

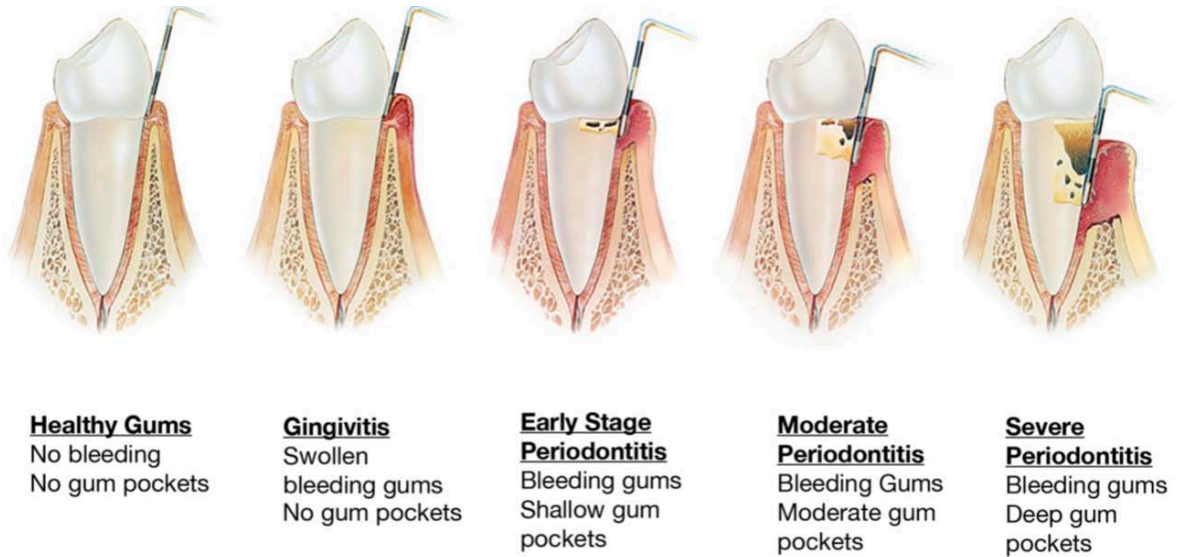
INFORMATION FOR PATIENTS UNDERGOING PERIODONTAL TREATMENT

**What is a healthy periodontium?**

In health, the roots of your teeth are embedded in the jaw bone. The gum overlies the bone and wraps around the teeth forming a collar around the neck of the teeth. The gum at the neck of the teeth is pale pink and firm.

**What are periodontal (gum) diseases?**

Periodontal diseases are chronic infections that affect the gums and the underlying bones supporting the teeth. These infections are caused by bacteria. Bacteria are always present in the mouth and accumulate on the tooth surfaces after meals or drinks. They form a soft, sticky mass called "plaque". Plaque is usually removed through regular tooth cleaning (brushing and cleaning between the teeth). However, if some plaque remains near the gum margin, inflammation of the gums may result (gingivitis). If not treated, this inflammation can progress to periodontal disease. Where periodontal disease occurs, the bacteria grow down below the gum margin along the root surface. The gums detach from the tooth and form so called 'pockets'. As a result, the bone surrounding the teeth will retract away from the source of infection. With increasing bone destruction the tooth will lose its support. If this is left untreated it can lead to tooth loss.



**Are there other factors contributing to periodontal (gum) disease?**

Smoking is the most important risk factor for periodontal disease. Patients with periodontal disease who smoke tend to have higher numbers of deep gum pockets and lose more teeth than non-smokers. Stress, uncontrolled diabetes and genetics factors may also play a role in periodontal disease. Also, increasing evidence supports an association between periodontal disease and other (systemic) diseases or complications, e.g. cardio-vascular diseases, pre-term low birthweight delivery, hypertension. Treatment of periodontal disease could be beneficial in this respect.

**Can it be treated successfully?**

Yes, if the disease is diagnosed early enough or there is sufficient supporting bone left. However, to succeed with the treatment, you would also have to carry out good daily oral hygiene in order to keep away harmful bacteria. In addition, particular risk factors (such as smoking or uncontrolled diabetes) need to be controlled and you will need to see the dental professional in regular time intervals as recommended. Failure to do so will not guarantee maintaining a good result.

**What does the treatment consist of?**

The first phase of treatment normally consists of "deep cleaning" of the root surfaces below the gum level (subgingival professional mechanical plaque removal-PMPR). The non-surgical gum treatment I have suggested is aimed at arresting disease, resolving inflammation and reducing number and depths of pockets. This meticulous

"deep cleaning" of the gums will be carried out under local anaesthetic. This will reduce the level of inflammation and the depth of the pockets. We may also suggest some minor modifications to your home care. Good self-performed daily oral hygiene including daily cleaning between the teeth (plaque score < 20%) is of paramount importance for both achieving and maintaining gum health. 8 to 12 weeks later, the response to the initial therapy will be assessed. If further gum treatment is required at that stage. We will explain to you all your options at this appointment.

For many patients a course of "deep cleaning" will be sufficient to control the disease. In some cases a 2nd course of "deep cleaning" might be indicated. However, in advanced cases of periodontal disease the "deep cleaning" alone may not be enough to control the disease. A second phase of therapy may include gum surgery to gain access to deep areas for further cleaning. In some cases it is also possible to achieve new bone formation around the tooth (periodontal regeneration). As soon as the condition is considered stable you will go back to the regular care by a dental professional (every 3-6 months) with periodic check-ups by the periodontist/general dental practitioner.

#### **Are there adverse effects of the treatment?**

Treatment can result in a small amount of discomfort and slight increase in sensitivity which usually lasts only a short time. You may also notice a slight increase in recession of the gums as the swollen and inflamed tissues heal. This is inevitable in cases where the gums were very swollen in the first place.

#### **Will I be able to retain my teeth for life?**

If you have undergone a complete course of periodontal treatment and keep up with good oral hygiene and hygiene appointments you are likely to have a stable condition. If you fail to do so you are likely to have on-going gum disease.

Patients who have suffered from periodontal disease at some stage in their lives are at higher risk of experiencing an episode of gum disease again at a later stage. However, periodontal treatment followed by good home tooth cleaning and regular hygiene appointments will reduce this risk significantly. I must again stress the importance of meticulous oral hygiene; otherwise at best, treatment will only be partially successful. Therefore, your commitment to comply with the recommendations regarding tooth cleaning is essential if you are to derive the maximum benefit from the periodontal treatment outlined above. Furthermore, where significant amount of tooth support has already been lost, those patients who achieve and maintain a high standard of oral hygiene have by far the best chance of avoiding tooth loss. After active treatment frequent visits to the dental professional, at least in the short term, will be important if the improvements in your gum health are to be maintained. Research shows that for patients with chronic periodontal disease the frequency of maintenance visits should be three-four times a year; patients who comply with suggested visits intervals experience fewer recurrent gum problems and less tooth loss than patients who don't comply. You may prefer not to undertake the recommended treatments. In this case you should be aware that this could have a negative effect on the prognosis of the remaining teeth. An increased risk of disease progression which may result in tooth loss will result if gum disease is left untreated.