



REPAIR

Tratați cu eficiență pacienții care suferă de periimplantită printr-o metodă pe placul lor, cât mai puțin invazivă.

The
NEW
BIOLASE
Global Leadership in Lasers

REPAIR

*O metodă minim invazivă în tratarea
eficientă a periimplantitei*

Protocolul REPAIR™ le oferă medicilor stomatologi o metodă științifică avansată pentru a-i ajuta în tratarea periimplantitei. Utilizând laserul WaterLase iPlus și tehnologia patentată Radial Firing Perio Tips™ (RFPT), REPAIR asigură un tratament eficient și sigur cu ajutorul laserului.

- + Acces facil la zona implantului
- + Minim invaziv
- + Poate fi folosit fără lambou pentru a trata periimplantita în fază incipientă
- + Tratamentul se poate realiza atât local, cât și la nivelul întregii guri, asigurând flexibilitatea planificării acestuia
- + Susținut de dovezi clinice și de cercetări științifice
- + Versatil, laserul YSGG este ideal pentru o utilizare clinică completă
- + Proprietățile fotoacustice ale laserului au o eficiență crescută în chiuretajul efectuat la nivelul implantului

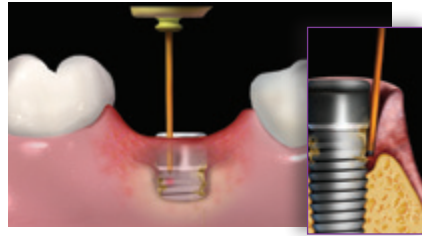


3

556
375

5

Epiteliul trebuie eliminat și finalizat apical, de la marginea gingivală liberă până la nivelul osos. Tot țesutul granular este eliminat. Marginea gingivală poate fi retractată ca un mini lambou pentru acces.

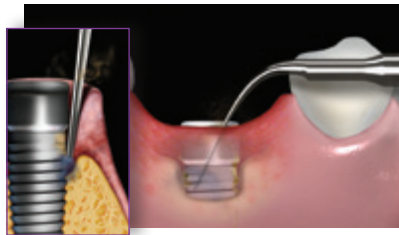


Tip: RFPT5
Power: 1.5W
Air/Water: 40% / 50%
Pulse rate: 30 Hz
H Mode

4

DEBRIDAREA IMPLANTULUI

Tratamentul convențional cu ultrasunete (pentru sfaturi despre un implant sigur consultați producătorul) la nivel osos. La final, puneți **a radial firing tip circumferentially** începând de la suprafața coronară a primului fir expus și mutat apical.



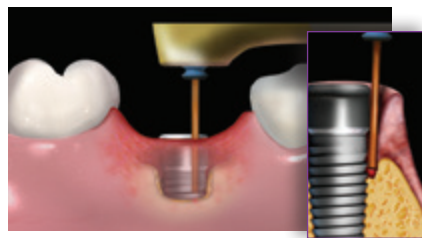
After Ultrasonic Treatment

Tip: RFPT5
Power: 1.5W
Air/Water: 40% / 50%
Pulse rate: 30 Hz
H Mode

5

DECORTICAREA OSOASĂ

Reconturați defectele osoase. Țineți vârful paralel cu suprafața rădăcinii și apăsați ușor spre os, retrageți apoi încet și repetați procesul în jurul întregului dinte. Dacă este necesar, schimbați unghiul laserului și tratați și defectele intraosoase.

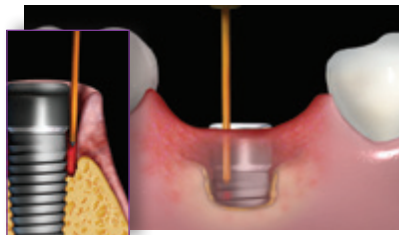


Tip: MZ6
Power: 2.5W
Air/Water: 10% / 10%
Pulse rate: 30 Hz
H mode

6

SULCULAR DEBRIDEMENT

Remove residual debris and inducing blood coagulation



Tip: RFPT5
Power: 1.5W
Air/Water: 10% / 10%
Pulse rate: 30 Hz
H Mode

7

COMPRESS WITH 2X2

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



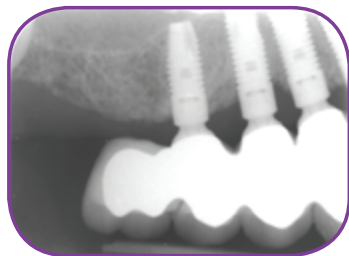
PHASE III: POST-SURGICAL PHASE

- IMMEDIATE POST-OPERATIVE: Brush teeth lightly with soft brush and use mouth rinse to supplement brushing if discomfort exists.
- ONE WEEK AFTER 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.

