CREATING LONG-LASTING OUTCOMES

No Scaler Required

Why Focus on Biofilm?

- Biofilm, not calculus, is the key focus for preventing oral disease.
- Modern care emphasizes biofilm disruption over traditional cleaning methods.

Guided Biofilm Therapy (GBT) Overview

- **No Scaler Needed**: When performed correctly, GBT eliminates the need for mechanical debridement.
- **Steps in GBT**:
  - **Disclosure**: Visualize the biofilm.
  - **Motivation**: Engage and educate the patient.
  - **AirFlow with Erythritol Powder**: Gently disrupts biofilm.
  - **Selective Scaling**: Only when necessary.
  - **Polishing & Protection**: Use varnish and remineralizing agents as needed.

Motivational Interviewing in Biofilm Management

- Helps patients understand and change their oral health habits.
- Explore patients' thoughts on home care.
- Encourage autonomy by showing findings.
- Highlight the value of oral health.

Tools & Techniques

- **AirFlow with Erythritol Powder**: Gentle biofilm removal.
- **Comfort Soft Retraction Tools**: Enhance visibility and comfort.
- **MouthMate**: Aids in home care for missed areas.
- **DryDent Sublingual**: Effective moisture control.

Importance of Documentation

- Record biofilm patterns, home care discussions, and patient responses.
- Use photos for before and after comparisons.
- Determine risk levels and set appropriate recall intervals.

Changing the Hygiene Mindset

- Shift focus from "cleanliness" to "biofilm disruption."
- Prioritize patient learning over complete scaling.
- Emphasize biofilm control as the core of patient care.

Diagnostic Observations Clinical documentation should include: -

- Mallampati scores -
- Tonsil and tongue-tie grading -
- Oral cancer screening + HPV discussion -
- Disclosed biofilm patterns -
- Tools used (AirFlow, Piezo, hand instruments) -
- Bleeding, inflammation, probing depths -
- Home care tools and behavioral strategies discussed -
- Sleep/airway/myofunctional risks -
- Recall interval and any topical medicaments

ADA Nonrestorative Caries Treatment Guidelines Nonrestorative caries management halts or reverses decay without removing tooth structure.

- Focuses on remineralization and lesion arrest.
- Primary & Permanent Teeth: -
  - Preferred: Sealants + 5% NaF varnish -
  - Alternatives: Sealants alone, APF gel, resin infiltration -
- Cavitated lesions: 38% SDF Root Caries: -
  - Preferred: 1.1% NaF toothpaste (5000 ppm) daily -
  - Alternatives: SDF annually,
  - CHX/thymol varnish q3-6mo
- Non-Fluoride Prevention & Adjuncts -
  - Xylitol gum/lozenges (5-8g/day) post-meals -
  - CHX/thymol varnish for root caries (q3mo) -
  - Not recommended: CHX rinses, high-dose varnish for coronal caries -
- Glass Ionomer Sealants: Reinforce demineralized enamel with fluoride and calcium ions -
- Guided Enamel Remineralization: Peptides (e.g., Curodont) stimulate enamel growth and repair
- SDF Protocol and Benefits - Arrests and prevents caries - Decreases hypersensitivity - Releases 44,800 ppm fluoride -
  - Turns lesions black (esthetic consideration)
  - Application: - Mild caries: Every 6 months -
    - Moderate: Every 6 months + loading dose -
    - Severe: 6 months + 2 loading doses + 3 months
- Nonsurgical Periodontal Therapy - Evidence-Based Guidelines Gold Standard:
  - 1. SRP alone (cornerstone of therapy)
  - 2. SRP + systemic doxycycline (host modulation) Other Antibiotic Adjuncts: -
  - Systemic: Amoxicillin + Metronidazole, Azithromycin, etc. -
  - Local: CHX chips, doxycycline hyclate gel, minocycline microspheres
  - Lasers: - Limited support for diode (photodynamic) -
  - Nd:YAG and Er:YAG not supported Irrigation: -

- Routine subgingival irrigation with antimicrobials = not recommended - Recommend as guided home care only

Resources

- **Recommended Reading**:
  - "Motivational Interviewing in Dentistry" by Lynn Carlisle, DDS
  - "What Happened to You?" by Bruce Perry & Oprah Winfrey
  - GBT resources from EMS Dental

Reflection Questions

- What practices in my routine could be changed for better patient outcomes?
- What conversations can I initiate to encourage change?
- How can I move from using a scaler to empowering patients through education?