

References

1. Berglundh T et al. Peri-implant diseases and conditions: Consensus report of workgroup 4 of the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions. *J Periodontol*, 2018 Jun;89 Suppl 1:S313-S318
2. Wohlfahrt et al. EAO 2013 Poster presentation, Dublin. Treatment of peri-implant mucositis using a resorbable chitosan brush – a pilot clinical study
3. Wohlfahrt et al. Treatment of peri-implant mucositis with a chitosan brush – A pilot randomized clinical trial. *Int J Dent Hyg*. 2018. Dec 24. doi: 10.1111/idh.12381. [Epub ahead of print] and IADR poster presentation 2014, Cape Town, SA
4. Wohlfahrt et al. A novel non-surgical method for mild peri-implantitis – a multicenter consecutive case series. *Intnl. Journal of Implant Dentistry* (2017) 3:38

LABRIDA AS is a company established by expertise within oral implantology and management of peri-implant disease. Labrida AS develops, markets and offers patented (pending) technologies for better and easier treatment of peri-implant mucositis and management of peri-implantitis.

All intellectual property rights, including but not limited to copyright and trademarks and domain names, vested in these materials, as well as contained on the respective websites, are held by Labrida AS and may not be copied, reproduced, adapted, published or distributed in any form whatsoever without the prior written consent of Labrida AS.

Further, no representation, condition or warranty whatsoever is made or given by or on behalf of Labrida AS.



Labrida BioClean®

Maintaining Peri-Implant Health

Maintenance of dental implants is key to long term success!



The clinical challenge

Peri-implantitis

70 million
implant patients

Globally there are around 100 million dental implants in 70 million patients

20–40%
experience
peri-implantitis

20–40% of these implant patients will experience peri-implantitis 5–10 years after the implants have been installed

Complex

Established peri-implantitis is very complex and involving treating

**Costly and
difficult**

Loss of implants is a dramatic situation for both the patient and the dentist and it is very costly and often difficult, sometimes hopeless, to replace lost implants

Labrida BioClean®

– dental implants need maintenance



Labrida BioClean®
is your scientifically
documented choice

How to avoid the problem

- Inform the patient before implant treatment
- Examine the implant and the supra construction
- Register PPD, BoP and suppuration
- Radiographic examination if clinical signs of peri-implant disease
- Maintenance recalls including oral hygiene instructions and professional cleaning
- Refere to specialist if problem persists

Peri-Implant health and disease

Main clinical characteristics¹



Peri-Implant health

Diagnosis requires

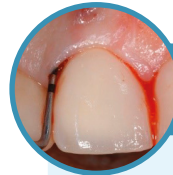
- Absence of clinical signs of inflammation (erythema, swelling)
- Absence of bleeding and/or suppuration on gentle probing
- No increase in probing depth compared to previous examinations
- Absence of bone loss beyond crestal bone level changes resulting from initial bone remodeling

Recommended treatment

- Reinforcement of oral hygiene
- Supramucosal cleaning as needed

Maintenance treatment

- Maintenance of dental implants using Labrida BioClean® is not necessary at this stage
- Yearly follow ups and radiographs if increase in pocket probing depths



Peri-Implant mucositis

Diagnosis requires

- Presence of bleeding and/or suppuration on gentle probing **with or without** increased probing depth compared to previous examinations
- Absence of bone loss **beyond** crestal bone level changes resulting from initial bone remodeling

Recommended treatment

- Reinforcement of oral hygiene
- Professional supramucosal cleaning with removal of calculus as needed
- Correction of local risk factors such as removal of cement remnants
- Submucosal debridement with Labrida BioClean®

Maintenance treatment

- Maintenance treatment including debridement with Labrida BioClean® repeated with a 3–6 month intervals depending on clinical response
- Radiographs if increase in pocket probing depths



Peri-Implantitis

Diagnosis requires

- Presence of **bleeding and/or suppuration** on gentle probing
- Increased **probing depth** compared to previous examinations
- Presence of **bone loss** beyond crestal bone level changes resulting from initial bone remodeling

