

References

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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
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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.

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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 intraseous 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

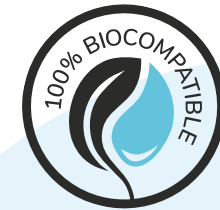
- Gentle and painless treatment
- Limited need for anesthesia
- Short treatment time

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 Prophylflex 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