Northern Colorado Periodontics Protocol
When Should a Periodontist Referral be Considered?

**Diagnosis - New patients or Existing patients in Your office**
- Annual comprehensive perio charting including recession, furcations, mobility and attached gingiva
- Full mouth radiographic series (18-20 films, every 3-5 years)
- Seven vertical bitewings annually

**Periodontitis cases**
1-3mm Pocket Depths - Preventive care, Risk assessment, Monitoring with annual charting
4-5mm Pocket Depths - Scaling/Root planing then Reevaluation, Occlusal evaluation - If persistent or non-responsive to scaling/root planing consider use of antibiotics (local or systemic) and/or periodontist referral. Perio maintenance Q3m lifelong with charting at alternating visits
6+mm Pocket Depths - Referral to periodontist, especially if multiple sites, vertical bony defects, systemic contributing factors. Perio maintenance Q3m lifelong with charting at alternating visits

**Gingival Recession/ Mucogingival defects**
When to refer for grafting:
- Lack of attached gingiva - Less than 2mm and/or can probe through attachment
- Recession that is progressing
- Recession causing esthetic concerns
- Recession at an area of future orthodontics
- Recession with root caries risk

**Root coverage expectations**
No interproximal bone loss and no root prominence
- Complete coverage expected
Some interproximal bone loss and/or root prominence
- Partial root coverage expected
Significant interproximal bone loss and/or severe root prominence
- No root coverage expected - May still benefit from increasing attached gingiva

**Gingival Architecture issues**
- Gingival enlargement/excess
- Altered passive eruption
- Inadequate clinical crown length
- Inconsistent gingival margin
- Excessive gingival display
- Aberrant frenum pull
- Lack of vestibular depth

**Periodontitis treatment options:**
- LANAP laser surgery
- Flap/Osseous with or without GTR/bone grafts
- Repeated Scaling/root planing/Compromised maintenance
- Extraction(s)/Implant(s) replacement(s)

**Gingival Recession/Mucogingival treatment options:**
- Connective tissue grafts
- Free gingival grafts
- Dermal Matrix (allograft) grafts
- Pinhole Surgical Technique

**Gingival architecture treatment options:**
- Gingivectomy (Scalpel or laser)
- Esthetic or functional crown lengthening (always involves osseous recontouring)
- Frenum and/or Vestibular release
- Sometimes coordinated with orthodontics and/or restorative provisionalals

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Northern Colorado Periodontics Protocol
Monitoring Periodontitis during Q3M Periodontal Maintenance

Stable treated and Maintained Periodontitis Patients
Periodontal charting every other maintenance visit
Alternating once per year - Comprehensive charting - PDs, Recession, Furcations, Mobility
Alternating at opposing visits - Pocket depth charting only

Pocket Depths Compared to Prior Exams

Decreasing/improving at 3mm or less
- Bleeding No: Continue Routine Maintenance
- Bleeding Yes: Consider:
  1. Re-Inforce OH
  2. Keep or Increase maintenance interval

Same +/- 1mm up to 5mm
- Bleeding No: Continue Routine Maintenance
  Plus consider:
  - Localized S/RP + Reeval
- Bleeding Yes: Consider:
  1. Poor OH? - Retrain
  2. Localized S/RP + Reeval
  3. Systemic factors -Diabetes, others
  4. Shorten maintenance interval

Increasing 2mm or more and/or 6mm or greater
- Bleeding No: Consider referral to periodontist
- Bleeding Yes: Treatment options:
  1. Further S/RP with or without antibiotic use
  2. Laser surgery
  3. Osseous surgery with or without bone grafting
  4. Extraction(s), implant(s), replacement(s)
  5. Compromised maintenance

Adapted from: "The Periodontic Syllabus" 2nd Ed. Edited By: Peter F Fedi, Jr

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