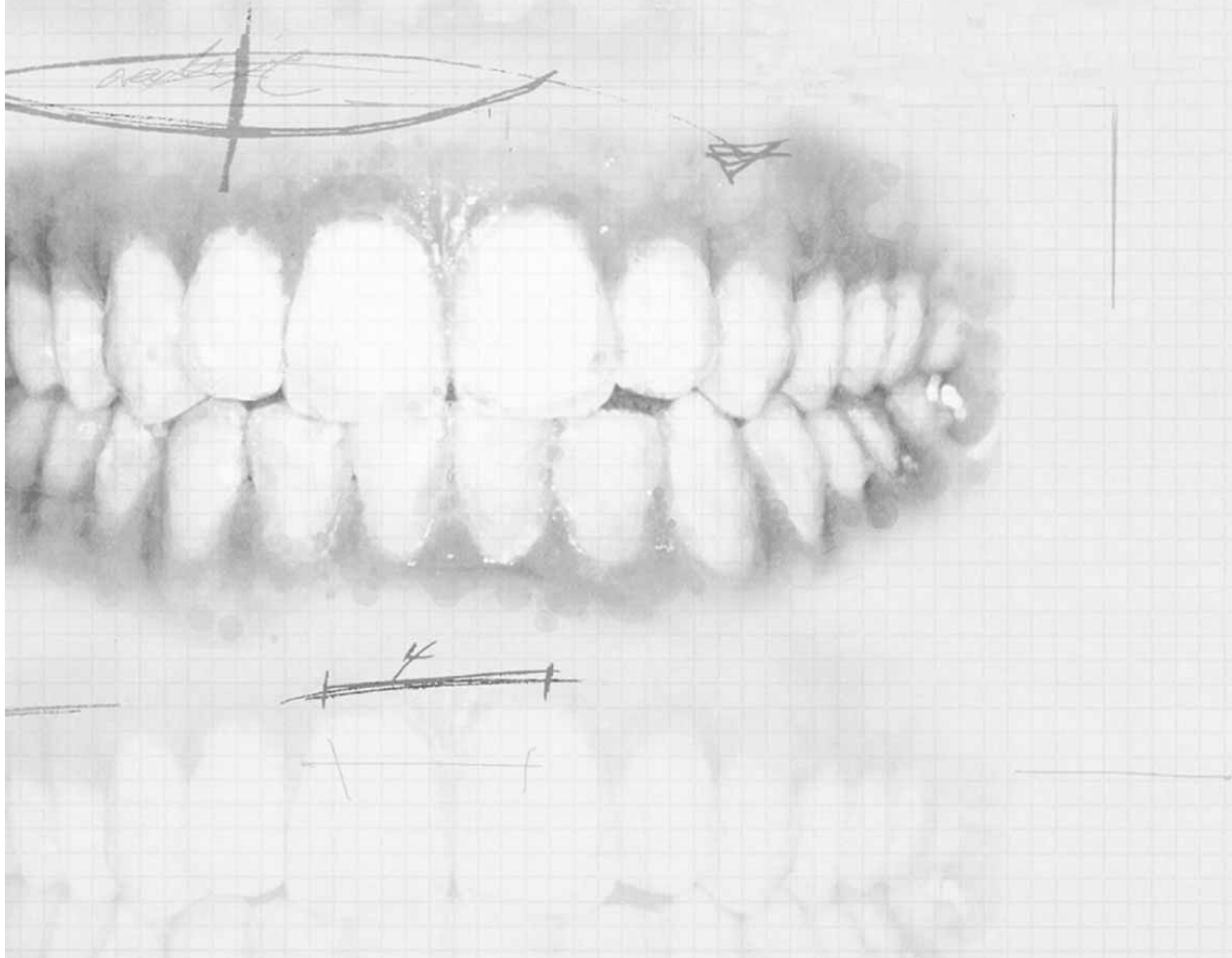


ALDRICH DENTAL CARE

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Periodontal Patient Educational Packet

*Diagnosis and Treatment of
Beginning to Moderate
Gum Disease*



Before Treatment Begins

As you consider having extensive dental treatment, it may be beneficial for you to review the following points:

