2018 Oregon Dental Conference®
Course Handout

James Kohner, DDS
Course 9146: “Beating Up on Your Patients’ Periodontal Disease: A Minimally Invasive Approach”

Friday, April 6
9 am – 12 pm
Beating up on
Your Patient’s Periodontal Disease
A Minimally Invasive Anti-microbial Treatment

April 6, 2018
Oregon Dental Association

Learning Objectives:
1. See why Periodontal Surgery or SCRP may fail.
2. Learn to manage failed and failing cases.
3. Improve diagnostics with bacterial culturing
4. Learn role of patient care at home as an integral part of treatment

Indications
a. Anything from Gingivitis to Advanced Periodontitis
b. Active Suppuration
c. Previously treated and failing Periodontitis
d. Near terminal dentition from Periodontitis
II. Protocol
   a. Culture (advanced cases) – Temple Univ Microbiology Lab

   b. If no culture, then consider Amoxicillin + Metronidazole. 250 mg ea 8 days
   c. Antibiotics + Acidophilus tablets
   d. Antiseptics- Povidone Iodine (Betadine)
III. Treatment (see outline below)
   a. Ultrasonics, root plane, and debride thoroughly
   b. If surgical: Sulcular incision and full flaps
      i. Use burs as needed to degranulate deep osseous lesions
   c. No osseous reductions
   d. Betadine full strength for 5 minutes, and rinse with very dilute Clorox
   e. Suture with chromic gut, and rinse with Chlorhexidine for two weeks post-op
IV. Cases to illustrate results

V. Home Maintenance Protocol
   a. Water Pik and dilute Clorox twice per week, not more. (See instruction sheet)
   b. Fluoride topically (0.4% Stannous gel)
Outline of antimicrobial treatment per Jorgen Slots DDS;
Periodontology 2000; 2012
Day 0:
(Microbiological sampling)
Povidone-iodine subgingival irrigation (prior to scaling)
Ultrasonic scaling
Povidone-iodine subgingival irrigation (postscaling)
Valacyclovir (500 mg, twice daily for 10 days)

Self-care: Subgingival irrigation and oral rinsing with dilute (0.2%) sodium hypochlorite,
two to three times weekly (lifelong)

Day 10:
Povidone-iodine subgingival irrigation (prior to scaling)
Ultrasonic scaling
Povidone-iodine subgingival irrigation (postscaling)
Amoxicillin-metronidazole (250 mg of amoxicillin and 250 mg of metronidazole, three
times daily for 8 days) for young and middle-aged patients
Ciprofloxacin-metronidazole (500 mg of each, twice daily for 8 days) for older patients
and for patients in developing countries

Jorgen’s protocol for refractory or advanced disease
From: Low Cost Periodontal Therapy p. 125
James Kohner DDS

Resource Sheet for
Minimally Invasive Anti-microbial Treatment for Advanced Periodontitis

Recommended reading.

1. The Ins and Outs of Periodontal Antimicrobial Therapy
   Michael G. Jorgensen, DDS, Jorgen Slots, DDS, DMD, PhD, MS, MBA
   April 2002; J of California Dental Association

2. Selection of Antimicrobial Agents in Periodontal Therapy
   Jorgen Slots DDS

3. Low Cost Periodontal Therapy (very comprehensive review of the methods and background)
   Jorgen Slots DDS

4. Efficient Antimicrobial Treatment in Periodontal Maintenance Care
   JADA 2000; 131 p. 1293


Microbiology Testing

Temple University 800-788-6687
Oral Microbiology Testing Service
https://dentistry.temple.edu/laboratories-centers/oral-microbiology-testing-service-laboratory

Microscopes, Antimicrobial solutions, Professional Irrigators
(For subgingival irrigation with TheraSol use 8:1 dilution with Concentrate)

OraTec 800-368-3529; Bill Landers, President
www.oratec.net sales@oratec.net

Irrigation for subgingival access

1). Pik Pocket Tips with WaterPik Available from Water Pik, Inc (Patients can order directly off web site*) * (See “Home Irrigation Instructions” for correct model numbers)

2). Viajet from OraTec and canula
HOME IRRIGATION SUGGESTIONS

Current research has provided growing information which tells us how benefits are obtained by irrigating under the gum line. As you know, bacteria hide under the gum line and cause the low grade periodontal infection which leads to bone loss. The treatment we have done was designed to **disrupt, detoxify, devitalize and disperse** those bacteria which grow under the gums, and to seal the gums back to the teeth where possible.

Simply using household bleach (CLOROX) is an effective way to manage this infection. It is a strong and effective antiseptic, but be careful, and **WATCH GETTING IT ON CLOTHES**.

We recommend a mix on one (1) teaspoon of regular (Blue Cap) Clorox in 200-300 ml of water in your Water Pik reservoir. This dilutes to a concentration that is totally safe when used as directed. **NOTE:** A fresh mix must be made each time.

It is recommended that you use this **only two times per week** with the irrigator set to medium, or lower if more comfortable, and that you use the small **Pik Pocket Tip** available for Water Pik brand products.


Aim it down into the gums. Hold for 5 seconds between each tooth or longer in problem areas. Be sure to put the irrigator tip in your mouth before turning on the unit, and bend over the sink, allowing the water to flow into the sink.

**We also urge the daily use of Fluoride** when on this program.

Do not use the irrigator until after professional treatments to decrease the infection.

**Note:** Bleach will cause the Water Pik to break down sooner, and may require replacement every year or two.

**Again: WATCH GETTING CLOROX ON CLOTHING!**

20160830