

Water Flossing improves Periodontal Status

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Waterpik® Water Flosser is highly effective at reducing inflammation and improving periodontal status in periodontal maintenance patients.

People who are in periodontal maintenance need to practice optimal oral hygiene to prevent further attachment loss. Helping them develop effective home care habits is essential.

The first recommendation is generally to change from a manual to a powered toothbrush. This is somewhat helpful (see systematic review), but it often ends there.

Although they have experienced the cost and discomfort of therapy, patients may lack motivation and/or the skill level to use other products such as string floss successfully. What to do?

Rethink your strategy: Start with a Water Flosser

The Waterpik® Water Flosser has been around for over 50 years. Often overlooked as a 'nice to have' but not a necessity, this has changed due to emerging evidence in the last 20 years.

Numerous studies unequivocally show the Waterpik® Water Flosser can:

- Remove plaque (PI)
- Reduce gingival bleeding (BOP) and inflammation (MGI)
- Improve clinical attachment levels (CAL)
- Reduce probing pocket depths (PPD)

Review the research

Here are a few studies that illustrate the evidence:

Cutler et al. Clinical benefits of oral irrigation for periodontitis are related to reduction of pro-inflammatory cytokine levels and plaque.

• Significant reduction in PPD, BOP, GI, PI, IL-1ß and PGE2 levels in those using the water flosser compared to routine oral hygiene.

Genovesi et al. Periodontal maintenance following scaling and root planning. A randomized single-center study comparing minocycline treatment and daily oral irrigation with water.

• There was no difference between twice daily water flossing and minocycline treatment of 1 mg per pocket after SRP on the reduction of clinical parameters (BOP, CAL and PPD) and maintenance of a low bacterial load over 30 days.

Flemmig TF et al. Adjunctive supragingival irrigation with acetylsalicylic acid in periodontal supportive therapy.

• Water flossing reduced BOP by 50% over 6 months. There was no advantage to adding acetylsalicylic acid to the water flosser.



Seeing is believing

As a clinician, educator, and researcher, I have seen the results first hand in my patients, in the study subjects, and in my own mouth. There was nothing more rewarding than to see the pleasure on my patient's face when they returned and told me – there is no more bleeding!

Not convinced? <u>Try it yourself</u> with our special trial offer!