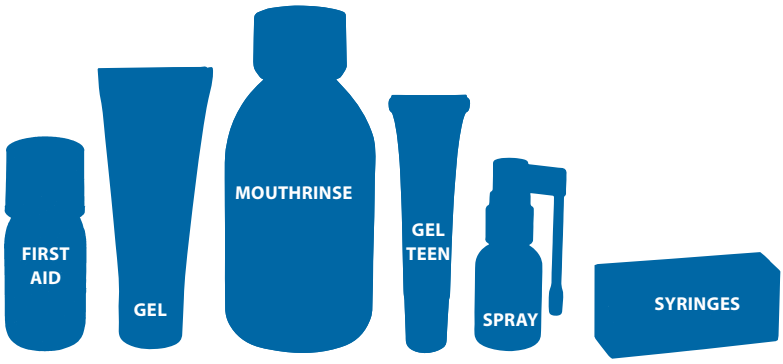
DENT·O·CARE™ Professional

GENGIGEL®

Case studies assessing the therapeutic benefits of hyaluronic acid to complete surgery and for post-operative wound healing.

CLINICAL STUDIES SUMMARY



Foreword

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The objective of this photographic guide is to present a series of cases in which hyaluronic acid is used in gel form at a concentration of 0.2% both to complete surgery and in post-operative care.

Hyaluronic acid (HA) is a linear, hydrophilic, polyanionic polysaccharide with high molecular weight. It is a natural component of synovial joint fluid and is available in extra-cellular matrices such as mineralised or unmineralised periodontal tissue. A HA molecule has a great hydrodynamic volume and HA solutions are highly viscous and elastic.

Hyaluronic acid provides important functions:

- It bonds with collagen or proteoglycans to give elasticity, resistance and lubrication to the extracellular matrix.
- It facilitates anchorage of the cells to the extracellular matrix that surrounds them.
- It is part of the normal healing process, especially the initial stages, since it is an essential component in the re-epithelialisation of the epidermis.
- It provides an anti-inflammatory effect by preventing the destruction of tissue and facilitating the healing process.
- It acts as a bacteriostatic by forming a film that prevents the penetration of viruses or bacteria.
- It helps prevent the formation of build-up if applied at the end of surgery, thanks to its high molecular weight.

That is why hyaluronic acid is recommended for oral surgery; it significantly improves clinical results by facilitating the healing of wounds and tissue repair and regeneration in the gums and mucosa, as well as reducing inflammation, the risk of infection and painful, post-surgery symptoms.

There are many products available but it is important to verify the origin of the HA and check whether the concentration is high enough to be effective in terms of adhesion, healing and anti-inflammatory effect.

When choosing a hyaluronic acid product by concentration, the criteria to take into account are size and type of wound, mainly depth and extension, and how easy it is to access the wound. The further the wound is from the central area, the more it will require treatment with more fluid galenic treatments (to the detriment of the HA concentration). However, where the wound is accessible, it is recommended to use the highest concentration of hyaluronic acid which usually has a thicker gel formula.

Hyaluronic acid has a high molecular weight and a 0.2% concentration has shown excellent results in terms of adhesion, which not only improves healing after surgery by reducing healing time and minimizing complications, but also provides a sensation of relief with each use. The more extensive the surgery, the more notable this effect.

HA forms an adherent protective film around the mucosa, with maximum adhesion to the tissue which allows the HA to remain in the mouth for longer, extending its bacteriostatic, anti-inflammatory and repairing effects.

It is important to verify the origin of the hyaluronic acid used, since HA obtained through biotechnological synthesis, as opposed to of bacterial or animal origin, guarantees a high level of purity and similarity to endogenous hyaluronic acid, which boosts its anti-inflammatory, protective and repairing effects on the oral mucosa. Hyaluronic acid of biotechnological origin minimizes risks by preventing the development of resistance or interactions with other drugs, making it suitable for all patients. In terms of safety, this characteristic makes it biocompatible with no cytotoxicity, contraindications or adverse effects. It can be used in complete safety with other medication and by diabetic patients.

