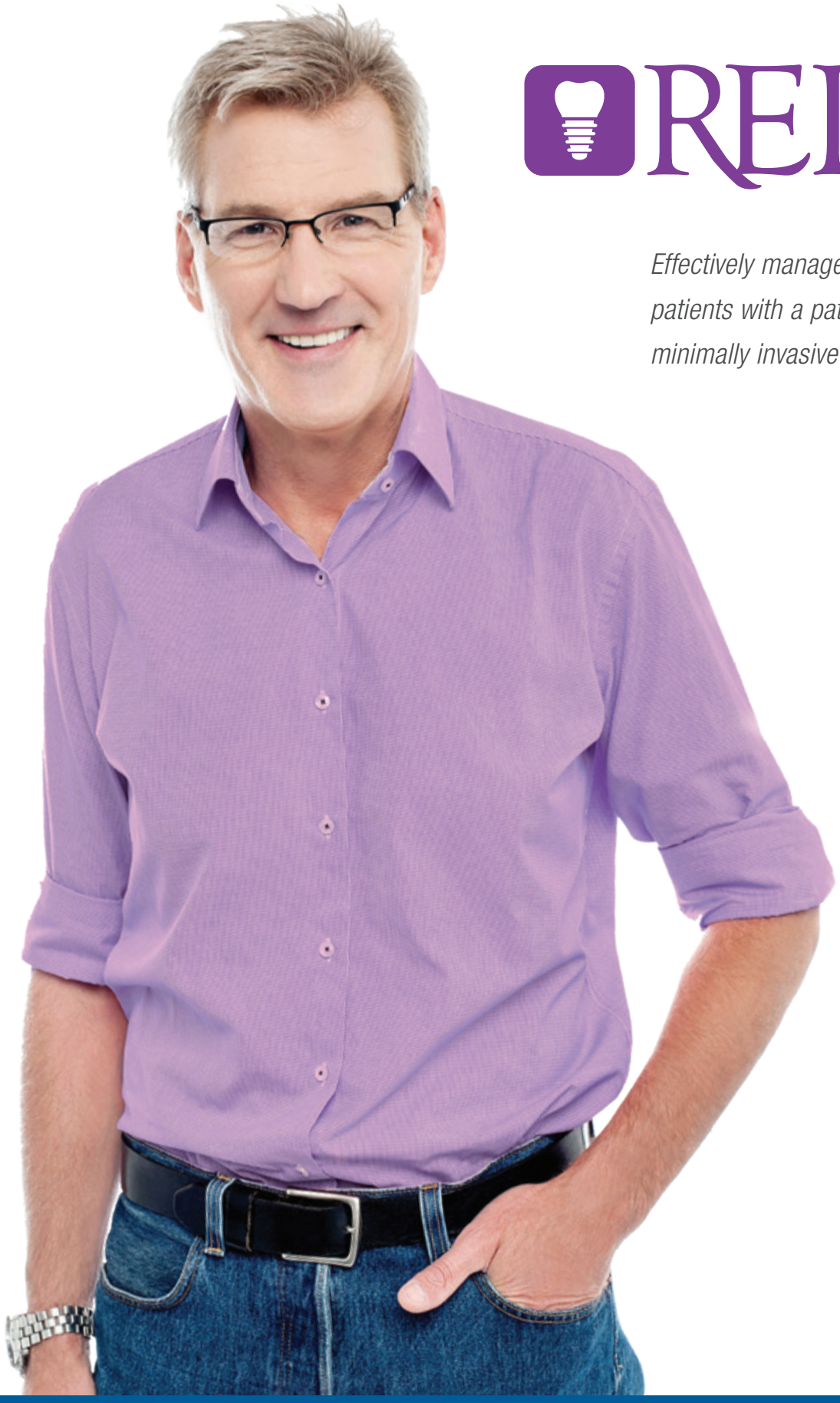

REPAIR™

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

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Advancing Dentistry™

REPAIR™

A Minimally Invasive Protocol for
Effective Management of Peri-Implantitis

REPAIR Implant™ provides clinicians a scientifically advanced method to assist in the management of peri-implantitis. Utilizing the Waterlase® and patented Radial Firing Perio Tips™ (RFPT), and Side Firing Tips™ (SFT), REPAIR Implant provides a safe, effective laser treatment protocol that patients accept and prefer.

