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erioflush

for the irrigation of periodontal pockets



Manufactured by:
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D L S DENTAL LIFE
SCIENCES

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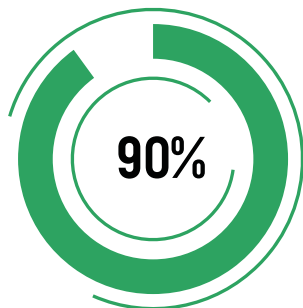
Perioflush

for the irrigation of periodontal pockets
Liquid

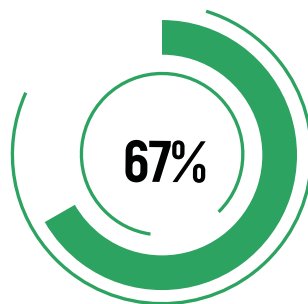
- irrigates, rinses and cleans periodontal pockets
- dissolves and dilutes inflammatory accumulations within periodontal pockets
- removes 99% of microorganisms



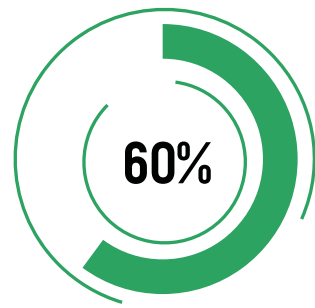
WHY PERIOFLUSH?



90% of population (including children) have, at least once, suffered from gingivitis



67% of population do not know the causes and the available treatment methods of parodontitis



60% of population regularly suffer from at least one periodontal disease

NOTE!

- Irrigation of periodontal pockets is the most neglected dental procedure.
- Irrigation of periodontal pockets takes approx. 2-3 minutes and it should be performed alongside most of the other dental procedures.
- Only regular irrigation of periodontal pockets ensures a complete elimination of disease symptoms. The procedure should be performed regularly – every three months.

EXAMPLES OF PERIODONTAL DISEASE



PERIODONTAL POCKETS

Periodontal pockets around lower incisors are (in adults) the most common cause of the loss of healthy teeth.

55% of population aged 35-44 have 2-4 periodontal pockets which require a specialised treatment.



AREAS AROUND TEETH WITH DIFFICULT ERUPTION, ESPECIALLY WISDOM TEETH

Partial tooth eruption usually causes pericoronitis - a bacterial infection of the soft tissues around the crown of a partially erupted tooth. It occurs when food debris is trapped under an operculum (a soft tissue flap that covers some of the chewing surface of a partially erupted tooth). Such area cannot be adequately cleansed and therefore it becomes an ideal environment for accumulation of bacteria.

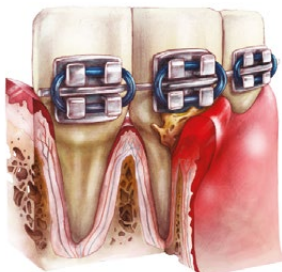
90% of patients with wisdom teeth have experienced repeated episodes of pericoronitis during eruption of those teeth.



INTERDENTAL SPACES WITHOUT PROPER POINTS OF CONTACT

Open contact between adjacent teeth causes food debris and plaque accumulation and it is an ideal space for bacterial growth. Those remains can be hard to clean out, which leads to inflammation and infection.

According to the survey*, this is the most frequent cause of periodontal disease.



AREAS AROUND ORTHODONTIC APPLIANCES

Vast majority of patients with fixed orthodontic appliances have, at least once, suffered from periodontal disease at some point during their treatment. Such appliances cause an increase in bacteria around the bracket and the band. These, combined with poor oral hygiene and abnormal occlusal forces, can result in a rapid development of periodontal disease.

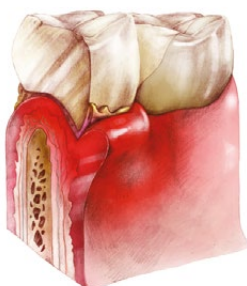
According to the survey*, around 30% of patients with fixed orthodontic appliances frequently suffer from at least one type of periodontal disease.



PERIODONTAL POCKETS AROUND TEETH INTENDED FOR EXTRACTION

Periodontal pockets are usually found around teeth affected by dental caries and intended for extraction. Inflammation may significantly impair the healing process of the socket after the tooth has been extracted.

There are approx. 50 000 carious teeth removed each year. Periodontal pockets are found in almost all of these cases.