Another advantage over topical steroids is that it can be used on all patients, including children, pregnant women and elderly people. The HA has no local or systemic pharmacological effect on the mucosa.

Human studies have demonstrated that the similar characteristics between exogenous hyaluronic acid and natural HA help facilitate the natural healing process, the repair of tissues and water balance.

In conclusion, biotechnological hyaluronic acid of high molecular weight at a concentration of 0.2% is to be considered an innovative product that is essential as post-surgery medication to be recommended in case of oral surgery.

Case 1

- **Female patient**
- **45 years old**
- **Non-smoker**
- **Sought treatment for deep periodontal pockets in teeth 12 and 23**

Due to the presence of vertical defects in both teeth and easy surgical access, we decided to use a minimally invasive technique that did not require incisions. Once surgery was complete, hyaluronic acid in gel form, with a concentration of 0.2%, was applied to the wounds and the patient was advised to continue treatment three times a day for a week. The images showing the removal of the stitches were taken 5 days after surgery and show excellent healing for such a short amount of time.

Image C1:1 Pre-Operative (Tooth 12)
Approximately 9 mm periodontal pocket distally, and approximately 4 mm buccal recession.

Image C1:2 Post-Operative (Tooth 12)
No bleeding, rapid healing and wound closure with minimal further recession.

Image C1:3 5 Days Post-Operative
Enhanced wound healing and inflammation elimination.

Image C1:5 Post-Operative (Tooth 23)
Excellent wound closure and minimal bleeding.

Image C1:4 Pre-Operative (Tooth 23)
Distal inflammation and exudation from the periodontal pocket.

Image C1:6 5 Days Post-Operative (Tooth 23)
Rapid wound healing and reformation of normal ketarinised gingival tissue at the surgical site.

Case 2

- **Female patient**
- **47 years old**
- **Smokes 2 cigarettes a day**
- **Sought treatment for an infection in tooth 21 which had caused the partial loss of the vestibular cortical bone**

The tooth was removed and this was followed by reconstruction with biomaterial and membrane in an attempt to preserve the stability of the soft tissue as much as possible and at the same time provide support at a coronal level. Due to the ease of access by the patient, hyaluronic acid in gel form with a concentration of 0.2% was prescribed 3 times a day for 10 days. The images below show the healing

Image C2:1 Pre-Operative (Tooth 21)
Inflammation, oedema, bleeding, and hypertrophy.

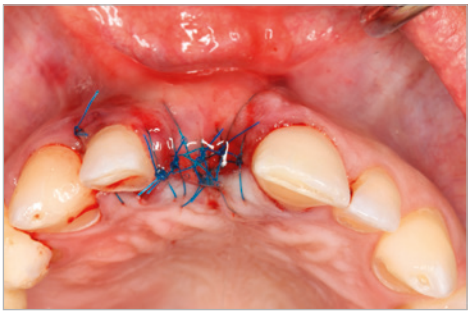

Image C2:2 Post-Extraction
Good wound closure and healing. No bleeding and minimal swelling.

process at 5 days and 8 days after surgery. In this case, it is highly relevant to note that although the membrane is exposed, the epithelisation of the tissue is progressing at an excellent rate. This is an added value of hyaluronic acid: it aids the healing process and can therefore minimise the damage associated with exposure of the membrane once it is exposed.

Image C2:3 Post-Extraction
Rapid wound healing and resolution of inflammation.

Image C2:5 8 Days Post-Extraction
Occlusal view: Rapid wound healing & re-epithelisation.

Image C2:4 5 Days Post-Extraction
Rapid resolution of inflammation and swelling, and re-establishment of normal gingival anatomy.

Case 3

- **Male patient**
- **37 years old**
- **Sought treatment for type II (Miller classification) receding gums**

The patient was treated with a coronally repositioned flap and then prescribed hyaluronic acid gel with a concentration of 0.2% as the wound was easily accessible by the patient. As seen in the final photographs, the wound healed very well over a week.

Image C3:1 Pre-Operative
Approximately 4 mm of gingival recession and loss of ketatinised buccal gingival tissue beyond the muco-gingival margin.

