Effectively manage your periodontal patients with patient-preferred, minimally invasive therapy.
REPAIR Perio™ was developed to provide clinicians a scientifically advanced treatment option for managing periodontally compromised patients. Utilizing the Waterlase and patented Radial Firing Perio Tip™ (RFPT), REPAIR Perio 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
REPAIR Perio 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.

**PHASE I: PRE-SURGICAL PHASE**
All patients should have a comprehensive periodontal 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. Occlusal assessment and treatment may be warranted in this phase. Splinting of teeth may be an option.

**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 tooth or multiple teeth sites, a quadrant or half-mouth depending on number of indicated sites. If desired, the half-mouth protocol is generally UR/LR followed by at least 2-3 weeks of post-operative management before treating the UL/LL areas.

**OUTER 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.

**GINGIVECTOMY (AS NEEDED)**
A gingivectomy should only be performed if pseudo-pocketing is present.

Ensure you do not compromise adequate attached gingiva.

**Waterlase®**

Pre-set Settings

Tip: RFTP5
Power: 1.5W
Air/Water: 40%/50%
Pulse rate: 30 Hz
H mode
DE-EPITHELIALIZATION AND RETRACTION
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 PLANING
Conventional treatment with ultrasonics and hand instruments to remove root surface accretions and/or calculus and to smooth cementum.

SULCULAR DEBRIDEMENT / DEGRANULATION
Remove smear layer created by scaling, along with any residual calculus, and prepare the root surface for reattachment. Remove pocket lining and degranulate to expose bone surface.

BONE DECORTICATION
Recontour osseous defects. Hold tip parallel to root surface and gently tap all the way down to and into bone, retracting slightly and repeating all the way around tooth. If necessary, change angle of the laser tip and treat into the walls of infrabony defects.

FINAL SULCULAR DEBRIDEMENT
Remove residual debris and induce blood coagulation.

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.
“Waterlase REPAIR is a highly effective, more aesthetic and more comfortable alternative to traditional surgical procedures for my patients.”

— Dr. Bret Dyer
Sugarland, TX

CASE 1

CASE 2

CASE 3

Clinical Evidence


Scan the QR code for links to clinical articles
Almost Half of Adults Have Periodontal Disease

30% MODERATE PERIODONTITIS
9% MILD PERIODONTITIS
9% SEVERE PERIODONTITIS

Finding new ways to better manage the moderate periodontitis patients you see today can lead to better overall patient care — and a more sustainable practice.

A Better Way to Manage Moderate Periodontitis

- NEW Waterlase Express gives you the ability to perform the minimally invasive REPAIR Perio™ procedure.
- REPAIR Perio is an easy to learn, minimally invasive, flapless procedure that provides better results with minimal recession and faster healing than traditional methods.
- Generate immediate, positive monthly cash flows by performing just one or two procedures a month with the patients you see today.