- *Time Commitment.* Because of the nature of dental appointments, it may be necessary for you to take some time off work. A few longer appointments are generally more efficient and less inconvenient than many short appointments. This will minimize your time in the office. Usually, the best time to have a long appointment is in the morning. Once the treatment has begun, it needs to be completed in a timely fashion. If treatment is delayed or missed, it could change the proposed treatment plan. This could adversely affect the total cost to you.
- *Dentistry is both an art and a science.* In complicated and technically difficult cases it is sometimes necessary due our high standards to retake impressions, remake crowns, or modify a component, etc.
- *Make certain you are aware of what treatment is required and the goals of treatment.* If you do not understand why we have made a particular recommendation or treatment sequence, or the length of treatment required, please ask us for clarification before treatment begins. It is possible that previously undetected dental problems will be discovered once tooth preparation has begun. When this occurs after the treatment plan has been developed, you will be immediately informed.
- *You should be comfortable with all financial arrangements before any treatment is begun.* Pre-estimates sent to insurance carriers can help approximate your out-of-pocket costs. Establish your dental budget. This will determine how much and how quickly treatment can proceed. Understand that you, and not your insurance carrier, are ultimately responsible for the total cost of treatment. If you would like to have more treatment than you can easily afford at one time, it maybe possible to have the dental procedures done in phases over months or years. This will also allow you to use your insurance benefits to the maximum permitted. Payment is expected as work is completed.
- *Thorough oral self-care is very important, both at the beginning of treatment and afterward.* The better your oral health is, the easier the restoration process will be. You may be asked to use an antimicrobial prescription mouthrinse from 2 weeks before we begin treatment until after all restorative treatment is completed. Please follow these instructions.
- *While dental restorations function well for years of service, nothing lasts forever.* Not us, not dental restorations. We use the best available dental materials and techniques, but the reality is that some restorations simply last longer than others. With today's longer life span, the restoration might even wear out! The better you maintain your dental restorations, the longer they will last. Just as with anything else, proper maintenance is required.
- *Before beginning treatment, understand clearly what will be required of you for daily oral self-care, your periodic professional dental hygiene recare appointments, and the limitations of the restorations and dental prostheses you will receive.* This means that you must brush and floss your teeth as instructed every day. When extensive dentistry is completed, a 3- to 4-month interval for periodic dental hygiene recare appointments is strongly advised.

Dental restorations are subject to the same physical abuse as natural teeth. Whatever oral habits will break a natural, undrilled, undamaged tooth—such as chewing ice, biting fingernails, hard objects etc.—will probably be able to break a restoration as well. Expansion and contraction for hot liquids and cold foods can cause damage, as can the wet, dark, bacteria-filled oral environment of the oval cavity. *If you have ever considered whitening your teeth, the time to do it is before dental restorations are placed in teeth that are visible when you talk or smile.* If you are interested in tooth whitening, ask us now!

Bacteria are the culprit in periodontal disease

Imagine you're in a jungle. It's warm and moist and there is plenty to feed on. It is also crawling with hundreds of diverse species of living beings. Many are harmless and some are even beneficial to the environment. However, one group can be described as predators, attacking their immediate environment and wreaking havoc far and wide. To stop the wild beasts, you need weapons. What should you grab? A toothbrush and floss. Okay, we're not talking about the Amazon Rain Forest, we're talking about your mouth, but it really is a jungle in there.

More than 500 species of microorganisms have been identified in the mouth. Approximately 15 of these bacterial species have been implicated for playing a role in periodontal disease. Whether or not you get periodontal disease depends on a complex interplay between these bacteria, your response mechanism and environmental factors, such as smoking. Your saliva includes proteins and antifungal agents, which help get rid of oral bacteria.

The bacteria in plaque cause the gums to become red and swollen and to bleed easily. Eventually, gums separate from the

teeth forming pockets. The pockets fill with even more plaque and infection and eventually deepen. Over time, tissue and bone are destroyed and the teeth loosen.

To stop this process, it is necessary to eliminate the infection-causing bacteria that accumulate below the gumline; dental professionals often use simple procedures such as scaling and root planing. These are nonsurgical procedures to remove plaque and tartar from below the gum line. Tooth root surfaces are cleaned and smoothed as the rough surfaces of tartar make it easier for bacteria to get a foothold.

In addition, your dentist may recommend antibiotic treatments to enhance traditional therapies. These are designed to kill a wide variety of oral bacteria.

Someday, researchers may discover a vaccine to eliminate harmful bacteria from the mouth. Until then, arm yourself with a toothbrush, floss and regular dental visits. □

Gingivitis

Almost everyone knows what a cavity is, but by 2004 thanks to the far-reaching benefits of advertising by toothpaste and oral rinse manufacturers almost everyone had heard of **gingivitis**. What may not be quite clear to you, however, is exactly what gingivitis is. You may recognize it as a problem but not know why and how serious it might be. You may even know that it is a type of gum (periodontal) disease. You may also know that it is somehow related to plaque and tartar (calculus) on teeth. But why should you be concerned about having it?

