OXYSAFE[®] Professional –

testimonials from a dental hygienist

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- 1990 1993 Training as a dental assistant
- 2004 2011 Dental assistant, assistance and children's prophylaxis
- 2010 2011 Advancement training to dental prophylaxis assistant, Dental Association Schleswig-Holstein, Germany
- 2011 2014 Professional activity as dental prophylaxis assistant
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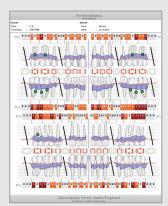
Periodontitis therapy with adjuvant use of OXYSAFE

I work in a prophylaxis-oriented dental practice, and since periodontitis is a widespread disease that is all too often diagnosed too late, the whole prophylaxis team has a lot to do. We always work "up to date" and are very open to new treatment methods. I, therefore, did not hesitate to try out an innovation without CHX and antibiosis when I learned that with OXYSAFE Professional there is a new, promising approach available in periodontal therapy. In November 2019, a 20-year-old patient presented herself to our practice for the first time. She was very anxious and had not seen a dentist for a long time. The initial findings showed generalized probing bleeding, probing depths up to 5 mm and generalized, regular bone resorption of up to 30%. Oral hygiene was inadequate and concretions were visible and palpable. The BOP was 90% and the API was 98%. The diagnosis was periodontal disease: staging II / grading B.

Case 1

We started by providing information, oral hygiene instructions and giving pre-liminary treatments. The patient suffered from elevated pain sensitivity, which is why Oraqix periodontal gel (DentsplySirona) was used for local anesthesia in the initial therapy. After the second initial therapy, the BOP improved to 58%, while oral hygiene was still inadequate with an API of 86%. After extensive oral hygiene instructions with the recommendation of a sonic toothbrush, interdental space care (miradent L-Prox, Hager & Werken) and tongue cleaning (tongue cleaner, Zantomed), we arranged another appointment to optimize oral hygiene. But then the pandemic (Covid 19) got in the way. I saw the patient again for the third initial therapy at the beginning of May 2020 and the periodontal therapy took place at the end of May 2020. The treatment took place on two consecutive days, under local anesthesia. I took the following steps: After scaling and root planing with ultrasonic (Cavitron, Dentsply-Sirona) and Gracey curettes (PDT Micro Mini, Zantomed), the OXYSAFE gel (Hager & Werken) was applied. It was applied to the existing gingival pockets for five minutes. The application was very easy because the gel is supplied in a ready-touse syringe with a fine and flexible plastic cannula. The consistency is optimal to remain in the treatment area, so that the active oxygen is activated through contact with the oral mucosa and thus the harmful anaerobic bacteria can be eliminated deep in the pocket. After five minutes, I rinsed the pockets with NaCl, which I had drawn up in a syringe with a blunt cannula. Then the OXYSAFE gel was reapplied to all gingival pockets where it remained. For home hygiene, the patient was instructed to rinse with the OXYSAFE mouthwash solution in the morning and evening for two weeks. The follow-up checks one week and two weeks after the periodontal therapy showed good treatment results. The patient was very satisfied with the mouthwash, it did not burn as much as previous mouthwashes and left her mouth feeling good. The re-evaluation took place three months after the periodontal therapy. The treatment result was very good, the BOP was 15% and the API was 25%, the probing depth was reduced to < 3mm.

Conclusion: Due to the simple application and good acceptance by the patient, I am very satisfied with the result. I was a CHX user before, which unfortunately also has many side effects, and am now convinced of this product. I will include it in my treatment concept as an adjuvant therapy.



Documented periodontal status using parostatus



Starting situation November 2019



Situation prior to the second initial therapy February 2020



Situ for re-evaluation in July 2020

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OXYSAFE Intro Kit, 3 x 250 ml Liquid mouthwash, 3 application cannulas REF 155 040

OXYSAFE Gel, 3 syringes á 1 ml	REF 155 041
OXYSAFE Liquid, 250 ml	REF 155 042

Case 2

As part of a professional teeth cleaning, a 57-year-old patient presented herself to our practice. The gingiva was irritated and locally swollen from multiple recessions and crown margins. First, oral hygiene instructions were given to avoid further loss of enamel. Following the teeth cleaning, the further course of the therapy was discussed. The tooth necks at 12 and 22 were to be provided with tooth neck fillings. The use of OXYSAFE Gel was recommended in order to maintain an irritation-free gingiva.

The OXYSAFE gel was applied to all irritated areas and left there for five minutes. The gel was then rinsed from the region with NaCl to apply the gel again and leave it there.

In order to maintain the antibacterial effect and wound healing, the patient was given the OXYSAFE mouth rinse solution to be used at home. She should rinse with it in the morning and evening for two weeks.

Two weeks later, the patient was called in again, the gingiva was free of irritation, and the tooth neck fillings could be placed without further ado.



Irritated gingiva due to recessions of the wedge-shaped defects and crown margins



Application OXYSAFE



Irritant-free gingiva after therapy





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- 2 -