

YSGG INDICATIONS FOR USE

The Waterlase Express may be used for the following indications:

GENERAL HARD-TISSUE INDICATIONS*

- Class I, II, III, IV and V cavity preparation
- Caries removal
- Hard-tissue surface roughening or etching
- Enameloplasty, excavation of pits and fissures for placement of sealants

*For use on adult and pediatric patients

ROOT CANAL HARD-TISSUE INDICATIONS

- Tooth preparation to obtain access to root canal
- Root canal preparation including enlargement
- Root canal debridement and cleaning

ROOT CANAL DISINFECTION

- Laser root canal disinfection after endodontic treatment

ENDODONTIC SURGERY (ROOT AMPUTATION) INDICATIONS

- Flap preparation – incision of soft-tissue to prepare a flap and expose the bone
- Cutting bone to prepare a window access to the apex (apices) of the root(s)
- Apicoectomy – amputation of the root end
- Root end preparation for retrofill amalgam or composite
- Removal of pathological tissues (i.e., cysts, neoplasm or abscess) and hyperplastic tissues (i.e., granulation tissue) from around the apex



NOTE: Any tissue growth (i.e., cyst, neoplasm or other lesions) must be submitted to a qualified laboratory for histopathological evaluation.

BONE SURGICAL INDICATIONS

- Cutting, shaving, contouring and resection of oral osseous tissues (bone)
- Osteotomy

SOFT-TISSUE INDICATIONS INCLUDING PULPAL TISSUES*

Incision, excision, vaporization, ablation and coagulation of oral soft-tissues, including:

- Excisional and incisional biopsies
- Exposure of unerupted teeth
- Fibroma removal

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SOFT-TISSUE INDICATIONS INCLUDING PULPAL TISSUES* (CONTINUED)

- Flap preparation – incision of soft-tissue to prepare a flap and expose the bone
- Flap preparation – incision of soft-tissue to prepare a flap and expose unerupted teeth (hard and soft-tissue impactions)
- Frenectomy and frenotomy
- Gingival troughing for crown impressions
- Gingivectomy
- Gingivoplasty
- Gingival incision and excision
- Hemostasis
- Implant recovery
- Incision and drainage of abscesses
- Laser soft-tissue curettage of the post-extraction tooth sockets and the periapical area during apical surgery
- Leukoplakia
- Operculectomy
- Oral papillectomies
- Pulpotomy
- Pulp extirpation
- Pulpotomy as an adjunct to root canal therapy
- Root canal debridement and cleaning
- Reduction of gingival hypertrophy
- Removal of pathological tissues (i.e., cysts, neoplasm or abscess) and hyperplastic tissues (i.e., granulation tissue) from around the apex



NOTE: Any tissue growth (i.e., cyst, neoplasm or other lesions) must be submitted to a qualified laboratory for histopathological evaluation.

- Soft-tissue crown lengthening
- Treatment of canker sores, herpetic and aphthous ulcers of the oral mucosa
- Vestibuloplasty

*For use on adult and pediatric patients

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LASER PERIODONTAL PROCEDURES

- Full thickness flap
- Partial thickness flap
- Split thickness flap
- Laser soft-tissue curettage
- Laser removal of diseased, infected, inflamed and necrosed soft-tissue within the periodontal pocket
- Removal of highly inflamed edematous tissue affected by bacteria penetration of the pocket lining junctional epithelium
- Removal of granulation tissue from bony defects
- Sulcular debridement (removal of diseased, infected, inflamed or necrosed soft-tissue in the periodontal pocket to improve clinical indices including gingival index, gingival bleeding index, probe depth, attachment loss and tooth mobility)
- Osteoplasty and osseous recontouring (removal of bone to correct osseous defects and create physiologic osseous contours)
- Ostectomy (resection of bone to restore bony architecture, resection of bone for grafting, etc.)
- Osseous crown lengthening
- Removal of subgingival calculi in periodontal pockets with periodontitis by closed or open curettage
- Waterlase Er,Cr:YSGG assisted new attachment procedure (cementum-mediated periodontal ligament new-attachment to the root surface in the absence of long junctional epithelium)