

GALVOSURGE® CLINICAL RECOMMENDATIONS

A consensus by global experts.



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WHAT THE EXPERTS SAY

Explore our latest series of clinical cases led by top industry experts and get firsthand insights into cutting-edge reconstructive treatment strategies that are redefining the future of implant preservation.



Prof. Dr. Istvan Urban

Implant surface decontamination with GalvoSurge® in the reconstructive treatment of peri-Implantitis: A case report.



Prof. Dr. Alberto Monje

Peri-implantitis treatment with GalvoSurge® in the esthetic zone: One approach for biofilm removal in two patients.



Prof. Dr. Mario Rocuzzo

Reconstructive management of peri-implantitis defect using GalvoSurge® in a periodontally compromised patient.



Prof. Dr. Giovanni Salvi

Prosthesis-preserving peri-implantitis treatment using GalvoSurge® in the posterior maxillary zone.



Dr. Algirdas Puišys

Successful treatment of peri-implantitis with GalvoSurge® Dental Implant Cleaning System: A 2-year follow-up.

GALVOSURGE® DENTAL IMPLANT CLEANING SYSTEM

In just 2 minutes, GalvoSurge® effectively removes bacterial biofilms from dental implants affected by peri-implantitis, leaving the implants clean and ready for re-osseointegration.¹⁻⁶



CLINICAL **WORKFLOW** RECOMMENDATIONS



PRE-SURGICAL PHASE

- Evaluate 3D implant position, soft tissue morphology, presence of $\geq 2\text{mm}$ of peri-implant keratinized tissue, and suprastructure quality.
- Determine the need for Reconstructive therapy (RT) by evaluating bone defect morphology, severity, and location. Contained and partially-contained defects are adequate indications for reconstructive therapy.
- Consider a maximum vertical defect size of 8 mm from the implant shoulder.
- Please consult IFU for a complete list of contraindications. These may include inability to undergo oral surgery, allergy to any materials used during the GalvoSurge® cleaning process, and some more.
- Perform supra- and submucosal debridement to reduce peri-implant inflammation and, therefore, limit the risk of complications.



FAST



RELIABLE



SAFE





SURGICAL PHASE

- Administer local anesthesia over a large area surrounding the treatment site.
- Raise a full-thickness flap at the intrabony defect, ensuring complete retraction of the peri-implant soft tissues for adequate access and visibility.
- The flap design should align with RT requirements.
- If peri-implant keratinized tissue is not present, consider simultaneous soft tissue grafting, particularly in the esthetic area.
- Use hand, rotatory, or ultrasonic instruments to remove hard deposits. It is essential that no granulation tissue remains on the implant, as it may impede contact between the implant surface and the cleaning solution, resulting in incomplete decontamination. When considering RT, be careful not to damage the implant surface unnecessarily.
- Inform the patient about the strong salty taste of the cleaning solution and the reasonable liquid volume during GalvoSurge® treatment.
- Use ONLY non-metallic suction. Do not place suction tips too close to the treatment site, as the implant must remain continuously covered by the cleaning solution.
- Rinse thoroughly with sterile saline to clear away any residual coagulum or cleaning solution.



POST-SURGICAL PHASE

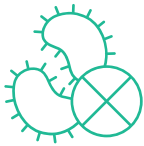
- Consider prescribing antiinflammatory medication and antibiotics.
- Prosthetic component may require modifications to facilitate hygiene.
- Enroll the patient in a 3–6 month supportive therapy, including regular professional cleaning and oral hygiene instructions.
- GalvoSurge® ensures effective cleaning of the implant surface but it does not address the underlying causes or contributing factors of peri-implantitis.

EXPERT TIPS



PRE-SURGICAL PHASE

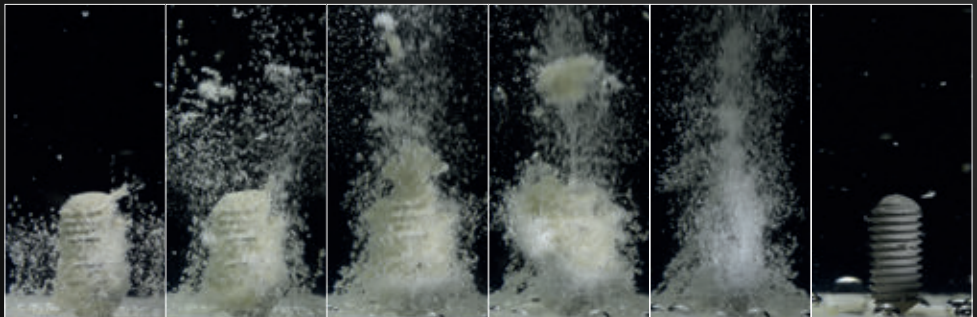
- Confirm the diagnosis of peri-implantitis following the hygienic phase, during which inflammation and/or any existing periodontal disease is controlled.
- Evaluate patients' risk profile: smoking, poor hygiene or poor glycaemia control are not good indicators.



SURGICAL PHASE

- Transmucosal abutment may be considered for early healing.
- Provide a tension-free closure, especially in regenerative therapy.

Biofilm removal and implant surface decontamination in 2 minutes.



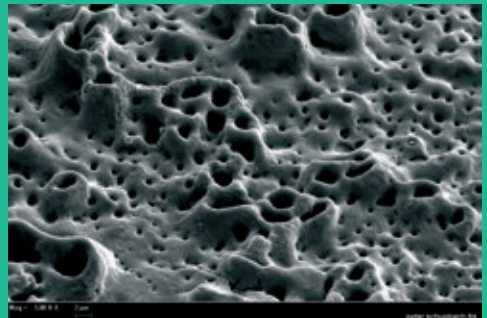
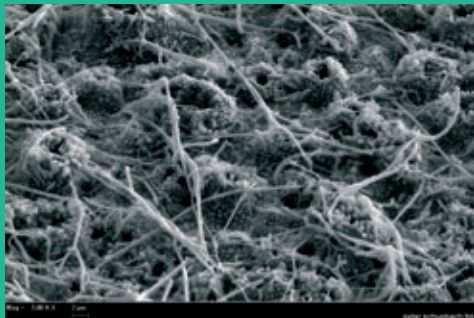
A NEW ERA IN PERI-IMPLANTITIS TREATMENT

GalvoSurge® has revolutionized the treatment of peri-implantitis by the introduction of electrolysis to clean and decontaminate affected dental implants. Bacterial biofilms, the cause of the inflammatory response in the peri-implant tissues, are removed in just one step.



This is achieved by controlled application of a low-voltage current to the metallic implant and simultaneous application of an electrolyte solution. The resulting reaction releases hydrogen (H_2), which completely detaches the biofilm from the implant surface.

Microscopic image of (left) complex dental biofilm on the surface of an implant and (right) same implant after cleaning with GalvoSurge®.



REFERENCES

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