Xanthan

Xanthan gel is a saccharide polymer with occlusive and mucoadhesive properties and is able to counter adhesion and survival of bacteria.
The gel undergoes a progressive imbibition process, with physical removal from the application area over 30 days, thus making mechanical removal superfluous, while protecting the site and assuring healing by second intention of the pocket.

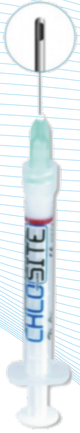
Chlorhexidine

Chlorhexidine is the most effective anti-plaque agent and is indicated when the patient is unable to correctly remove the bacterial biofilm.
Chlorhexidine remains the gold standard among all anti-plaque agents.
Its effectiveness is attributed to its bactericidal and bacteriostatic effect and its substantivity within the oral cavity.

CHLOSITE GHIMAS

The only gel with 1.5% chlorhexidine

The occlusive and mucoadhesive action of Xanthan gel aided by the antiseptic action of chlorhexidine digluconate 0.5% (quick effect) and chlorhexidine dihydrochloride 1.0% (prolonged effect) assures site preservation after mechanical cleaning in periodontal pockets and in peri-implantitis



SIMPLE

After mechanical plaque removal,
CHLOSITE *it is applied directly in the site.*
The gel is injected starting from the deeper part of the pocket, continuing to retract the needle slowly until the material leaks out of the gingival margin.

CONVENIENT

1) *It is stored at room temperature.*
2) *It is ready for use.*
3) *It is applied directly from the syringe into the pocket thanks to the thin rounded tip needle.*

CHLOSITE GHIMAS

MULTIDOSE

1 syringe 1.0 ml

4 syringes 1.0 ml

SINGLE PATIENT

6 syringes 0.25 ml

BIBLIOGRAPHICAL REFERENCES

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- Periimplant diseases: where are we now? – Consensus of the Seventh European Workshop on Periodontology - J Clin Periodontol 2011;
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DME00071

CHLOSITE GHIMAS

Xanthan gel and chlorhexidine 1.5%

Prevents bacterial recolonisation of the site

Effective for at least 15 days

CE 0373

GHIMAS

PERIODONTAL AND PERI-IMPLANT DISEASE

The majority of periodontal and peri-implant diseases start following a build-up of microbial biofilm on the hard surfaces of teeth or dental implants.
These cause local inflammatory reactions in the marginal soft tissues.
Unless the biofilm is regularly removed with self-performed oral hygiene practices, it promotes the onset of pathogen species that lead to chronic inflammation of soft tissues (peri-implant gingivitis and mucositis).
In susceptible individuals, the persistence of peri-implant gingivitis and mucositis leads respectively to the onset of periodontitis and peri-implantitis.

PROTOCOL FOR USE IN CAUSAL THERAPY

CHLOSITE it must be used as additional therapy to scaling and root planing (SRP) in the treatment of chronic periodontitis since the start of non-surgical periodontal therapy.

After mechanical removal of plaque and tartar dry the site with paper cones

Apply CHLOSITE directly in the pocket

apply CHLOSITE starting from the base of the pocket, continuing to slowly retracting the needle up to the gingival margin

The material must seal the pocket.

Discontinue interdental hygiene for 24 hours.

clinical check-up after 15 days.

PROTOCOL FOR USE IN SUPPORTING PERIODONTAL THERAPY

Early identification and treatment of new lesions or relapses

In the event of relapse, mechanical plaque control may be associated to application of CHLOSITE aiding home compliance of the patient for an extended period of time.

Decontamination and drying of the site

Medication and sealing of the gingival margin with CHLOSITE

Check after 15 days

Before the therapy

Check at 2 years

PROTOCOL FOR USE IN PERI-IMPLANTITIS THERAPY

Peri-implant mucositis: inflammatory process limited to peri-implant soft tissues. Never associated to pathological bone changes.
Peri-implantitis: pathological inflammation of soft tissues attended by progressive loss of peri-implant bone. Bone resorption is always evident.

Peri-implant mucositis peri-implantitis

Decontaminate the site

Dry the site with paper cones

Insertion of the rounded-tip needle

Medication with CHLOSITE directly in the pocket

Sealing of the peri-implant gingival margin

CHLOSITE it is indicated for better decontamination of periodontal and peri-implant pockets, during the patient's periodic visits.