AREAS UNDER RESTORATIONS SUCH AS BRIDGES AND CROWNS

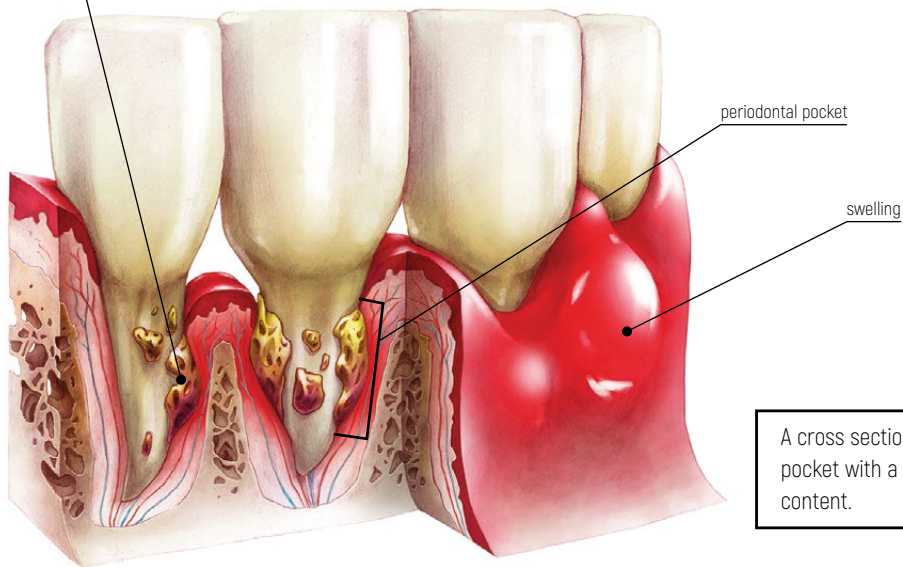
Areas around restorations (especially improperly constructed ones) are exposed to an increased food debris and plaque accumulation. Such places are difficult, or even impossible, for the patient to clean at home.

In patients with restorations, using a regular toothbrush does not ensure a proper oral hygiene. However, only around 10% of population uses dental floss on a daily basis; only around 5% of population regularly uses mouthwash.

