

A dentist wearing a blue surgical cap, a clear face shield, a white KN95 mask, and blue gloves is examining a dental X-ray. The dentist is wearing a blue protective gown. The background shows a dental office setting with a computer monitor and keyboard.

# Fundamentals of *Topical Oral* *Oxygen Therapy* in dental treatment

Effects on wound healing and biofilm control through five studies  
(finalists blue®m 2022 EuroPerio Poster Contest)

# Preface

Our blue®m International Poster Contest was organized with the aim to motivate clinicians from all over the world to present and publicize their clinical and experimental work using the blue®m oral care products in various fields of modern dental science.

We were excited to receive a large number of submissions from many different countries, showcasing the highest quality of dentistry and professional oral care, in line with the blue®m concepts and philosophy.

Therefore, the task of the scientific board to judge these posters and select the five finalists was not easy at all. In order to be unbiased and objective, each poster was judged by every member of the committee in a blind way utilizing a standardized scoring system that evaluated not only the scientific content but also the design and visual appeal of the presentation.

I am sending my warm congratulations to the finalists, and I am looking forward to meeting them in Copenhagen, where we shall announce the final winning poster.

I would also like to thank all the participants for their enthusiasm and hard work to prepare and share with us their posters, the fellow members of the scientific committee for their time and effort to run the contest, and all the people at the blue®m family for their commitment to research and their dedication to improving health and well-being through oral care.



**Dr. Minas Leventis, DDS, MSc and PhD**

President of the blue®m board.

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# blue<sup>®</sup>m Poster Contest

*Oxygen Based Oral Science – blue<sup>®</sup>m is committed to research.*

Every treatment, protocol or product arises from experience. Research has always been the foundation of our practices. As a dental or health professional, scientific evidence is indispensable.

## Background of the blue<sup>®</sup>m poster contest

We offered dental professionals the opportunity to contribute to the scientific evidence of blue<sup>®</sup>m. All the participants of the blue<sup>®</sup>m poster contest made a scientific research report or clinical case report on poster format (e-Poster).

All the submitted posters demonstrate on of these options:

- Original scientific research which has an application to oxygen therapy with blue<sup>®</sup>m
- A clinical case report / case series which demonstrates the use of blue<sup>®</sup>m

Any dental clinician (professional or researcher) could sign up. Participation was free of costs and the five winners received a VIP treatment for EuroPerio10 in Copenhagen.

## How winners were determined

The posters were assessed by the blue<sup>®</sup>m board and were judged on **content, scientific value and creativity**.

blue<sup>®</sup>m board:

- Minas Leventis, DDS, MSc and PhD (president of the blue<sup>®</sup>m board)
- Tatiana Miranda Deliberador, DDS, MSc and PhD
- Irfan Abas, MSc
- Alberto Miselli, DMD and DDS
- Ajay Kakar, BDS and MDS

# Use of oxygen gel as an alternative therapy in cases of osteonecrosis of the jaw

**Authors:**

Carlos Stutz & Rubens Moreno de Freitas

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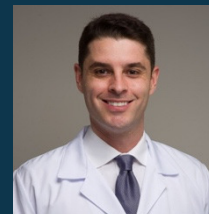
**Background & Aim:**

Bisphosphonate are a class of drugs that prevent the loss of bone mass, used to treat osteoporosis and malignant diseases involving bone resorption.

Bisphosphonate-associated osteonecrosis of the jaws is a well-known side effect in patients. Successful therapy of osteonecrosis aims at the absence of bone exposure and restoration of mucosal integrity. The literature describes several treatment options, but there is no clear standardization as to which therapy should preferably be adopted. The objective of this clinical case was to report the use of oxygen gel as an alternative therapy associated to surgical debridement.

