Xanthan
Xanthan gel is a saccharide polymer with occlusive and mucoadhesive properties and is able to counter adhesion and survival of bacteria. The gel undergoes a progressive imbition process, with physical removal from the application area over 30 days, thus making mechanical removal superfluous, while protecting the site and assuring healing by second intention of the pocket.

Chlorhexidine
Chlorhexidine is the most effective anti-plaque agent and is indicated when the patient is unable to correctly remove the bacterial biofilm. Chlorhexidine remains the gold standard among all anti-plaque agents. Its effectiveness is attributed to its bactericidal and bacteriostatic effect and its substantivity within the oral cavity.

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**BIBLIOGRAPHICAL REFERENCES**

- Periimplant diseases: where are we now? – Consensus of the Seventh European Workshop on Periodontology - J Clin Periodontal 2011;

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**The only gel with 1.5% chlorhexidine**

The occlusive and mucoadhesive action of Xanthan gel aided by the antiseptic action of chlorhexidine digluconate 0.5% (quick effect) and chlorhexidine dihydrochloride 1.0% (prolonged effect) assures site preservation after mechanical cleaning in periodontal pockets and in peri-implantitis

**SIMPLE**

1) It is stored at room temperature.
2) It is ready for use.
3) It is applied directly from the syringe into the pocket thanks to the thin rounded tip needle.

**CONVENIENT**

1) It is stored at room temperature.
2) It is ready for use.
3) It is applied directly from the syringe into the pocket thanks to the thin rounded tip needle.

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**MULTIDOSE**

- 1 syringe 1.0 ml
- 4 syringes 1.0 ml
- 6 syringes 0.25 ml

**SINGLE PATIENT**

- 1 syringe 1.0 ml
- 4 syringes 1.0 ml
- 6 syringes 0.25 ml

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We would like to thank for their cooperation:

- Prof. Stefano Salgarello
- Prof. Ignazia Casula
- Prof. Michele Paolantonio
- Dr. Anna Rosa Gandi
- Dr. Angelo Cisternino

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FOR ADDITIONAL INFORMATION

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Confidential material for the professional body. Disclosure to the public in any form is forbidden.
PERIODONTAL AND PERI-IMPLANT DISEASE

The majority of periodontal and peri-implant diseases start following a build-up of microbial biofilm on the hard surfaces of teeth or dental implants. These cause local inflammatory reactions in the marginal soft tissues. Unless the biofilm is regularly removed with self-performed oral hygiene practices, it promotes the onset of pathogen species that lead to chronic inflammation of soft tissues (peri-implant gingivitis and mucositis). In susceptible individuals, the persistence of peri-implant gingivitis and mucositis leads respectively to the onset of periodontitis and peri-implantitis.

### PROTOCOL FOR USE IN CAUSAL THERAPY

**CHLO SITE** it must be used as additional therapy to scaling and root planing (SRP) in the treatment of chronic periodontitis since the start of non-surgical periodontal therapy.

1. **After mechanical removal of plaque and tartar** dry the site with paper cones.
2. **Apply CHLO SITE directly in the pocket.**
3. **Apply CHLO SITE starting from the base of the pocket, continuing to slowly retracting the needle up to the gingival margin.**
4. **Check after 15 days.** The material must seal the pocket.
5. **Discontinue interdental hygiene for 24 hours.**

**Clinical check-up after 15 days.**

### PROTOCOL FOR USE IN SUPPORTING PERIODONTAL THERAPY

**Early identification and treatment of new lesions or relapses**

In the event of relapse, mechanical plaque control may be associated to application of **CHLO SITE** aiding home compliance of the patient for an extended period of time.

1. **Decontamination and drying of the site.**
2. **Medication and sealing of the gingival margin with CHLO SITE.**
3. **Check after 15 days.**
4. **Before the therapy.**
5. **Check at 2 years.**

Peri-implant mucositis: inflammatory process limited to peri-implant soft tissues. Never associated to pathological bone changes.

**Peri-implantitis**: pathological inflammation of soft tissues attended by progressive loss of peri-implant bone. Bone resorption is always evident.

**CHLO SITE** it is indicated for better decontamination of periodontal and peri-implant pockets, during the patient’s periodic visits.