

INFORMATION ABOUT PERIODONTAL THERAPY

Periodontal disease is the loss of jaw bone around your teeth and is caused by bacteria in your mouth. This is an irreversible process. If too much bone is lost your teeth will become loose and will be lost.

Persons with periodontal disease have too many bacteria around their teeth for their immune system to cope with. These bacteria cover the roots of your teeth in a “biofilm” layer and are above and below the gumline...in the gum pocket around your teeth. Usually, rough deposits of calculus (tartar) make complete removal of these bacteria impossible without professional help.

- **Aim of periodontal therapy**

To make all your teeth as smooth as possible by removing any calculus (tartar) from the roots of the teeth and any rough edges from old fillings. Areas where food catches or jams also need to be attended to.

Once your teeth are as smooth as possible your job is to keep everything spotlessly clean with toothbrush, dental floss and Pikster interprox brushes every day. We show you how to do this.

- **What is done in Periodontal Therapy?**

Under local anesthetic, the teeth are cleaned of calculus (tartar) using ultrasonic instruments and hand scalers. Rough edges on old fillings are removed using polishing drill bits. Old fillings that are catching food may need to be replaced or modified.

Antibiotics may be prescribed for patients with severe problems or who are in a high risk category.

These antibiotics are started 1 hour before treatment. Some antibiotics react badly with alcohol so it may be that you cannot drink alcohol for 5 days while you are taking the antibiotic course

Painkillers (Panadol, Nurofen or Codeine) may be recommended, before and after treatment, to make recovery more comfortable.

If you are apprehensive about treatment you can be prescribed a mild sedative (Oral Valium / Diazepam) to be taken 1 hour pre-operatively. However, **YOU WILL NOT BE ABLE TO DRIVE NOR OPERATE MACHINERY FOR THE REMAINDER OF THE DAY. YOU WILL NEED TO BE ACCOMPANIED TO AND FROM YOUR APPOINTMENT BY A RESPONSIBLE ADULT.**

- **During Treatment**

Once the teeth are fully anaesthetized no **pain should be felt at all during treatment.** You will NOT be expected to feel any pain and all necessary measures will be taken to ensure your comfort.

Sometimes dissolving sutures (stitches) may be placed to ensure better healing.

- **Immediately after treatment**

Your will be **VERY** numb and should not attempt to eat until the anesthetic wears off, in case you bite your cheek, lip or tongue. For some persons the anesthetic may last several hours after treatment.

- **The rest of that day**

Strenuous exercise should be avoided for the day as this will increase pain and may start bleeding.

Soft but nutritious food is recommended. Hot, cold and acidic foods should be avoided for the first few days

- **That night**

Use the recommended mouthwash (es), take the painkillers (if appropriate) but do not clean the teeth that have been treated .they will be too sore.

- **The next day**

Use the recommended rinses in the morning and evening and the antibiotics as prescribed.

Start **GENTLE** but thorough cleaning especially with dental floss and Pikster brushes. **THIS IS VERY IMPORTANT.** Often an electric toothbrush will be too sore to use at first so a soft bristled brush is recommended.

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- **Post-Operative Complications**

It is very common for your teeth to be sensitive too hot AND ESPECIALLY TO COLD drinks and foods for the first few days or even weeks. This sensitivity will normally gradually subside PROVIDED YOUR CLEANING IS EXCELLENT and that you use the fluoride mouthwash that we have recommended.

There will be GUM SHRINKAGE in areas of deeper pocketing where bone loss was greatest and this may lead to GAPS appearing between your teeth. Unfortunately, this gum shrinkage is inevitable and permanent and the bone lost through the disease will not return.

- **First Review of healing**

After 3 months we perform a light cleaning of all your teeth to remove any new plaque that has accumulated and to check that the gums are healthy. This is usually a 45-60-minute appointment with the dentist. Any areas that are still inflamed can be identified and remedied.

- **Long Term Periodontal maintenance**

It is absolutely essential that regular professional cleaning is performed on a regular and long-term basis. This maintenance might be 3 monthly, 4 monthly or 6 monthly, depending on the severity of your disease and the standard of your cleaning at home.

The better you clean and floss, the less professional maintenance you will need.

Maintenance cleans are usually undertaken by a dental hygienist so as to reduce your costs.

All the research worldwide shows that the most common cause of periodontal treatment being unsuccessful in the long-term is that patients fail to have regular maintenance cleaning.

Continuing to smoke is also a very common cause of failure.

- **Smoking and Periodontal Treatment**

It is very well documented that most smokers DO NOT HEAL as well as non-smokers or reformed smokers.

Periodontal treatment for smokers often leads to **far more post-operative sensitivity and discomfort** than for others and **healing will be less predictable**.

Patients who are unable to quit smoking are best advised to cut down as much as possible before any treatment and are advised that their treatment may not be successful.

Some studies suggest that low-level smoking (less than 5 cigarettes a day) has only a small effect on healing but that these patients must be almost perfect with their cleaning.

Our advice is to stop smoking altogether if possible for at least 1 month before treatment to allow the immune system in your mouth to recover and to enable your gums to heal properly.

- **Periodontal Disease and Heart Disease**

There is now definite medical evidence that “advanced” periodontal disease is an additional risk factor in Heart Disease in the same way that smoking, being overweight and high cholesterol are risk factors. Bacteria from the mouth have been found in heart tissue in patients who have had heart attacks. This happens because in “Advanced” and “Very Advanced” disease there are so many bacteria around the teeth that they get into the general bloodstream, causing a bacteremia or infection of the blood.

Whilst this does NOT mean that you are going to die from periodontal disease it is important that you are aware that serious periodontal disease is NOT good for your general health.