Image C3:3 Immediately Post-Operative
Placement of sub-gingival soft tissue graft and coronal repositioning of the gingival tissues.

Image C3:2 Surgical
Exposure of tooth 13 showing the full extent of the loss of buccal soft tissue and bone.

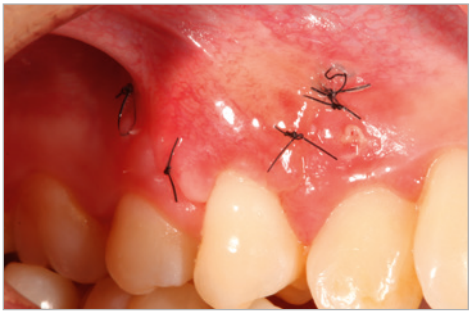

Image C3:4 7 Days Post-Operative
Excellent would healing, no bleeding or inflammation. There is a complete absence of post-operative tissue breakdown that often characterises healing after this procedure and rapid reformation of normal gingival anatomy is occurring.

Case 4

- **Male patient**
- **65 years old**
- **Non-smoker**

Patient came to have implants in teeth 14 and 16. After surgery, he was prescribed with a hyaluronic acid mouthwash, with a concentration of 0.025%, 3 times a day. The final images show the healing process at 5 days and 9 days.

Image C4:1 Pre-Operative
View of an implant site prior to exposure for placement of restorations.

Image C4:3 5 Days Post-Operative
Rapid and excellent wound healing is visible.

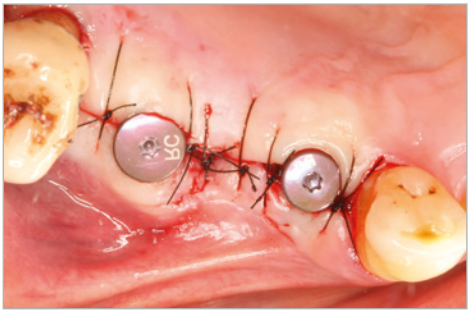

Image C4:2 Immediately Post-Operative
Pre-restorative caps in place and good tissue apposition after placement of 0.025% hyaluronan in the wound.

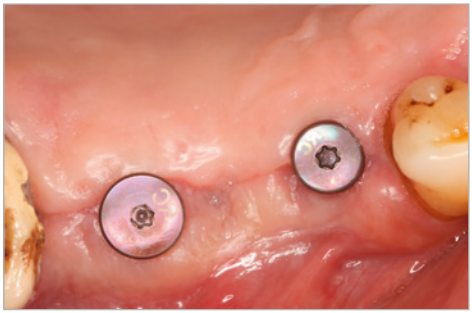

Image C4:4 9 Days Post-Operative
After suture removal complete healing of the surgical wound has occurred with formation of normal keratinised gingival tissue at the surgical site.

Case 5

- **Periodontal patient**
- **62 years old**
- **Smokes 10 cigarettes a day**
- **Suffers from diabetes and hypertension**

Patient came for a check-up and the dentist observed inflamed tissue around his implants and bone loss in the same area. Two surgical interventions were performed to treat the infection without significant results until finally it was decided to extract the central implant. The last photograph (Image C5:5) shows the healing process at 8 days, after using a hyaluronic acid mouthwash with a concentration of 0.025% 3 times a day for a week.

Image C5:1 Pre-Operative
Severe peri-implant inflammation with hypertrophy, oedema of the tissues around implants replacing teeth 24, 25, 26.

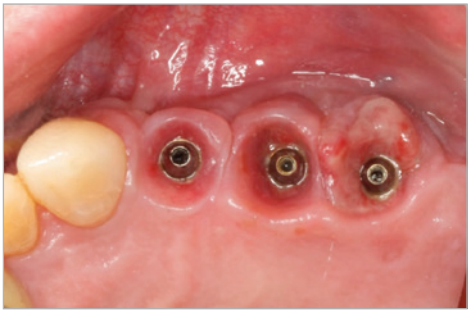

Image C5:2 Pre-Operative
After removal of the implant super-structure.

