



PerioChip<sup>®</sup>

2.5 mg dental insert [chlorhexidine digluconate]

Uniquely different...

# Risks associated with Periodontal disease<sup>1</sup>



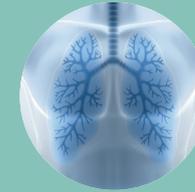
## Diabetes

Diabetic patients are more likely to develop periodontal disease, which in turn can increase blood sugar and diabetic complications.



## Heart Disease

Several studies have shown that periodontal disease is associated with heart disease.



## Respiratory Disease

Research has found that bacteria that grows in the oral cavity can be aspirated into the lungs to cause respiratory diseases such as pneumonia, especially in people with periodontal disease.



## Cancer

Researchers found that men with gum disease were 49% more likely to develop kidney cancer, 54% more likely to develop pancreatic cancer, and 30% more likely to develop blood cancers.



## Premature Birth Risk

The NHS offers free dental checks to women who are pregnant. One reason for this is that unborn babies are at an increased risk of premature birth if the mother is suffering from periodontal disease.



## Osteoporosis

Studies suggest that osteoporosis may lead to tooth loss because the density of the bone that supports the teeth may be decreased, which means the teeth no longer have a solid foundation.



## Stroke

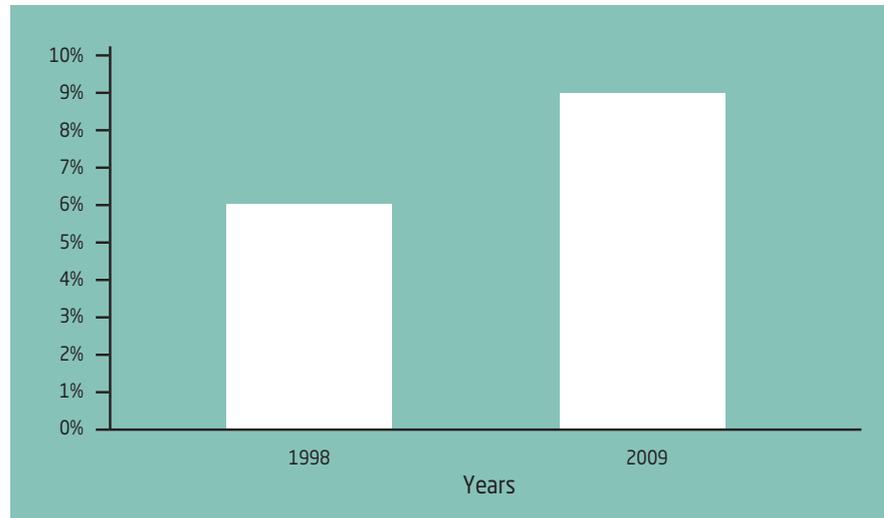
Additional studies have pointed to a relationship between periodontal disease and stroke.

# Chronic Periodontal disease is on the increase<sup>1</sup>

## Chronic Gum Disease is up by 50%<sup>2</sup>

> Chronic Periodontal disease is on the increase

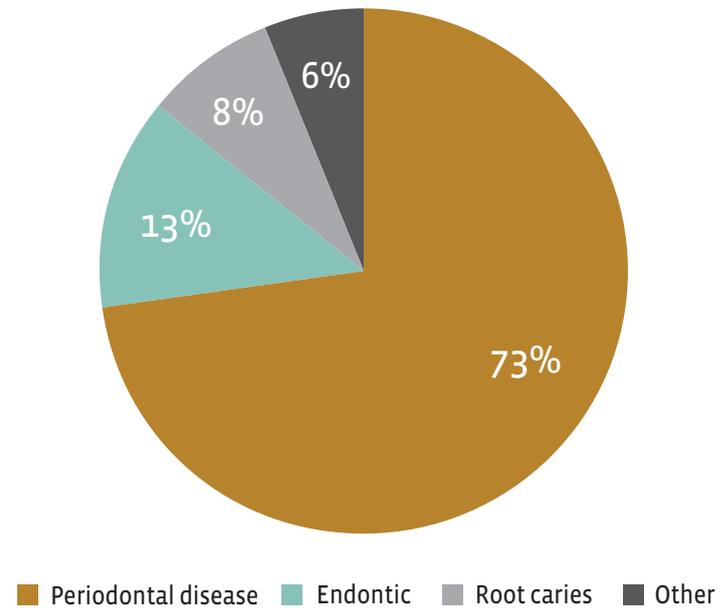
\_\_\_\_\_ % patients with periodontal pockets  $\geq$  6mm \_\_\_\_\_



