

WORD of MOUTH

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LANAP: A “No Cut, No Sew, No Fear” Alternative to Traditional Gum Surgery

PerioLase™ MVP-7 laser can reverse damage of periodontal disease

If you or someone you know has been recommended to have periodontal surgery, there is now a laser-assisted procedure that may be what you have been waiting for.

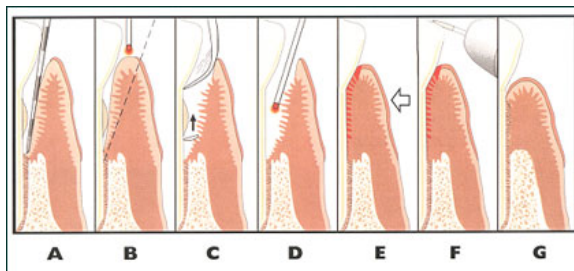
Our practice is proud to announce that we are one of the first offices in the Bay Area and among fewer than 400 in the entire nation to have become trained and licensed to perform laser periodontal therapy using the PerioLase™ MVP-7 laser.

The PerioLase™ allows for a specific type of laser periodontal therapy called LANAP to be performed. LANAP or Laser Assisted New Attachment Procedure is the only FDA-cleared protocol for regaining new gum attachment and bone around your teeth, effectively reversing the damage of periodontal disease.

With traditional periodontal surgery, the gum tissue is cut with a scalpel and flapped away from the teeth and bone. The roots are then cleaned and smoothed

and the bone recontoured as necessary. Some of the gum tissue is usually removed before being replaced and held together with stitches. This often results in exposed roots that may be sensitive, unsightly, and vulnerable to decay.

While this may not sound like such a good idea, until LANAP came along, it was the best option we had to fight moderate to advanced gum disease.



Laser Assisted New Attachment Procedure (LANAP)

Unfortunately, traditional gum surgery is not terribly effective either, especially when compared to LANAP. Studies show that 95% of laser-treated patients do not have further disease progression after five years while it is estimated that only 5% do not have further disease progression after traditional surgery.

With LANAP, there is no cutting with a scalpel, peeling away of the gums from

the bone, or stitching. Instead, after the teeth and gums are numbed, a small laser fiber is inserted into the space or pocket between the tooth and gums (see A & B on illustration). The laser energy kills the bacteria that are causing the gum disease as well as selectively removing just the diseased tissue, leaving behind the healthy gum tissue. Then, an ultrasonic cleaning instrument is used to remove the tartar from the root and tooth surfaces (C). The laser is again passed around the pockets to stimulate the formation of new attachment and bone and to form a fibrin clot that acts as a natural bandage around the necks of the teeth, sealing the pockets from reinfection from bacteria (E). Finally, the bite is adjusted as necessary to balance the bite as bite discrepancies could compromise healing (F). The area is left undisturbed for at least six months during which time new attachment and bone will form (G).

Compared to traditional periodontal surgery, post-treatment pain from LANAP is quite mild because the laser promotes the body's healing response. Most patients can control any discomfort with over-the-counter Ibuprofen (Advil, Motrin).

ViziLite® Plus: A Quick, Painless, and Reliable Screening for Oral Cancer

We know that oral cancer claims one life every hour in the United States—and the survival rate has hardly changed in the past 40 years. But, we also know that oral cancer is one of the most curable diseases when it's caught early. In fact, when detected at its earliest stage, treatment is quicker, simpler, less invasive, and more than 90% successful. Now, thanks to a new system called the ViziLite Plus, there is a simple and reliable way to screen for oral cancer that significantly improves the clinician's ability to identify, evaluate, and monitor suspicious areas at their earliest stage.

The ViziLite Plus screens for oral lesions that may be cancerous or may lead to cancer just as mammograms screen for breast cancer, PAP smears screen for cervical cancer, and PSA tests screen for prostate cancer. The screening involves rinsing with the ViziLite solution for 30-60 seconds followed by a

visual examination by the dentist using the chemiluminescent ViziLite light wand which causes abnormal tissue to glow. If any suspicious areas are detected, they are further tested with a toluidine blue dye which preferentially stains abnormal lesions. It is these lesions that are subsequently biopsied to get a definitive diagnosis.

While this screening is particularly important for patients with increased risk factors for oral cancer, it should be noted that 25% of oral cancers occur in people who do not use tobacco or consume alcohol.

Some things that may be symptoms of oral cancer are mouth sores that do not heal, white or red patches of tissue, and any lumps or masses. But, most of the time these turn out to be nothing to worry about in which case the ViziLite simply offers peace of mind.



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ADDRESS CORRECTION REQUESTED

THANK YOU!!!

A special thanks to everyone who has recommended our office to a friend, family member, or co-worker. Your referral has paid us the highest compliment possible, and we sincerely appreciate your confidence in our care.

Heidi Benenson	Marcos Molina
Sue Carle	N'Gai Natson
Famlin Chao	Alethea O'Dell
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Dr. John Li	Tom Tipton
Dr. David Lindsay	Monica Valle
Dr. Elliott Low	Chris & Kathleen Wallace
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Office Team

Patient coordinator: Carol Gordon
 Dental assistants: Le'Cestka Daily, Sharlon Queen,
 Nicole McDaniels, David Thai
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Office Hours

Monday – Thursday 8:00 – 5:00 (Lunch hour: 12:00 – 1:00)

How to Reach Us

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Warning for Fosamax Users:

In the last decade, millions of patients have taken a class of drugs called bisphosphonates including the very commonly prescribed Fosamax. These medications can prevent excruciating bone pain from cancer and deteriorating bones from osteoporosis. However, recently there have been reports of a serious side effect: death of areas of bone in the jaw, bisphosphonate-associated osteonecrosis (BON).

Osteonecrosis of the jaw is an uncommon complication. It is estimated that among the 500,000 American cancer patients who take the drugs (Zometa, Aredia) intravenously, 1 to 10 percent may develop the problem. As for the millions of osteoporosis patients who take lower oral doses (Fosamax, Boniva, Actonel), the condition seems even less common.

The American Dental Association recommends that all patients who are going to initiate bisphosphonate therapy, especially intravenous treatment, receive a comprehensive dental examination before doing so. A long-term treatment plan should be addressed in which teeth that will likely be lost in the near future are extracted. While BON may occur spontaneously, it most often occurs after an extraction so it is advisable to avoid extractions while on bisphosphonates whenever possible.

Other recommendations include maintenance of excellent oral hygiene, prevention of soft tissue injuries from ill-fitting dentures and other trauma, and root canal therapy instead of extractions. No firm recommendation has been given for the placement of implants. Many dentists have successfully placed implants in the jaws of patients taking bisphosphonates. Orthodontic treatment, however, is not recommended because of its reliance on resorbing bone and replacing bone.

If invasive dental treatment is necessary, some research shows that stopping the drugs for 3 to 12 months before and after may help. However, this will not completely rid the system of bisphosphonates as these drugs stay in the body for ten years or more.