ABSTRACT OF LECTURE

## Symposium I:マイスタイル

# ~今の私はこうしている~ "MY STYLE" - Know-How-Now-

### 4月25日(日) 9:00~

座長: 櫻井 善明 ネクスト・デンタル 林 智恵子 ネクスト・デンタル

### 切らないで 拡げてみよう ポケットを!

### ~マイスタイル: Minimally Invasive Periodontal Surgery~

長尾 大輔 長尾歯科(茨城県)

Let's expand the periodontal pocket without making an incision.

~Minimally Invasive Periodontal Surgery~

Daisuke Nagao (Ibaraki)

### 歯周外科にも使ってみようマイクロスコープ ~マイスタイル:MIST~

土田 晃太郎 医療法人誠英会 土田歯科医院(宮崎県)

Management of minimally invasive surgical technique.

Kotaro Tsuchida (Miyazaki)

#### マイクロスコープを用いた自費メインテナンス

加藤 あゆ美 ノアデンタルクリニック・ホワイトエッセンス(岐阜県) Periodontal maintenance using the microscope Ayumi Kato (Gifu)

### 歯科衛生士における苦手部位を克服する

篠永 美佳 デンタルクリニック K (埼玉県) Overcoming weakness as a Dental Hygienist Mika Shinonaga (Saitama) Let's expand the periodontal pocket without making an incision.

~Minimally Invasive Periodontal Surgery~

Daisuke Nagao

Nagao Dental Clinic



In clinical dental practice, there are many cases of moderate or severe periodontitis that require tooth extraction. Even if periodontal surgery is deemed capable of preserving teeth, gingival flap surgery and other methods are typically highly invasive because they reduce the gum and hard tissue. I have performed minimally invasive periodontal surgery, which has expanded the periodontal pocket without making an incision, and high-precision debridement under the dental microscope on many teeth with moderate or severe periodontal disease. The patients were 88 who underwent minimally invasive periodontal surgery (449 times in total) at our clinic between 2008 and 2012. The teeth assessed were the total 2,206. Post-operative tooth preservation rate was approx.97.05%. Average bleeding on probing (BOP) and pus discharge decreased from approx.16.16 teeth before surgery to approx.2.51 teeth after surgery. Moreover, while the results varied according to site, it is possible that the surgeries enabled a relatively high improvement in periodontal pockets from  $\ge$ 6 mm to  $\le$ 3 mm. A survey of pain medication uses after surgery showed that approx.16% of patients took multiple doses. I reported this result to THE INTERNATIONAL JOURNAL OF MICRODENTISTRY in 2015. The study findings suggest that performing minimally invasive periodontal surgery for moderate or severe periodontitis is very clinically effective because it enables a high degree of precision while minimizing both the surgical field and pain after surgery. This presentation, I would like to introduce my style about this minimal periodontal surgery.

Professional career

Graduated from Kanagawa Dental College in 1994

Affiliation society

Advising doctor for Japan Association of Microscopic Dentistry Member of The American Association of Endodontists Member of Japan Endodontic Association Member of The Japanese Academy of Clinical Periodontology Specially Appointed Lecturer at Kanagawa Dental University

### symposium 1: My style~Know-How-Now~

### Management of

minimally invasive surgical technique.

### Kotaro Tsuchida

Tsuchida dental clinic



Open flap debridement is applied for the control of infection and periodontal regenerative therapy in general. To control infection, operation can be performed more precisely by development of expansion equipment in recent years. Minimally invasive surgery (MIS) proposed by Harrel in 1995 has improved by Cortellini as Minimally invasive surgical technique (MIST) and Modified minimally invasive surgical technique(M-MIST). The main objectives of the MIST are the following: (1) reduce surgical trauma, (2) increase flap/wound stability, (3) allow stable primary closure of the wound, (4) reduce surgical chair time, and (5) minimize patient discomfort and side effects. The concept based on biology is important. When case selection can be performed accurately, good results are obtained in many cases. This presentation shows the concept and surgical technique of periodontal regeneration using MIST and M-MIST.

#### Professional career

Graduated from Showa University in 2002

#### Affiliation society

Japan Association of Microscopic Dentistry.

American Academy of Periodontology international member

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Periodontal maintenance

using the microscope

Ayumi Kato

NOAH DENTAL CLINIC whiteessence

Noah dental clinic does not accept the Japanese National Health Insurance system.

All staff members have their own clear roles. The director dentist provides treatment, some of the dental hygienists performs dental esthetics such as whitening and cleaning, and I am in charge of the initial periodontal therapy and periodontal maintenance care using a microscope.

By using a microscope, it is possible to perform safer and more accurate treatments focus on visuals, instead of relying on the blind finger sensation.

It is also valuable for patient education because, visual communication through the monitor enhances mutual understanding and helps to construct the patient-operator-relationships. Furthermore, the video recording is useful to share information among staff members.

Patients expect me to spend precious time. I think, the microscope is a cost effective tool. In order to make the valuable time with the patients, I usually conduct careful interview each time and consider what to offer and make a decision on that session.

We can solve problems can provide guidance and treatment using a microscope. It might also remove patients' anxiety and to give confidence for their own oral health. It can suggests patients' physical and mental condition through the magnified field. I consider "the state of the oral cavity" tells "the state of the general health". I strongly believe the dental hygienist works for patients' health. We focus on nutritional status and lifestyle during basic periodontal treatment, too, and experienced that giving advice can improve their gum condition. In order to maintain patients' oral health, cure periodontal disease, and prevent recurrence, the microscope influenced the operator's perspective, and also changed the patient's own health perspective.

We have great advantages to use enough time for each session and to provide flexible contents compare to the operators working within the Japanese National Health Insurance system. I'm going to discuss what I experienced using a microscope in our clinical practice.

Professional career

2001: Graduated from Gifu Dental Hygiene College Working at a dental clinic in Gifu city 2013: NOAH DENTAL CLINIC white essence Affiliation society

Japan Association of Microscopic Dentistry Certified Dental Hygienist Japanese Society of Periodontology Certified Dental Hygienist

### symposium 1: My style~Know-How-Now~

### Overcoming weakness as a Dental Hygienist

### Mika Shinonaga

### Dental Clinic K



31 years ago, when I started my carrier as a dental hygienist, respective procedures and regenerative therapy were the most prevailing dental treatments.

We, dental hygienists also had lots of chance to develop our skills and learnt positioning, selecting right instruments and completing root surface through those operations.

Absolutely no one questioned performing such operations with bare eyes back then.

Returning to clinical practice after my long child rearing leave, the new world of "view expansion" was before me.

At Dental clinic K, Dr. Atsumi introduced me a surgical loupes and I was fascinated in practicing what I learnt in my 20-year DH carrier in enlarged view.

A microscope was introduced in our clinic 7 years ago as Dr. Atsumi believed that it would surely be the standard in the dental treatment before too long and the same skill would be needed for dental hygienists as well.

I started using it 3 years ago and remembered that I was excited to see and capture the images even larger than surgical loupe.

As I performed operations through microscope, I found there were some areas that the sight of microscope could hardly reach and soon realized that the positioning skill I obtained in the past DH experience was not 100% applicable to the microscope operation even though it worked perfectly in the bare eye- operation.

This was very disappointing and it almost turned off my interest in using microscope.

However, the benefit from using microscope was too big to give up and I decided to start over from reexamining my positioning. Today I would like to talk about how I improved my positioning.

Professional career

Graduated from Osaka Dental Institute College

Affiliation society

Member of Japan Association of Microscopic Dentistry