

innovations

Managing Dental Diseases in the 21st Century

Irrigation as an Adjunct to Home Care Shows Promising Results

By Dan Watt, DDS, FAGD

Dentistry is changing rapidly. With the exception of gold, hardly any of the materials used for restorations 30 years ago are in use today. The changes are so rapid that it is difficult for practitioners to stay current, and sometimes the educational information being disseminated is confusing. This is most prevalent in the management of dental diseases. The first question that clinicians should ask is do we really need to change. A compelling argument can be made that our hygiene programs are sufficient and our office priorities should focus on restorative efforts and limit disease management to prophylaxis and flossing and brushing.

But dental diseases still exist in epidemic proportions and professional therapy has not been as effective as it should have been. We know that both decay and periodontal diseases are infectious disorders. Although there are several bacterial contributors to periodontal diseases, *Actinobacillus actinomycetemcomitans* and *Porphyromonas gingivalis* are major putative pathogens. These microorganisms and spirochetes can also lead to and produce infections in extraoral sites. Research articles are reporting a relationship between periodontal diseases and cardiovascular disease, abnormal pregnancies, pneumonia, strokes, arthritis, and other systemic conditions. The significance of these findings is that clinicians must change their viewpoint concerning patient home care. It is no longer enough to only floss and brush with cosmetic toothpaste to combat dental disease, especially periodontal diseases.

This brings us to the question, Is

there a viable alternative? In numerous studies, irrigation with a pulsatile pressure instrument has demonstrated positive results in periodontal treatment home regimens, and studies have also demonstrated the effectiveness of the hydromagnetics of the Hydro Floss irrigator. Hundreds of dentists have reported outstanding results when the Hydro Floss was added to their patients' daily home care. It appears to slightly ionize water and its contents, and these ionized particles stick to the tooth surface and compete with the bacteria's ability to adhere and multiply. In clinical studies, use of the Hydro Floss irrigator reduced calculus formation by 50%.

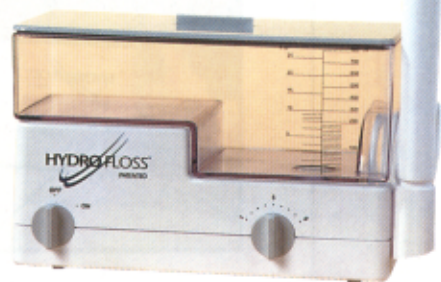
Another advantage is that most of the Hydro Floss's results were obtained with no additional antiseptics added to the irrigating solution. Water alone resolved most cases, although the addition of antiseptics can benefit the advanced or refractory cases.

The next question is, How can I gain maximum results for my patients? As a preventive measure for patients who do not exhibit disease, daily use of the Hydro Floss with warm water is the best tool. This is especially true with older patients because they are experiencing natural gingival recession, leaving larger interdental areas for food impaction and bacterial growth.

Another extremely important time to use the Hydro Floss is during orthodontic treatment. Periodontal diseases tend to establish themselves during periods of lowered immunity, but orthodontic appliances, bite plates, and partial dentures also serve to lower a patient's resistance to periodontal pathogens. It is not always

possible to predict when resistance will be lowered, so daily irrigation by patients will remove offensive bacteria and help to prevent disease.

It is best to start the patient out with simple irrigation using a standard tip. Many times the pockets will show dramatic



improvement in a matter of weeks. Many clinicians report success with just water. Others prefer to add an antiseptic. My suggestion would be to start with water and add solutions as needed. The critical issue is getting the patient comfortable with daily use of the irrigator. Home care, as studies have shown, is the deciding factor in treatment success, and the reason for failure, generally, is the patient's lack of perseverance.

In monitoring a patient's progress, it is imperative that some diagnostic measures are taken to evaluate the quality and quantity of bacteria. One diagnostic tool is periodontal probing. However, this is limited to exhibiting past damage and does not indicate current disease activity. A mistake in periodontal probing has been to rely on probing depths to direct treatment. A healthy pocket, no matter

its depth, does not need treatment unless it is needed for restorative reasons.

If monitoring reveals bacterial levels of putative pathogens, the irrigator tips can be modified. Hydro Floss offers a sulcus tip that can be pointed directly into the gingival sulcus. It will penetrate 4 to 6 mm in most cases. Deeper pockets can be maintained with the use of cannulas. Their use does require training and monitoring, but my experience with thousands

of patients has been that they can master cannula use without harming themselves.

For the recalcitrant or refractory cases, additional antiseptics can be added to the irrigating solution. The most potent is 0.2% chlorhexidine solution. A side effect is staining, but clinicians can monitor the progress of the patient's irrigation as this problem is corrected during future office visits.

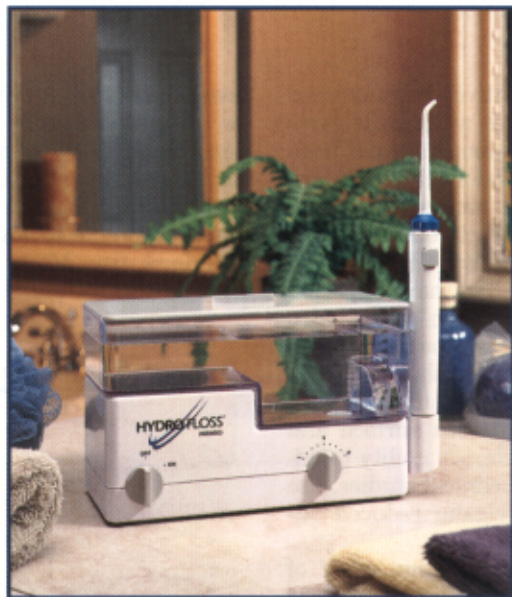
The bottom line is that irrigation

needs to be employed into hygiene programs. This adjunct to home care can no longer be ignored. Clinicians must meet their obligation to help patients maintain not only a healthy mouth, but also a healthy body.

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