

## **Arestin Case**

### **Assessment**

Mr. A.R. is 79 years old, Caucasian male. ASA II. He is under a physician's care due to his hypertension. His first blood pressure reading was 150/84 and second reading was 145/82. He is a non-smoker and non-alcoholic. Patient had a stent surgery on May 2016. He is currently taking HCTZ 125 mg for anti-hypertensive and Plavix 75 mg for anticoagulant. He has access to dental care. Patient reported brushing twice a day with the use of manual medium toothbrush and sometimes alternates electric toothbrush. Patient reported using floss and fluoride rinse daily. He comes to Citytech every 3 months for a dental checkup and cleaning. Last dental checkup and cleaning was February 2019. Patient was exposed to FMS radiographs for arestin evaluation.

### **Diagnosis of Oral Condition**

Based on the periodontal assessment and radiographs, patient has perio type III due to probing depths and generalized recessions. Patient has generalized recessions due to the previous habit of putting so much pressure on the toothbrush. Patient has 4-5mm probing depths, 6mm on tooth #18 and 7mm on tooth #2. It is indicated in the radiograph that the patient has moderate bone loss. There was moderate bleeding upon probing mostly on the posterior. Class I furcation on teeth #14, #18 and #19 in the buccal surfaces. Patient has a high risk of developing caries due to multiple risk factors. He is taking medication for a period of 5 years which caused xerostomia. He has class II restorations, crowns and bridges. Plaque/Biofilm was mostly found in the posterior surfaces. Patient's case value was light. He is in a 3 months recare so there was only minimal formation of plaque and biofilm.

### **Appropriate Planning**

- Goals were established with the patient regarding his condition. These are the targeted goals I discussed with the patient:
- Patient will use the electric toothbrush twice a day and less pressure on the toothbrush.
- Patient will use the floss threader once a day.
- Patient will reduce the gingival inflammation and BOP by 50% in 3 months recare.
- Patient will report rinsing with 0.05% fluoride oral rinse once a day for 60 seconds.
- Patient will reduce 1-3mm probing depths after the application of arestin in 4-6weeks.

### **Implementation**

Dental Care Treatment was scheduled for a few visits for scaling and pre-treatment/post-treatment arestin evaluation.

First Visit: Patient assessment was completed on the first visit. Home care instruction was given and demonstrated to the patient. Radiographs (FMS) were taken. Scaled quadrants 1 and 4.

Second Visit: Intra oral examination was performed and gingival tissues were reevaluated. Less inflammation was observed on quadrants 1 and 4. Reviewed the oral homecare instruction (OHI) with the patient and use of floss threader was introduced. Quadrants 2 and 3 were scaled with the use of hand instrument and ultrasonic scaler. Fine paste polishing was used after scaling and 5%NAF varnish was applied to all areas of recessions. Arestin were placed on the right side quadrants that were scaled from the previous visit (#2DL, #3ML, #5MB, #5ML and #30ML).

Third Visit: Gingival tissue was reevaluated. Less inflammation was observed in all quadrants. Placed the arestin on the left quadrants (2 and 3). Post treatment evaluation was performed on the right side quadrants. Probing measurements improved from 5mm to 3mm.

Last and fourth Visit: Post- treatment arestin evaluation on the left side quadrants (#13ML, #19ML and #19DL).

### **Evaluation**

Patient was compliant with all of the homecare instructions. Improvement was evident on the gingival tissue. There was minimal bleeding on the last visit. Patient said he uses a waterpik when he's not brushing so I went over the oral hygiene routine and made sure he understood all the instructions. Also, I advised the patient to always rinse with water/fluoride rinse after eating. Patient was satisfied with the arestin application. He is motivated to improve his oral hygiene and plans to have more arestin if he needs it.

### **Documentation of Treatment**

All the treatment being performed were documented in the electronic chart including the arestin application.



**NEW YORK CITY  
COLLEGE OF  
TECHNOLOGY**

Dental Hygiene Department  
718-260-5074

**Arestin® Post Treatment Instructions**

Patient Name: A [redacted] R [redacted]

Arestin® has been placed in 5 sites below your gum line that have been determined to have a bacterial periodontal infection. Arestin® is a powder containing the antibiotic minocycline hydrochloride that is proven to be effective in treating this condition. It is released over an extended period of time, reducing the disease causing bacteria. Your teeth and gums have been cleaned and now that Arestin® has been placed, it is your responsibility to maintain your oral hygiene. You must return for a re-evaluation appointment between **4 to 6 weeks** after Arestin® in the periodontal pocket(s) to measure the effectiveness of the treatment.

**Post Treatment Instructions:**

1. You may eat immediately after the procedure.
2. A soft diet is recommended and please chew on the opposite side of your mouth if possible.
3. No rinsing the entire mouth for 24 hours.
4. Begin gentle brushing & flossing in **non-treated** areas 12 hours after treatment
5. Begin gentle brushing in **treated** areas 24 hours after treatment
6. Resume flossing in all parts of the mouth **10 days after** treatment
7. Avoid eating hard, crunchy, or sticky foods, like carrots, taffy and chewing gum for **1 week**
8. Be cautious around the treated area throughout the healing process
9. Know that periodontal disease is a chronic infection and needs to be managed
10. Keep your scheduled appointment so that your treatment can be evaluated

Re-evaluation appointment:

Return for your re-evaluation appointment the week of 04/04 20 19.

Date: 03/11/19

Time: 8:45 am

Student: Janeeth Rud

Post-treatment instruction was given to the patient after the placement of arestin in 5sites  
(#2 DL, #3ML, #5ML, #5ML and #30ML)



This radiograph was taken on February, 2019 for arestin evaluation. Radiograph showed significant bone loss. His oral condition was discussed and explained by the professor. A copy of radiograph was given to the patient.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14										
Mobility	2	2	2	3	3	3	2	2	2	2	2	2	2	2	3	1	1	1	3	3	3			
Bone Loss	7	5	5	7	6	5	6	5	5	5	5	5	5	5	2	2	2	3	5	4	5	7	6	7
GM	5	3	3	4	3	4	4	3	5	3	3	3	3	3	3	3	3	3	4	3	4	4	3	4
CAL	5	3	3	4	3	4	4	3	5	3	3	3	3	3	3	3	3	3	4	3	4	4	3	4
MGD	5	3	3	4	3	4	4	3	5	3	3	3	3	3	3	3	3	3	4	3	4	4	3	4
PD	5	3	3	4	3	4	4	3	5	3	3	3	3	3	3	3	3	3	4	3	4	4	3	4
Furcation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PD	7	4	3	4	3	5	3	2	3	3	2	3	3	2	3	3	2	3	3	2	3	4	3	4
GM	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
CAL	9	6	5	7	6	5	6	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	2	3	4	5	6	7	8	9	10	11	12	13	14											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14										
	6	5	4																					
Plaque	2	2	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mobility	2	2	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Bone Loss	4	0	0	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
GM	4	0	0	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CAL	4	0	0	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PD	4	0	0	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Furcation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PD	4	0	0	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
GM	4	0	0	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CAL	4	0	0	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
MGD	4	0	0	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	30	29	28	27	26	25	24	23	22	21	20	19	18											

Generalized recessions and deep periodontal pockets were shown in the chart. This was shown and explained to the patient so he could understand the importance of electric toothbrush or not putting so much pressure on the manual toothbrush.