**Continue to read** *report, results and conclusion* **on the next page**



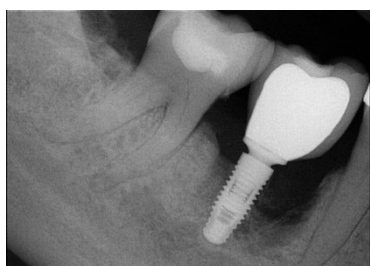


## Background & Aim

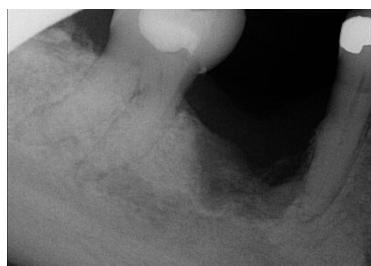
Bisphosphonate are a class of drugs that prevent the loss of bone mass, used to treat osteoporosis and malignant diseases involving bone resorption. Bisphosphonate-associated osteonecrosis of the jaws is a well-known side effect in patients. Successful therapy of osteonecrosis aims at the absence of bone exposure and restoration of mucosal integrity. The literature describes several treatment options, but there is no clear standardization as to which therapy should preferably be adopted. The objective of this clinical case was to report the use of oxygen gel as an alternative therapy associated to surgical debridement.

## Case Report & Results

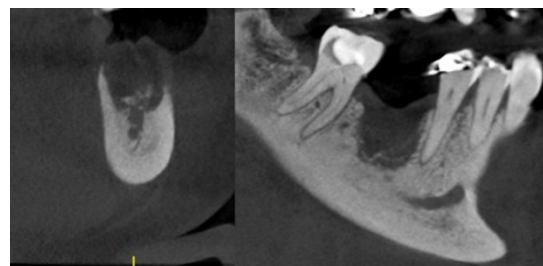
A female patient, 66 years old, with rheumatoid arthritis, was treated with bisphosphonate at the same time the implant was placed. Three years later, the patient came to the emergency clinic with mobility in the implant. The implant was removed at that time. After 6 months the patient returned with purulent secretion and bone exposure. Surgical debridement was performed and the oxygen gel was topically applied in the area 3 times a day for 2 weeks. The evolution was very good after that period. Two years later the patient returned for a new clinical and tomographic evaluation, the bone and soft tissue were healed. A new implant was placed in the area and is being followed-up.



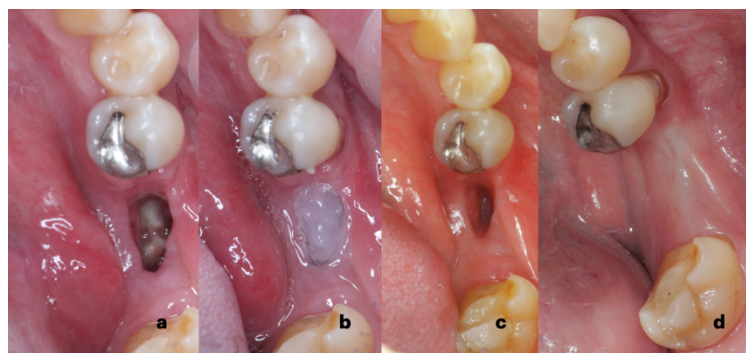
**Fig. 1 - Initial radiographic image**



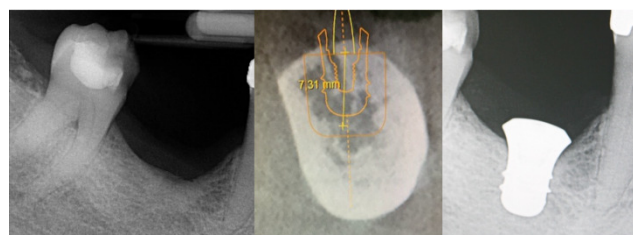
**Fig. 2 - Periapical radiograph after Implant removal**



**Fig. 3 - CT image 6 months after implant removal**



**Fig. 4 - Initial clinical condition (a) / application of blue m gel (b) / 15 days after treatment with blue m gel (c) / final clinical condition (d)**



**Fig. 5- Ct after 2 years and new implant placed**

## Conclusion

The reported clinical case suggests that the oral oxygen gel accelerates the tissue and bone healing process in cases of osteonecrosis of the jaw. Blue<sup>m</sup> gel can be adopted as therapy, however more clinical research is needed.

## References

1. Christian Walter, Bilal Al-Nawas, Tim Wolff, Eik Schiegnitz and Knut A. Grötz. Dental implants in patients treated with antiresorptive medication – a systematic literature review. International Journal of Implant Dentistry (2016) 2:9
2. Bruno Ramos Chrcanovic, Tomas Albrektsson, Ann Wennerberg. Bisphosphonates and dental implants: A meta-analysis. Quintessence Int. 2016 Apr;47(4):329-42. doi: 10.3290/j.qi.a35523.

