

Fitodenta Hydrogel with Metronidazole and Hyaluronic Acid

Clinical Application Protocol for Dentists

This document is intended for dentists as practical guidance on the use of Fitodenta Hydrogel with Metronidazole and Hyaluronic Acid in various clinical situations in oral surgery, periodontology, and implantology.

1. Following Tooth Extraction (Socket Protection and Prevention of Alveolar Osteitis)

- It is recommended to completely fill the extraction socket with Fitodenta Hydrogel.
- The hyaluronic acid contained in the formulation supports angiogenesis and tissue regeneration.
- Metronidazole acts against anaerobic microflora and may help reduce the risk of post-extraction alveolar osteitis (dry socket).

2. Gingival Inflammation, Periodontal Pockets, and Peri-implantitis

- The hydrogel is gently applied directly into the periodontal or peri-implant pocket using an applicator.
- The formulation remains well retained at the application site and gradually releases its active ingredients.
- The active components (hyaluronic acid and metronidazole) exert their local effects over several days.
- It may be used as a stand-alone treatment adjunct or in combination with conservative or surgical therapy.

3. During Surgical Management of Inflammatory Lesions

- Indications include periapical lesions, cysts, epulis, and other inflammatory conditions.
- Following removal of pathological tissue, the hydrogel is applied into the resulting cavity using an applicator.
- The formulation remains in place and provides localized activity for several days.

4. Postoperative Complications

- May be used following implant placement, bone augmentation procedures, or in cases of alveolar osteitis.

- The hydrogel is gently introduced into the affected area using an applicator.
- The formulation helps control microbial colonization and supports a favorable environment for healing.

Note

This product is intended for professional use in dental practice only.