PERIODONTAL POCKETS

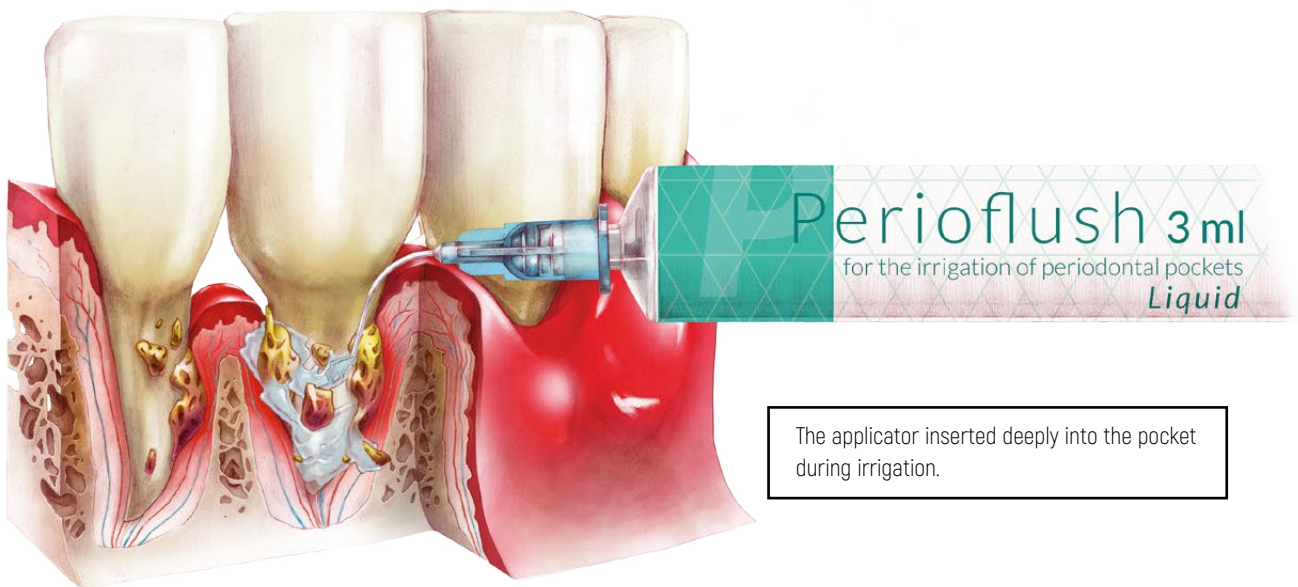
inflammatory content + plaque

SYMPTOMS



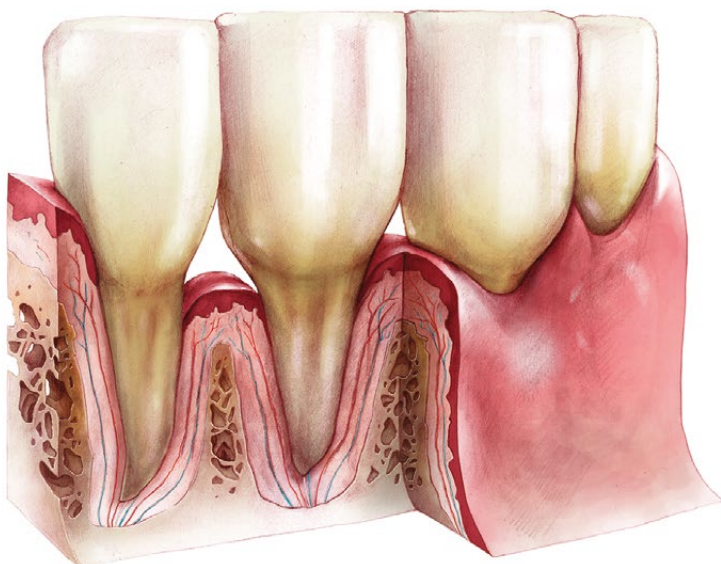
A cross section of a periodontal pocket with a visible inflammatory content.

APPLICATION



The applicator inserted deeply into the pocket during irrigation.

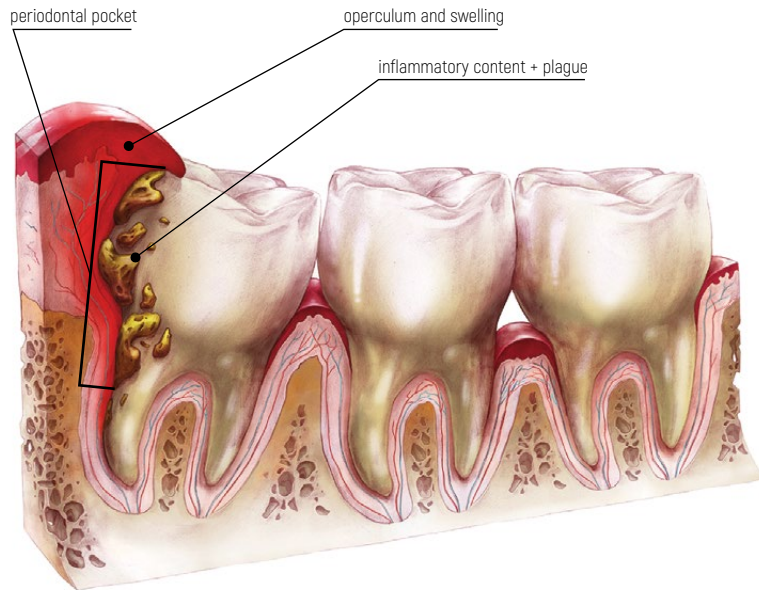
RESULT



The pocket has been cleansed, the inflammatory content has been removed, the swelling has significantly gone down - epithelial attachment regeneration is now possible.