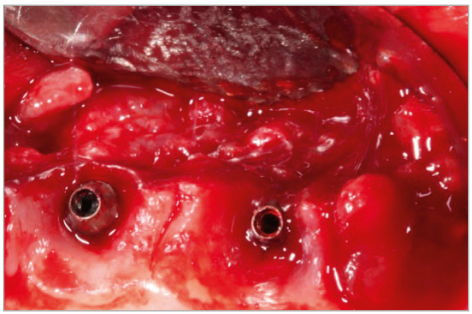

Image C5:3 Surgical
Exposure of the implants.

Image C5:5 7 Days Post-Operative
Healing has been remarkably rapid with no bleeding or inflammation visible and good wound closure and re-establishment of normal ketartinised gingival tissue at the surgical site.

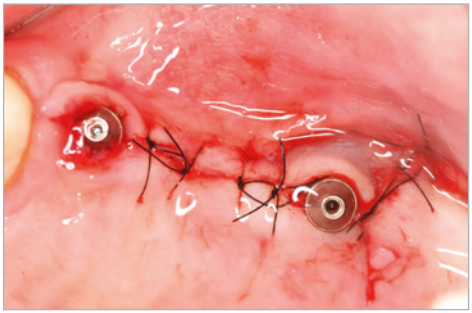

Image C5:4 Immediately Post-Operative
After removal of the peri-implant inflamed tissue and placement of 0.025% solution of hyaluronan prior to wound closure and suturing with interrupted sutures.

Case 6

- **Male patient**
- **48 years old**
- **History of periodontal disease**
- **Required an implant in tooth 11**

A connective tissue graft was decided on to maximise the results. After one week, when the stitches were taken out, the patient felt great relief every time he applied a hyaluronic acid gel, with a concentration of 0.2%, which he used until the tube was finished. The final photos show the healing process at 15 days.

Image C6:1 Pre-Surgical
Buccal view of an implant site replacing tooth 11 that had suffered periodontal disease and had to be extracted.

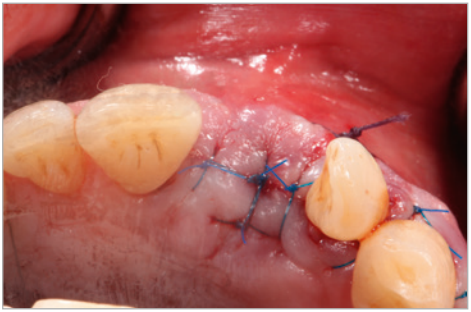

Image C6:3 Immediate Post-Operative
Occlusal view of the sutured area showing no bleeding or oedema of the tissues.

Image C6:2 Pre-Surgical
Occlusal view of an implant site replacing tooth 11 that had suffered periodontal disease and had to be extracted.

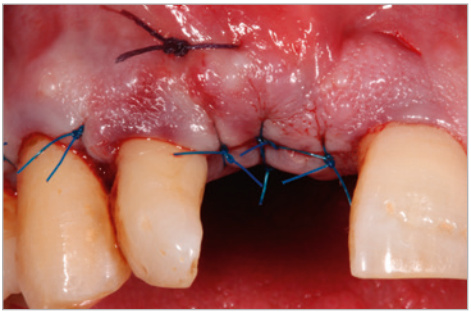

Image C6:4 Immediate Post-Surgical
Buccal view showing replacement and suturing of the buccal flap. Good apposition of the soft tissue flap has been achieved without bleeding or oedema visible.

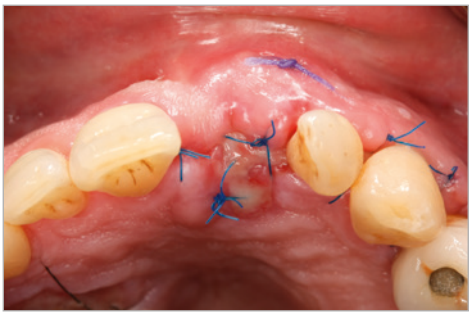

Image C6:5 7 Days Post-Surgery
Occlusal view of the surgical site, excellent and rapid wound healing has been achieved with no signs of tissue breakdown visible.

