Teamwork for treating periodontal disease

The treatment of patients with periodontal disease should involve the application of standard procedures based on commonly accepted guidelines. This “Periodontal Treatment Guide” aims to support local networks of general dentists, hygienists and periodontists by providing evidence-based guidelines for diagnosis, referral and treatment options.

The “Periodontal Treatment Guide” is the result of a consensus established by a group of experienced and highly renowned periodontists who based their recommendations for these guidelines on the systematic assessment of the available literature. The final goal of these activities is to help you to improve periodontal therapies in order to restore oral health and help preserve the teeth of the patient.
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Periodontal treatment

Legend
BPE Basic Periodontal Examination  PPD Probing Pocket Depth  FMPS Full Mouth Plaque Score  BOP Bleeding on Probing  GTR Guided Tissue Regeneration  SRP Scaling and Root Planing
Periodontally healthy patient

**ORAL CHECK**

**MAINTENANCE PHASE**

**EVALUATION**

PPD ≤ 4 mm
FMPS ≤ 20%
BOP ≤ 20%

Successful → PROPHYLAXIS
Preventive long-term care

Not successful →

**TO CHECK**

- Oral hygiene
- Tobacco consumption
- Periodontal status
- Furcation involvement
- X-ray status
- General health

**TO DO**

- Oral hygiene motivation
- Instruction
- Disinfection

[Click here]
Patient with periodontal disease

**SYSTEMIC PHASE AND PERIODONTAL DIAGNOSIS**

**EVALUATION**

- **PPD ≤ 4 mm**  
  **FMPS ≤ 20%**  
  **BOP ≤ 20%**  

- **Moderate chronic periodontitis**  
  PPD ≤ 6 mm without intrabony defect

- **Severe chronic periodontitis or aggressive periodontitis**  
  PPD > 6 mm with intrabony defect

- **Furcation involvement (class I)**

- **Necrotizing periodontitis**
  Periodontitis with systemic disease
  Special case of periodontitis
  PPD > 6 mm Profuse bleeding or pus

- **Optionally not via specialist**

**TO CHECK**

- Oral hygiene
- Tobacco consumption
- Periodontal status
- Furcation involvement
- X-ray status
- General health (systemic diseases, e.g. diabetes, circulatory problems, etc.)
- Stress
- Pregnancy

Consider also the removal of inadequate restorations, optional splinting before surgery, use of microbiologic tests, involvement of general physician and extraction of hopeless teeth.

Regarding hopeless teeth the following factors should be considered: bone loss, clinical attachment loss, degree of mobility, endodontic factors, restorative factors, anatomy and tooth position.

**PROPHYLAXIS**

Preventive long-term care

**TO DO**

Optionally not via specialist

Refer to a specialist

Click here
Patient with periodontal disease

**TO DO**
- Motivation for oral hygiene
- Instruction
- Plaque control

**RE-EVALUATION**
- PPD ≤ 4 mm
- FMPS ≤ 20%
- BOP ≤ 20%

- Not successful

**TO DO**
- Non-surgical periodontal treatment i.e. supragingival and subgingival SRP

- 2nd Chance

**RE-EVALUATION (3 Month)**
- PPD ≤ 4 mm
- FMPS ≤ 20%
- BOP ≤ 20%

- Not successful

**TO DO**
- Second non-surgical periodontal treatment

**PROPHYLAXIS**
Preventive long-term care

**Successful**

**Click here**
PERIODONTAL SURGERY OF MULTI-ROOTED TEETH WITH FURCATION INVOLVEMENT (Class II and III)

PERIODONTAL SURGERY OF SINGLE-ROOTED TEETH OR MULTI-ROOTED TEETH WITHOUT FURCATION INVOLVEMENT (PPD > 6 mm)
Surgery – with furcation involvement (Class II and III)

**MAXILLA¹**

- **Class II**
  - Buccal: Straumann® Emdogain® or GTR
  - Mesial: Straumann® Emdogain®
  - Distal: Root resection or flap surgery with Straumann® Emdogain®

- **Class III**

**MANDIBLE²**

- **Class II**
  - Straumann® Emdogain® or GTR either alone or in combination with graft (in buccal defects) or resective approach

- **Class III**
  - Tunneling, or resective approach or extraction

¹ Limited evidence for regeneration
² Depending on the local soft and hard tissue characteristics
Surgery – without furcation involvement (PPD > 6 mm)

**HORIZONTAL BONE LOSS**

Conventional periodontal flap surgery
Conservative or resective approach according to site characteristics

**ANGULAR BONY DEFECT**

Site mapping for defect localization, e.g. bone sounding
Regenerative surgical technique designed to maintain the interdental soft tissue
Intrabony component ≥ 3mm

**SELF-CONTAINED DEFECT**

Straumann® Emdogain® or GTR either alone or combined with graft

**NON-SELF-CONTAINED DEFECT**

Straumann® Emdogain® or GTR combined with graft

[Click here](#)
Re-evaluation

### RE-EVALUATION (6 Month)
- PPD ≤ 4 mm
- FMPS ≤ 20%
- BOP ≤ 20%
- Closure or improvement to furcation class I
- Filling of the angular bony defect

**Successful**

**PROPHYLAXIS**
- Preventive long-term care

**Not successful**

**TO DO**
- Reconsider diagnosis and treatment plan.
- Further non-surgical therapy, if necessary.

**TO DO**
- Post-operative care

*Click here*
Post-operative care (after periodontal surgery)

- Use of antiseptic oral rinse (e.g. 0.1-0.2% chlorhexidine solution) for 3-6 weeks
- Optional use of systemic antibiotics
- Removal of sutures when they are no longer necessary for wound stability (usually after 10-14 days)
- No brushing in the operated area for at least 2-3 weeks, professional post-operative care once a week (about 30 min)
- After 3 weeks gentle brushing of the buccal and lingual tooth surface with a “wiping technique”
- No sulcus or interproximal tooth cleaning for at least 3-4 weeks post-op/until stable or interproximal conditions are achieved
- Regular check-up by dentist – individual recall program
The following publications have been consulted by the authors

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