A significant number of patients with “Advanced” and “Very Advanced” disease comment that they “feel” a great deal better after treatment and that they had been feeling “very run down” and “tired” before treatment, with little energy.

SOME FREQUENTLY ASKED QUESTIONS

- **What might happen if I decide to do nothing about the disease**

Periodontal disease is a PROGRESSIVE disease in that you will continue to lose bone until the bacteria on the roots of your teeth are brought under control.'

In almost every case the disease will progress from "Early" to "Moderate" to "Advanced" to "Very Advanced" disease over the years. Usually the disease accelerates considerably from the "advanced" to the "very advanced" stages.

- **What improvements will I notice after treatment?**

Most commonly patients comment that their teeth feel smooth, the gums don't bleed, the gums are not sore, that their partner says that they don't have bad breath any more, their teeth are easy to clean and floss, don't catch food that their teeth "feel heaps better".

- **What negative things will I notice after treatment?**

Most common negative comments: **sensitivity to cold drinks** for a week or more post-operatively, teeth tender to chew on for a week, sore gums for the first few days, GAPS APPEARING BETWEEN TEETH where the damage was worst, food catching in the bigger spaces between the teeth as the gums heal, low rebate from Health Fund.

- **Can't I just take antibiotics to fix the problem?**

Unfortunately, not. All the worldwide periodontal studies show that antibiotics taken alone, without thorough cleaning of calculus from the roots of your teeth, are ineffective at stopping the disease.

- **Can you definitely save all my teeth for ever?**

Treatment of "Early" and "Moderate" disease is usually very successful if the dentist and patient do their jobs well.

"Advanced" disease is certainly less predictable and requires that patients be quite excellent with their cleaning at home. Average cleaning may not be good enough to stop the disease recurring in some areas.

Most teeth that have "Very Advanced" disease are noticeably loose. Treatment outcomes of "Very Advanced" disease will entirely depend on the patient being fanatical about cleaning. Whilst very badly damaged teeth may be kept for many years, some of these teeth may be lost after 1, 2, 5 or 10 years. It is unlikely that these teeth will be kept for life. There simply is not enough bone left.

- **Can I just have all my teeth out?**

Well, this will certainly get rid of your periodontal disease...as well as all your teeth. Unfortunately, many people who do this find that they are disappointed with dentures (false teeth) as they can't manage them very well for eating.

Some people can't wear dentures at all and have a terrible time. Younger patients seem to cope better with dentures.

- **Can I get my bad teeth out and dental implants put in instead?**

Yes, in most cases although you will need a substantial bank balance! There is recent dental evidence that the same bacteria that cause problems with natural teeth can cause bone loss around dental implants as well. These patients will have an increased risk of dental implants failing.

- **I have a very loose tooth...can it be saved?**

If a tooth is very loose it means that there is not enough bone present to cope with the forces on the tooth during eating. Sometimes it is possible to "splint" the tooth to its' neighboring tooth using a tooth-coloured resin glue so that the tooth does not fall out. This is much more likely to be possible on a front tooth than a back one.

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- **Why does it take so long for the dentist to clean all my teeth?**

When patients have periodontal disease ALL the tartar must be removed from the roots. This means that every tooth has to be cleaned, 360 degrees around each tooth, front and back, above and below the gum line. Most back teeth are very difficult to get at especially wisdom teeth.

Many patients require an appointment of 2-3 hours to clean the upper teeth and 2-3 hours to do the lowers.

A comparison can be made with your car servicing.... a normal 6 monthly clean could be seen as equivalent to a 10,000km service. Patients with moderate to advanced disease often require a 100,000km service!! This 100,000km service should only ever need doing once however!

- **Which teeth are most often affected? The front teeth or the back ones?**

This varies from person to person but almost always the back teeth have more damage than the front ones as these back teeth are more difficult for you to clean with a toothbrush and floss and will have had more bacteria around them for longer.

- **Are some people more likely to get the disease?**

Yes! Some people do not get periodontal disease as their immune systems seem to fight the bacteria almost perfectly.

A periodontal study in Brisbane suggests that 10% of the population can get the disease badly.

Factors that might make a person more likely to get the disease badly include a Family History of periodontal disease, diabetes, and thyroid gland disease and immune system problems. Some teeth have a natural shape that is difficult for you to clean and collects more plaque than usual.

Smoking is a major factor in making the disease worse.

Some ethnic groups (especially some Asian populations) have a particularly high risk factor.

However, most people can get periodontal disease if they have enough old plaque (bacteria) around their teeth for a long time.

- **Can I pass the disease on to my partner or family?**

No. Because the disease is caused by bacteria that do not exist (and cannot survive) in a healthy mouth, any bacteria that are passed on cannot survive in another mouth unless that other person has the disease already!!

- **Will my Health Fund cover me for some of the costs of treatment?**

The Health Funds vary tremendously in the rebates that they might pay and in whether they will cover you at all. Most Health Funds seem to regard periodontal disease as relatively unimportant and give a low rebate.... some Health Funds will give almost 80% back.

We will give you an itemized estimate of treatment costs prior to treatment commencing so that you can check with your Fund as to the exact rebate that you might receive.

Please be aware that you might be able to claim amounts in excess of \$1500 in your annual tax return.

Your Tax Agent or Accountant can advise you best in this regard.

- **Does my periodontal treatment have to be done immediately?**

Normally the disease is only slowly progressive. Whilst it is ideal to have treatment done as soon as possible, often patients need to arrange their work schedule, finances etc.

If you have pain or acute infection usually the sooner treatment is done the better.

In other cases, a delay of a few months may make little difference.... this is often relevant for patients trying to give up smoking before treatment.

The most important thing is that things are done properly by the dentist and the patient whenever treatment is done.

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