Image C6:7 15 Days Post-Surgery
Wound healing is complete with no signs of post-operative inflammation or tissue breakdown and normal gingival anatomy has been established.

Image C6:6 7 Days Post-Surgery
Buccal view of the surgical site, excellent and rapid wound healing has been achieved.

TITLE	PUBLICATION	AUTHORS	CONCLUSION
Gingivitis			
Local Injection of Hyaluronic Acid Filler Improves Open Gingival Embrasure: Validation Through a Rat Model.	Journal of Periodontol. 2017 Nov; 88(11): 1221-1230.	Pi S, Choi YJ, Hwang S, Lee DW, Yook JI, Kim KH, Chung CJ	Open gingival embrasure was reproduced reliably in vivo. Local injection of HA filler was validated as a meaningful minimally invasive procedure to improve open gingival embrasure.
Clinical Evaluation of Hyaluronan Gel v RSP in the treatment of Gingivitis.	J Investig Clin Dent. 2011 Aug;2(3):162-70	Dr Sapna	Topical administration of Gengigel together with RSP was more effective than scaling alone or Gengigel alone.
Effectiveness of Hyaluronan in the therapy of gingivitis.	Quintessence International 2005 36(7-8) pp.531-580	Pistorius A., Rockmann P., Martin M., Willershausen B	Gengigel effected significant improvements in the parameters of inflammation of gingivitis, SBI, PBI and CFFR. The study reported improved reductions in bleeding of 22.6% and 39.2% after 3 and 7 days.
Treatment of Gingivitis with Hyaluronan.	Journal of Clinical Periodontology 2003, 30: 159-164	Pomowski R., Kundt G., Gocke R., Jentsch H	Gengigel was shown to have a beneficial effect in the treatment of plaque induced gingivitis in a randomised double-blind study. Rapid decrease in levels of peroxidase and lysozyme concentrations in the crevicular fluid were demonstrated leading to a significant reductions in inflammation. The study reported better reductions in bleeding after 21 days of daily application of hyaluronic acid gel by patients.
Double blind clinical trial vs. placebo of a new sodium hyaluronate-based gingival gel.	International Dental Journal 1997. 15	Pagnacco A., Vangelisti R., Erra C., Poma A	As the result of the natural activity of HA Hyaluronic acid, Gengigel proved able to promote rapid remission of symptoms after the professional session when used twice a day for four weeks as a compliment to oral hygiene. Gengigel can be used to prevent relapsing episodes of gingivitis not only to the marginal mucosa but also to the deeper periodontal structures which can suffer gradual loss of attachment.
Periodontal Wound Healing			
To what extent does hyaluronic acid affect healing of xenografts? A histomorphometric study in a rabbit model.	J Appl Oral Sci. 2018 Jan 18;26	Arpağ OF, Damlar I, Altan A, Tatli U, Günay A	These results support that high molecular weight hyaluronic acid could contribute to the healing of xenograft by improving the percentage of new bone formation and reducing the percentage of residual graft.
Effects of Hyaluronic Acid and Hydroxyapatite/Beta-tricalcium Phosphate in Combination on Bone Regeneration of a Critical-size Defect in an Experimental Model.	J Craniofac Surg. 2018 Feb 12	Diker N, Gulsever S, Koroglu T, Yilmaz Akcay E, Oguz Y	The healing parameters related to bone formation (new bone formation, defect closure, immature bone formation) were significantly higher in the Hyaluronic acid group compared with the control group.
The efficacy of hyaluronic acid in post-extraction sockets of impacted third molars: A pilot study.	Niger J Clin Pract. 2017 Dec;20(12): 1626-1631.	Yilmaz N, Demirtas N, Kazancioglu HO, Bayer S, Acar AH, Mihmanli A.	The results of this study showed that HA can produce an analgesic action in postextraction sockets after surgical removal of impacted teeth and therefore it has a clinical benefit to reduce usage of nonsteroidal anti-inflammatory drugs after dentoalveolar surgery.