# Use of blue m in soft tissue healing: case report

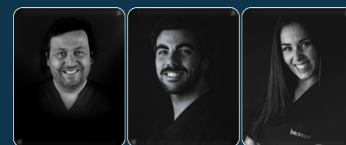
**Authors:** Dárcio Fonseca, Gustavo Peres Alves & Rute Marques

**Email address main author:** [darciofonseca@beclinique.pt](mailto:darciofonseca@beclinique.pt)

## **Background & Aim:**

The alveolar bone resorption associated with tooth loss makes the rehabilitation with implants complex due to the difficulty of osseointegration of the implants. Thus, techniques of bone augmentation are described in the literature, such as grafts, split crest, guided bone regeneration (GBR) and use of membranes; however, membrane exposure is one of the most common causes of failure of the technique (Cucchi, Vignudelli, Napolitano, Marchetti, & Corinaldesi, 2017). Oxygen is described in the literature as a significant and supporting factor in wound healing because tissue healing requires hypoxia conditions or normal levels of oxygen. The blue®m oral gel has a low concentration of hydrogen peroxide, sodium perborate and glucose oxidase enzyme that promotes an increase in the levels of active oxygen and has been specially developed to accelerate the healing process of intraoral wounds, the levels of oxygen in periodontal pockets associated with either teeth or implants, gingival bleeding, periodontitis and periimplantitis, healing after tooth extraction, placement or explantation of implants and chemotherapy or radiotherapy (Kimmel, Grant, & Ditata, 2016). The presentation of this case aims to demonstrate the effectiveness of using the blue®m gel in healing tissues after exposure of titanium-reinforced polytetrafluoroethylene membrane.

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## Background & Aim

The alveolar bone resorption associated with tooth loss makes the rehabilitation with implants complex due to the difficulty of osseointegration of the implants. Thus, techniques of bone augmentation are described in the literature, such as grafts, split crest, guided bone regeneration (GBR) and use of membranes; however, membrane exposure is one of the most common causes of failure of the technique (Cucchi, Vignudelli, Napolitano, Marchetti, & Corinaldesi, 2017). Oxygen is described in the literature as a significant and supporting factor in wound healing because tissue healing requires hypoxia conditions or normal levels of oxygen. The blue<sup>®</sup>m oral gel has a low concentration of hydrogen peroxide, sodium perborate and glucose oxidase enzyme that promotes an increase in the levels of active oxygen and has been specially developed to accelerate the healing process of intraoral wounds, the levels of oxygen in periodontal pockets associated with either teeth or implants, gingival bleeding, periodontitis and periimplantitis, healing after tooth extraction, placement or explantation of implants and chemotherapy or radiotherapy (Kimmel, Grant, & Ditata, 2016). The presentation of this case aims to demonstrate the effectiveness of using the blue<sup>®</sup>m gel in healing tissues after exposure of titanium-reinforced polytetrafluoroethylene membrane.

## Case Report & Results

T. B., female, 61 years old

1. #22 extraction with immediate implant placement surgery, GBR and titanium reinforced PTFE membrane
2. Membrane exposure 1 week after surgery - see fig. 1(a)
3. Attempt to resolve the exposure of the membrane with new tissue suture - see fig. 1(b)
4. Severe new exposure of the membrane 1 weeks later - see fig. 1(c)



Figure 1 – 1(a), 1(b) and 1(c)

5. Membrane removal and new GBR (see fig 2 (a)), placement of collagen membrane (see fig 2 (b)) and partial thickness pedicle flap (see fig 2 (c))
6. 2-2 days follow-up for hygiene and application of blue<sup>®</sup>m oral gel until healing - day of surgery (see fig 2 (d)); blue<sup>®</sup>m 3 days later (see fig 2 (e)); blue<sup>®</sup>m 3 weeks later (see fig 2 (f))
7. Final crown placement - see fig 2 (g), 2 (h), 2 (i)

