TREATING
PERIODONTAL DISEASE
Restoring the Health of Your Teeth and Gums

YOUR GUMS NEED SPECIAL CARE

Today, infection of the gums and supportive tissues surrounding the teeth (periodontal disease) can be controlled and in some cases even reversed. A variety of effective periodontal therapies are available to treat this disease, whether it has developed slowly or quickly. That’s why Dr. Moffitt may refer you to a periodontist—a specialist who can give your gums and teeth the special care they require. Working as part of your treatment team, your periodontist can help restore your mouth to a healthier condition and improve the chances of preserving your teeth.

Your Gums Are in Trouble
There are many telltale signs of periodontal disease: swollen, painful, or bleeding gums, bad breath, and loose or sensitive teeth. But gums don’t always let you know they’re in trouble, even in the late stages of disease. Bacterial infection may be silently and progressively destroying the soft tissues and bone that support your teeth. Early diagnosis of periodontal disease, prompt treatment, and regular checkups bring the best results.

Making a Lifelong Commitment
Periodontal disease is a serious and often ongoing condition, so it takes a committed, on going treatment program to control it effectively. After a thorough evaluation, your periodontist will recommend the best course of professional treatment. Whether this means nonsurgical or surgical treatment, it always includes home care. The periodontal therapy you get in the office takes care of the infection you have now, and sets the stage for maintaining control. But only you can provide the daily flossing, brushing, and other care needed to prevent periodontal disease from getting worse or coming back.

Your Periodontist: a Gum Specialist
A periodontist is a dentist who specializes in the diagnosis, treatment, and prevention of periodontal disease. In addition to four years of dental school, your periodontist has had extensive training in this specialty. He or she will provide you with treatment that ranges from
deep cleaning of teeth and gums to surgical removal of infection to surgery that actually may restore soft tissue and bone damaged by periodontal disease. Some periodontists also treat temporomandibular jaw joint disorders (TMJ disorder), and are skilled in replacing missing teeth with dental implants.

YOUR TEETH NEED A STRONG FOUNDATION

In a healthy mouth, teeth fit tightly in their sockets, their roots surrounded by a strong foundation of gums and other supportive tissue. This tissue holds teeth firmly to the bone and acts as a shock absorber during the pressure of biting and chewing. In an unhealthy mouth, bacteria may infect the gums. In some people, bacteria attack the deeper supportive tissues, destroying and weakening this foundation. This infection is called periodontal disease, and may cause otherwise healthy teeth to eventually loosen and fall out.

Healthy Gums and Teeth

Gums (gingivae) are soft tissue that covers your bone and part of each tooth. Healthy gums are firm with well-defined, pointed tips.

Bacteria: The Invisible Troublemakers

Many kinds of bacteria live and grow in a healthy mouth. Some cause tooth decay. Others form a sticky, colorless film (plaque) on teeth and gums. As it accumulates, plaque appears as
a soft, whitish coating. It forms constantly, but can be controlled by proper flossing and brushing. If not removed regularly, plaque can harden into tartar (calculus). This rough yellowish or brown deposit makes the bacteria-laden plaque hard to remove, and so may lead to periodontal disease.

**Periodontal Disease May Progress**
Even if you have no noticeable symptoms, periodontal disease could be damaging the supportive tissues that form the foundation for your teeth. **Gingivitis**, a mild form of the disease, may progress to **periodontitis**, which in turn may lead to **advanced periodontitis**. The earlier you treat periodontal disease, the easier it is to control, and the better chance you have of restoring the health of your mouth and saving your teeth.

**Gingivitis**
If not removed regularly from teeth and gums, bacteria grow out of control and produce toxins that irritate your gums. Calculus along the gumline forms a rough surface on which plaque accumulates, causing more irritation and swelling. You may notice sore, bleeding gum or bad breath. Spaces between gum and tooth (pockets) may exist, but no bone is damaged in this mild, reversible form of periodontal disease.

**Periodontitis**
The most common cause of periodontitis, plaque (and sometimes calculus) is found below the gumline. The gums may feel irritated and be bright red, bleed easily, and shrink back (recede). The ligaments break down and the gum detaches and pulls away from the teeth. The pockets deepen and fill with more bacteria. Supportive ligaments and bone start to show damage, resulting in loose teeth.

