



*Effectively manage your peri-implantitis patients with patient-preferred, minimally-invasive therapy.*

## WaterLase*\*iPlus* 2.0

### THE WATERLASE<sup>®</sup> ER,Cr:YSGG PERI-IMPLANTITIS REGIMEN

REPAIR Implant is the first definitive step-by-step protocol for using an Er,Cr:YSGG laser to assist in the management of early, moderate and severe peri-implantitis. It consists of three phases: pre-surgical, surgical and post-surgical.

#### PHASE I: PRE-SURGICAL PHASE

All patients should have a comprehensive examination/evaluation including data collection of periodontal charting and radiographs, medical and dental history, and risk assessment.

Phase I treatment is implemented for removal of supra- and subgingival biofilm and calculus through scaling and root planing (S/RP) and the initiation and evaluation of oral hygiene compliance. Remove the crown and abutment, when possible, and a healing cap should be placed on the effected implant body. This allows for vertical laser tip access to the implant. Flap reflection may be necessary for complete access to threads in moderate to severe cases

#### PHASE II: SURGICAL PHASE

Phase II surgical treatment plan is developed based on the re-evaluation of periodontal inflammation and oral hygiene compliance. The surgical plan can be for a single implant or multiple sites.

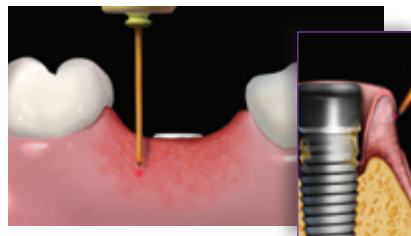
#### Step-by-Step Surgical Procedure

#### WaterLase*\*iPlus*<sup>™</sup> Pre-set Settings

1

##### OUTER POCKET DE-EPITHELIALIZATION

Outer pocket gingival epithelium is removed from the free gingival margin down to a width at least equal to the pocket depth.

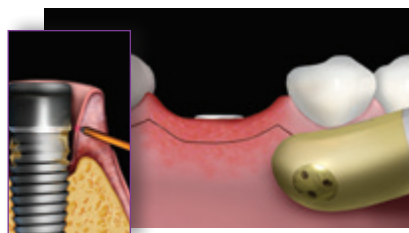


Tip: RFTP5  
Power: 1.5W  
Air/Water: 40%/50%  
Pulse rate: 30 Hz  
H mode

2

##### GINGIVECTOMY (AS NEEDED)

A gingivectomy should only be performed if pseudo-pocketing is present. Ensure you do not compromise adequate attached gingivae.

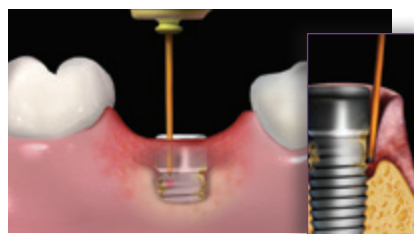


Tip: RFTP5  
Power: 1.5W  
Air/Water: 40%/50%  
Pulse rate: 30 Hz  
H mode

3

##### SULCULAR DEBRIDEMENT / DEGRANULATION

The epithelium should be removed and should be completed apically, from the free gingival margin down to the osseous level. All granulation tissue is removed. Gingival margin can be retracted as a mini-flap for access.



Tip: RFTP5  
Power: 1.5W  
Air/Water: 40% / 50%  
Pulse rate: 30 Hz  
H Mode

Continued on reverse.

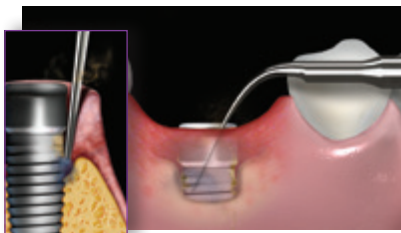
# REPAIR WATERLASE® ER,CR:YSGG PERI-IMPLANTITIS REGIMEN

CONTINUED

4

## DEBRIDEMENT OF IMPLANT

Conventional treatment with ultrasonics (Use implant-safe tips. Please consult your implant manufacturer for recommend-ed ultrasonic tips.) to osseous levels. Upon completion, place a radial firing tip circum-ferentially beginning at the coronal surface of the first thread exposed and moved apically.



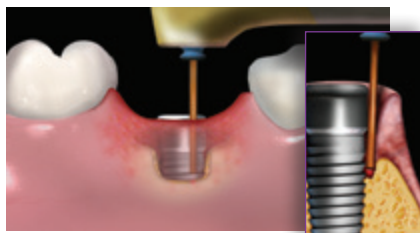
### After Ultrasonic Treatment

Tip: RFPT5  
Power: 1.5W  
Air/Water: 40% / 50%  
Pulse rate: 30 Hz  
H Mode

5

## BONE DECORTICATION

Re-contour osseous defects and stimulate bone regeneration. Hold tip parallel to implant surface and gently tap all the way down to and into bone, retracting slightly and repeating all the way around the implant. If necessary, change angle of laser tip and treat into the walls of infrabony defects.

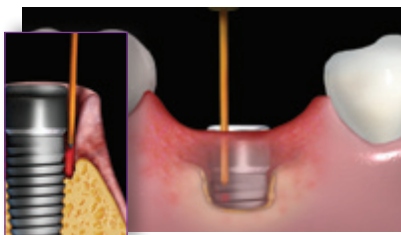


Tip: MZ6  
Power: 2.5W  
Air/Water: 10% / 10%  
Pulse rate: 30 Hz  
H mode

6

## SULCULAR DEBRIDEMENT

Remove residual debris and inducing blood coagulation.



Tip: RFPT5  
Power: 1.5W  
Air/Water: 10% / 10%  
Pulse rate: 30 Hz  
H Mode

7

## COMPRESS WITH 2X2

Compress surgical site with wet 2x2 for 3-5 minutes.



## PHASE III: POST-SURGICAL PHASE

- IMMEDIATE POST-OPERATIVE: Brush teeth lightly with soft brush and use mouth rinse to supplement brushing if discomfort exists.
- ONE WEEK AFTER LASER TREATMENT: Gently clean between teeth using an interproximal brush dipped in mouthwash.
- NO PROBING for at least 3 months, at which time a supragingival scaling is completed.

Introducing  
the New and Improved  
**WaterLase® iPlus™ 2.0**