AREAS AROUND TEETH WITH DIFFICULT ERUPTION, ESPECIALLY WISDOM TEETH

SYMPTOMS



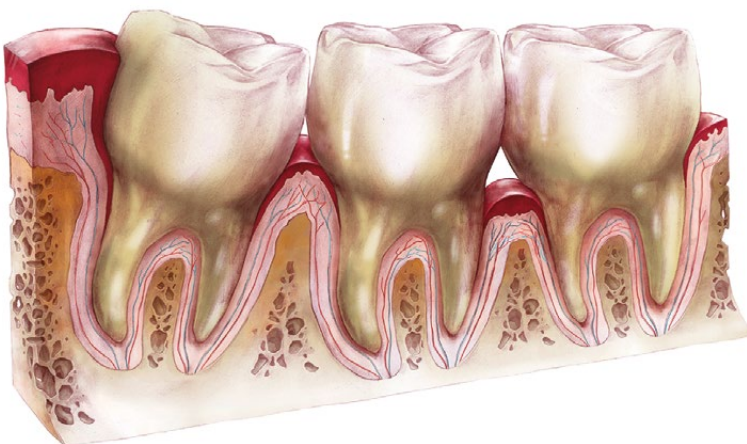
A cross section of a periodontal pocket caused by pericoronitis around a wisdom tooth.

APPLICATION



The applicator inserted deeply into the pocket during irrigation.

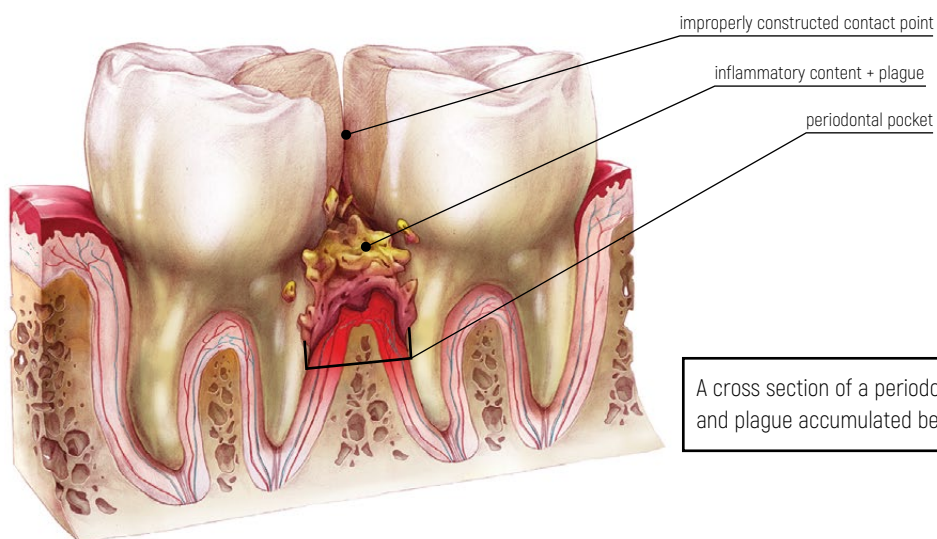
RESULT



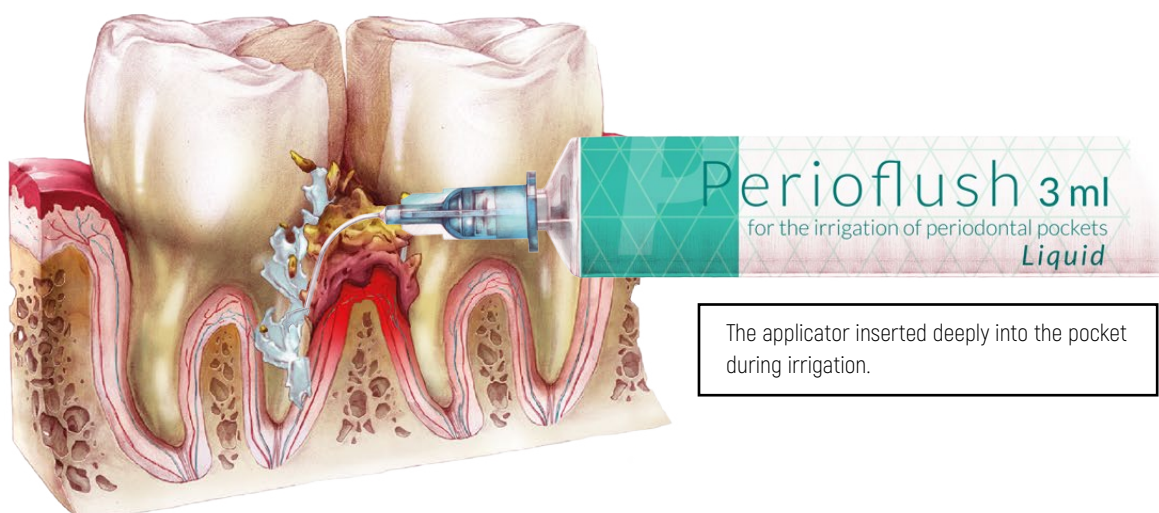
The pocket has been cleansed, the inflammatory content has been removed, the swelling has significantly gone down - epithelial attachment regeneration is now possible.