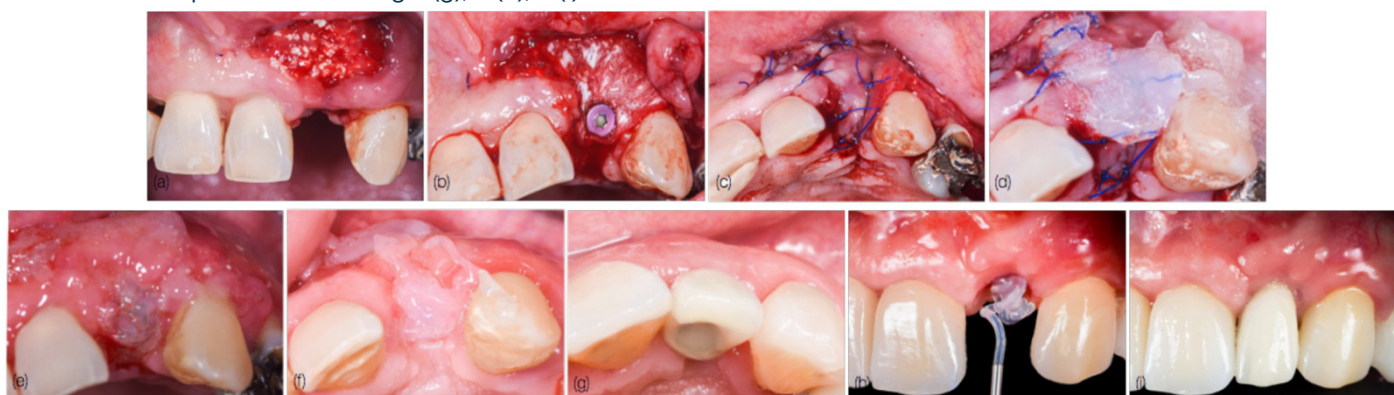


Figure 2 – 2(a), 2(b), 2(c), 2(d), 2(e), 2(f), 2(g), 2(h) and 2(i)

## Conclusion

The future is promising regarding efficient preventive and curative measures that promote the healing process, which reduce the possibility of post-surgical complications and provides greater comfort for the patient during the recovery period.

## References

- Cucchi, A., Vignudelli, E., Napolitano, A., Marchetti, C., & Corinaldesi, G. (2017). Evaluation of complication rates and vertical bone gain after guided bone regeneration with non-resorbable membranes versus titanium meshes and resorbable membranes. A randomized clinical trial. *Wiley*, 19(821–832).
- Kimmel, H., Grant, A., & Ditata, J. (2016). The Presence of Oxygen in Wound Healing. *Wounds*, 8(264-270).



# Oxygen oral gel to support wound healing after apicoectomy of an extensive apical cyst

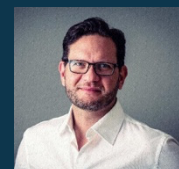
**Author:** Dr. Rafael Block Veras

**Email address main author:** rafaelblockveras@gmail.com

## **Background & Aim:**

Apicoectomy is an endodontic surgical procedure whereby a tooth's root tip is removed, and a root end cavity is prepared and filled with a biocompatible material. It is an example of a periradicular surgery. The apicoectomy is a standard and well-known therapy, however, the bone healing is particularly difficult when the bifurcation area is affected. The classic recommendation in such cases would be the extraction of the tooth. This case report aimed to present and discuss the use of oxygen active oral gel to support the bone healing at the bifurcation after periradicular surgery.

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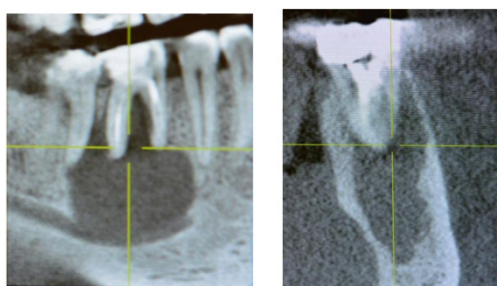


## Background & Aim

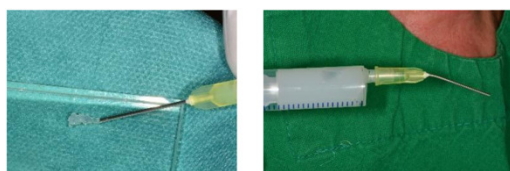
Apicoectomy is an endodontic surgical procedure whereby a tooth's root tip is removed, and a root end cavity is prepared and filled with a biocompatible material. It is an example of a periradicular surgery. The apicoectomy is a standard and well-known therapy, however, the bone healing is particularly difficult when the bifurcation area is affected. The classic recommendation in such cases would be the extraction of the tooth. This case report aimed to present and discuss the use of oxygen active oral gel to support the bone healing at the bifurcation after periradicular surgery.

