

Question and Answers
CariFree Co-op Webinar with Kathryn Gilliam
5-18-2021

1. What company do you use to do the oral bacterial testing?

I use MicrobeLinksDx.

2. Where can patients get bacterial DNA or genetic tests?

Those tests can be done in the dental practice. OralDNA offers a combo test where you can do both initially called Alert2. Then follow up bacterial tests, called MyPerioPath, can be done. You only need to do genetic testing once because genes don't change.

3. Do you schedule a separate visit to do the lab testing?

Not usually. Lab testing can be done within minutes. The only caveat is that it must be done prior to biofilm disruption. If the patient declines bacterial DNA testing, and then, after the debridement and further consideration, changes his/her mind, that's when I schedule a separate visit to return for lab testing. If you want to do blood testing, that is scheduled separately.

4. If the dentist isn't on board with extra testing what can you do?

You can educate your patient using a microscope. You can't identify the exact bacteria, but you can see types such as spirochetes. You can also use an intra oral camera to show inflammation and use prepared educational material.

5. Average cost of DNA testing?

\$100-\$125.

6. Do you irrigate with CariFree? I've used for caries as a swish, but never for periodontal pathogens.

Yes, I irrigate with [CariFree](#) and I believe it is excellent for patients to use at home.

7. Do patients have dry mouth after using [CariFree rinse](#)?

I have not seen CariFree cause dry mouth.

8. How long do you have for your hygiene appointment?

I typically have 60 minutes for routine prophylaxis, gingivitis and periodontal maintenance patients. I can schedule 60, 90 and 120 minutes for active periodontal therapy patients.

9. Is Trident gum with xylitol helpful?

I have not used the Trident gum with Xylitol.

10. What is the best agent to use to persistent localized periodontal disease?

In my opinion, [CariFree](#) is the best chemical agent to use even for localized periodontal disease.

11. Certainly there are many factors but, with some of the additional procedures that you do on an average recall patient, approximately how much time do you schedule for him/her?

I schedule 60 minutes for a prophylaxis, gingivitis treatment, or periodontal maintenance appointment. The only time this is not enough time is if my patient needs an FMX, which we update every 3 years. Sometimes team mates will help with taking an FMX prior to me seeing the patient. It's a blessing when that happens. If no one is available to help me, I occasionally run a few minutes behind schedule for FMX patients.

12. Do you recommend irrigation at each appt?

I believe subgingival irrigation can be of benefit, especially when not using a laser. If you use a laser, which I believe is an excellent treatment modality, then you do not use subgingival irrigation.