INTERDENTAL SPACES WITHOUT PROPER POINTS OF CONTACT

SYMPTOMS



APPLICATION

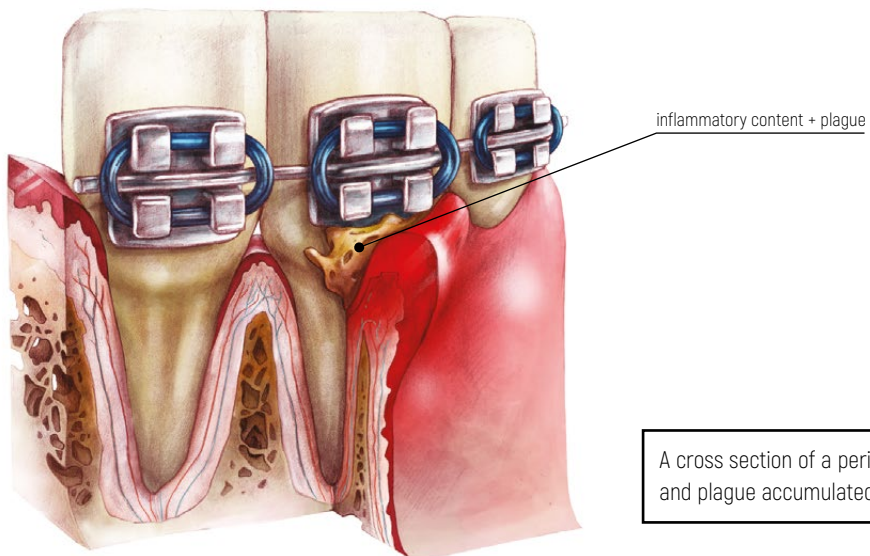


RESULT

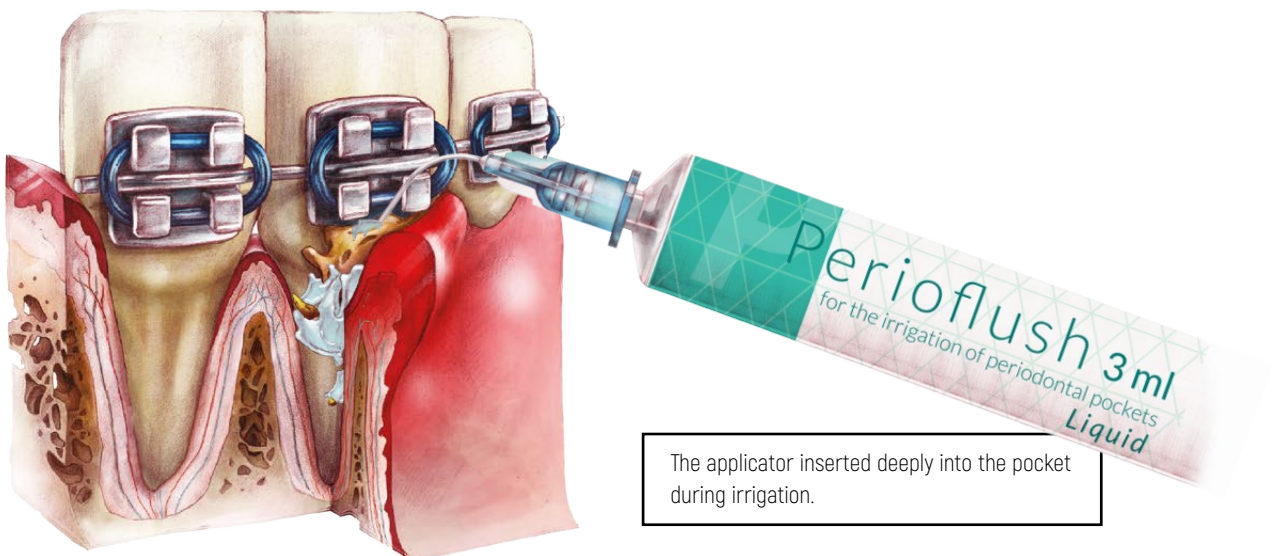


AREAS AROUND ORTHODONTIC APPLIANCES

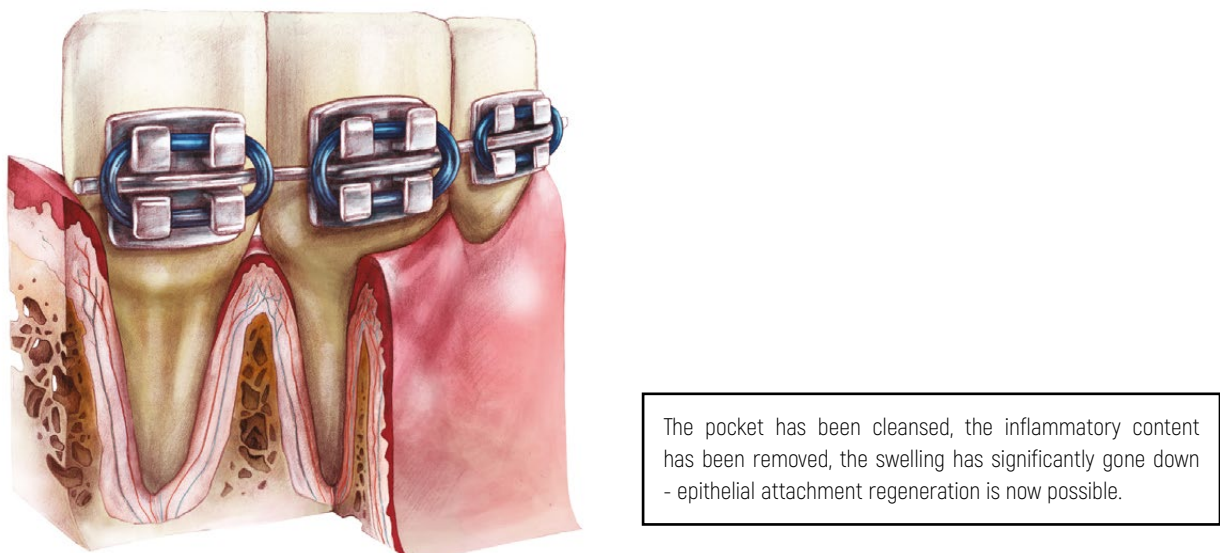
SYMPTOMS



APPLICATION

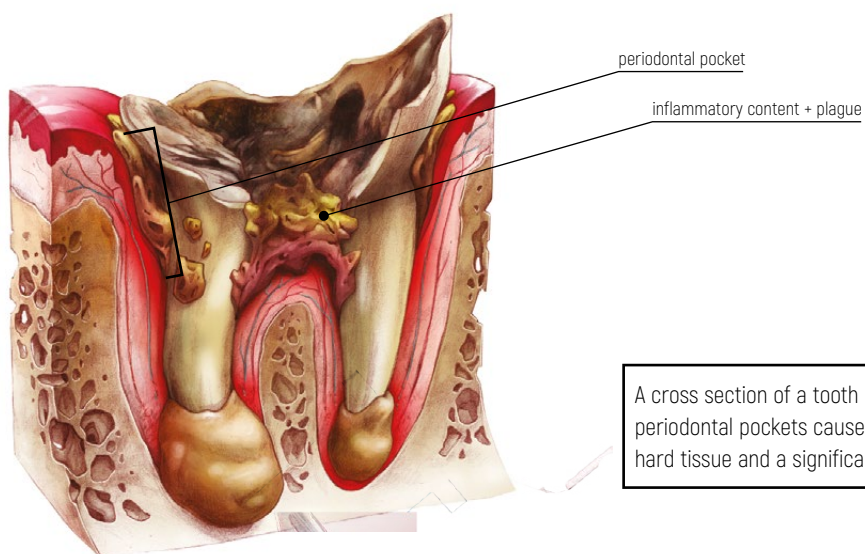


RESULT

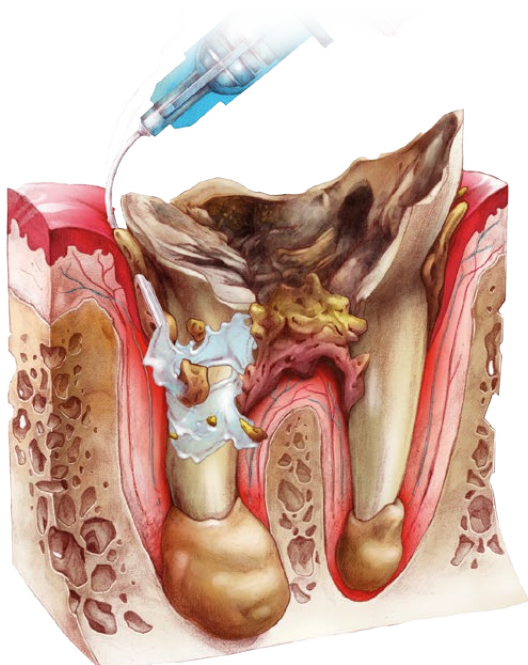


PERIODONTAL POCKETS AROUND TEETH INTENDED FOR EXTRACTION

SYMPTOMS



APPLICATION

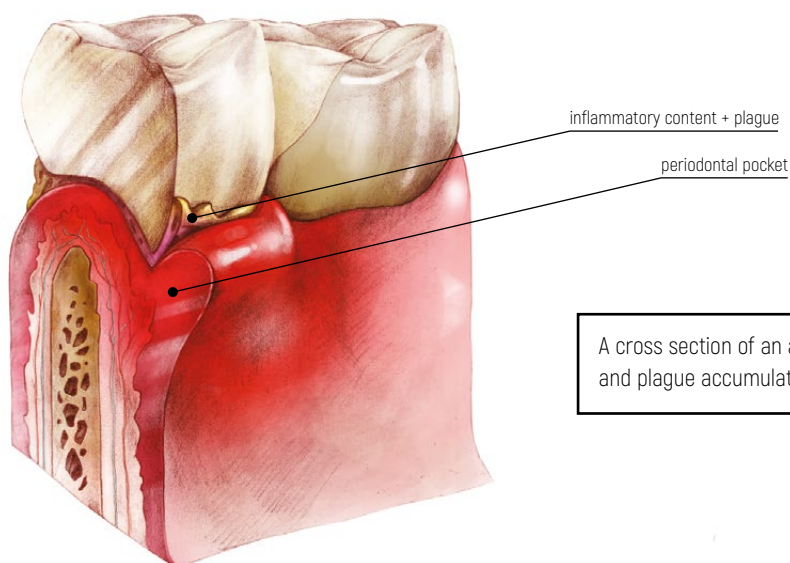


RESULT



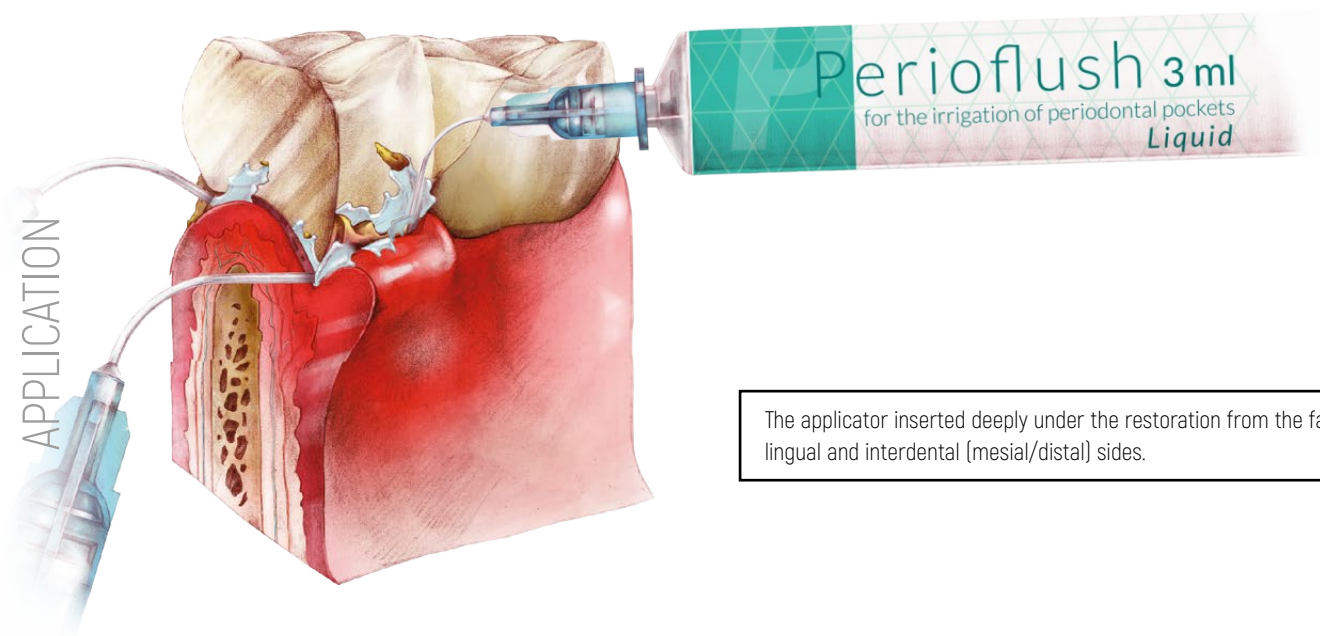
AREAS UNDER RESTORATIONS SUCH AS BRIDGES AND CROWNS

SYMPTOMS



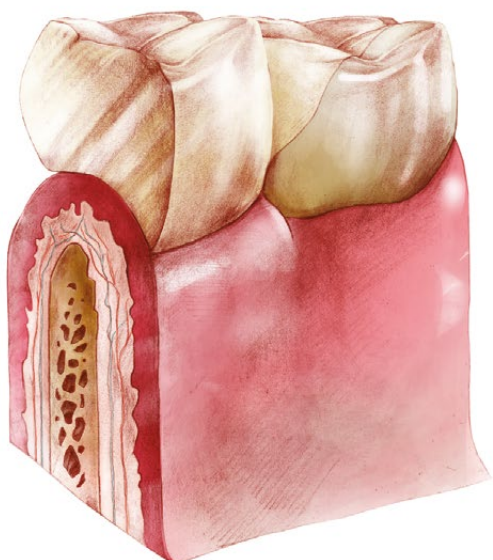