## Case Report & Results

The patient is Male, 45 years old and healthy. He came to our clinic with pain and inflammatory symptoms at the right lower jaw. The first x-ray showed an extensive suspect area apical at 46 reaching until 47 mesial. A complementary cone beam investigation was performed to visualize the whole extension of the cyst. Considering that the bifurcation area was affected, the standard treatment would be extraction of the tooth with cystectomy. Nevertheless, the patient decided to try a treatment to preserve the tooth. We opted for an apicoectomy and cystectomy with the healing support of oxygen active oral gel and rinsing with oxygen fluid (BlueM®). After careful removal of the cyst and resection of the tips of 46, the oral gel was applied directly in the bifurcation area in small quantity. The retrograde fillings were performed with Super-EBA. Afterwards, the bony defect was filled with collagen sponges, the bone window covered with a pericardial membrane and the wound primary closed.



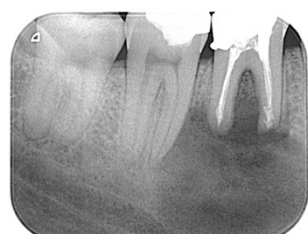
**Fig. 1** – initial cone beam tomography images of the extensive cyst, reaching the bifurcation of 46 and the mesial root of 47



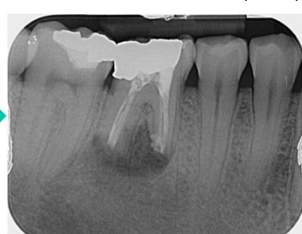
**Fig. 5** – oxygen oral gel from BlueM in a sterile application-syringe



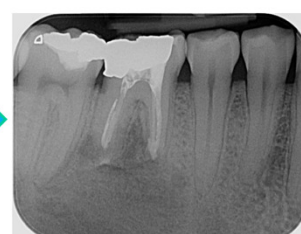
**Fig. 6** – pericardial membrane



**Fig. 6** – immediate postoperative X-ray



**Fig. 7** – X-ray follow up after 5 months



**Fig. 8** – X-ray follow up after 10 months



**Fig. 2** – (a) access to the cyst over a lateral window and (b) careful removal of the cyst



**Fig. 3** – (a) application of BlueM oral gel in the bifurcation and (b) on the collagen sponge after filling of the bony defect.



**Fig. 4** – (a) application of BlueM oral gel on the pericardial membrane and (b) on the wound after primary closure.



## Conclusion

This case report suggests that even extended inflammatory processes such as the presented cyst and even with the enclosure of the bifurcation, treatment to preserve the tooth can be successful with the support of the active oxygen gel from BlueM®. However, the procedure should be performed with a modern technique and in our experience the bony defect should be filled to support the new bone formation. Clinical research with a bigger role of patients and control groups would have to be done in order to produce enough evidence-based data.

## References

1. Endodontic Microsurgery . EM Merino, P Machtou - 2009 - quintessence-publishing.com
2. Baek SH, Lee WC, Setzer FC, Kim S. Periapical bone regeneration after endodontic microsurgery with three different root-end filling materials: amalgam, SuperEBA, and mineral trioxide aggregate. J Endod. 2010 Aug;36(8):1323-5. doi: 10.1016/j.joen.2010.04.008. Epub 2010 Jun 14. PMID: 20647089.

# TESTING ANTIBACTERIAL GELS AGAINST A MULTISPECIES ORAL BIOFILM WITH AN ADAPTED *IN VITRO* ASSAY

**Authors:** Kanchana Chathoth, Bénédicte Martin, Martine  
Bonnaure-Mallet & Christine Baysse

**Email address main author:** kanchanachathoth@gmail.com

## **Background & Aim:**

Topical gel formulations with antibacterial agents are a promising delivery system for the treatment of periodontitis. Their advantages include the ease of use, increased retention time at the site of application and controlled drug release. Several authors have demonstrated the effectiveness of gel formulations in reducing microbial content or plaque index. This work aims to test the effect of two commercial gels against *in vitro* multispecies oral biofilms using an adapted protocol for the Minimum Biofilm Elimination Concentration (MBEC™) assay system (Chathoth *et al.*, 2021).

