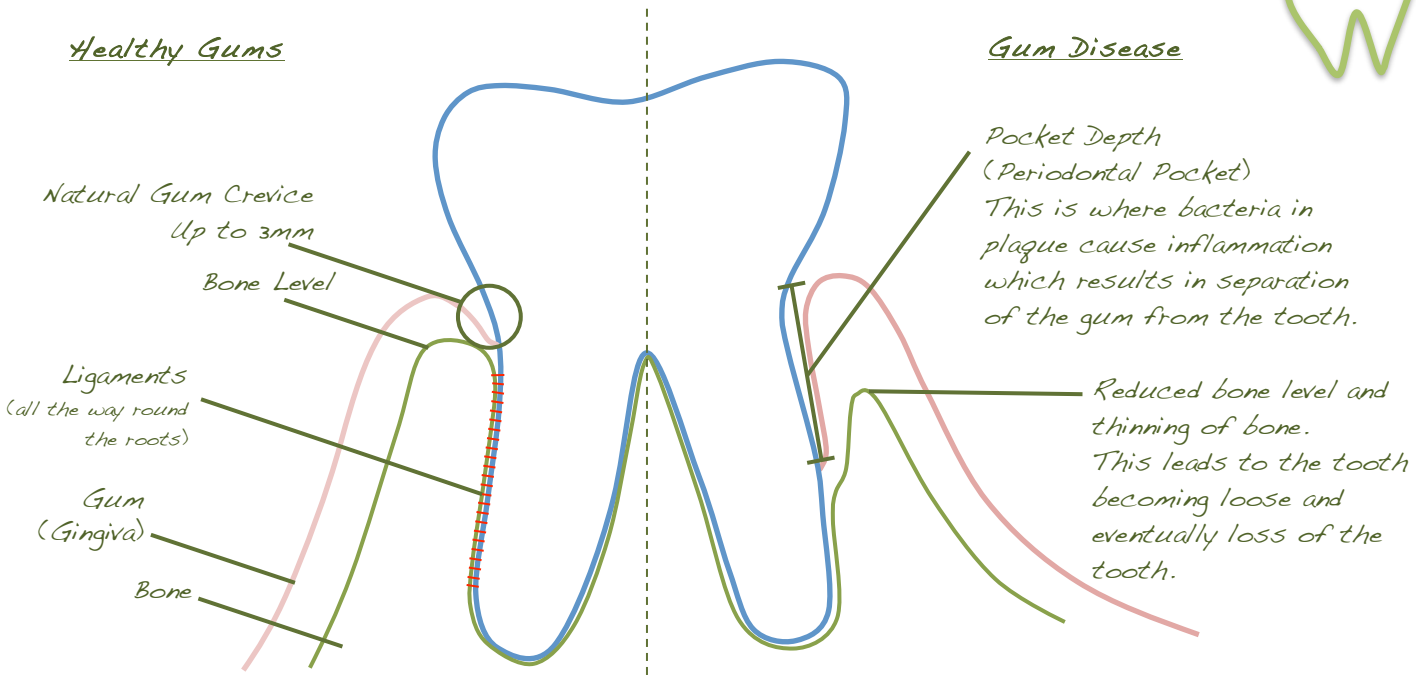
Periodontal (Gum) Disease



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What is Gum Disease?

Periodontal (gum) diseases can be quite mild affecting just the gum tissues around the teeth. This is called gingivitis, meaning inflammation of the gingivae (technical name for gums). The gum tissues tend to become inflamed and bleed very easily. This is often associated with bad breath, bad taste and some tenderness of the gums. This condition is generally completely reversible and will often require professional cleaning by the dentist/hygienist and better home care cleaning by the patient, following correct advice from a dental professional.

More advanced forms of periodontal diseases (periodontitis) affect the deeper tissues helping to support and hold the teeth in place. This has an impact upon the underlying jaw bone and the ligaments going between the teeth and the bone. Thus affecting all the things that help the teeth stay in place. This is why teeth may become loose and ultimately can “fall out!”

A possible consequence of gum disease and its treatment is gum recession. This gives the appearance often described as being “long in the tooth”, which is often attributed to ageing.

Common Features

Bad taste, bad breath, bleeding gums, receding gums, loose teeth, teeth which have shifted position, spaces developing between the teeth and occasionally pain.

Because pain is not common, or severe enough to require emergency attendance, gum disease often goes largely unnoticed until it is at a more advanced stage and the teeth have become loose.