## Gum disease is the main cause of tooth loss<sup>3</sup>

> Recent data shows that periodontal disease is the main cause of tooth loss amongst adults

\_\_\_\_\_ Reason for tooth loss \_\_\_\_\_





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## Bacterial Resistance - ticking time bomb?

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In a recent statement from the World Health Organisation on World Health Day 2011, it was highlighted that micro-organisms are becoming resistant to antibiotics, so their widespread use should be managed positively:

**“In the absence of urgent corrective and protective actions, the world is heading towards a post-antibiotic era, in which many common infections will no longer have a cure and, once again, kill unabated.”<sup>4</sup>**

Antibiotics which have a profound effect against systemic infections should be used prudently and not for infections that other anti-microbial agents have been shown to be effective against and have a lower propensity to induce resistance.

Clinical microbiology studies with chlorhexidine mouthrinse have demonstrated the efficacy of chlorhexidine in reducing the numbers of periodontopathic bacteria, with a minimal risk of developing resistance. These studies, demonstrating the use of chlorhexidine for 6 months and up to 2 years, did not result in overgrowth of pathogenic bacteria or changes in the antimicrobial susceptibility of the oral flora. There is no concern about the development of chlorhexidine resistance following PerioChip<sup>®</sup> administration.<sup>5</sup>



PerioChip<sup>®</sup> is

CONFIDENCE

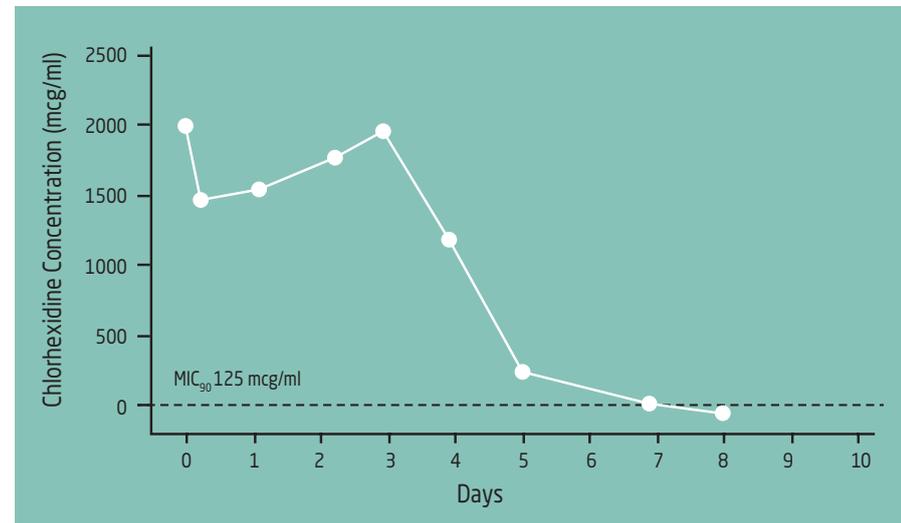
## Why use PerioChip®?

