALL AROUND

BY SUSAN WINGROVE, RDH, BS



Susan Wingrove, RDH, BS International speaker, published author, CEO of Wingrove Dynamics, and recipient of 2016 Sunstar/ RDH Award of Distinction. Susan is a clinical hygienist who does scientific research, product and instrument design. Author of multiple journals and textbook; Peri-Implant Therapy for the Dental Hygienist; Clinical Guide to Maintenance and Disease Complications.

Dentistry has a new interdisciplinary approach to detect, diagnose, and treat patients with an emphasis on 'Biofilm'. 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} This new classification also includes conditions affecting the periodontium and biofilm induced or non-biofilm induced inflammation. Fortunately, new protocols, tools, and products have emerged to reflect this methodology.^{*4}

DETECT, DIAGNOSE, AND TREATMENT

Detection, diagnosis, and treatment for natural teeth and implants starts with a comprehensive dental exam. Record 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 implant (mucositis) and use intraoral camera to record images for patient notes. Early detection is key for periodontal or peri-implant disease treatment success.



NATURAL TEETH MAINTENANCE

Adult Prophylaxis and Periodontal Disease Maintenance:

- Place OptraGate®; pull apart the rings, tabs on the bottom, place in corners of mouth, position in vestibular regions with tabs forward. (Refer to figure 1 for correct placement)
- Use low abrasion Subgingival Air Polisher with PERIO Glycine powder to remove biofilm.
- Debride any calculus present with ultrasonic and curette Instruments
- Polish teeth with Proxylt fine prophy paste, rinse, dry, apply Fluoride Protector S fluoride varnish. Instruct patient to wait 1 hour to eat or drink. Recare at least every 3-6 months based on health, risk factors, conditions, and home-care.

PERIODONTAL DISEASE TREATMENT

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

- Place OptraGate; pull apart the rings, tabs on the bottom, place in corners of mouth, position in vestibular regions with tabs forward.
- Use low abrasion Subgingival Air Polisher (SGAP) with PERIO Glycine powder to remove biofilm.
- Debride any calculus present with ultrasonic and curette Instruments
- Apply Cervitec Plus chlorhexidine and thymol varnish around gingival margins to prevent biofilm formation
- OHI: Electric toothbrush, water flosser, antimicrobial rinse twice daily and re-evaluate, set recall for 3 months.

Periodontitis:

Inflammatory disease or condition affecting the periodontal supporting tissues and bone

Periodontitis Stage	Probe Depth	Bone Loss	Clinical Attachment Loss	Treatment
Stage 1 Initial	< 4mm	Mostly Horizontal	1-2 mm	Scale Root Plane (SRP) & Cervitec Plus
Stage 2: Moderate	< 5mm	Mostly Horizontal	3-4 mm	Scale Root Plane (SRP) & Cervitec Plus
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 Scaling & Root Planning (SRP)

- Place OptraGate; pull apart the rings, tabs on the bottom, place in corners of mouth, position in vestibular regions with tabs forward.
- Use low abrasion SGAP with PERIO Glycine powder to remove biofilm and anesthesia as needed.
- SRP with ultrasonic and pick 3 curette instruments plus PDT Queen of Hearts™ to debride any calculus.
- Complete with Ultrasonic lavage on low power to remove any remaining sulcus debris present.
- Apply Cervitec Plus chlorhexidine and thymol varnish into affected periodontal pockets on the tooth surface after SRP to prevent biofilm formation, re-evaluate in 6 weeks and set up 3-4-month periodontal maintenance.

IMPLANT MAINTENANCE



Healthy Implant Maintenance Patients: No inflammation or bone loss <2.0 mm

- Place OptraGate; pull apart the rings, tabs on the bottom, place in corners of mouth, position in vestibular regions, tabs forward
- Use low abrasion Subgingival Air Polisher (SGAP) with PERIO Glycine powder to remove biofilm
- Debride with proper titanium (Ti) scalers PDT Wingrove™ Ti Implant Set and/ or Ti Piezo tips.
- Polish restoration with Proxyl Fine prophylaxis paste, dry, and apply Cervitec Plus chlorhexidine and thymol varnish into the peri-mucosal seal of the implant. 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.*5

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 the rings, tabs on the bottom, place in corners of mouth, position in vestibular regions, tabs forward
- Use low abrasion SGAP with PERIO Glycine powder, subgingival, to treat inflammation of mucositis
- Debride calculus or residue with proper titanium (Ti) scalers, PDT Wingrove™ Ti Implant Set / Ti piezo tips.
- Polish restoration with Proxyl Fine prophylaxis paste, dry, and apply Cervitec Plus chlorhexidine and thymol varnish into the perimucosal seal of the implant. Instruct patient to wait 1 hour to eat or drink.
- OHI: Electric toothbrush, water flosser, antimicrobial rinse twice daily and re-evaluate, recall 3 months

Peri-Implantitis: Inflammatory reaction that affects both soft tissue and bone loss >2mm

- **Early:** PD ≥ 4mm, BOP, Bone loss < 25% compared to length of the implant.
- **Moderate:** PD ≥ 6mm, BOP, Bone loss 25%-50% compared to length of implant, see specialist for treatment.
- **Advanced:** PD ≥ 8mm, bone loss >50% of implant length, see specialist for treatment.

Note: BOP and/or exudate on 2 or more aspects of the implant. Measure on radiographs from time of definitive prosthesis loading to current or earliest radiograph.*6

FIGURE 1:
ESSENTIAL PRODUCTS TO PROTECT ALL AROUND with Ivoclar Vivadent

Place OptraGate® in corners of the mouth

Position in upper and lower vestibular regions.

Optimally placed OptraGate®

Fluor Protector S Varnish: Adult Prophylaxis and Periodontal Maintenance

Cervitec® Plus Chlorhexidine Varnish: Perio, SRP, Biofilm prevention and Implants

Proxyl® fine prophylaxis paste with xylitol: Interruption of bacterial biofilm metabolism

1. Caton G, Armitage G, Berglundh T, et al. A new classification scheme for periodontal and peri-implant diseases and conditions – Introduction and key changes from the 1999 classification. J Clin. Periodontol. 2018;45(suppl. 20): S1-S8.
 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. Wingrove S. Peri-Implant Therapy for the Dental Hygienist: A Clinical Guide to Implant Maintenance & Disease Complications 2013; Oxford: Wiley Blackwell
 5. 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.
 6. Froum S.J., Rosen P. A Proposed Classification for Peri-Implantitis. Int. J Perio. Restorative Dent 2012; 32:533-540 ©Susan Wingrove/ Wingrove Dynamics 2019