A cross section of an area of inflammation caused by food debris and plaque accumulated around the restoration.

APPLICATION



The applicator inserted deeply under the restoration from the facial, lingual and interdental (mesial/distal) sides.

RESULT



The area has been cleansed, the inflammatory content has been removed, the swelling has significantly gone down, the pain has been alleviated.

PRESENTATION

Perioflush is available as a single pack, containing one 3 ml syringe of liquid solution together with a syringe applicator (pre-bent needle tip), or as a kit of 10 syringes (3 ml each) with 10 applicators. One syringe is to be used for one patient.

METHOD OF USE

Perioflush is a safe preparation and it may be used freely in accordance with individual needs.

Most people (85%) achieve a considerable improvement after a single application to the infected pocket. The syringe and the applicator have to be inserted with care so as not to further damage the gingiva. Slowly press the plunger of the syringe to inject the preparation into the pocket, moving the tip along the surface of the tooth. After irrigating the pocket, rinse the mouth with water. In acute conditions or in the case of sensitive teeth, slightly heat the preparation prior to use, by placing it in, e.g. warm water.

Repeat rinsing procedure once for 3-4 months to avoid reoccurrence of the acute inflammation.

CONTRAINDICATIONS

Hypersensitivity to any of the ingredients.

INTERACTIONS

None known.

SIDE EFFECTS

None if the preparation is used in accordance with the instructions.

Perioflush can be used in patients with ulcers, diabetes and in pregnant women.

ADDITIONAL INFORMATION

For use by dental surgeons. Store at room temperature. Keep out of reach of children.

FORMULATION

1. Aqua purificata
2. Silver nanocolloid solution
3. Sodium nitrate
4. Apple flavour, mint flavour
5. Phosphoric acid
6. Lactic acid



COLOURFLOW



CICC IN BLISTERS



GLAZE



COMCORD



SEALPRIM



COMCORD SCISSORS



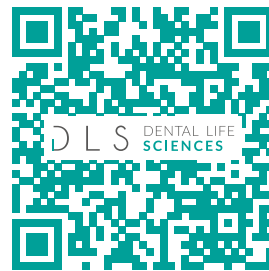
CHORDS



PREOP



PERIOFLUSH



SHAPEDCHORDS



ETCHGEL



SILKFLOW



CREATE



CREATE IN BLISTERS



BOND



COLOURANT