

PerioMonitor™ Clinical Integration

Review the Quick Reference Guide and Instructions for Use (IFU) in your kit to learn about the procedure, precautions, result interpretation, and storage of PerioMonitor™

When to Use PerioMonitor™

- Any appointment to measure oral inflammatory load and increase patient awareness of inflammation – perform test before probing or instrumentation.
- Common uses:
 - Hygiene recalls
 - New patient exams
 - Pre-surgical / implant assessment
 - Post-periodontal therapy/re-evaluation
 - After changes to home care or hygiene frequency

Chairside Procedure Workflow

1. Select Patient – Any category above.

2. Timing of PerioMonitor™ Test:

- Baseline – before therapy
- Re-evaluation – typically 4-6 weeks after therapy/intervention
- Maintenance – at recalls

3. Procedure

- Review Medical History / Dental History
- Explain purpose
- Perform test
- Read result, compare colour to reference card
- Document result in chart (+photos if relevant)

4. Communicate Results

- Negative/Low: “Great, let’s keep it up”
- Moderate/High: “Your mouth is fighting inflammation – let’s assess and treat to get you back to health.”

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5. Clinical Action

Test Result	Action
Negative	Regular maintenance; reinforce home care
Low	Same as negative but check for site-specific inflammation and treat
Moderate/High	FMP; update rads as needed; debridement; professional adjunct; home rinse; OH review; retest 6–8 weeks

Introducing PerioMonitor™ to Patients

“Before we start your cleaning, we would like to do a quick test called PerioMonitor™. It’s quick and comfortable – all you have to do is swish with water and spit it out. It helps us check if your gums are healthy on the inside. Even if your gums look okay and don’t hurt, your body might be fighting bacteria that you can’t see. We’re testing for something called neutrophils. They’re special cells your body sends out when your gums are under stress. If there are a lot of them, it means your body is trying to fight something. We’ll have the result in a minute, and if it’s positive, we can plan steps to restore gum health.”

Understanding PerioMonitor™

PerioMonitor™ measures **oral neutrophils**—white blood cells released in response to local inflammation in the mouth. It provides an objective snapshot of oral inflammation from conditions like gingivitis, periodontitis, or peri-implant disease.

PerioMonitor™:

- Results are **not affected** by systemic inflammation (e.g., diabetes), but will reflect **oral inflammation** triggered by such conditions.
- **Results rise** with substances containing oral neutrophils like blood or exudate.
- **Measures oral health in real time**, even before clinical signs appear.

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PerioMonitor™ FAQs

Q: Does food, drink, smoking, or oral rinse affect results?

A: No. The test is accurate if you follow the 15-second pre-rinse and 2-minute wait.

Q: Are results higher for peri-implant disease than natural teeth?

A: Yes. Peri-implant disease often causes more inflammation—monitor implants closely.

Q: Does systemic disease (like diabetes) affect the result?

A: No. But these conditions can worsen oral inflammation, which PerioMonitor™ detects.

Q: Do medications like antibiotics or anti-inflammatories affect the test?

A: No. They may reduce symptoms, but PerioMonitor™ still detects true inflammation.

Q: Do viruses, colds, or sore throats interfere?

A: No. They don't affect oral neutrophils, so the test remains accurate.

Q: What about hormonal changes (e.g., pregnancy, menstruation)?

A: No direct effect, but these can raise oral inflammation, which may increase results.

Q: Does stress or immunosuppression influence results?

A: Immunosuppression is a broad term that may result from medications, genetic conditions, or underlying disease. In immunosuppressed individuals, PerioMonitor results may be affected by variations in immune response, white blood cell profiles, and neutrophil function or migration. Despite this, PerioMonitor is still recommended, as establishing a personal baseline with repeat testing can help account for individual variability.

Q: Does dry mouth or lack of saliva impact the test?

A: No. The test fluid captures neutrophils from gingival crevices—not saliva.

Q: Could a mouth injury or trauma affect the result?

A: Active bleeding or very large ulceration could affect the result.

Q: Will an endodontic infection alter results?

A: Only if pus or exudate is draining into the mouth—it contains neutrophils.

Q: What if results are high but no signs of inflammation?

A: It could be early gingivitis (initial preclinical stage), a periodontitis hyper-responder or other causes like candidiasis, oral cancer or lichen planus. Retest in 4 weeks if unclear.

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Q: When can I retest after treatment?

A: Usually at 4–6 weeks, or as early as 2 weeks if needed.

Q: Should we test denture wearers?

A: Yes. Conditions like denture trauma can raise inflammation. It's a good tool for motivating better hygiene habits.

Q: What if results are low but signs of inflammation are clinically present?

A: Confirm the testing procedure was done correctly, using strips stored in the provided container. Using strips that are not stored appropriately will alter results. Review the patient's health history for neutrophil function defects or immunosuppression – some conditions can impact results. Retest if needed.

Q: Should patients with implant supported non removable prosthesis be tested?

A: Yes. PerioMonitor assesses inflammation levels and helps determine when the prosthesis should be removed for professional hygiene. This timing is customized to individual risk rather than a fixed schedule and the visual results clearly demonstrate need to patient.

Support

Technical Support: service@oralscience.com • 1-888-442-7070

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