**Advanced Periodontitis**
When periodontitis progresses to the advanced stage, pockets deepen and may fill with pus. There may be swelling around the root, and you may experience sensitivity to hot or cold or feel
pain when brushing your teeth. As bone loss increases, your teeth may lose so much support that they fall out or need to be removed to preserve the overall health of your mouth.

YOUR PERIODONTAL EVALUATION

If you are referred to a Periodontist for a consult, an in depth examination is done to determine the actual extent of your periodontal disease and to understand your overall general and dental health. Once the periodontal evaluation is complete, your periodontist has the information needed to plan the best course of therapy for you.

**Medical History**
Your periodontist asks questions about your general medical health to help in diagnosis and treatment planning. For example, a medical condition such as diabetes or pregnancy may make you more prone to gum disease. Personal habits such as smoking can promote periodontal disease, and certain antibiotics used to treat gum infection can interfere with the effectiveness of oral contraceptives.

**Dental History**
This part of your evaluation focuses on your previous dental health and treatment. Your periodontist will want to know when your periodontal disease was first diagnosed, how it’s been treated, and how you’ve been caring for your teeth. Your motivation, feelings about dental treatment and commitment to home care also affect the planning of your periodontal therapy and its likely outcome.

**The Dental Examination**
Your periodontist examines your teeth and gums in detail to evaluate the extent of periodontal disease. Your gums are examined for bleeding, swelling, firmness, and abnormal contours. Your teeth are checked for movement and sensitivity. Other factors such as your bite that could contribute to the condition are also assessed. Full mouth x-rays (radiographs) less than a year old are usually required to detect breakdown of bone surrounding your teeth. **Periodontal probing** below the gumline involves measuring and recording the depth of the pockets around each tooth, which you can’t see or feel. Probing is the key technique your periodontist uses to find out how serious your disease is and to plan your treatment.
Periodontal probing
A probe is like a tiny ruler. Your periodontist inserts this tool gently in the space, or pocket, between your tooth and gum. The deeper the probe goes, the deeper the pocket, and the more severe the periodontal disease.

Your Treatment Plan
After your exam, your periodontist will discuss the extent of your gum disease. Treatment options consist of home care, nonsurgical therapy, and, in some cases, surgery. Some patients need to have one or more teeth removed as part of the overall plan. Your periodontist will discuss the recommended options with you and your general dentist. He or she will also compare the potential benefits with the risks and complications to arrive at a plan that is best for you.

PERIODONTAL THERAPY: HOME CARE

Since plaque forms continually on teeth and gums, you need to remove it every day. That’s why home care—proper flossing and brushing—is the first step in any periodontal therapy plan. Without a strict personal program of home care, your periodontal disease may recur and worsen, even with professional periodontal treatment. Your periodontist and dental hygienist will design your personalized program of home care for you to keep your teeth and gums clean and free of plaque.

Flossing
Daily flossing removes plaque from between teeth and below the gumline, where brushing can’t reach. Floss once a day, using the type of floss recommended by your periodontist. Flossing may be done either before or after brushing.

1. Take 18 inches of recommended flow and wrap it securely around your middle fingers.
2. Hold your index fingers firmly, allowing only about a half-inch length of floss between them.

3. Gently ease the floss between your teeth and press it tightly against each side, forming a C-shape.

4. Ease the floss up and down several times, going below the gumline where bacterial plaque collects.

Brushing
Careful and regular brushing removes bacterial plaque and stimulates circulation in gum tissue. Use a small, soft, angled brush with rounded bristles, and replace it whenever it gets worn or frayed. Brush at least twice a day, making sure to clean all surfaces thoroughly.

1. Gently brush toward the gum at a 45° angle. Use circular or back-and-forth motions, but don’t scrub.

2. Work the tip of your brush around the inner surfaces of your teeth, including the teeth in back.

3. Clean the front and back surfaces of your teeth by using a vibrating or jiggling motion with the brush.
4. After cleaning all the surfaces of your teeth and gums, brush your tongue, then rinse well.

Gently brush your tongue to remove bacteria and freshen breath.