**Continue to read** *report, results and conclusion* **on the next page**

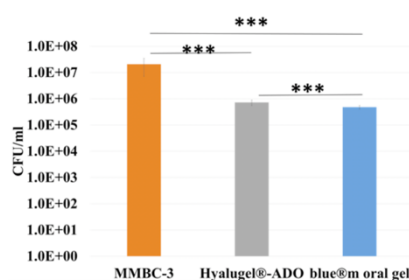


## Background & Aim

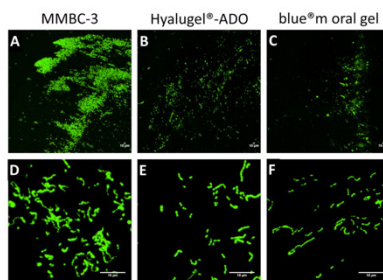
Topical gel formulations with antibacterial agents are a promising delivery system for the treatment of periodontitis. Their advantages include the ease of use, increased retention time at the site of application and controlled drug release. Several authors have demonstrated the effectiveness of gel formulations in reducing microbial content or plaque index. This work aims to test the effect of two commercial gels against *in vitro* multispecies oral biofilms using an adapted protocol for the Minimum Biofilm Elimination Concentration (MBEC<sup>TM</sup>) assay system (Chathoth *et al.*, 2021).

## Method & Results

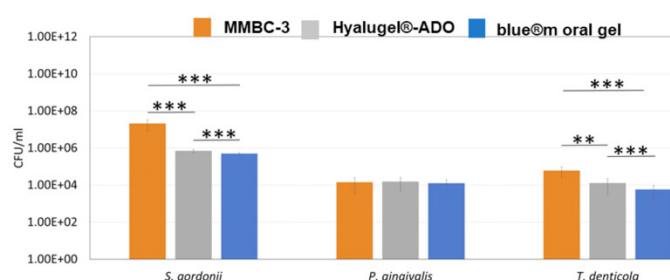
Three-species oral biofilms consisting of *Porphyromonas gingivalis*, *Treponema denticola* and *Streptococcus gordonii* were challenged with two gels (Hyalugel<sup>®</sup>-ADO and blue<sup>m</sup> oral gel) of different composition but similar viscosity. The oral biofilm was realized on the peg-lids by using the Mixed Medium for Bacterial Community (MMBC), specifically designed for these bacterial species. The method and results are detailed by Chathoth *et al.*, 2021. Hyalugel<sup>®</sup>-ADO and blue<sup>m</sup> oral gel demonstrated a biofilm reduction of 96.5 % and 97.6 % respectively compared to the untreated control (Fig. 1, Fig 2). Interestingly, both gels showed a species-specific reduction of *S. gordonii* and *T. denticola* in the biofilm (Fig. 3) and blue<sup>m</sup> oral gel displayed a better antibacterial activity than Hyalugel<sup>®</sup>-ADO on *S. gordonii* and *P. gingivalis* when tested by agar diffusion method (Table 1).



**Fig. 1: qPCR quantification of the total number of bacteria (CFU/ml) in the biofilm**



**Fig. 2: Representative microscopic images of the three-species oral biofilm after treatment with gels** (maximum z projection of the Z stack taken using 10X oil immersion objective lens (A), (B), (C) and 63X oil immersion objective lens (D), (E), (F))



**Fig. 3: qPCR quantification of the number of each bacterial species (CFU/ml) in the biofilm**

**Table 1: *In vitro* inhibition of Hyalugel<sup>®</sup>-ADO and blue<sup>m</sup> oral gel against *S. gordonii* and *P. gingivalis* using an agar diffusion assay**

Bacterial species	Inhibition diameter*		
	(Mean ± Standard Deviation, mm)		
	Hyalugel <sup>®</sup> -ADO	blue <sup>m</sup> oral gel	P-value
<i>S. gordonii</i> (n = 9)	13.0 ± 1.6	24.9 ± 1.2	1.8 x 10 <sup>-11</sup>
<i>P. gingivalis</i> (n = 9)	22.4 ± 2.7	41.1 ± 1.7	1.2 x 10 <sup>-09</sup>

## Conclusion

Both the gels, blue<sup>m</sup> oral gel Hyalugel<sup>®</sup>-ADO, demonstrated biofilm reduction efficacy with a species-specific effect. This study shows that single exposure of Hyalugel<sup>®</sup>-ADO and blue<sup>m</sup> oral gel was effective against oral biofilms and therefore both gels could be used for the treatment of periodontitis.