CASE 1 – Courtesy of Dr. Rana Al-Falaki

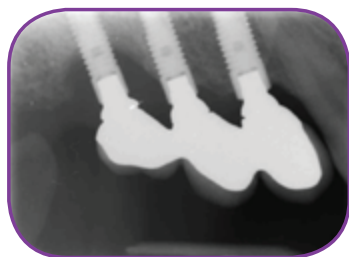


BEFORE

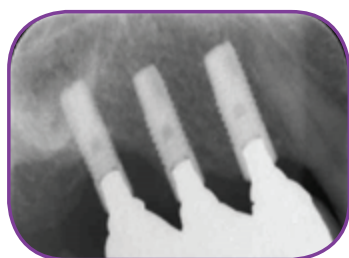


1 YEAR AFTER FLAPLESS TECHNIQUE

CASE 2 – Courtesy of Dr. Rana Al-Falaki



BEFORE



20 MONTHS AFTER

“The WaterLase iPlus is an integral part of every procedure I do. The results we achieve are outstanding, with so much less stress, so much more fun and so much more comfort for patients.”

— **Dr. Rana Al-Falaki**
London, UK



CLINICAL EVIDENCE

- Prathapachandran J, Suresh N, Management of peri-implantitis; Dent Res J (Isfahan). 2012 Sep-Oct; 9(5): 516-521
- Mombelli A, Muller N, Cionca N, The epidemiology of peri-implantitis; Clin Oral Implants Res. 2012 Oct 23 Suppl 6:67-76
- Jepsen S, Berglundh et al, Primary prevention of peri-implantitis: managing peri-implant mucositis. J Clin Periodontol, 2015 April; 42 Suppl 16:S152-7
- Rosen P, Clem D, Cochran D et al, Peri-mucositis and peri-implantitis: a current understanding of their diagnoses and clinical implications; J Periodontol 2013; 84(4): 430-443
- Lindhe J, Meyle J. Peri-implant diseases: Consensus report of the Sixth European Workshop on Periodontology. J Clin Periodontol 2008;35(Suppl. 8):282-285.)
- Renvert S, Polyzois I, Persson GR Treatment modalities for peri-implant mucositis and peri-implantitis. Am J Dent. 2013 Dec;26(6):313-8.
- Kotsouvilis S, Karoussis IK, Trianti M, Fourmousis I. Therapy of peri-implantitis: a systematic review. J Clin Periodontol 2008;35(7):621-9.
- Kelbauskiene, S., Baseviciene, N., Goharkhay, K., Moritz, A. & Machiulskiene, V. (2011) One-year clinical results of Er,Cr:YSGG laser application in addition to scaling and rootplaning in patients with early to moderate periodontitis. Lasers Med Sci 26, 445–452. 10.1007/s10103-010-0799-4
- Dyer, B. & Sung, E.C. (2012) Minimally-invasive Periodontal Treatment Using the Er,Cr:YSGG Laser. A 2-year Retrospective Preliminary Clinical Study. Open Dent J 6, 74–78. 10.2174/1874210601206010074
- Dederich D, Periodontal bone regeneration and the Er,Cr:YSGG: a case report. Open Dent J. 2013;7:16-19
- Mailloa J1, Lin GH, Chan HL, Maceachern M, Wang HL. Clinical Outcomes of Using Lasers for Peri-Implantitis Surface Detoxification: A Systematic Review and Meta-Analysis. J Periodontol. 2014 Jan 30. [Epub ahead of print] DOI: 10.1902/jop.2014.130620
- Deppe H, & Henning Horch H, Laser applications in oral surgery and implant dentistry Lasers Med Sci (2007) 22:217–221
- Kotsakis G, Konstantinidis I, Karoussis I et al. A systematic review and meta-analysis of the effect of various laser wavelengths in the treatment of peri-implantitis J Periodontol. 2014 Jan 30. [Epub ahead of print] DOI: 10.1902/jop.2014.130610
- Meyle J. Mechanical, chemical and laser treatments of the implant surface in the presence of marginal bone loss around implants Eur J Oral Implantol. 2012;5 Suppl:S71-81.
- Aoki A et al; Periodontal and peri-implant wound healing following laser therapy. Periodontology 2000 (68), 2015; 217-269
- Riziou M, Evensole R, Kimmel A et al Effects of Er,Cr:YSGG lasers on mucocutaneous soft tissues Oral Surg Oral Med Oral Path Radiol Endod. 1996; 82:386-395
- Zaffe D, Viatile M, Martignone A et al Morphological, histochemical and immunocytochemical study of CO2 and Er:YAG laser effects on oral soft tissues Photomed Laser Surg 2004; 22(3): 185-189
- Parker S, Laser: tissue interaction and its application in clinical dentistry Int J Laser Dent 2011; 1(1):1-8
- Esposito M, Grusovin MG, Kakisis I, Coulthard P, Worthington HV. Interventions for replacing missing teeth: treatment of perimplantitis. Cochrane Database Syst Rev 2008(2):CD004970.
- Ntrouka VI, Slot DE, Louroupolou A, Van der Weijden F. The effect of chemotherapeutic agents on contaminated titanium surfaces: a systematic review. Clin Oral Implants Res 2011;22(7):681-90.0
- Tosun E, Tasar F, Strauss R, Gulmez D. Comparative Evaluation of Antimicrobial Effects of Er:YAG, Diode, and CO2 Lasers on Titanium Discs: An Experimental Study;
- Kreisler M, Kohnen W, Marinello C, et al. Bactericidal effect of the Er:YAG laser on dental implant surfaces: An in vitro study. J Periodontol 2002;73:1292-1298.