TITLE	PUBLICATION	AUTHORS	CONCLUSION
Effect of Topically-Applied Hyaluronic-Acid on Pain and Palatal Epithelial Wound Healing: An Examiner-Blind, Randomized, Controlled Clinical Trial.	Journal of Periodontol. 2017 Sep 15:1-14.	Yıldırım S, Özener HÖ, Doğan B, Kuru B	Topical application of hyaluronic-acid exhibits positive impact on post-operative pain, burning sensation and accelerates palatal wound healing in terms of epithelization and color match.
In vitro effects of hyaluronic acid on human periodontal ligament cells.	BMC Oral Health. 2017 Jan 16;17(1):44	Fujioka-Kobayashi M, Müller HD, Mueller A, Lussi A, Sculean A, Schmidlin PR, Miron RJ	Both non-cross-linked and cross-linked HA maintained high PDL cell viability, increased proliferation, and early osteogenic differentiation. However, HA was consistently associated with a significant decrease in late osteogenic differentiation of primary human PDL cells.
Effect of hyaluronic acid on morphological changes to dentin surfaces and subsequent effect on periodontal ligament cell survival, attachment, and spreading.	Clin Oral Investig. 2017 May;21(4): 1013-1019	Mueller A, Fujioka-Kobayashi M, Mueller HD, Lussi A, Sculean A, Schmidlin PR, Miron RJ	The results from the present study demonstrate that both carrier systems for HA were extremely biocompatible and demonstrated either improved cell numbers or cell spreading onto dentin discs.
An evaluation of 0.2% hyaluronic acid gel (Gengigel®) in the treatment of gingivitis: a clinical & microbiological study	Oral Health Dent Manag. 2014 Sep;13(3):779-85	Sahayata VN1, Bhavsar NV, Brahmbhatt NA.	Local application of 0.2 % HA gel adjunct to non surgical periodontal treatment provided a significant improvement in clinical parameters than placebo control and negative control groups.
Efficacy of hyaluronic acid spray on swelling, pain, and trismus after surgical extraction of impacted mandibular third molars	Int J Oral Maxillofac Surg. 2014 Nov;43(11): 1399-403.	Koray M, Ofluoglu D, Onal EA, Ozgul M, Ersev H, Yaltirik M, Tanyeri H	The administration of hyaluronic acid spray was more effective than benzydamine hydrochloride spray in reducing swelling and trismus. In addition, hyaluronic acid appears to offer a beneficial effect in the management of swelling and trismus during the immediate postoperative period following impacted third molar surgery.
Local delivery of hyaluronan as an adjunct to scaling and root planning in the treatment tof chronic periodontitis	Journal of Periodontol 2009 80(9). pp.1493-1497	Johannsen A., Tellefsen M., Wikesjo U., Johannsen G.	Findings indicate that local application of hyaluronan gel in conjunction with scaling and root planing have clinically beneficial effects on periodontal health in patients with chronic periodontitis. Twelve patients with chronic periodontitis participated in a split-mouth study assessing plaque, bleeding and probing depths over a 12 week period. After full-mouth debridement, HA gel was placed subgingivally in the test sites and again after 1 week. Significantly better BOP and mean probing depths (P <0.05) were recorded for the HA group.
Evaluation of the effect of 0.8% hyaluronic acid gel as coadjuvant to nonsurgical periodontal therapy.	Pilot study: Dentum (2008);8(4):149-154	Violant D, Mor C, Santos A	This 3 month split mouth study on 4 patients with moderate-advanced periodontitis had HA applied on the test sides after each visit for debridement and showed significantly better reductions in PD and BI (p <0.05), and less gingival recession (p> 0.05) than on the control side.

