

Periodontal Dental Care Advice

At Willaston Dental Care, we take all aspects of dental care and disease prevention very seriously. In line with current guidelines, this information will give you guidance as to the type of periodontal (gum) care available under the NHS contract.

Periodontal Disease (Gum disease)

What is periodontal disease? Periodontal disease, often called gum disease, occurs in the gums and bone around teeth. It is caused by bacteria from plaque that forms on teeth. Some people are more susceptible than others, but if left untreated, can lead to loss of teeth and other dental, and general health problems.

Periodontal disease is often painless. The signs may not be visible to you but you may have bleeding gums, which may also be red and tender, loose teeth, and bad breath.

Gaps (pockets) form between the teeth and surrounding gums which in later stages can become infected. As the disease progresses, the pockets deepen, and more gum and bone is lost.

The main cause of this disease is the reaction of your gums to the build-up of plaque and bacteria. Plaque can be removed with good brushing and interdental cleaning techniques, but when it becomes hard, calculus; it can only be removed by scaling.

Major risk factors include smoking and tobacco use. People who smoke are more likely to suffer more severe forms of periodontal disease and also will respond and heal more slowly after dental treatment. We would always recommend our patients to give up smoking.

Other risk factors include heart disease, diabetes, stress and other medical conditions.

Treatment of Periodontal Disease

NHS Care is available to treat disease and offer advice for home care prevention. The main aims of current NHS treatment protocols are:

- Eliminate inflammation through removal of bacteria above & below the gum line
- Maintain good oral hygiene at home by following prescribed home care measures

At each examination, your dentist will assess not only the health of your teeth, but also that of your gums by doing a Basic Periodontal examination. This numerical score, 0 - 4 will determine the level of hygiene intervention clinically necessary.

For scores 1, or 2 where there is minimal inflammation, bleeding and gum pocketing, the dentist will, if necessary, offer advice or an appointment for Oral Hygiene Home Care advice. The Follow-up recall will usually be 12 - 24 months. You may see a hygienist for a scale, but this will be outside the NHS care.

Scores of 3 and above require a more comprehensive periodontal intervention. On first diagnosis a Band 2 periodontal therapy course would be advised to allow adequate plaque control advice, professional hygiene therapy and detailed charting to be carried out. The Follow-up recall will then usually be 6 - 12 months, and all NHS hygiene treatments must be accompanied by an annual examination

You may also be offered a further private Prevention and Maintenance Hygiene Visit 3 - 4 months after the NHS visit which is additional to your NHS care, where we feel extra professional treatment would be of preventative benefit to the long term health of your gums.

Teeth may be sensitive during treatment and in the immediate few days following periodontal cleaning, there may also be an increase in bleeding when brushing your teeth. This is perfectly normal and should resolve with good home care, within a few days.

If necessary, usual pain relief methods, such as paracetamol or desensitising toothpaste, may help. In addition, hot salt-water mouthwashes, used twice daily, can be very effective in keeping the bacteria regrowth and subsequent local infection to a minimum.

If the active bacteria causing the periodontal disease is not effectively treated, it will lead to receding gums and more distressingly tooth mobility and potential tooth loss. By following a prescribed home cleaning and professional intervention regime, it is possible to keep these unwanted consequences under control.

Home Care is as important to gum health as the treatment provided in surgery. For patients who cannot improve and maintain an adequate level of plaque control alternative treatment options will need to be explored.

For more aggressive disease that is not responding to routine treatment and preventative measures, either in a localised area or more generally throughout the mouth, we may recommend a targeted antibacterial treatment placed within deep cleaned gum pockets, as the alternative option is periodontal surgery.

There are 2 main antibiotic treatments used; Periochip® and Dentomycin® Both treatments are offered as an additional measure to support the NHS periodontal care.

Periochip is an antibacterial Chlorhexidine Gluconate chip that is an antiseptic, (not antibiotic) designed to kill the bacteria that causes gum disease in a localised pocket

There is no need for an additional visit to remove it as it dissolves naturally over a period of time. The effectiveness is usually monitored every 3 months.

Dentomycin is an antibiotic treatment applied throughout the mouth to all pockets greater than 5mm deep.

It is designed to treat the whole mouth with moderate to severe pocketing and/or infection and an adjunct to subgingival (below gum) root planning.

This treatment is a course of 5 visits usually a week apart, followed by regular 3 monthly monitoring. It is a very effective treatment that stabilises active and advanced periodontal disease without the need for surgery.