Why have I got gum disease?

In medical terms we call things that make you more susceptible to a disease “Risk Factors.” There are several known risk factors for gum diseases and probably some others that are still to be proven.

The major factor in gum diseases is bacterial plaque left on the tooth surfaces next to the gum tissue. For this reason cleaning of the junction between the gum and the tooth surface is very important. The other major risk factor is smoking. As an additional complication, the response to treatment of gum disease is less successful in smokers.

Gum disease can be affected by your general health. Some medical conditions can affect your susceptibility to gum disease and the best example is diabetes. In addition some medications taken for a variety of different medical conditions can have an impact on the gum tissues. Hormonal changes that occur during pregnancy are also recognised as having an impact.

There is also a degree of genetic susceptibility. Some people will clean very well and still get forms of gum disease and there may be some people who clean very badly who are lucky and get away without having any gum disease.

Patient Care Pathway for Specialist Periodontal Treatment

Referral from Dentist to Gums Specialist (Periodontist)

1. Baseline – Assessment (60 minutes)

There is a natural crevice between your gum and your tooth which should be less than 3mm, but in gum disease there is a detachment of the gum from the tooth, resulting in deeper "pockets". A major part of the baseline assessment is to measure the pockets on 6 surfaces on each tooth, which can be up to 192 pockets depending on the number of teeth present. Other measurements are also taken such as the presence of plaque, bleeding, gum recession or overgrowth.

We are also likely to take an x-ray view of your mouth or parts of it. This shows us the damage that has occurred to the underlying bone tissue.

The above data is carefully analysed. A report is written which includes a diagnosis, degree of severity, recommended treatment plan or options and likely prognosis, as well as cost.

2. Initial Periodontal Therapy – Root Surface Debridement (RSD)
(30–180 min depending on number of affected teeth/surfaces)

RSD is cleaning in the gum pocket and on the root surface of the teeth. This aim is to reduce the bacteria in the pocket to a level which allows the tissues to heal and repair.

We will spend 2 min/site on this cleaning and it is not unusual to have 30-45 sites, which would take 60-90 min. In cases when there are more than 45 sites we would usually divide treatment over 2 appointments.

Patients often require the use of local anaesthetic (injection in the gum) to make this aspect of treatment more comfortable.

Other aspects of this stage also include oral health education, and detailed instructions for home care.

3. Review and supportive care at 4 weeks (30 min appointment)

This is principally to check that there are no complications following the initial therapy. The most common complication is tooth sensitivity. This is mainly due to healing of the gum tissues which may result in gum recession, as the gums move to a more normal relationship with the underlying bone. Other complications may be pain, swelling and persistent bleeding. There are things we can do to help deal with the complications, which is why we arrange this early follow up.

In addition, following treatment there will be changes in your mouth which may mean you need to change some aspects of your cleaning and we will advise on these at this time.

4. Review and supportive care at 8 weeks (30 min appointment)

The outcome of the initial therapy will be dependent upon the effectiveness of the cleaning that we do. However, it will also depend to a large part on how effective your home care is over the next 3 months. This appointment is to check on your cleaning and offer further advice on new measures necessary to reflect the changes that occur in your mouth. This builds on what was suggested at the early stages of healing at the 4 week review.

5. Re-assessment at 3 months (60 min appointment)

We will retake the measurements we took at the baseline examination. Comparison between the two sets of measurements will allow us to assess the outcome of treatment. Other key measures will be a reduction in bleeding and a decrease in the number and percentage of sites with moderate (4-5mm) or deep (6mm and above) pockets. There is huge variation between patients, but we would normally expect bleeding to reduce and the percentage of pockets greater than 4mm (in need of treatment) to reduce by 60-90% of the original percentage. This may mean that 10-40% will need some degree of further treatment.

6a. Successful Outcome
Discharge Back to Dentist
Maintenance

If a good outcome has been achieved and there is only a small percentage of shallow pockets (for example, 10% of pockets remaining, which were mainly 4/5mm in depth) this may mean no further "active" treatment is required and we look to ensure these pockets do not progress with regular supportive periodontal care. This can be done with regular visits to the dentist and/or hygienist.

6b. Further Treatment Indicated

If there is a significant number of residual pockets, further treatment would be indicated and that could take the form of:

i. Further root surface debridement
ii. Further root surface debridement in conjunction with the use of an antibiotic
iii. Gum surgery
iv. Extraction of teeth