

NoCo Perio Protocol / SoWyo Perio Protocol

When Should a Periodontist Referral be Considered?

Diagnosis - New patients or 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 vertical bitewings annually

Periodontitis cases

1-3mm Pocket Depths - Preventive care, Risk assessment, Monitoring with annual charting

4-5mm Pocket Depths - Scaling/Root planing then Reevaluation, 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 alternating visits

6+mm Pocket Depths - Referral to periodontist, especially if multiple sites, vertical bony defects, systemic contributing factors. Perio maintenance Q3m **lifelong** with charting at alternating visits

Gingival Recession/ Mucogingival defects

When to refer for 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 caries 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 increasing attached gingiva

Gingival Architecture issues

- Gingival enlargement/excess
- Altered passive eruption
- Inadequate clinical crown length
- Inconsistent gingival margin
- Excessive gingival display
- Aberrant frenum pull
- Lack of vestibular depth

Periodontitis treatment options:

- LANAP laser surgery
- Flap/Osseous with or without GTR/bone grafts
- Repeated Scaling/root planing/Compromised maintenance
- Extraction(s)/Implant(s) replacement(s)

Gingival Recession/Mucogingival treatment options:

- Connective tissue grafts
- Free gingival grafts
- Dermal Matrix (allograft) grafts
- Pinhole Surgical Technique

Gingival architecture treatment options:

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

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Monitoring Periodontitis during Q3M Periodontal Maintenance

Stable treated and Maintained Periodontitis Patients

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
No

Bleeding
Yes

Continue Routine
Maintenance

Consider:

1. Re-Inforce OH
2. Keep or Increase maintenance interval

Same +/- 1mm up to 5mm

Bleeding
No

Bleeding
Yes

Continue Routine
Maintenance
Plus consider:

Localized S/RP + Reeval

Consider:

1. Poor OH? - Retrain
2. Localized S/RP + Reeval
3. Systemic factors
-Diabetes, others
4. Shorten maintenance
interval

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

Bleeding
No

Bleeding
Yes

Consider referral to periodontist

Consider:

1. S/RP with Locally delivered antibiotics + Reeval
2. Systemic antibiotics + Reeval
3. Refer to Periodontist

Treatment options:

1. Further S/RP with or without antibiotic use
2. Laser surgery
3. Osseous surgery with or without bone grafting
4. Extraction(s), implant(s), replacement(s)
5. Compromised maintenance