- Minimally invasive
- Easy access to implant surface and in-between threads, without reflecting a flap
- Treat site-specific or full-mouth cases for greater flexibility in treatment planning
- Supported by clinical evidence and scientific research
- Versatile YSGG laser ideal for comprehensive clinical use
- Laser photoacoustic properties effectively debride the implant surface

REPAIR™

WATERLASE® ER,CR:YSGG PERI-IMPLANTITIS REGIMEN

REPAIR Implant is the first definitive step-by-step protocol for using a Waterlase laser to assist in the management of 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 affected 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.

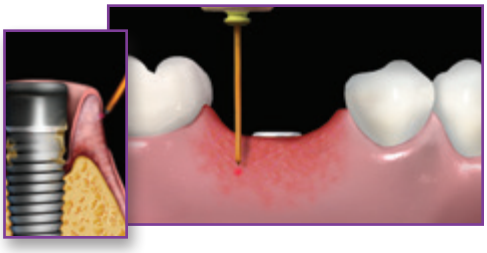
PHASE II: SURGICAL PHASE

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.

1 OUTER DE-EPITHELIALIZATION

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

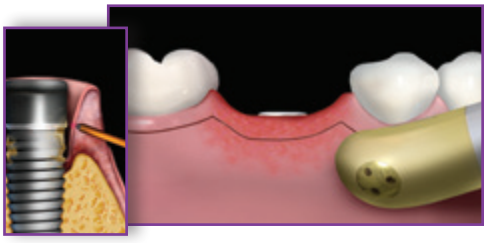
Tip	Power	Air/Water	Pulse rate	Mode
RFPT5	1.5W	40% / 50%	30 Hz	H



2 GINGIVECTOMY (AS NEEDED)

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

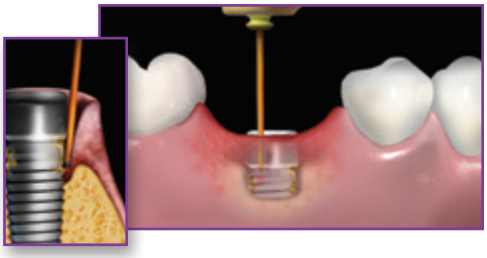
Tip	Power	Air/Water	Pulse rate	Mode
RFPT5	1.5W	40% / 50%	30 Hz	H



3 POCKET DEBRIDEMENT

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



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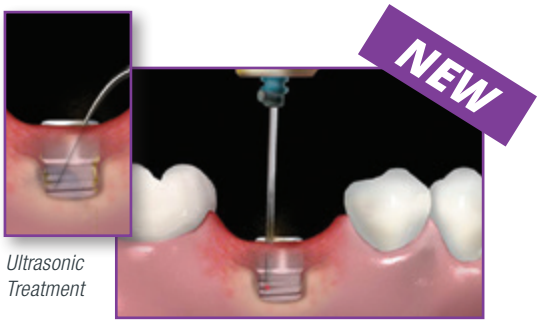
REPAIR™ WATERLASE PERI-IMPLANTITIS REGIMEN CONTINUED

4 IMPLANT DECONTAMINATION

Conventional treatment with ultrasonics to osseous levels. (Use implant-safe tips. Please consult your implant manufacturer for recommended ultrasonic tips.) Upon completion, place a side firing tip circumferentially beginning at the coronal surface of the first thread exposed and move apically.

NOTE: When using the side firing tip, the orientation of the tip handle should be opposite (180º) the direction of the laser energy output.

Tip	Power	Air/Water	Pulse rate	Mode
SFT8	1.5W	40% / 50%	30 Hz	H



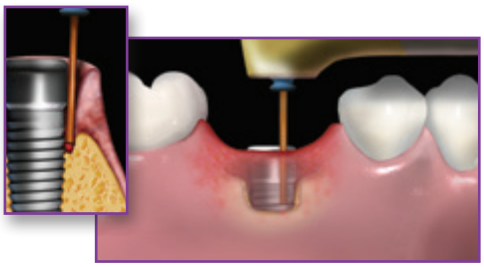
Ultrasonic Treatment

Side-Firing Tip

5 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.