- Ando Y, Aoki A, Watanabe H et al, Bactericidal effects of erbium YAG on periodontopathic bacteria Lasers Surg med 1996;19:190-200
- Schoop U, Kluger W, Moritz A, Nedjelik N, et al Bactericidal Effect of Different Laser Systems in the Deep Layers of Dentin Lasers in Surgery and Medicine 35:111–116 (2004)
- Eberhard J, Ehlers H, Falk W, Acil Y, Albers HK, Jepsen S. Efficacy of subgingival calculus removal with ErYAG laser compared to mechanical debridement in an in situ study. J Clin Periodontol. 2003;30(6):511–8.
- Folwaczny M, Aggstaller H, Mehi A, Hickel R. Removal of bacterial endotoxin from root surface with Er:YAG laser. Am J Dent. 2003;16(1):3–5
- Aoki A, Sasaki K, Watanabe H et al. Lasers in nonsurgical periodontal therapy Periodontology 2000, 2004; 36:59-97
- Cobb CM. Lasers in periodontics a review of the literature. J Periodontol. 2006;77(4):545–64
- Krause F, Braun A, Brede O, Eberhard J, Frentzen M, Jepsen S. Evaluation of selective calculus removal by a fluorescence feedback-controlled Er YAG laser in vitro. J Clin Periodontol. 2007;34(1):66–71.
- Takasaka AA, Aoki A, Mizutani K, Kikuchi S, Oda S, Ishikawa I. Er:YAG laser therapy for peri-implant infection: A histological study. Lasers Med Sci 2007;22:143-157.
- Schwarz F, Jepsen S, Hertzen M, Sager M, Rothamel D, Becker J(2006) Influence of different treatment approaches on nonsubmerged and submerged healing of ligature induced peri-implant lesions. An experimental study in dogs. J Clin Periodontol 33:584–595
- Schwarz F, Bieling K, Nuesry E, Sculean A, Becker J. Clinical and histological healing pattern of peri-implantitis lesions following non-surgical treatment with an Er:YAG laser. Lasers Surg Med 2006;38(7):663-71.
- Giannelli M, Pini A, Formigli L, Bani D. Comparative in vitro study among the effects of different laser and LED irradiation protocols and conventional chlorhexidine treatment for deactivation of bacterial lipopolysaccharide adherent to titanium surface. Photomed Laser Surg. 2011;29(8):573–80.
- Persson G, Roos-Jansaker A, Lindahl C, Renvert S (2011) Microbiological results after non surgical erbium doped yttrium, aluminium, and garnet laser or air-abrasive treatment of peri-implantitis: a randomized clinical trial J Periodontol 82, 1267-1278
- Schwarz F, Sahn N, Iglhaut G et al, Impact of the method of surface debridement and decontamination on the clinical outcome following combined surgical therapy of peri-implantitis: a randomized controlled clinical study J Clin Periodontol 2011; 38: 276–284
- Schwarz F, Hegewald A, John G, N, Becker J, Four-year follow-up of combined surgical therapy of advanced peri-implantitis evaluating two methods of surface decontamination J Clin Periodontol 2013; 40: 962–967 doi: 10.1111/jcpe.12143
- Miller R, Treatment of the contaminated implant surface using the Er,Cr:YSGG laser Implant Dentistry 2004 13(2):165-169
- Azzeh M, Er,Cr:YSGG laser assisted surgical treatment of peri-implantitis with 1 year re-entry and 18 month follow up J Periodontol 2008; 79(10):2000-2005
- Smith LP, Rose T, Laser implantation of a failing endosseous dental implant Aus Dent J 2010; 55:219-222
- Olivi G, Laser use in endodontics evolution from direct laser irradiation to laser activated irrigation J Laser Dent 2013; 21(2):58-71
- Al-Falaki R, The Use of the Er,Cr:YSGG laser as an adjunct of root surface instrumentation in the management of Chronic Periodontitis compared to root surface instrumentation alone: a retrospective study. J Clin Periodontol 2015 doi:10.1111/jcpe.12398, pg 39
- Al-Falaki R, Wadia R, Hughes F: Use of Er,Cr:YSGG laser as an adjunct to root surface instrumentation: analysis of an extended case series. J Clin Periodontol 2015 doi:10.1111/jcpe.12399, pg 275
- Al-Falaki R, Hughes F, Cronshaw M: Non-surgical management of peri-implantitis using Er,Cr:YSGG laser: one year follow up case series. J Clin Periodontol 2015 doi. 10.1111/jcpe.12399, pg 439-440
- Al-Falaki R, Hughes F, Cronshaw M; Treatment outcome following use of the Er,Cr:YSGG laser in the non-surgical management of peri-implantitis: a case series. British Dental Journal 2014 (217), 453-457 doi: 10.1038/sj/bdj.2014.910