### PerioChip®

- > Kills **99%** of Periopathogenic Bacteria for up to **10 days**<sup>6</sup>
- > Contains **36%** chlorhexidine digluconate
- > High concentration of CHX in the pocket within **2 hours**<sup>6</sup>
- > Minimum Inhibitory Concentration level maintained for up to **10 days**<sup>6</sup>
- > Can be used by Dentists, Therapists and Hygienists
- > Does not require a prescription to use
- > Suppresses bacterial flora for up to **11 weeks**
- > No Antibiotics

### Chlorhexidine Release Profile in Periodontal Pockets

- > No evidence of systemic absorption
- > No chance of bacterial resistance
- > Can be used on all pockets equal to or greater than 5 mm



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# Why PerioChip®?

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**01**

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EFFECTIVE

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**02**

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CONFIDENCE

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**03**

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EASY

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**04**

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WORKS

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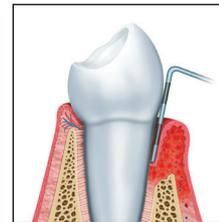


PerioChip®  
WORKS

**1<sup>st</sup>**  
**application**

tooth with  
periodontitis

day 1



Pocket 8 mm

**2<sup>nd</sup>**  
**application**

pocket  
improvement

day 90



Pocket 6 mm

**3<sup>rd</sup>**  
**application**

pocket  
improvement

day 180

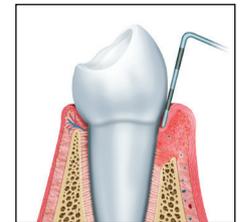


Pocket 5 mm

**9<sup>month</sup>**  
**review**

pocket  
improvement

day 270



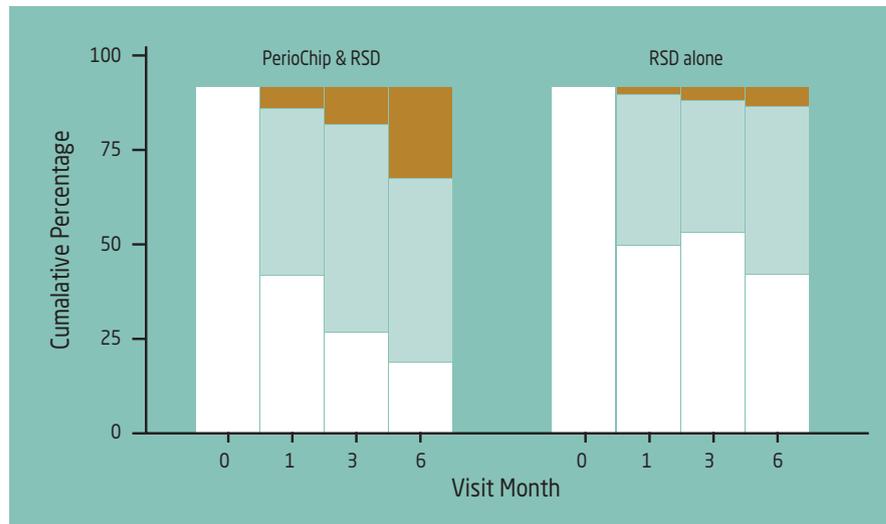
Pocket 2-4 mm

# Significantly more effective compared to RSD\* alone

## Significant improvement in PD compared to RSD alone<sup>7</sup>

> **PerioChip® is 5x more Effective** at reducing Pocket Depth (PD) compared to Root Surface Debridement (RSD) alone<sup>7</sup>

