

GUIDED BIOFILM THERAPY

01 ASSESS

PROBE AND SCREEN EVERY CLINICAL CASE

- ▶ Healthy teeth, caries, gingivitis, periodontitis
- ▶ Healthy implants, mucositis, peri-implantitis
- ▶ Start by rinsing with BacterX® Pro mouthwash

02 DISCLOSE

MAKE BIOFILM VISIBLE

- ▶ Highlight to patients the disclosed biofilm and their problematic areas with EMS Biofilm Discloser
- ▶ The color will guide biofilm removal
- ▶ Once biofilm is removed, calculus is easier to detect

03 MOTIVATE

HEALTHY PATIENT = HAPPY PATIENT

- ▶ Schedule recall frequency according to risk assessment
- ▶ Ask your patient if he or she liked the treatment

04 AIRFLOW®

RAISE AWARENESS AND TEACH

- ▶ Emphasize prevention
- ▶ Instruct your patients in oral hygiene
- ▶ EMS recommends Philips Sonicare toothbrushes, interdental brushes and Airfloss Ultra

05 PERIOFLOW®

REMOVE BIOFILM, STAINS AND EARLY CALCULUS

- ▶ Use AIRFLOW® for natural teeth, restorations and implants
- ▶ Remove biofilm supra- and subgingivally up to 4 mm using AIRFLOW® PLUS 14 µm Powder
- ▶ Also remove biofilm from gingiva, tongue and palate
- ▶ Remove remaining stains on enamel using AIRFLOW® CLASSIC Comfort Powder

06 PIEZON PS®

REMOVE REMAINING CALCULUS

- ▶ Use the minimally invasive EMS PIEZON® PS Instrument supra- and subgingivally up to 10 mm
- ▶ Clean > 10 mm pockets with mini curette
- ▶ Use EMS PIEZON® PI Instrument around implants up to 3 mm subgingivally and on restorations

GUIDED
BIOFILM
THERAPY®

07 CHECK

MAKE YOUR PATIENT SMILE

- ▶ Do a final check for remaining biofilm
- ▶ Ensure calculus is fully removed
- ▶ Accurately diagnose caries
- ▶ Protect with fluoride

08 RECALL

REMOVE BIOFILM IN >4 TO 9 MM POCKETS

- ▶ Use AIRFLOW® PLUS Powder on natural teeth in deep pockets and root furcations and on implants
- ▶ Use new and slimmer PERIOFLOW® Nozzle

FRIDAY 20TH SEPTEMBER
MELIÁ CASTILLA HOTEL & CONVENTION CENTRE,
TAPICES 2 (LOWER FLOOR)
10.30 - 12.30

EMS 
MAKE ME SMILE.

Dr BEHROUZ AREFNIA

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Biofilm removal on tooth surfaces is always accompanied by a loss of substance in the areas to be cleaned. We suppose, that ideally the roughness of enamel surfaces is as smooth as possible after cleaning procedures. If achievable only the layer of subgingival endotoxin invasion should be removed along with the biofilm from the root cementum. Over-instrumentation can lead quickly to the complete loss of the cementum and the resulting defect healing with epithelial cells. There is only a reduced chance for regeneration of the periodontal tissues. The substance removal of root cementum is discussed between 6.3 and 100µm in the literature, depending on the technology used. The development of low abrasive new powders based on glycine, erythritol+chlorhexidine and trehalose is a renaissance for air polishing devices. In addition to the damage of the root surface, the roughness achieved plays a central role in periodontal healing. A systematic review with 17 publications confirms these results also in the clinical application. Erythritol+chlorhexidine powder is also found to have perfect cleaning without defects in the enamel. The necessity of additional polishing is still under discussion. The aim of the lecture is to show how the different methods of surface treatment on enamel and root cementum.

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“GUIDED BIOFILM THERAPY – NEW APPROACH IN NON-SURGICAL MANAGEMENT OF PERIODONTAL & PERI-IMPLANT DISEASES”

Air polishing systems in the management of peri-implant diseases. Ignacio Sanz Sánchez
Dental implants have demonstrated high predictability and overall patient satisfaction to rehabilitate partial and full edentulism. However, in spite of osseointegration dental implants are subjected to biological complications, mainly by inflammatory processes of the peri-implant tissues (peri-implant diseases).

Peri-implant diseases are caused by bacterial biofilm accumulation on the implant/abutment surfaces and include two different entities: peri-implant mucositis, defined as an inflammatory lesion limited to the surrounding mucosa of an implant; and peri-implantitis, an inflammatory lesion of the mucosa which progresses by destruction of the peri-implant supporting bone.

The main objective in the treatment of peri-implant diseases is cause-related by mechanical removal of the biofilm. However, biofilm debridement can be challenging, especially in cases in which the rough implant surface is exposed to oral medium. During the last years, air-polishing systems have been evaluated for their efficacy in decontaminating exposed implant surfaces using both in in vitro and in vivo models.

The purpose of this presentation is to critically appraise these investigations where air-polishing systems have been used to debride biofilm from the implant surface/and or its restoration.