## References

Chathoth K, Martin B, Bonnaure-Mallet M, Baysse C, Method for screening antimicrobial gels against multi-species oral biofilms. J. Microbiol. Methods. 2021, 187(5):106253.

## Aknowledgements

Thanks to blue<sup>m</sup> Europe B.V., Netherlands for the product and product-related information, Hyalugel<sup>®</sup>-ADO, Ricerfarma (Milan, Italy) and the distributor, Laboratoire COOPER, Melun, France, for product-related information.



# Clinical Comparison of healing and discomfort in 12 patients submitted to tooth extraction, using blue<sup>®</sup>m or Chlorhexidine gel

**Authors:** Nuno Cruz, Inês Amaro & Andrea Gomes

**Email address main author:** nuno.cruz@orismed.pt

## **Background & Aim:**

Socket preservation is surgical procedure commonly used to overcome bone resorption and maintain tridimensional stability prior to implant placement<sup>1,2</sup>. Moreover, sufficient oxygenation is especially important for cell proliferation, bacterial defense, angiogenesis, collagen synthesis and epithelialization<sup>3</sup>. On the other hand, healing response and discomfort after tooth extraction are some of the patients concerns<sup>4</sup>.

This clinical report has the purpose to compare socket healing and pain/discomfort when two different products available in the market are used.

**Continue to read** *report, results and conclusion* **on the next page**



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This clinical report has the purpose to compare socket healing and pain/discomfort when two different products available in the market are used.

## Case Report & Results

Twelve patients were submitted to an upper premolar extraction and socket preservation with a bone substitute, closed with a rotate flap from the palatal. Randomly, patients were divided in 2 Groups (A and B) of 6 patients each. To the first Group (A) was given a blue<sup>m</sup> gel tube and to the second Group (B) a Chlorhexidine gel available in the market (Bexident<sup>®</sup> POST). Instructions of use and number of applications per day (3 times a day) were given to the patients. Control appointments were settled to 3rd and 10th day (suture removal). Besides clinical observation, in each control pictures were taken (example, pictures 1 to 8) and patients were asked to classify the pain felt by using a Numeric Rating Scale (NRS). Results are presented in graphics 1 and 2. During the control appointments no clinical complication was observed in Group A. However, in Group B, two patients reported increasing discomfort by the 3rd day, confirmed by clinical observation of swelling, and suture loosening. By the 10th day just one of the patients kept referring increased discomfort.



