

PROF. MARIO AIMETTI'S FLAPLESS APPROACH FOR THE TREATMENT OF INTRABONY DEFECTS

Straumann® Emdogain® FL



TREATMENT OF A SELF CONTAINING INTRABONY DEFECT WITH A FLAPLESS APPROACH AND STRAUMANN® EMDOGAIN® FL

Procedure by Prof. Mario Aimetti, University of Turin, Italy



Step 0 – Perform initial periodontal therapy (scaling and root planing) and give patient oral hygiene instructions. After six months, residual pockets with probing depths from 5mm to 9 mm with no furcation involvement and with adequate plaque control (if any) may be treated with a flapless periodontal approach in combination with Emdogain® FL. In the case illustrated here, following the initial periodontal therapy, the patient presented with an interdental angular bony defect with 8 mm probing pocket depth, no recession and adequate plaque control.

Step 1 – Take out Emdogain® from cold storage approx. 30 minutes before use and allow it to assume ambient temperature.



Step 2 – Anaesthetize the area selected for periodontal treatment by block and/or infiltration anesthesia using an anesthetic containing a vasoconstrictor such as adrenaline. Anesthesia should be placed apical to the pocket and pointing away from the pocket. Avoid injection with a vasoconstrictor into the interdental papilla or marginal gingiva.



Step 3 – Carefully perform bone sounding to diagnose the extension of the defect.



Step 4 – Gently gain access to the affected tooth root surface using a gingival retractor.



Step 5 – Perform mechanical debridement to remove subgingival plaque and calculus from the root surface. It is very important that the root surface is as clean as possible for Emdogain® to work properly.



Step 6 – Thoroughly rinse the area with sterile saline to remove any blood and / or saliva and perform a visual inspection of the pocket.



Step 7 – Remove remaining smear layer by cleansing the root surface with Straumann® PrefGel® (EDTA) for 2 min.



Step 8 – Rinse thoroughly with sterile saline. Avoid contamination of the treated area with saliva or blood after the final rinse.

Step 9 – Dry the root surface as much as possible.



Step 10 – Immediately apply Emdogain® into the cleaned pocket, starting at the most apical part of the periodontal defect. Apply Emdogain® to fully cover the root surface until an overflow of material from the pocket occurs. It is important that the root surface is blood free and dry when Emdogain® is applied onto it.



Step 11 – Optimal soft tissue adaptation is essential. Gently compress the gingival margin using sterile gauzes until pocket marginal closure is attained.



Clinical picture after the treatment.



Clinical and radiological examinations, 1 year after the treatment was performed.



Before and after 1 year following the flapless treatment with Straumann® Emdogain® FL.

AFTER THE PROCEDURE:

Instructions for the patient:

- The patients should be advised to rinse daily with an antiseptic mouth rinse (e.g. 0.1 – 0.2 % chlorhexidine solution) until 1 – 2 weeks after the treatment. Antibiotics may also be used if deemed appropriate based on the clinician's judgement.
- The patient should be instructed not to brush in the treated area for 1-2 weeks following the treatment. Then only gentle brushing on buccal and lingual surfaces using the "rollstroke" method is recommended. No sulcular or interproximal tooth cleaning must be performed until 2 - 3 weeks following the treatment.

Next steps:

- Probing, scaling and root planing and insertion in the treated area of any instrumentation should be avoided for the first 6 months following the treatment.
- Emdogain® is not radiopaque, so it is recommended to perform the radiographic follow up control only at least 12 months following the procedure.



Consult instructions for use. Please follow the link to the e-IFU <https://ifu.straumann.com/>

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NOTES

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REFERENCE

Aimetti M, Ferrarotti F, Mariani GM, Romano F. A novel flapless approach versus minimally invasive surgery in periodontal regeneration with enamel matrix derivative proteins: a 24-month randomized controlled clinical trial. Clin Oral Investig. 2017 Jan;21(1):327-337. doi: 10.1007/s00784-016-1795-2.

International Headquarters

Institut Straumann AG

Peter Merian-Weg 12

CH-4002 Basel, Switzerland

Phone +41 (0)61 965 11 11

Fax +41 (0)61 965 11 01

www.straumann.com

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