Pockets ≥ 7 mm at Baseline



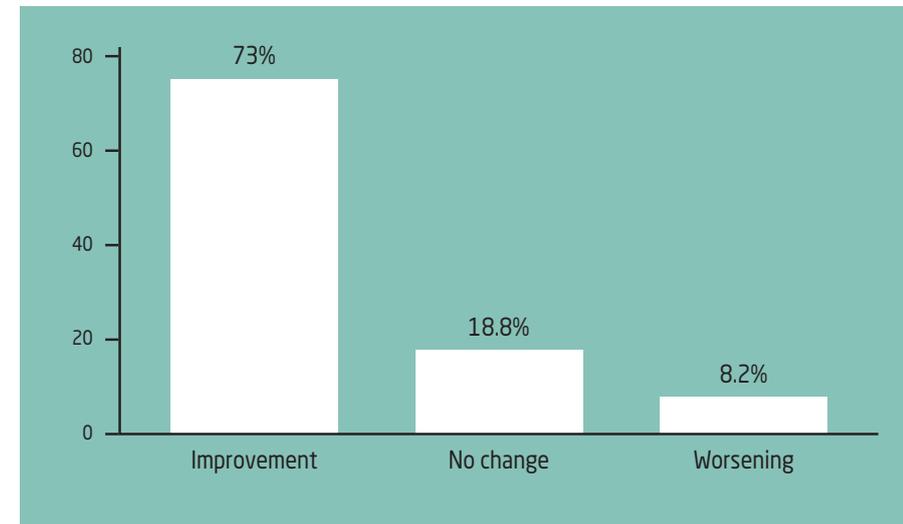
Pocket Depth: ■ 2-4 mm ■ 5-6 mm □ 7-8 mm

\* RSD - Root Surface Debridement

## PerioChip® periodontal long term treatment

> **PerioChip® is an Effective Long Term Treatment**<sup>8</sup>

Pockets reduction over 24 months



- 58.9% of periodontal pockets were reduced to < 5 mm<sup>8</sup>
- 52.3% of periodontal pockets between 6.5 - 7.0 mm were reduced by 2 mm or more over 24 months<sup>8</sup>

# Simple

## FOR BEST RESULTS

- > Place **PerioChip**® every 3 months
- > Use as an adjunctive therapy with RSD for periodontal pockets  $\geq 5$  mm
- > Use repeatedly as part of your periodontal treatment programme



### 01

Remove the foil packet from the box and peel back the foil to reveal one **PerioChip**® (chlorhexidine digluconate 2.5mg).

### 02

Using suitable forceps, grasp the **PerioChip**® at the flat end. Insert the **PerioChip**®, curved end first, into the periodontal pocket.

### 03

Press the **PerioChip**® apically to the base of the pocket.

### 04

After proper insertion, the **PerioChip**® should rest subgingivally at the base of the pocket.

01



02



03



04





Simple.

- > Minimal interference with daily routine
  - > Easy to insert by trained dental and periodontal staff after routine root surface debridement
  - > Can be used in regular periodontal and dental care maintenance
- 



PerioChip® is  
SIMPLE

# TESTIMONIALS

What professionals say about PerioChip®



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## What the professionals say

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### Dr Amit Patel

Specialist in Periodontics and  
Implants

There's a lot of undiagnosed periodontal disease within the population. If we diagnose and treat this quicker it will mean less invasive treatment in the future for our patients and they will be able to keep their teeth longer.

PerioChip® is really easy to use especially when used correctly in pockets of 5mm and above.

I have found that the PerioChip® is well accepted by patients and I have seen good results in the reduction of periodontal pocketing.

### Dr Poonum Winayak

Principal Dental Surgeon at  
Osterley Dental Practice and  
Ealing Dental Care, has been  
using PerioChip® for over  
10 years

I have encouraged all the associates here to use PerioChip® because I find it so very effective and the results are amazing. My patients are always happy because they would rather undergo successful treatment to save a tooth than have it extracted.

PerioChip® assists me to deliver first class treatment and I would recommend it to other practitioners because it is a very good product.

### Fiona Moffat

Dental Therapist at  
Grassington Dental Care, has  
been using PerioChip®  
for over a year

I first tried PerioChip® as a one-off, but quickly found that we were getting better results with it as an adjunct to scaling and root planing compared to antibiotics.

I would definitely say that I felt I was getting better results from PerioChip® than other alternatives.