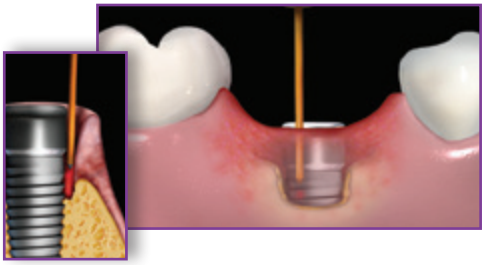
Tip	Power	Air/Water	Pulse rate	Mode
MZ6	2.4W	70% / 80%	30 Hz	H



6 FINAL DEBRIDEMENT

Remove residual debris and induce blood coagulation.

Tip	Power	Air/Water	Pulse rate	Mode
RFPT5	1.5W	10% / 10%	50 Hz	H



7 COMPRESS WITH 2X2 GAUZE

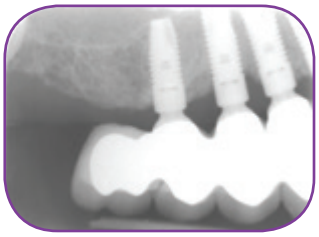
Compress surgical site with wet 2x2 gauze for 3-5 minutes.

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.

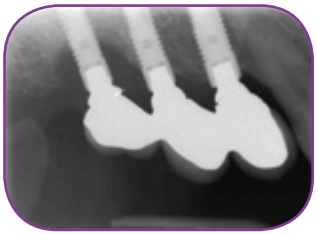
CASE 1 – Courtesy of Dr. Rana Al-Falaki

BEFORE



1 YEAR AFTER FLAPLESS TECHNIQUE

CASE 2 – Courtesy of Dr. Rana Al-Falaki



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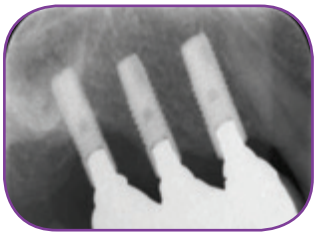
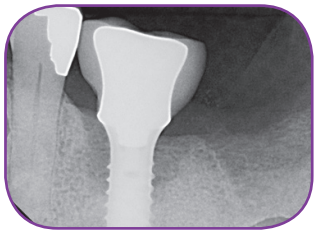


20 MONTHS AFTER

CASE 3 – Courtesy of Dr. Todd Jorgenson



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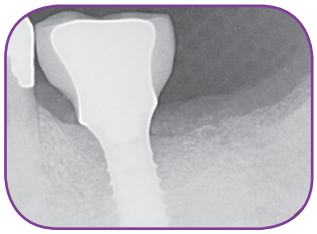

12 MONTHS AFTER

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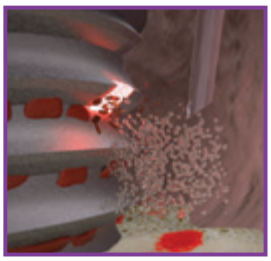
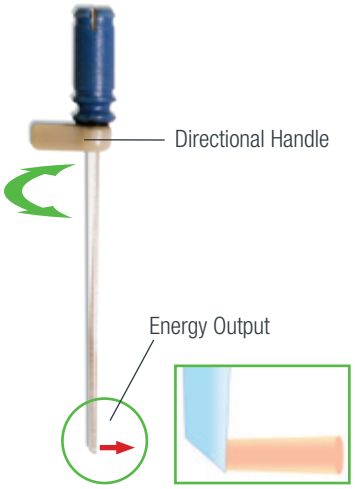
Successfully managing peri-implantitis is more important than ever.

In conjunction with a Waterlase® All-Tissue Laser, REPAIR Implant is a groundbreaking solution for the management of peri-implantitis.

- Minimally invasive protocol, no scalpels, suture or open flaps
- Treat specific sites or full-mouth cases in a single visit
- Gentle removal of granulation tissue associated with implant disease





THE ALL-NEW WATERLASE SIDE FIRING TIP

The Waterlase Side Firing Tip (SFT) is ideal for safely and effectively debriding implant threads and is superior to traditional implant debridement methods.

Feature	SFT	Traditional
Access to subgingival infected implant and in-between threads, without opening a flap	✓	✗
Effective at removing **>98%** of biofilm on infected titanium surface[1]	✓	✗
Does not damage titanium surface or significantly affect surface temperature	✓	✗

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[1] Data on file.

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