

Post Periodontal Examination Advice and Information

This information sheet explains some of the considerations for periodontitis (gum disease) and its treatment. Periodontal treatment is usually divided into 3 phases. The initial phase of treatment is focused on plaque control and root surface debridement to reduce the plaque and tartar from the gum pockets. During this phase we need to sometimes arrange for removal of teeth which we know will not respond favourably to treatment. Retaining these teeth can jeopardize a favourable outcome elsewhere and it is thus important that removal of these teeth is not delayed.

After a few weeks we reassess the response to this therapy. The next phase is usually corrective and sometimes involves surgery at the deeper sites. The need for this kind of treatment is usually decided upon and planned at the reassessment appointment.

After this the final phase is the maintenance phase, which involves 3 monthly recalls to a hygienist. This interval can be increased if your teeth are particularly well maintained. Sometimes during the maintenance phase, more minor treatment may be required if there is any localised recurrent inflammation. It is also imperative that if you are a smoker, every attempt is made to stop smoking as smoking compromises healing and increases the risk for recurrence.

What Causes Gum Disease?

Dental plaque (soft yellow/white film containing bacteria) is the cause of gum disease. Therapy is focused on the removal of plaque and tartar (calcified plaque) from all the surfaces of the teeth. Following treatment patients develop the skills required to routinely clean plaque off above gum level for all the teeth.

Tartar needs to be professionally removed, usually by the dentist or hygienist. Where pockets are deep, this task gets increasingly difficult to the point where pockets of 6mm and deeper on multi-rooted teeth may be better accessed by surgical procedures for effective cleaning. However, this level of treatment can only be justified when patient plaque control skills are at an appropriate level, i.e. less than 15-20% of tooth surfaces with detectable plaque. When this is sustained, there is a reduction of bleeding from the

gum, and we aim for a score of less than 15%.

If these objectives are achieved, the benefits to you as a patient are that the gum pockets heal and reduce in depth to healthy level. This dramatically reduces the risk of further periodontal break down, and tooth loss. Additional advantages are a fresher breath, firmer gums and less mobile teeth.

Most patients will need to see either a Periodontist or a Hygienist for the initial phase and this is dependent on the severity of your periodontal disease at initial presentation. Usually these appointments are booked in 60 minutes to 90 minutes slots. It is most common to have a few of these appointments to achieve the required objectives as stated above. 3 months after your last visit you will need to see the Periodontist again for re-evaluation. At this stage, if the gums have adequately healed up, you will enter the maintenance programme.

If there are residual sites that have not completely healed, the Periodontist will offer more complex treatment to resolve these areas.

What You Can Expect Immediately After Treatment.

With some periodontal therapy, gum recession and temporary symptom of sensitivity can occur. Recession occurs because your healthy gum tissue is resting onto where your bone is as a result of the loss of bone from periodontal ("gum") disease. In most instances, we aim to reduce the amount of gum recession in aesthetic areas and the sensitivity can also be controlled with appropriate toothpaste.