Mouthwash consider as extra anti bacterial agent .as we know the pocket is the space between tissue and tooth so we need the best method to decrease the presence of bacteria inside it .

Using of CHX in first week as adjunctive which aid in healing .

After scaling and root planning the patient brushing for 3 days "consider straight forward "also use CHX as adjunctive

In clinics sometime even we do simple scaling we need extra agent to help in treatment as mouth wash .

In case of presence of gingival overgrowth due to inflammation use mouth wash .

Should not be use for more than 2 weeks due to staining ability so we used an alternative one as triclosan "no staining"

When we give mouth wash must know the range of antibacterial activity of it , how long stain the mouth , Substantivity , anti inflammatory effect as in case of gingivitis and taste acceptable .

Three categories of mouth wash :

Group A :

-good Substantivity - wide antibacterial spectrum - good anti plaque effect - can use to replace mechanical cleaning method for short period .

Ex: CHX.

Group B :

 Little or no Substantivity -good anti bacterial spectrum - cant be used to replace toothbrush so use as adjunctive .

ex: Listerine and triclosan -

group C:

use in vitro - very low plaque inhibitory effect - limited or no adjunctive effect when compare to mechanical clean

ex: oxygenated agent

limited use in certain case as irrigant during healing.

Miswak : alternative mechanical clean .

Disadvantage : - trauma and recession of gingival

-clean only the buccal surface .

Have mechanical"as CHX" and chemical affect "substance realse from it affect of bacteria"

 Need longer time "5-10 "min.

Prostho Patient with partial denture " clasps and rests" use CHX for short time .

In case of ortho patient : ortho treatment consider dangerous because very bad side effect ,some pt put ortho for simple reason but at the end of treatment end up with deminrlization and caries due to bacterial and plaque accumulation In bracket area .

Note : alcohol free CHX as effective as one containing alcohol "reduce plaque and reduce gingival inflammation ".

 In case of implant >> weak evidence that anti bacterial mouth wash are effective in reduce plaque and marginal bleeding around the implant.

Mechanism of action of mouth wash is attachment to tooth surface which contain hydroxyapatite "negative charge " so CHX attach to them .

But implant surface not have anything so no or little effect Substantivity .

Preferable to use gel .

\_\_Chemical plaque control in special needs patients >> cant spell so use beaker .