# PerioChip®

## PerioChip® as part of a periodontal treatment programme

### Include PerioChip® as part of your periodontal treatment programme for all pockets $\geq$ 5 mm:

- > Maintains a high concentration of chlorhexidine digluconate in the pocket for up to 10 days
- > Suitable for long term use
- > No bacterial resistance
- > Significantly greater pocket depth reduction compared to RSD alone

### References:

1. American Academy of Periodontology. 2015. Gum Disease Information. [ONLINE] Available at: <http://www.perio.org/consumer/gum-disease.htm>. [Accessed 01 May 15].
2. White D, et al. The 2009 Adult Dental Health Survey, disease and related disorders, a report from the Adult Dental Health Survey. 2009, March, pages 18-20.
3. Raval N, Starkhammar Johansson C, et al. Tooth loss in periodontally treated patients. A long-term study of periodontal disease and root caries. J Clin Periodontol 2012;39:73.
4. World Health Day 2011, News Release, 6th April 2011, Geneva. [www.who.int/world-health-day/2011](http://www.who.int/world-health-day/2011).
5. PerioChip® Summary of Product Characteristics (SmPC).
6. Soskolne W.A et al. An in vivo study of the Chlorhexidine release profile of the PerioChip in the gingival crevicular fluid, plasma and urine. J Clin Perio. 1998;25:1017-21.
7. Soskolne W.A et al. Sustained local delivery of Chlorhexidine in the treatment of Periodontitis: A multi centre study. J Perio 1997;68:32-8.
8. Soskolne W.A et al. Probing depth changes following 2 years of periodontal maintenance therapy including adjunctive controlled-release of Chlorhexidine. J Perio 2003;74:420-7.

## PerioChip® Abbreviated Prescribing Information

### PerioChip® 2.5 mg Dental Insert [chlorhexidine digluconate]

**For full prescribing information, including side effects, precautions and contraindications, see Summary of Product Characteristics (SmPC).**

**Presentation:** Dental insert: bullet shaped orange brown containing chlorhexidine digluconate 2.5 mg.

**Indications:** PerioChip® is an adjunctive antimicrobial treatment for moderate to severe chronic periodontal disease in adults with pocketing, combined with Root Surface Debridement (RSD). Not indicated in children and adolescents.

**Dosage and Administration:** One PerioChip® is inserted into a periodontal pocket with a probing pocket depth of  $\geq$  5 mm. Retreatment with PerioChip® following mechanical plaque removal at 3 month intervals may provide additional benefit if pocket depth remains  $\geq$  5 mm. For details see SmPC. Removal is unnecessary as PerioChip® biodegrades.

**Contraindications:** Hypersensitivity to Chlorhexidine digluconate or excipients.

**Precautions:** Allergic reactions have occurred but are rare.

**Interactions:** Avoid nystatin: antagonistic of chlorhexidine. Chlorhexidine is incompatible with anionic agents present in some toothpastes and with dietary sucrose, but there is no significant impact on the efficacy of PerioChip®.

**Undesirable effects:** During the first few days after insertion, transient pain or discomfort of gums or teeth; redness and/or swelling of the gums.

**Overdose:** Not reported.

**Pregnancy/ Lactation:** Controlled studies in pregnant women have not been conducted, so weigh expected benefits against possible foetal risks: caution in nursing mothers (see SmPC).

**NHS list price:** £207.20

**Legal category:** P, Product Licence Number: PL 14017/0035

**MA holder:** Full prescribing information is available on request from Dexcel Pharma Ltd, 7 Sopwith Way, Drayton Fields Industrial Estate, Daventry, Northants, NN11 8PB.

**Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)**

**Adverse events should also be reported to: Dexcel Pharma Ltd on 01748 828784**

**Freephone: 0800 013 2333**  
**[www.periochip.com](http://www.periochip.com)**

DPD/16/0012 Date of preparation February 2016



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Dexcel<sup>®</sup>  
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