PERIODONTAL TREATMENT GUIDE
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.
THE FOLLOWING AUTHORS HAVE SIGNIFICANTLY CONTRIBUTED TO THE DEVELOPMENT OF THE “PERIODONTAL TREATMENT GUIDE”

Prof. Dr. med. dent. Anton Sculean, Dr. h.c., M.S., Chairman of Department of Periodontology – School of Dental Medicine – University of Bern – Bern, Switzerland. Dr. Christina Tietmann, Certified periodontal specialist of the German Society of Periodontology – Private Practice for Periodontology – Aachen, Germany. Dr. David Nisand, Lecturer of periodontics at the University of Paris – Private Practice limited to periodontology and implantology – Paris, France. Dr. Frank Bröseler, Certified periodontal specialist of the German Society of Periodontology – Private Practice for Periodontology – Aachen, Germany. Dr. Holger Janssen, Specialist for periodontology, implantology and restorative dentistry – Private Practice – Berlin, Germany. Dr. Mario Roccuzzo, Lecturer in Periodontics at University of Torino and Siena. Private Practice limited to Periodontology and Implantology – Torino, Italy. Dr. Markus Schlee, Lecturer for periodontics and implantology at the Steinbeis University, Berlin and DIU, Dresden, Germany. Private practice limited to periodontology and implantology – Forchheim, Germany. Prof. Dr. Nick Donos, DDS, MS, FHEA, FDSRCSEngl, PhD., Head & Chair of Periodontology, Director of Research, UCL-Eastman Dental Institute – Department of Periodontology – London, United Kingdom.
PERIODONTAL TREATMENT

PERIODONTALLY HEALTHY PATIENT

Evaluation

PATIENT WITH PERIODONTAL DISEASE

Hygiene

PATIENT WITH PERIODONTAL DISEASE

Surgery

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 ≤ 4mm
- FMPS ≤ 20%
- BOP ≤ 20%

**TO CHECK**

- Oral hygiene, tobacco consumption, periodontal status, furcation involvement, X-ray status, general health

**TO DO**

- Oral hygiene motivation
- Instruction
- Disinfection

**SUCCESSFUL**

**PROPHYLAXIS**

Preventive long-term care

**NOT SUCCESSFUL**

CLICK HERE
PATIENT WITH PERIODONTAL DISEASE

SYSTEMIC PHASE AND PERIODONTAL DIAGNOSIS

PROPHYLAXIS
Preventive long-term care

Moderate chronic periodontitis
PPD ≤ 6 mm
without intrabony defect
Furcation involvement (class I)

Severe chronic periodontitis or aggressive periodontitis
PPD > 6 mm with intrabony defect
with furcation involvement (class II or class III)

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

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.

TO DO
Refer to a specialist
Optionally not via specialist
PATIENT WITH PERIODONTAL DISEASE

**TO DO**

Motivation for oral hygiene
Instruction
Plaque control

**RE-EVALUATION**

PPD ≤ 4mm
FMPS ≤ 20%
BOP ≤ 20%

SUCCESSFUL

**PROPHYLAXIS**

Preventive long-term care

**TO DO**

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

**RE-EVALUATION (3 MONTHS)**

PPD ≤ 4mm
FMPS ≤ 20%
BOP ≤ 20%

NOT SUCCESSFUL

2ND CHANCE

SUCCESSFUL

**TO DO**

Second non-surgical periodontal treatment

**PROPHYLAXIS**

Preventive long-term care

Click Here
PERIODONTAL SURGERY OF MULTI-ROOTED TEETH WITH FURCATION INVOLVEMENT (CLASS II AND III)

CLICK HERE

PERIODONTAL SURGERY OF SINGLE-ROOTED TEETH OR MULTI-ROOTED TEETH WITHOUT FURCATION INVOLVEMENT (PPD > 6MM)

CLICK HERE
SURGERY – WITH FURCATION INVOLVEMENT (CLASS II AND III)

**MAXILLA**¹

- **CLASS II**
  - Buccal: STRAUMANN® EMDOGAIN or GTR
  - Mesial: STRAUMANN® EMDOGAIN
  - Distal: Root resection or flap surgery with STRAUMANN® EMDOGAIN

- **CLASS III**
  - Resective approach or extraction

**MANDIBLE**²

- **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>6MM)

**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
Post-operative care

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

TO DO

PPD ≤ 4mm
FMPS ≤ 20%
BOP ≤ 20%
Closure or improvement to furcation class I
Filling of the angular bony defect

SUCCESSFUL
NOT SUCCESSFUL

PROPHYLAXIS
Preventive long-term care

TO DO

Reconsider diagnosis and treatment plan.
Further non-surgical therapy, if necessary.
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:

Exclusion of liability for statements and recommendations of the authors: The statements and recommendations published in this Periodontal Treatment Guide have been systematically assessed and carefully selected by the publisher of the Periodontal Treatment Guide (Institut Straumann AG, Basel). The statements and recommendations in every case reflect the opinion of the authors and therefore do not necessarily coincide with the publisher’s opinion. Nor does the publisher guarantee the completeness or accuracy and correctness of the statements and recommendations published in the Periodontal Treatment Guide. The information given in the Periodontal Treatment Guide cannot replace a dental assessment by an appropriately qualified dental specialist in an individual case. Any orientation to statements and recommendations published in the Periodontal Treatment Guide is therefore on the dentist’s responsibility. The statements and recommendations published in the Periodontal Treatment Guide are protected by copyright and may not be reused, in full or in part, without the express consent of the publisher.

© Institut Straumann AG, 2011. All rights reserved. Straumann® and/or other trademarks and logos from Straumann® mentioned herein are the trademarks or registered trademarks of Straumann Holding AG and/or its affiliates. All rights reserved.

www.straumann.com