Colgate **Savacol** Mouthwash

With **Chlorhexidine**

Inhibits plaque formation and gingivitis

Savacol with chlorhexidine effectively inhibits plaque formation and gingivitis.[1]

Chlorhexidine (CHX) acts against both gram-negative and gram-positive bacteria by interfering with the bacterial cell membrane metabolism. Because dental plaque causes gingivitis which may progress to periodontal disease in susceptible individuals and is pre-requisite for the development of dental caries, chlorhexidine may be a valuable aid in preventing dental disease.

A systematic review has demonstrated that the use of 0.12% CHX resulted in a mean reduction of 28% in gingival inflammation and 40% in plaque formation.[2]

Pre-procedural use

There are more than 600 species of microbes in the human mouth.[3] Biomatter dissemination is a concern given high-speed, air driven dental handpieces and scalers produce significant amounts of spatter and aerosol. Savacol with chlorhexidine offers a strong antimicrobial action, effectively controlling microbial spread in spatter and aerosol.[4] Patients should rinse for 60 seconds to reduce viable bacteria, compared to no rinsing.[4,5]

1. Sreenivasan P and Gaffar A (2002)J Clin Periodontol; 29: 965-974
2. Gunsolley JC (2010) J Dent; 38 (Suppl 1):S6-10
3. Dewhirst F et al (2010) J Bacteriol vol 192 no 19:5002-5017
4. Feres M et al (2010) JADA Vol 141: 415-422
5. Klyn, SL et al (2001) General Dentistry Nov: 648-652

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Post-operative use

Rinsing during surgical procedures, and after scaling and root planing, improves periodontal treatment outcomes.[6] After surgical procedures, chlorhexidine reduces gingival signs of inflammation in the healing phase.[7]

Alcohol Free – same efficacy

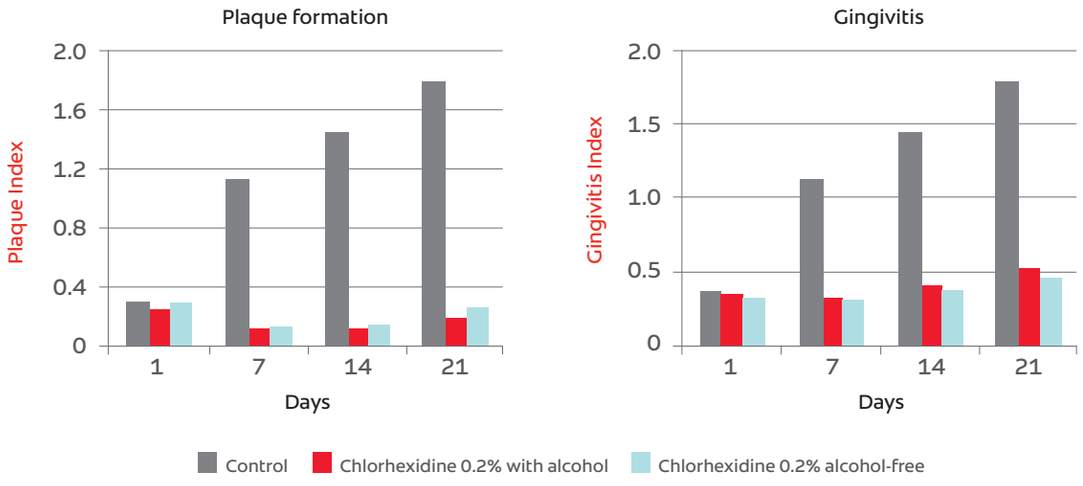
Savacol Alcohol Free is clinically proven to be as effective as original Savacol in reducing plaque and gingivitis.[8]

No bacterial resistance

Long term clinical studies under real-life use conditions have shown, that even with extended use, there is no increase in microbial resistance to chlorhexidine nor any increase in resistant microflora or adverse alterations to bacteria found in dental plaque.[1]

Efficacy of chlorhexidine mouthrinses on plaque formation and gingivitis

(adapted from Lorenz et al.)[8]



In a randomised, investigator-blind, placebo-controlled, 3-week clinical study with 90 subjects the effect and safety of an alcohol-free chlorhexidine mouthrinse 0.2% on the development of dental plaque and gingivitis was tested compared to an alcohol-containing chlorhexidine 0.2% mouthrinse.

6. Feres M et al (2009)J Clin Periodontol; 36:857-867 7. Addy M (2003) The use of antiseptics in periodontal therapy. Chapter 22. In: Lindhe J, Karring T & Lang NP (eds). Clinical Periodontology and Implant Dentistry, 4th edition: 479-481. UK: Blackwell Munksgaard 8. Lorenz K et al (2006) J Clin Periodontol; 33: 561-567

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