**Special Aids**
Your periodontist may recommend these and other special aids if you have implants, braces, or bridges, or if you have trouble flossing or brushing correctly.

**Floss mate:** for holding floss comfortably and securely.

**Disclosing tablets:** for checking how well you are removing plaque.

**Special floss** with a foam or gauze coating: for cleaning difficult areas.

**Floss threader:** for cleaning around bridgework or braces.

**Interdental brushes:** for cleaning large spaces between teeth.

**Gum stimulators:** for massaging gums and firming up problem areas after surgery.

**Interdental cleaners:** for loosening food and plaque.
PERIODONTAL THERAPY: NONSURGICAL OPTIONS

Nonsurgical therapy removes plaque and calculus by controlling the growth of harmful bacteria and by treating conditions that encourage gum disease. This type of treatment may be all that’s needed, especially when periodontal disease is caught early. Your periodontist may ask you to talk with your general dentist, who may provide some forms of nonsurgical therapy. You may also need to have certain procedures, such as replacing worn fillings that can accumulate plaque, taken care of before periodontal therapy can begin.

Scaling and Root Planing

**Scaling** is a type of cleaning that removes plaque and calculus from the teeth at and slightly below the gumline. **Root planning** smooths root surfaces, so the supportive tissues can better reattach to the tooth surface. Your periodontist may use local anesthesia because this procedure goes deeper than regular cleaning.

**Antibiotics**

Because bacteria cause periodontal disease, you may receive antibiotics as pills or in tiny fiber form. **Antibiotic fibers** are applied directly to the infected pocket and removed 7 – 10 days later. Fibers are used with other types of therapy, such as scaling and planing. An antibacterial mouth rinse also may be prescribed to help control plaque.

**Bite Correction**

An imbalanced bite may increase bone destruction. You may be given a **bite-guard**—a removable device that fits over upper or lower teeth—to protect teeth surfaces and relax tense jaw muscles. Or your bite may be adjusted so that your teeth meet properly and function better.

**Splinting**

If treatment has saved your teeth, but they are still loose because of bone loss, they may be splinted. This technique wires weak teeth together, combining them into a stronger single unit, making them more stable, and making you feel more comfortable.

PERIODONTAL THERAPY: SURGICAL OPTIONS

Surgical therapy on the gums treats infection that is too advanced and pockets that are too deep to reach by scaling and root planning alone. Your periodontist opens your gums to clean the pockets. He or she then repositions your gums so that they will be easier to keep clean during
home care and follow-up appointments. To achieve this goal, the gumline often must be lowered, which exposes more tooth.

**Flap Surgery**
Your periodontist gently separates the gum from the tooth, creating a “flap” and access to the infected pocket. This allows him or her to remove deep deposits of plaque and calculus. It also reduces the size of the pocket and the areas where bacteria can grow. Little or no gum tissue is removed.

![Deep pocket with calculus](image)

Calculus forms in a deep pocket where scaling and planing can’t reach.

During surgery, the gum is lifted to allow removal of calculus and diseased tissue.

![New gumline](image)

New gumline may be lower, which eliminates the pocket and makes cleaning easier.

Gum may be replaced at or near the original gumline to expose less of the tooth.

**Gingivectomy**
This procedure involves removing an overgrowth of gum tissue. Removing excess gum tissue eliminates the space in which bacteria can collect, making it easier for you to keep teeth and gums clean. This procedure also creates a less “gummy” smile.

![Excess gum forms pocket](image)

PERIODONTAL THERAPY: SURGICAL OPTIONS

More extensive surgery is needed when periodontal disease has advanced to the point where supportive tissue has been destroyed. These procedures reshape or actually restore lost bone and ligaments, increasing the chance of saving teeth that otherwise would have been lost.
Sometimes, more than one type of procedure is performed on the same tooth. These techniques usually require the use of flap surgery to gain access to diseased tissue.

**Bone (Osseous) Surgery**
This procedure is used to smooth shallow craters in the bone due to mild or moderate bone loss. After gaining access to the damaged bone with flap surgery, your periodontist reshapes the bone around the tooth to decrease the craters. This makes it harder for bacteria to accumulate and grow.

