Effectively manage your periodontal patients with patient-preferred, minimally invasive therapy.

**INNOVATIVE. SOLVE YOUR POCKET ACCESS CHALLENGES.**

**THE RADIAL FIRING PERIO TIP™**

Our patented Radial Firing Perio Tip (RFTP) is superior to traditional laser tips used for periodontal therapy featuring a unique design that precisely tapers to the tip. The result is primary radial or elliptical laser beam with a jet of straight emission, and better access to the narrow part of the periodontal pocket.

This provides more efficient ablation of diseased or inflamed soft tissue as well as calculus deposits for treating moderate to advanced periodontal disease.

**IONGINGIVECTOMY (AS NEEDED)**

A gingivectomy should only be performed if periodontal pockets are present. Ensure you do not compromise adequate attached gingiva.

**EXTERNAL POCKET DE-EPITHELIALIZATION**

Outer pocket gingival epithelium is removed from the free gingival margin down to a width at least equal to the pocket depth.

**PHASE I: PRE-SURGICAL PHASE**

All patients should have a comprehensive periodontal examination including data collection of periodontal charting and radiographs, medical and dental history, and risk assessment.

Phase I treatment is implemented to remove supra- and subgingival biofilm and calculus through scaling and root planing (SRP) and the evaluation of oral hygiene compliance. Occlusal assessment and treatment may be warranted in this phase. Satisfactory health may be an option.

**PHASE II: SURGICAL PHASE**

Phase II surgical treatment plan is developed based on the re-evaluation of periodontal inflammation and hygiene compliance. The surgical plan can be for a single tooth or multiple teeth sites, a quadrant or half mouth depending on the number of indicated sites. The laser tech should be well familiar with the UL/LL areas.

**PHASE III: POST-SURGICAL PHASE**

IMPLANTS

Improve productivity with implant related applications:

• Place predictably for an aesthetic emergence profile
• Bone reaction for autogenous bone graft harvesting
• Implant recovery

**OSSEOUS CROWN LENGTHENING FOR SAME DAY REFERRALS**

Minimize tissue displacement and flap preparation in osseous crown lengthening. It assists in performing an externally beveled gingivectomy, shaping the free gingival margin, improving, and recontouring or smoothing tissue.

**REGENERATIVE ER, CR:YSGG PERIODONTITIS REGIMEN**


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**POST-SURGICAL PHASE**

IMPLANTS

Improve productivity with implant related applications:

• Place predictably for an aesthetic emergence profile
• Bone reaction for autogenous bone graft harvesting
• Implant recovery

**THE WATERLASE ER, CR: YSGG PERIODONTITIS REGIMEN**

is the first definitive step-by-step protocol for using an Er,Cr:YSGG laser to assist in the management of early, moderate and severe chronic periodontitis. It consists of three phases: pre-surgical, surgical and post-surgical.

**PRE-SURGICAL PHASE**

All patients should have a comprehensive periodontal examination including data collection of periodontal charting and radiographs, medical and dental history, and risk assessment.

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**SURGICAL PHASE**

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**POST-SURGICAL PHASE**

IMPLANTS

Improve productivity with implant related applications:

• Place predictably for an aesthetic emergence profile
• Bone reaction for autogenous bone graft harvesting
• Implant recovery
Minimally Invasive Protocol for Optimal Periodontal Patient Management

REPAIR™, Regenerative Er:Cr:YSGG Periodontics Regeneris, was developed to provide clinicians a scientifically advanced treatment option for managing periodontally compromised patients. Utilizing the WaterLase iPlus and patented Radial Firing Tip™ (RFT™), REPAIR provides a safe, effective laser treatment protocol that patients accept.

- Minimally invasive protocol.
- Treat site specific or full mouth cases for greater flexibility in treatment planning.
- Supported by clinical evidence and scientific research.
- Versatile YSGG laser ideal for comprehensive clinical use.
- Cleared for gentle removal of subgingival calculus.

Promotes cementum-mediated periodontal ligament new attachment to the root surface in the absence of long junctional epithelium.

CASE 1

BEFORE

CASE 2

3 YEARS AFTER

CASE 3

BEFORE

CASES, 2013-2016

CLINICAL EVIDENCE

- waterLase REP™ is highly effective, free radicals and more tolerable alternative to traditional surgical procedures for my patients.” - Dr. Bret Dyer


- Compendium of Continuing Education, June 2013. 

- “WaterLase REP™.A highly effective, free radicals and more tolerable alternative to traditional surgical procedures for my patients.” - Dr. Bret Dyer


- Compendium of Continuing Education, June 2013. 

- De-epithelialization and Retraction

The papillary epithelium should be removed and should be completed apically, down to bone. The gingival margin can be retracted as a mini flap for access.

- Scoring and Root Planing

Conventional treatment with ultrasonic and hand instruments to remove root surface accretions and calculus and to smooth structures.

- SULCULAR DEBRIDEMENT / DEGEMINATION

Removes cemental layer, reflected by scaling, along with any residual calculus, and exposes the root surface for maintenance. Remover pocket lining and degeminate to expose bone surface.

- Bone Decontamination

Use hand scavenging beds, hold tip parallel to root surface and gently tap all the way down to and labio-lingual, removing any residual calculus, debris and bacteria. If necessary, change angle of the laser tip and treat in the walls of infrared defects.

- Final Sulfuric Debridement

Remove all residual debris and induce ideal coagulation.

- COMPRESS WITH 2X2

Compress surgical site with 2x2 for 3-5 minutes.

- DE-EPITHELIALIZATION AND RETRACTION

The papillary epithelium should be removed and should be completed apically, down to bone. The gingival margin can be retracted as a mini flap for access.

