NOCO/SoWYO Perio Protocol

A PRACTICAL GUIDE FOR REFERRALS

SOUTHERN WYOMING PERIODONTICS
NORTHERN COLORADO PERIODONTICS

PERIO DIAGNOSIS AND MONITORING

NEW and EXISTING Patients in Your Office

Annual comprehensive perio charting including recession, furcations, mobility, and attached gingiva	Full mouth radiographic series (18-20 films, every 3-5 years)	Seven or more (7+) vertical bitewings annually

PERIODONTITIS CASES

1-3mm
pocket depths

- Preventive care
- Risk assessment
- Monitoring with annual charting

4-5mm
pocket depths

- Scaling/Root planing
- Re-evaluation
- Occlusal evaluation.
- If persistent or non-responsive to scaling/root planing consider use of antibiotics (local or systemic) and/or periodontist referral.

Perio maintenance Q3m lifelong with charting at alernating visits.

6+mm
pocket depths

- Referral to periodontist, especially if multiple sites, vertical bone defects, systemic contributing factors.

Perio maintenance Q3m lifelong with charting at alernating visits.

PERIODONTITIS TREATMENT OPTIONS

LANAP Laser Surgery | Repeated Scaling/Root Planing, Compromised Maintenance | Flap/Osseous with or without GTR/Bone Grafts | Extraction(s), Implant(s) or Other Replacement Options

GINGIVAL RECESSION / MUCOGINGIVAL DEFECTS

When to refer for soft tissue grafting:

- Lack of attached gingiva - Less than 2mm and/or can probe through attachment
- Recession that is progressing
- Recession causing esthetic concerns
- Recession at an area of future orthodontics
- Recession with root carries risk

Root Coverage Expectations

✓ **No interproximal bone loss and no root prominence**
= Complete coverage expected

◕ **Some interproximal bone loss and/or root prominence**
= Partial root coverage expected

✕ **Significant interproximal bone loss and/or severe root prominence**
= No root coverage expected
May still benefit from inceasing attached gingiva

GINGIVAL RECESSION/MUCOGINIVAL
TREATMENT OPTIONS

- Connective tissue grafts
- Free gingival grafts
- Dermal matrix (allograft) grafts
- Pinhole surgical technique

GINGIVAL ARCHITECTURE ISSUES

Gingival Enlargement/ Excess	Altered Passive Eruption
Inadequate Clinical Crown Length	Asymmetrical Gingival Margin
Excessive Gingival Display	Aberrant Frenum Pull
Lack of Vestibular Depth	Thin Tissue Phenotype

GINGIVAL ARCHITECTURE
TREATMENT OPTIONS

- Gingivectomy (scalpel or laser)
- Esthetic or functional crown lengthening (always involves osseous recontouring)
- Frenum and/or Vestibular release
- Soft Tissue Augmentation
- Sometimes coordinated with orthodontics and/or restorative provisionals

NOTICE: If you have any questions about any of the above information please feel free to reach out to our staff during our normal operating hours.

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*Froum SJ, Rosen PS. A proposed classification for peri-implantitis.Int J Perio Restorative Dent 2012; 32: 533-540

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Periodontal charting every other maintenance visit | Alternating once per year: Comprehensive Charting, PDs, Recession, Furcations, Mobility | Alternating at opposing visits Pocket depth charting only

Pocket Depths Compared to Prior Exams

Decreasing/Improving at 3mm or less

- **Bleeding Yes** → Continue Routine Maintenance
  - **Consider:**
    - Re-inforce OH
    - Keep or increase maintenance interval
- **Bleeding No** → Continue Routine Maintenance

Same +/- 1 mm up to 5mm

Consider probe angulation + position + xray w/ changes in bone

- **Bleeding Yes**
  - Localized S/RP and Reeveal
  - Localized Delivered Antibiotics
  - **Consider:**
    - Poor OH? - Retrain
    - Localized S/RP + reeveal
    - Systemic factors
    - Shorten maintenance interval
- **Bleeding No**
  - Continue Routine Maintenance Supra + Subgingival Management w/ Maintenance
  - **Consider:**
    - S/RP with locally delivered antibiotics + reeval
    - Systemic antibiotics + reeval
    - Refer to Periodontist

Increasing > 2 mm or more and/or 6mm or greater

Consider probe angulation + position + xray w/ changes in bone

- **Bleeding Yes** → Consider Referral to Periodontist
- **Bleeding No** → Consider Referral to Periodontist
  - **Treatment Options:**
    - Further S/RP with or without antibiotic use
    - Laser surgery
    - Osseous surgery with or without bone grafting
    - Extraction(s), implant(s), replacement(s)
    - Compromised maintenance

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***Adapted from: "The Periodontic Syllabus" 2nd Ed. Edited By: Peter F Fedi, Jr**