**Guided Tissue Regeneration**
This helps keep unwanted gum tissue away from the tooth and bone, allowing ligament fibers to regrow and bone to reform so that the tooth is better supported.
**Bone Graft**

Tiny fragments of your own bone, synthetic bone, or some from a bone bank are placed into areas of lost bone. These grafts act as a platform on which bone can regrow, restoring stability to your teeth.

After cleaning, the graft material is packed into the area where bone has been lost.

The gum is then closed and new bone growth is stimulated by the graft. New bone tissue fills in the crater, providing strong support for the tooth.

**Soft Tissue Graft**

Soft tissue is added to reinforce thin gums or to fill in areas where gums have receded. Grafted tissue, usually taken from the roof of your mouth, is sutured in place over the affected area.

Thin, recessed gums reveal tooth roots, causing sensitivity and an uneven gumline.

Thin gums are reinforced with grafted tissue, helping to prevent further recession.

In some cases, exposed tooth roots may be covered to improve appearance.

**YOUR SURGICAL EXPERIENCE**

Periodontal surgery is usually performed in the periodontist office. The amount of time spent in surgery, the degree of discomfort afterward, and the time required to heal all vary depending on the type and extent of your surgery and your overall health. Your periodontist will explain what to expect before you undergo your specific procedure. In some cases, your periodontist will give you a prescription to help you relax, or you may be given a sedative at the office. If so, you'll need someone to drive you home afterward.
During Surgery
Before surgery begins, you will receive local anesthesia to numb the treatment area. You may be aware during the actual procedure, but you will be made to feel as comfortable as possible. Incisions will be closed with sutures, which may be dissolvable and may be covered with a protective dressing.

After Surgery
When you are rested and ready, you can return home, where you may need to take it easy for a day or two. You may have a prescription for pain medication or antibiotics. Be sure to follow your periodontist's instructions about activities, eating, not smoking, oral hygiene, and care of your dressing. You may be instructed to apply an ice pack to reduce any swelling that occurs.

Risks and Complications
You may experience any of the following:
- Some discomfort
- Slight weakness and chills
- Exposure of more tooth or crown margins
- Increased tooth sensitivity and mobility, which decrease with good home care

Call Your Periodontist If…
- You have excessive bleeding or swelling.
- Stitches (sutures) become undone.
- The dressing comes off or is uncomfortable.
- You feel persistent pain.
- You have a fever.
- You have any questions.

Follow-up Exam
Your periodontist will schedule follow-up visits to make sure you are healing properly and to remove any nondissolving sutures.

MAINTENANCE PROTECTS YOUR INVESTMENT
Periodontal disease can be a chronic condition, so it requires ongoing care and monitoring to keep it under control. Professional periodontal treatment, whether surgical or nonsurgical, is an investment by continuing to work as part of a team with your periodontist and general dentist. Keep regularly scheduled visits, so your dentists can do their jobs. And make home care a habit to minimize plaque buildup in the future.

Keep Up Your Home Care
Follow your home care program of flossing and brushing. This helps prevent plaque from forming and gum disease from recurring.

Have Regular Maintenance Visits
Regular maintenance visits include dental exams and cleanings. The scheduling of these visits depends on your rate of plaque growth and calculus buildup, your response to treatment, and your commitment to home care.
And Remember…
The following factors can make gum disease worse by decreasing your ability to fight infection, by decreasing the blood flow to periodontal tissues, or by irritating your gums. Even if only one of these factors exists, it’s a sign that you need to be extra committed to taking care of your teeth and gums.

• A poor diet
• Tobacco use (smoking or chewing)
• Pregnancy and oral contraceptives
• Systemic diseases such as uncontrolled diabetes, HIV infection, and AIDS
• Medications such as steroids and anticancer drugs
• Stress and anxiety

SOMETHING TO SMILE ABOUT

Periodontal disease has been with us for as long as we’ve had teeth. What’s new is that the dental specialty of periodontics can now provide treatment that controls this infection. By combining your own efforts with those of your periodontist and your general dentist, your teeth and gums may be restored to health. An attractive appearance, healthy teeth and gums, and comfortable eating… Now that’s something to smile about.