Patient Information Sheet

Periodontal (Gum) Disease

Periodontal disease is one of the most common diseases of humans and is responsible for tooth mobility and tooth loss. As many as 75 per cent of adults over the age of 30 may suffer from some form of gum disease at some point in their life.

What is Periodontal (Gum) Disease)? How does it develop?

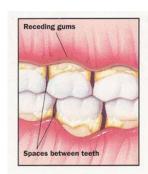
Periodontal disease is a contagious, chronic bacterial infection that affects the gum tissue, bone and attachment fibres that support the teeth and hold them in place. Gum disease starts slowly without any pain and may not be apparent until there are serious side effects.

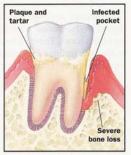
Over time, a build-up of plaque bacteria (white, sticky substance) collects at the gum line, eventually hardening on the teeth into calcium deposits called calculus or tartar. Brushing and flossing cannot remove hardened plaque. If the tartar isn't removed with a professional scaling, the bacteria can cause inflammation of the gums (gingivitis), penetrate the gum line and finally spread into the underlying bone (periodontitis).

If left untreated, gum disease can result in abscesses or the complete destruction of the tooth's supporting tissues and, ultimately, tooth loss.

Signs and symptoms

- Gums that bleed when brushing or flossing
- Red, swollen or tender gums
- Receding gums
- Deep pockets (the space between the gums and the teeth)
- Metallic taste
- Tooth sensitivity for no apparent reason
- Loose or shifting teeth
- Abscesses
- Pus around gums and teeth
- Chronic bad breath







Case of Periodontal Disease, with tartar deposits, receding gums and spaces forming between teeth



Gingivitis (Swollen and Bleeding Gums)

Causes and Risk Factors

- Plaque that is not removed daily may build up and harden to form dental calculus (tartar). Calculus builds up above and below the gums and cannot be removed by a toothbrush. If calculus is present, the teeth cannot be properly cleaned.
- **Smoking** makes periodontitis worse and may camouflage the problem by reducing blood supply to the gums. Periodontal disease in smokers occurs 3-4 times faster than non-smokers. Apart from causing oral cancer, <u>smoking is one of the biggest reasons for tooth mobility and tooth loss.</u>
- Poorly shaped fillings, partial dentures, crowns and bridges can make it very difficult to remove plaque.
- Some conditions can make existing periodontitis worse (eg. pregnancy, diabetes and immune disorders).



How is Periodontal Disease Treated/Managed?

Periodontal disease occurs in a cyclic manner, with bursts of destruction and periods of inactivity. Unfortunately, once destruction of bone occurs the bone does not regenerate and treatment is aimed at preventing any further loss of bone or your teeth.

The objectives of treatment are to:

- Remove the irritants that may be associated with the active destructive phase of the disease
- Maintain your gum tissues in the inactive state.
- Advise you how to keep your gums as healthy as possible.

The success of periodontal treatment is largely due to the effort you as an individual make to remove the daily build-up of plaque from tooth and gum surfaces. To prevent and help heal inflamed gums, it is essential to control plaque build-up.

The type of periodontal treatment needed will vary according to the severity of your gum problem. Periodontal treatment usually involves oral hygiene instruction and removal of plaque and calculus build-up. It may also involve a review of medical conditions, filling replacement and advice to give up smoking

Oral Hygiene Instruction

The first goal of oral hygiene instruction is to improve your ability to remove plaque from your teeth. Your dental health professional will assist you with the correct techniques for brushing and flossing your teeth. Other home aids may be suggested to help control plaque build-up, such as mouthrinses, inter-dental toothbrushes, toothpastes and disclosing solutions. Instruction will be given on their use, and how often they should be used to be effective.

You are the person who plays the most important role in your periodontal treatment



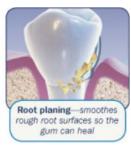
Dental products that aid oral hygiene

Removal of plaque and calculus build-up

Scaling involves removal of plaque and calculus (hardened plaque) deposits that are visible above and just below the gums on the root of the tooth. An ultrasonic cleaning device or hand instruments is typically to do this. In most cases this should not be uncomfortable, but in severe cases of periodontal disease local anaesthetic may be required if the gums are sore.

Root Planing involves smoothing the root surfaces to prevent plaque and bacteria reattaching to the tooth





Regular removal of plaque and calculus (every 3, 6 or 12 months, depending on the situation) is vital to prevent the reoccurrence of periodontal disease.

In the most severe of cases, a referral to a Periodontist (Gum Specialist) may be required.

Quitting Smoking

Smoking increases the risk of having more rapidly destructive periodontal disease. It also places you at risk of mouth cancers. If you are a smoker, we at Burpengary Dental are able to advise you on the availability of "quit-smoking" programs and refer you for additional advice.



Remember:

- Teeth are meant to last a lifetime. Tooth loss due to gum disease is not an inevitable result of ageing.
- Effective daily plaque removal and professional tooth cleaning will prevent and/or control gum disease.
- Following initial treatment, regular maintenance through professional cleans is required to prevent its reoccurrence

