

“We can be sure only when biofilm has been completely removed.”

State-of-the-art prophylaxis technology is clinically effective and gentle while it also conserves tooth structure. Nicole Einemann and Manuela Cordes, two highly experienced dental hygienists, describe in this interview their experience with a modern version of prophylaxis originally developed by Axelsson and Lindhe.

What do you feel should be done during a prophylaxis treatment session?

Nicole Einemann: To be complete, a treatment session is to include careful anamnesis, risk diagnostics, indications of plaque and gingivitis and, for patients with periodontitis, further diagnosis. Disclosing and biofilm management are, in addition, central to prophylaxis. And, of course, we explain why we are doing all these things, and also how they relate to overall health. We are both qualified nutritionists and take a holistic view of prophylaxis. This all adds up to an individually coordinated medical procedure that is anything but merely cosmetic.

Manuela Cordes: Our patients want to understand the value of prophylaxis because they are paying for the treatment they receive. And we provide the very best prophylaxis. Especially in relation to the outcome – a clean and healthy mouth. At the same time, we want our patients to feel comfortable and, as far as possible, have a positive prophylaxis experience. Our patients know this and are happy to recommend us. This is the case even if the treatment may have been less pleasant due to high levels of inflammation.

So a positive experience is not obvious ...?

Nicole Einemann: No, many people experience fear or anxiety when it comes to professional dental prophylaxis. Hand-held instruments, sonic scalers, rotating brushes and polishing pastes are often felt as unpleasant. Therefore, in our view, different methods should be considered in order to offer prophylaxis treatments that are tailored to the individual patient.

For some patients, for example, those with serious underlying respiratory conditions, we need hand-held instruments. The same applies to deep, inflamed pockets during periodontal debridement. Wherever possible, we have used AIRFLOW® instruments since 2011, for example. It is not a coincidence that many patients with anxiety issues come to us. The Airflow method is mostly experienced as gentle, and many patients are really delighted that this is the case. Their enthusiasm stems, for example, from the use of warm water with desk-top instruments; something that is particularly important for exposed cervical tooth surfaces. We also use relaxation techniques and pamper our patients, for example, with cocoa butter for their lips.

Most of these measures can be combined with the Axelsson and Lindhe method. What do you do that is clinically different?

Manuela Cordes: Classic prophylaxis is still the basis. It has, however, been updated with Guided Biofilm Therapy (GBT) to meet present-day requirements, incorporating the most advanced modern technology, both clinically and technically. Disclosing (**Section 1, Step 2**) is the most important step for all subsequent GBT steps. GBT means 'guided', i.e. by visualizing biofilm, GBT 'guides' professional dental and oral prophylaxis with AIRFLOW® (**Step 4**). Only when the biofilm has been completely removed we can be sure.

Even after 30 years of professional experience, I am still sometimes astonished at how difficult it can be to remove biofilm. If necessary, I concentrate for a few seconds longer on the tooth or restoration surface. In contrast to rotating polishing instruments, GBT cleans to a depth of 4 mm, whether subgingival or interdental.

Nicole Einemann: Without disclosing, biofilm remains on some of the most difficult areas to reach. And a practice study has shown that 3 times more deposits of biofilm are left behind (1). This is not the best possible treatment. As we all know, this can lead to progressive inflammation and disease – especially in patients with periodontal and general health problems. The biofilm can, in most cases, almost always be completely removed with AIRFLOW® PLUS powder. This is effective and, at the same time, minimally invasive for tooth substance and tissues (2,3). Only when strong discolouration is present, and only among heavy smokers, do we need to use sodium bicarbonate (AIRFLOW® CLASSIC COMFORT), and even then only targeted and applied on healthy and intact enamel.

How long have you worked with Guided Biofilm Therapy?

Manuela Cordes: We have used the GBT protocol since 2018 and are totally convinced of its effectiveness. The Swiss Dental Academy (SDA) regularly holds practice training seminars so that we are always fully informed of the latest developments. And our patients are happy that the treatment is almost pain-free. This also applies, on the whole, to treatment using the piezoceramic ultrasonic system PIEZON® with a PS instrument. We use this after Airflow when hard calculus is present – but only as little as possible.

When our patients come to their regular appointments 2 to 4 times a year, we generally just need to use the AIRFLOW® system. Prophylaxis then becomes something of a 'wellness' session. Airflow and GBT make our work as hygienists faster and easier. For example, our patients can be placed in an optimal ergonomic position and the reduced application of hand-held instruments relieves pressure on our wrists.

Are there still enough patients coming to the practice in times of Covid-19 and what do you do for their and your safety?

Nicole Einemann: We treat every patient as potentially infectious – therefore we wear a mask, a visor and a hair cap; in addition, we use large-volume evacuation cannulas and high-power suction. And, of course, we sterilise all our instruments after each patient. All surfaces are rapidly disinfected and there is nothing positioned near the dental chair. In fact, we actually did all this before corona.

Manuela Cordes: We have the impression that with the instruments we currently use, especially the AIRFLOW® Prophylaxis Master, even less aerosols are released. In addition, our patients rinse with an antimicrobial solution before treatment. Treatment rooms are thoroughly ventilated as a further safety precaution.

How long does GBT take and what is your patient profile?

Nicole Einemann: We have practically all groups of patients, including implant and orthodontic patients and children. Normally, a GBT session takes about an hour. With young children and elderly patients where there are only a few implant abutments to clean, then prophylaxis might only take half an hour, including instruction on proper brushing techniques. Children in particular love GBT.

The interview was conducted by Dr med. dent. Jan H. Koch, freelance journalist and consultant (www.dental-journalist.com/en/)

Captions

GBT treatment

Ergonomics and hygiene are of utmost importance: both patients and treatment providers are protected with Airflow instruments and optimal suction.

DR-207_DE_rev_C_GBT Compass

Guided Biofilm Therapy (GBT) is a systematic, evidence-based protocol for oral medical prevention, prophylaxis and therapy. Its modular design allows it to be used on all patients, depending on dental medical indication.

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Dental hygienists Manuela Cordes (front) and Nicole Einemann, have worked together for many years and, from early 2021, have been part of the prophylaxis team at Dr Arendt Dental in Bremerhaven. They are both actively engaged in continued education and the German Dental Hygienists Trade Association (BDDH).