TITLE	PUBLICATION	AUTHORS	CONCLUSION
A comparison in post-operative healing of sites receiving non-surgical debridement augmented with and without a single application of hyaluronan.	Preventive Dentistry 2007 2(3) pp.34-37	Koshal, A., Patel, P., Bolt, R., Bhupinder, D., Galgut, P.	After periodontal pocket debridement the application of Gengigel professional into the pocket produced a significant reduction of pocket depth.
Clinical study of Hyaluronic Acid in the treatment of chronic periodontitis.	Journal of Periodontology 2004	Yu Y, Frentzen OL, Jevve-Storm PH	A significant improvement in all clinical parameters was observed in both groups. However the Hyaluronic Acid group showed significant rapid control of local inflammation and faster healing compared to the RSP group.
Action of Hyaluronan on the wound healing process following extraction	Dental information No2 2004	E Baysse, B Piotrowski, P Piantoni, G Brunel. Faculty of Dental Surgery Toulouse	"The results indicate that Hyaluronan promotes wound healing and bone consolidation following tooth extraction. The result also suggests that Hyaluronan could be useful to cut down the interval between extraction and implantation."
Clinical and microbiological effects of topical subgingival application of hyaluronic acid gel adjunctive to scaling and root planing in the treatment of chronic periodontitis.	Journal of Periodontology 2004 75(8) pp.1114–1118.	Xu. Y, Hofling. K, Fimmers. R, Frentzen M, Jervoe-Storm PM.	The study showed enhanced reductions in bleeding and probing depths in a group of patients with chronic periodontitis, applying hyaluronic acid gel after non-surgical periodontal treatment.
Employ of locally applied hyaluronic acid during a three-month initial treatment.	Paradontologie 2003	Pia-Merete Jervoe-Storm, X. Yi, I. Kostioutchenko, R. Fimmers, R. Nolden, M. Frentzen	The test group showed a tendency to a faster reduction of the degree of inflammation and less bleeding was found on probing.
Double blind study of Hyaluronan in periodontitis.	International Association Dental Research 2002	Aguado et al	Gengigel proved to be an effective treatment in controlling the inflammatory process and gingival bleeding at the various stages of periodontal disease. A reduction in the depth of gingival pockets was observed in numerous areas with a significant reduction in epithelial and lymphocyte proliferation.
Effects of Topically Applied Hyaluronan on periodontal wound healing.	Journal of Dental Research 2002 81:A pp.649-660	Ichikawa T, Takayoma S et al	We histologically observed new alveolar bone formation at HA applied sites. These findings show that topically applied HA (Gengigel) in alveolar bone defects accelerates periodontal wound healing.
Anti-proliferative effect of topic hyaluronic acid gel. Study in gingival biopsies of patients with periodontal disease.	Histol Histopathol 2002, 17: 747-753	Mesa Aguado F. L., Aneiros Cachaza J., O'Valle Ravassa F.J	Hyaluronan reduces cell proliferation in epithelial cells, abates the inflammatory process and improves periodontal lesions in patients with chronic periodontitits.
Preliminary clinical evaluation of a hyaluronic acid based product in oral disorders: double blind trial.	Attualità Terapeutica Internazionale, anno XVI. 1998	Mantovani S., Sala Tesciat A., Fossati B	0.2% hyaluronic acid containing gel is an effective agent for treating plaque-induced gingivitis as an adjunct to scaling as compared to scaling alone.
Stimulation of Osteoinduction in bone wound healing by Hyaluronan.	Bone 16:9 – 15. 1995	Sasaki, Watanabe	Hyaluronan is capable of accelerating new bone formation through mesenchymal cell differentiation in bone wounds