- SCALING AND ROOT PLANING

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Remove all residual debris and induce ideal coagulation.

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**REPAIR REGENERATIVE ER,CR:YSGG PERIODONTITIS REGIMEN**


**PHASE I: PRE-SURGICAL PHASE**

All patients should have a comprehensive periodontal examination including data collection of periodontal charting and radiographs, medical and dental history, and risk assessment.

Phase I treatment is followed by the removal of supra- and subgingival biofilm and calculus through scaling and root planing (S/RP) and the achievement of oral hygiene compliance. Clinical assessment and treatment may be necessary in this phase. Surgery of health may be an option.

**PHASE II: SURGICAL PHASE**

Phase II surgery is performed in order to re-evaluate periodontalitis inflammation and hygiene compliance. The surgical plan can be for a single tooth or multiple teeth sites, a quadrant or half mouth depending on the number of indicated sites. During the half-mouth protocol it is generally S/RP followed by at least 2-3 weeks of post-operative management before treating the UL/LL areas. (P)

**PHASE III: POST-SURGICAL PHASE**

The post-surgical treatment plan is to implement a re-evaluation of periodontal health and hygiene compliance. If needed, surgery is performed to re-establish the periodontal health and hygiene.
Minimally Invasive Protocol for Optimal Periodontal Patient Management

REPaIR™, Restorative Er:Cr:YSGG Periodontal Regeneration, was developed to provide clinicians a scientifically advanced treatment option for managing periodontally compromised patients. Utilizing the WaterLase® Plus and patented Radial Firing Tip™ (RFPT™), REPaIR provides a safe, effective laser treatment protocol that patients accept.

- Minimally invasive protocol.
- Treat site-specific or full-mouth cases for greater flexibility in treatment planning.
- Supported by clinical evidence and scientific research.
- Versatile YSGG laser ideal for comprehensive clinical use.
- Cleared for gentle removal of subgingival calculus.

Promotes cementum-mediated periodontal ligament new attachment to the root surface in the absence of long-junctional epithelium.

CLINICAL EVIDENCE

Recontour osseous defects. Hold tip parallel to root surface and gently tap all the way around tooth. If necessary, change angle of the laser tip and treat in the walls of infrabony defects.

FINAL SULCULAR DEBRIDEMENT

Remove radiolucencies and induce healing.

COMPRESS WITH 2X2

Compress surgical site with wet 2x2 for 3-5 minutes.

PHASE III: POST-SURGICAL PHASE

- IMMEDIATE POST OPERATIVE: Brush teeth lightly with soft brush and use mouth rinse to supplement brushing if discomfort exists.
- ONE WEEK AFTER SURGERY: Gently brush teeth using an interproximal brush dipped in mouthwash.
- NO PROBING for at least 3 months, at which time a supragingival scaling is completed.

CASE 1

BEFORE

CASE 2

3 YEARS AFTER

Before

Case 2

Case 3

CASE 3

BEFORE

CASE 4 AFTER

CASE 5

BEFORE

CASE 6 AFTER

CASE 7

BEFORE

CASE 8 AFTER

DE-EPITHELIALIZATION AND RESECTION

The pocket epithelium should be removed and should be completed apically, down to bone. The gingival margin can be retracted as a mini-flap for access.

SCALING AND ROOT PLANNING:

Conventional treatment with ultrasonic and hand instruments to remove rust surface accretions and calculus and to smooth contours.

SULCULAR DEBRIDEMENT / DEGERANULATION

Remove supragingival calculus and degranulate to prepare the root surface for reattachment.

BONE DECORTICATION

Remove excessive debris. Hold tip parallel to root surface and gently tap all the way down to and into bone, retracting slightly between sites. This step may be necessary, change angle of the laser tip and treat in the walls of infra- or bony defects.

FINAL SULCULAR DEBRIDEMENT

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Minimally Invasive Protocol for Optimal Periodontal Patient Management

REPaiR™, Reparative Er:Cr:YSGG-Periodontitis Regenera®, was developed to provide clinicians a scientifically advanced treatment option for managing periodontally compromised patients. Utilizing the Waterlase® Plus and patented Radial Firing Tip™ (RFPT™), REPaiR provides a safe, effective laser treatment protocol that patients accept.

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CLINICAL EVIDENCE

The WaterLase iPlus combines YSGG laser energy and a patented spray of water to cut soft tissue and bone, with reported benefits such as less swelling and post-op sensitivity, an optimal patient experience and greater case acceptance.

In soft tissue mode, the laser energy penetrates into tissues to aid tissue vaporization, with minimal tissue charring and coagulation, which in turn prepares you with a better field of view during surgery.

**VERSATILE. TREAT SOFT TISSUE, TOOTH ROOT, AND BONE.**

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**OSSEOUS CROWN LENGTHENING FOR SAME DAY REFERRALS**

Minimize tissue displacement and flap preparation in osseous crown lengthening. It assists in performing an externally beveled gingivectomy, shaping the free gingival margin, troughing, and recontouring or smoothing bone.

**IMPLANTS**

Improve productivity with implant related applications:

• Treating post-implant maintenance issues
• Bone resection for autogenous bone graft harvesting
• Implant integration

**PRE-OP IMMEDIATE POST-OP IMPLANTS**

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This provides more efficient irradiation of diseased or inflamed soft tissue as well as calculus deposits for treating moderate to advanced periodontal disease.

**350-02-001-A**

**Tip: RFTP5**

**Power: 1.5W**

**Air/Water: 40%/50%**

**Pulse rate: 30 Hz**

**H mode**

**Note:** The WaterLase iPlus combines YSGG laser energy and a patented spray of water to cut soft tissue and bone, with reported benefits such as less swelling and post-op sensitivity, an optimal patient experience and greater case acceptance.

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