Fig. 1 - example of Group A - before tooth extraction

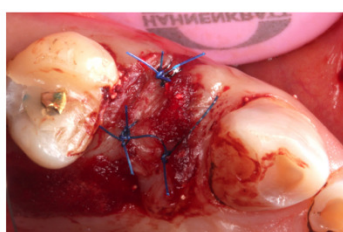


Fig. 2 - example of Group A - after tooth extraction

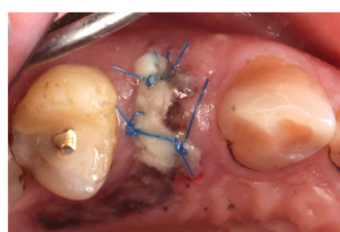


Fig. 3 - example of Group A - 3rd day control

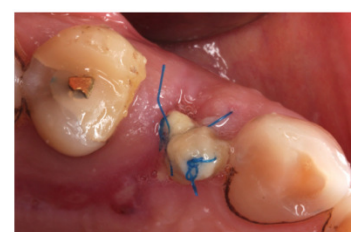


Fig. 4 - example of Group A - 10th day control



Fig. 5 - example of Group B - before tooth extraction

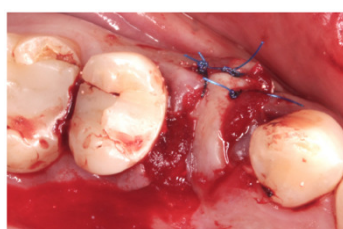


Fig. 6 - example of Group B - after tooth extraction

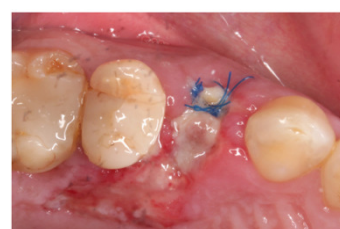


Fig. 7 - example of Group B - 3rd day control

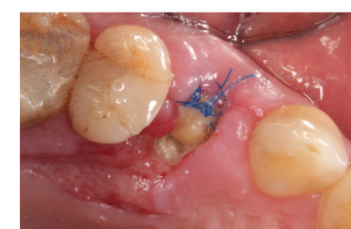
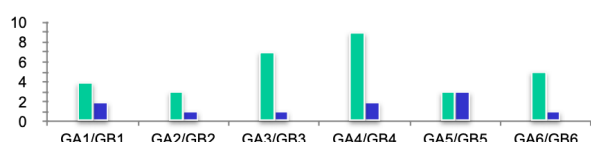
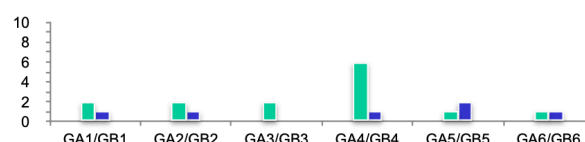


Fig. 8 - example of Group B - 10th day control



Graphic 1 - Day 3 Group A (blue<sup>m</sup>) and Group B (Chlorhexidine) pain rate



Graphic 2 - Day 10 Group A (blue<sup>m</sup>) and Group B (Chlorhexidine) pain rate

## Conclusion

Within the limitations of this clinical report, due to a small small clinical sample, and knowing that many other factors may influence the healing process of a post-extraction socket, we concluded that patients using blue<sup>m</sup> gel had a better healing process and lower pain rates.

## References

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2. Bartee BK. Extraction Site Reconstruction for Alveolar Ridge Preservation. Part 1: Rationale and Materials Selection. J Oral Implantol 2001;27(4):187-193.
3. Schreml S, Szeimies RM, Prantl L, Karrer S, Landthaler M, Babilas P. Oxygen in acute and chronic wound healing. Br J Dermatol 2010;163:257-68.
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## Annex: TOOTH-Directive

TOOTH-Directive (Topical Oral Oxygen Therapy) for pocket reduction in periodontitis and peri-implantitis with blue<sup>®</sup>m

### Preparation:

- Put the initial situation on an X-ray on which the bone level can be clearly seen, measure the pocket depth, recession and bleeding.

*Premium option: start 4 weeks before treatment with blue<sup>®</sup>m teeth & bone formula: 3 x 1 capsule daily\*.*

### Therapy:

- Start treatment with local anesthesia and make an acute wound by thorough curettage around the implant or natural element.
- Then apply blue<sup>®</sup>m oral gel deep into the pocket around the element or the implant with a disposable 2.5 ml syringe (Terumo) with a black mini tip (Ultradent).
- Flush the pocket after 2 minutes with saline and repeat the previous step. Leave the gel in place now.

### Instructions for the patient:

Instruct the patient according to the following order:

1. Brush twice daily with blue<sup>®</sup>m toothpaste (permanent use).
2. Rinse four times daily 1 minute with blue<sup>®</sup>m mouthwash postoperatively for 4 weeks, then continue to use twice daily for 1 minute (permanent use)
3. Use an interdental brush with blue<sup>®</sup>m oral gel twice daily at the location of the element in question. The gel may also be applied in the pocket with a syringe 2,5ml (Terumo) with a black mini tip (Ultradent) twice daily. Continue to do so until an optimal result is achieved.

*Premium option: use blue<sup>®</sup>m teeth & bone formula up to 6 weeks after surgery in the commenced dosing of 3 x 1 capsule daily, then switch to a maintenance dose of 2 x 1 capsule daily\* (lifelong) to prevent recurrence.*

### Aftercare:

- Plan an initial assessment after two weeks.
- Reassess after four and eight weeks. When the situation is stable, check up every four months. Check pocket depth, recession and bleeding at each visit.
- Make an X-ray after one year to evaluate the increase in bone level.

*\* Dosage for adults*

## About blue<sup>®</sup>m

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