

## 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

**NoCo Perio Protocol / SoWyo Perio Protocol**  
**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

Locally Delivered Antibiotics

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

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

**Bleeding No**      **Bleeding Yes**

Consider referral 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