

NON-SURGICAL PERIODONTAL MANAGEMENT USING THE EPIC HYGIENE

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NOTE: This protocol is indicated for gingivitis and early periodontitis using the Epic Hygiene Soft Tissue Laser Systems. Be advised that the Waterlase All Tissue Laser System is the optimal laser for managing moderate to advanced periodontitis.

1 INITIAL PHASE:

Perio Examination/Evaluation

All patients should have a comprehensive periodontal examination/evaluation, including data collection of periodontal charting (the use of voice actuation charting decreases need for assistance) and radiographs, medical/dental history, and risk assessment to determine diagnosis and thus a comprehensive treatment plan to determine the appropriate therapy and prognosis.



2 PROCEDURAL PREPARATION:

Pre-procedural Mouthrinse

In order to maximize safety in the dental operatory and control any aerosol in the clinical setting, all patients should rinse with an anti-microbial mouthrinse for at least 30 seconds — at 2 intervals (60 seconds total) prior to treatment.

The recommendation of the CDC/ADA is 50% diluted 3% Hydrogen Peroxide. It can be mixed daily in dark bottles, with mouthwash for flavor. This can also be done after completion of dental care.

Local and/or Topical Anesthesia

After a medical and dental history update and establishing vital signs, local anesthesia/topical anesthesia can be administered to the respective surgical sites.

Personal Protection Equipment (PPE):

Utilize recommendations from the ADA and the CDC.

High Volume Evacuation (HVE)

The primary function of the HVE is to reduce splattering and aerosol water generated by the ultrasonic device, air/water syringe, or high-speed handpiece.

- 1. The high-volume evacuator (>8mm orifice) should be angled as closely as possible to the area being instrumented and maximum distance is 4-5 mm.
- 2. Limit the use of Polishing to using slow speed, unless there is stain. Use paste-free polishing cups.





3 PROCEDURAL PHASE:

Pocket Therapy Laser Bacterial Reduction

Performing *Laser Bacterial Reduction* (LBR) for decontamination at start of every appointment assist with decontamination, especially with decreased use of ultrasonic instrumentation, and substituting with manual instrumentation for preventive, gingivitis, and early periodontitis patients.

- When used at default settings, there should be no aerosol or plume with LBR. Studies demonstrate that sulcular irrigation with 3% hydrogen peroxide prior with activation of a diode laser has a significant periodontal antimicrobial effect.
- Place the laser tip freely in the pocket and slowly move it circumferentially within 1-2 millimeters of the gingival margin.
 The entire target sulcus and the approximating respective sulcus (mesial/distal) should be covered with the tip.



Perio Debridement Curettage

Curettage provides degranulation of the pocket and excellent access for manual or ultrasonic instrumentation. Access to pocket entrance is more difficult with manual instruments, and therefore curettage aids in manual curette manipulation.

- 1. Using the same slow, circumferential tip motion as LBR, start at the entrance of the gingival margin and move apically, a trough (< 0.5 mm) is created circumferential to the tooth.
- 2. If curettage is desired, the sulcular epithelium should be completely removed apically, from the free gingival margin down to the pocket depth. This provides access and hemostasis.



Conventional treatment with manual instrumentation (and ultrasonics if necessary) is used to disrupt/remove biofilm, root surface accretions/calculus, and to smooth cementum.

4 POST-PROCEDURAL PHASE:

- Immediate oral hygiene Brush teeth lightly with soft brush and use anti-microbial/anti-oxidant mouth rinse (such as PerioScience) to supplement brushing if discomfort.
- 2. Utilize antioxidant (such as AO ProVantage) gel for wound healing.
- 3. Use the largest interproximal brushes which will fit between teeth or Softpiks. Dip into antioxidant/antimicrobial mouthwash/gel before use.









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