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

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 seal blood vessels as it cuts, providing excellent hemostasis, which in turn provides you with a better field of vision during surgery.



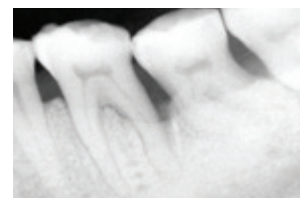
PRE-OP



POST-OP



PRE-OP



3 YEARS POST-OP

IMPLANTS

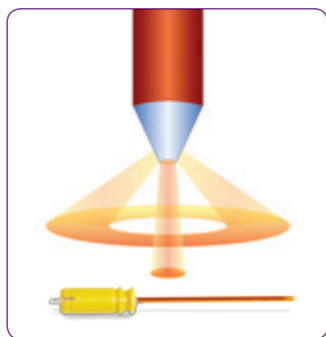
Improve productivity with implant related applications:

- Creating an aesthetic emergence profile
- Bone resection for autogenous bone graft harvesting
- Osteoplasty and osteotomy
- Implant recovery

PERIODONTAL DISEASE

Introducing REPAIR Perio, a minimally invasive protocol for optimal periodontal patient management. Utilizing the WaterLase iPlus and patented Radial Firing Perio Tips™, REPAIR Perio provides a safe, effective laser treatment protocol that patients accept at a cost your practice can afford.

INNOVATIVE. SOLVE YOUR POCKET ACCESS CHALLENGES.



THE RADIAL FIRING PERIO TIP™

Our patented Radial Firing Perio Tip (RFPT) 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 emission of laser energy with a portion of straight emission, and better access to the narrow part of the periodontal pocket.

This provides more efficient irradiation of diseased or inflamed soft tissue as well as calculus deposits to assist in the management of periodontitis and peri-implantitis.