Minimally Invasive Periodontics & Implants - Implementing Laser Technology

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Dentistry has not advantaged itself to laser technology to the same extent as our medical colleagues have for surgical, interventional or preventive therapies. Simply put, physicians can use one laser wavelength for a procedure while the oral cavity has 5 surfaces (enamel, dentin, soft tissue, bone and now implants) we need to treat. The “all tissue laser” designed for dentistry satisfies our need to treat all 5 surfaces. The participant will get an evidenced based understanding of marketed lasers with their advantages and disadvantages; clarifying from corporate rhetoric and marketing with anecdotal clinical results.

The erbium laser is the “dentist’s” laser facilitating the most minimally invasive delivery of restorative and surgical treatment compared to any blade, drill, piezo or surgical elevators, benefiting the patient emotionally and clinically.

EDUCATIONAL OBJECTIVES

Soft tissue grafting by tissue ablation vs “cutting” results in less inflammation, pain and sensitivity. Procedures, parameters and techniques will be discussed with respect to FGG & CTG grafting, tunnelling augmentation techniques, with autogenous and allograft donor tissues.

Hard tissues also benefit from the use of the erbium laser compared to the dental drill or curettes. Traditional periodontal flap surgery, sinus lifts, GBR with blocks, ridge splits and tenting and SFOT all benefit from the minimally invasive approach of the erbium laser.

Periimplantitis treatment involves the removal of the contaminated oxide layer of the implant surface followed by regeneration. Many mechanical devices on the market are unpredictable and impractical while the erbium lasers leave the implant surface biofilm free to receive the benefits of regeneration.

Extraction Sites: Successful socket preservation and immediate implants depend on the buccal plate ensuring bone graft stability. Mechanical forces result in more bone resorption. Erbium lasers ablate without touching the alveolar plate. Socket curettage of pathogens is equally important and only laser energy can reduce microbial levels without mechanical trauma, reducing the need for antibiotics in the worldwide pandemic of antibiotic resistance.

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DESAI, PREETY BSc, DDS, Dip Periodontics, MSc Laser Dentistry (Aachen, Germany) is the first Canadian periodontist implementing the all tissue laser into her periodontal practice since 2006. She has called Kamloops her home since 1996 and has over 12 years postgraduate training. Dr Desai has received degrees from all 3 major Canadian Universities: BSc from the University of Toronto, DDS from McGill University and a GPR from the Hospital for Sick Children in Toronto. She practiced general dentistry for 3 years in Toronto and also worked in public health prior to specializing in Periodontics at the University of British Columbia in Vancouver, BC Canada. She has recently completed her specialty MSc Degree in Laser Dentistry 2016 from Aachen University, Germany and has implemented the erbium all tissue laser into all aspects of periodontal and implant surgery since 2006. She is clinical associate professor at University of British Columbia and is passionate about sharing her experience of the advantages laser technology into her specialty practice. Leading the Spear Study Club and multiple others, she has also lectured at the American Academy of Periodontology, Academy of Osseointegration, ICOI, Pacific Dental Conference, CARDP, JDIQ, Academy of Laser Dentistry, WCLI and internationally in India, Hong Kong, Japan, New Zealand amongst others. In addition, has ALD Advanced Proficiency Status and is also a published author in Periodontics and Laser Periodontal Surgery.

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