Effectively manage peri-implantitis patients with a patient-preferred, minimally invasive therapy.
A Minimally Invasive Protocol for Effective Management of Peri-Implantitis

REPAIR Implant™ provides clinicians a scientifically advanced method to assist in the management of peri-implantitis. Utilizing the Waterlase® and patented Radial Firing Perio Tips™ (RFPT), and Side Firing Tips™ (SFT), REPAIR Implant provides a safe, effective laser treatment protocol that patients accept and prefer.

+ Minimally invasive
+ Easy access to implant surface and in-between threads, without reflecting a flap
+ 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
+ Laser photoacoustic properties effectively debride the implant surface
REPAIR Implant is the first definitive step-by-step protocol for using a Waterlase laser to assist in the management of peri-implantitis. It consists of three phases: pre-surgical, surgical and post-surgical.

**PHASE I: PRE-SURGICAL PHASE**

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

Phase I treatment is implemented for removal of supra- and subgingival biofilm and calculus through scaling and root planing (S/RP) and the initiation and evaluation of oral hygiene compliance. Remove the crown and abutment, when possible, and a healing cap should be placed on the affected implant body. This allows for vertical laser tip access to the implant. Flap reflection may be necessary for complete access to threads in moderate to severe cases.

**PHASE II: SURGICAL PHASE**

Phase II surgical treatment plan is developed based on the re-evaluation of periodontal inflammation and oral hygiene compliance. The surgical plan can be for a single implant or multiple sites.

1. **OUTER DE-EPITHELIALIZATION**

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

   | RFPT5 | 1.5W | 40% / 50% | 30 Hz | H |

2. **GINGIVECTOMY (AS NEEDED)**

   A gingivectomy should only be performed if pseudo-pocketing is present. Ensure you do not compromise adequate attached gingivae.

   | RFPT5 | 1.5W | 40% / 50% | 30 Hz | H |

3. **POCKET DEBRIDEMENT**

   The epithelium should be removed and should be completed apically, from the free gingival margin down to the osseous level. All granulation tissue is removed. Gingival margin can be retracted as a mini-flap for access.

   | RFPT5 | 1.5W | 40% / 50% | 50 Hz | H |
**IMPLANT DECONTAMINATION**

Conventional treatment with ultrasonics to osseous levels. (Use implant-safe tips. Please consult your implant manufacturer for recommended ultrasonic tips.) Upon completion, place a side firing tip circumferentially beginning at the coronal surface of the first thread exposed and move apically.

NOTE: When using the side firing tip, the orientation of the tip handle should be opposite (180°) the direction of the laser energy output.

| SFT8 | 1.5W | 40% / 50% | 30 Hz | H |

**DECORTICATION**

Re-contour osseous defects and stimulate bone regeneration. Hold tip parallel to implant surface and gently tap all the way down to and into bone, retracting slightly and repeating all the way around the implant. If necessary, change angle of laser tip and treat into the walls of infrabony defects.

| MZ6  | 2.4W | 70% / 80% | 30 Hz | H |

**FINAL DEBRIDEMENT**

Remove residual debris and induce blood coagulation.

| RFPT5 | 1.5W | 10% / 10% | 50 Hz | H |

**COMPRESS WITH 2X2 GAUZE**

Compress surgical site with wet 2x2 gauze 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 laser treatment: Gently clean between teeth using an interproximal brush dipped in mouthwash.
- No probing for at least 3 months, at which time a supragingival scaling is completed.
**CLINICAL EVIDENCE**

Successfully managing peri-implantitis is more important than ever.

In conjunction with a Waterlase® All-Tissue Laser, REPAIR Implant is a groundbreaking solution for the management of peri-implantitis.

+ Minimally invasive protocol, no scalpels, suture or open flaps
+ Treat specific sites or full-mouth cases in a single visit
+ Gentle removal of granulation tissue associated with implant disease

In conjunction with a Waterlase® All-Tissue Laser, REPAIR Implant is a groundbreaking solution for the management of peri-implantitis.

The Waterlase Side Firing Tip (SFT) is ideal for safely and effectively debriding implant threads and is superior to traditional implant debridement methods.

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<thead>
<tr>
<th>Feature</th>
<th>SFT</th>
<th>Traditional</th>
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<tbody>
<tr>
<td>Access to subgingival infected implant and in-between threads, without opening a flap</td>
<td>✔</td>
<td>✗</td>
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<td>Effective at removing &gt;98% of biofilm on infected titanium surface¹</td>
<td>✔</td>
<td>✗</td>
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<td>Does not damage titanium surface or significantly affect surface temperature</td>
<td>✔</td>
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¹ Data on file.