Recommended treatment

Presurgical treatment phase

- Reinforcement of oral hygiene
- Professional supramucosal cleaning with removal of calculus as needed. Correction of local risk factors such as removal of cement remnants
- Careful submucosal debridement with Labrida BioClean®

Maintenance treatment

- Maintenance treatment including debridement with Labrida BioClean® repeated with a 3–6 month intervals depending on clinical response
- Radiographs if increase in pocket probing depths
- Possibly renewed surgery if poor clinical response

In the absence of baseline data diagnosis of peri-implantitis can be based on the combination of:

- Presence of **bleeding and/or suppuration** on gentle probing
- Probing depths of **≥6 mm**
- Bone levels **≥3 mm apical of the most coronal portion of the intraosseous part** of the implant

Surgical treatment phase

- Slight peri-implantitis:
Re-evaluation after 4–6 weeks and surgery if no clinical improvement. Meticulous follow up
- Severe peri-implantitis:
Surgery

The implant patient with an optimal long-term result

Surgery

How to optimize the implant surgery for an optimal long-term result

- Evaluate and control risk factors for peri-implantitis (smoking, periodontitis, diabetes etc.)
- Vitality test neighbouring teeth and exclude apical pathology
- Ensure optimal positioning of the implant
- Active treatment of periodontitis must be completed before implant placement
- Wait minimum five months before placing an implant after tooth loss caused by periodontitis

Prosthetics

How to optimize the implant prosthetics for an optimal long-term result

- Avoid over contoured supra constructions
- Screw retained supra construction is preferable
- If cemented supra construction, avoid cement remnants
- Optimize access for approximal oral hygiene
- Preferably, work at abutment level

Maintenance

Follow up and maintenance – who, what, how

- Remember baseline examinations with X-rays and PPDs
- Remember to inform the patient already before the implant placement, that the implant needs maintenance to minimize the risk for peri-implant disease
- Set a maintenance plan for the patient, 2-4 times a year, depending on the clinical response
- Labrida BioClean® is used for maintenance of implants, 2-4 times a year
- Give oral hygiene instructions on a regular basis

Solutions

What to do if a problem occurs

- Remember that peri-implantitis is an aggressive disease that must be treated fast and followed up meticulously
- After peri-implantitis surgery, the implant must be maintained 2-4 times a year, depending on clinical response
- Labrida BioClean® is optimized for maintenance of dental implants



Labrida BioClean®

– more than a brush!

Labrida BioClean® maintains peri-implant health

- Treatment of peri-implant mucositis^{2,3}
- Treatment of mild peri-implantitis⁴

Treatment with Labrida BioClean® leads to a significant reduction in clinical parameters of inflammation, documented both in cases of peri-implant mucositis and mild peri-implantitis.

Easy and efficient

- Efficient implant maintenance
- Effective cleaning of the implant surface
- Gentle to implant surface and soft tissues
- Easy in handling

Increased patient comfort and thus increased patient compliance

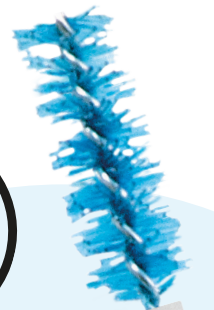
- Gentle and painless treatment
- Limited need for anesthesia
- Short treatment time

Labrida BioClean® in use

To ensure correct use and optimal performance of Labrida BioClean®, please make sure to always:

1. Wet the brush for at least 2 minutes in sterile saline
2. Use Labrida BioClean® in an oscillating handpiece*

*E.g. NSK ER10 Shank, NSK TEQ-Y Head, KavoKerr SmartMATIC Prophyflex S53



The fibers of the Labrida BioClean® brush are made of chitosan. Chitosan has multiple well documented properties which makes this biomaterial optimal for implant supportive care. Any chitosan brush fibers left in the peri-implant pocket are harmless and may even have a positive impact.

Bacteriostatic and anti-inflammatory properties

Biocompatible and resorbs very fast

A marine biopolymer

Non-allergenic