TITLE	PUBLICATION	AUTHORS	CONCLUSION
Implants			
Comparison of the healing of immediate function implants. Inside maintenance protocol using Hyaluronic Acid and Chlorhexidine gels	Journal of Clinical Periodontology 2017	Nobre M., Cintra N., Malo' P	The results demonstrate the importance of a maintenance protocol in immediate function implants. These findings show that using Gengigel for the first two months post implant (healing/ osteo-integration phase) and chlorhexidine from 2-6 months (maintenance phase) produce the most successful results.
Non Surgical Treatment of Peri-Implant Pockets: An Exploratory study comparing 0.2% Chlorhexidine and 0.8% Hyaluronic Acid	Can J Dent Hygiene (2009): 43,1:25-30	Aruajo Nobre M, Carvalho R, Malo P	After mechanical debridement followed by irrigation with either ChX or HA in 18 patients with implants with probing depths up to 6mm, both groups showed similar improvements in clinical parameters.
Peri-Implant maintenance of immediate function implants: a pilot study comparing hyaluronic acid and chlorhexidine	Internation Journal of Dental Hygiene 5, 2007; 87-94	De Araujo, Nobre M., Cintra N., Malo P.	The findings point out the importance of a maintenance protocol in immediate function implants. Both chemicals are valid tools for implant maintenance. The authors suggest that it might be advantageous to administer HA in the first 2 months and CHX between 2 and 6 months.
Proteoglycans at the Bone Implant	Oral.Biol.Med 9(4)449 -463 1998	Klinger M.M., Rahemtulla F., Prince C.W., Lucas I.C., Lemons J.E	This model proposed that titanium surfaces accelerate osseo-integration by causing the rapid degradation of a Hyaluronan meshwork formed as part of the wound healing process.
Mouth Ulcers/ Behçet's Disease			
The efficacy of topical 0.2% hyaluronic acid gel on recurrent oral ulcers: comparison between recurrent aphthous ulcers and the oral ulcers of Behçet's disease.	J Eur Acad Dermatol Venereol. 2008 May;22(5):590-5. Epub 2007 Dec 17	Lee JH, Jung JY, Bang D.	Topical application of 0.2% HA gel appears to be effective and safe especially for reducing numbers, healing time period, pain and area of ulcers.
Double blind study of 120 patients with severe recurrent mouth ulcers.	Journal of Oral Medicine and Pathology 2006	Nolan, A, Seymour, R, et al	Both topical HA and HA placebo resulted in a significant reduction in pain discomfort following immediate application. Patients treated with topical HA recorded fewer ulcers by day 5 than those treated with placebo and likewise the occurrence of new ulcers was lower in the HA treated group on day 4 compared to placebo.
Paediatric Dentistry			
Hyaluronic acid-based medical device and oral disorders: can it be used in paediatric dentistry?	J Biol Regul Homeost Agents. 2015 Oct- Dec;29(4): 999-1005	D'Ercole S, Nanussi A, Tieri M, Barattini DF, Tripodi D.	The preparations of hyaluronic acid used in pediatric dentistry, thanks to their anti-inflammatory and angiogenic properties, proved to be very effective in therapy of oral diseases in children.
Radiotherapy			
Double blind study comparing Hyaluronan cream to placebo in patients treated with radiotherapy.	Radiotherapy and Oncology 42/1997	Liguori V, Guillemin C, Pesce GF, Mirimanoff RO, Bernier J.	The prophylactic use of Hyaluronan was shown to reduce the incidence of high grade radio-epithelitis in patients undergoing radiotherapy.

Gengigel
Mouthrinse 150ml
GG001

Active Ingredient
Hyaluronan 25mg

When to use
Treatment and prevention of:
- Gingivitis
- Chronic ulcers
- Lichen Planus
- Burning mouth syndrome
- Intra-oral inflammatory conditions

Gengigel
Oral Gel 20ml
GG002

Active Ingredient
Hyaluronan 200mg

When to use
Target pain relief and healing of:
- Ulcers
- Soreness
- Denture rub
- Bleeding gums
- Extraction sites/dry sockets
- Food burn

Gengigel
Teen Gel 15ml
GG004

Active Ingredient
Hyaluronan 200mg

When to use
Target pain relief and healing of:
- Ulcers
- Brace related lesions
- Sore gums
- Gingivitis

Gengigel
Oral Spray 20ml
GG003

Active Ingredient
Hyaluronan 10mg

When to use
Gum relief 'on the go' for:
- Post-surgical pain
- Gum imflammation
- Sore gums
- Gingivitis
- Ulcers
- Food burn

Gengigel
First Aid 50ml
GG005

Active Ingredient
Hyaluronan 120mg

When to use
Rapid pain relief and repair of traumatised gums following:
- Post-operative
- Implant surgery
- Sub-gingival root planing & scaling
- Acute lichen planus

Gengigel Professional
Syringe 4's
GG007

Active Ingredient
Hyaluronan 8000mg

When to use
In-surgery immediately following:
- Extraction
- Implant placement
- Periodontal scaling
- Surgery

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