Gingivitis is an infection of the gum tissues surrounding the teeth. It is a very common infection and affects almost 95% of the world's population. This infection can be characterized by redness, swelling, and bleeding of the gums around the teeth. This gum infection absolutely needs to be treated as soon as possible. Gum infections are almost always preventable with sound daily oral self-care.

Gingivitis is the mildest form of periodontal disease and is reversible. By definition, there is no loss of bone that supports the tooth. If treated early, gingivitis can be eliminated. If left untreated, it can progress into the more serious form of periodontal disease called *periodontitis*. In its more serious form, the bone and gum tissues can be permanently affected. Bleeding gums, one of the signs of gingivitis, are a sign of infection in the mouth. Your gum tissues should never bleed. It is not normal for blood to appear on your toothbrush when you have finished brushing. Gingivitis does not generally hurt, so you may not even know that you have it. It can be localized (around a few teeth) or generalized (around most or all of the teeth). Gingivitis is seen most often in patients who do not brush and floss well daily, but it can also be related to medication. Bad breath can be another sign of gingivitis. If you are using a mouthwash to get rid of bad breath, you may need dental attention. While bad breath can be related to some medical problems, most often it is just debris that is not cleaned properly from your teeth, gums, and tongue that is decomposing in the dark, warm, and moist environment of your mouth—a perfect place to breed germs.

If you have bleeding gums, you should be concerned. Healthy tissue anywhere in our bodies does not bleed. So what can you do to stop the bleeding?

We can help you eliminate the gingivitis. It involves a good professional cleaning and good oral self-care habits. Plaque (soft debris made up of bacteria) and tartar (calculus or hardened debris) must be removed before the gum tissues can heal and the infection can be eliminated. If it has been some time since you had your teeth cleaned properly, it may take more than one appointment to get you back into shape.

Get your teeth and gums cleaned on a regular basis. Keep them clean with daily brushing and flossing. The infection you have will be eliminated. If you keep your teeth and gums clean, they can be healthy and trouble-free for your whole life.

Early Signs of Periodontal Disease

The early warning signs of every disease occur at a microscopic level. The early warning signs cannot be seen, felt, touched, diagnosed, or discovered. They cannot be noted by their symptoms. The early changes might be able to be detected by sophisticated chemical or biologic analysis, but not by normal diagnostic measures.

By the time you notice that your gums are bleeding (gingivitis), the disease has already been present for some time and it is not in its earliest stage. It is not unusual to hear, "My gums have always bled like this," but treatment is not sought. Yet if our eyes started to bleed when we washed our faces, we would generally rush to seek medical treatment! Bleeding gums are not normal and healthy. Luckily, at this stage the periodontal disease is fairly easy to treat and is reversible.

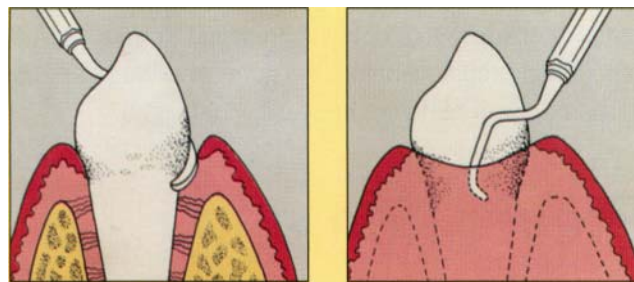
When the disease has progressed past the bleeding gum stage, you may notice some pain, gum recession, loosening of teeth, and bad breath. If you have ignored your bleeding gums (possibly the earliest sign of gum disease) because you think it is normal to have a little “pink” on your toothbrush, you will likely have additional symptoms and conditions associated with disease progression. At this point the bone and gum support for the teeth may be permanently altered and diminished.

It is recommended that you adhere to the suggested time intervals for your dental cleaning appointments. We will examine your gums during your periodic dental cleaning appointments for early signs of periodontal disease. While we clean your teeth, we will note areas where it is difficult for you to remove plaque or where calculus forms and areas of gum tissue inflammation and will record probing depths, which will measure your gum tissue for signs of periodontal disease. We can then demonstrate effective oral self-care to prevent these areas from progressing into periodontal disease.

We want to stress prevention. Don't wait for the warning signs of gum disease to occur before you schedule your dental hygiene appointment. If you have very few fillings, have not lost any permanent teeth (other than wisdom teeth), and have very thorough oral self-care daily, a yearly cleaning and exam by the dental hygienist and dentist may be adequate. If you have had a great deal of dental work performed (bridges, crowns, fillings) or if you have missing teeth that have not been replaced and you don't spend time with adequate oral self-care, visiting the dental office three or four times a year might be necessary. We will let you know what is appropriate for your individual oral condition

Scaling and Root Planing

Has your dentist recommended scaling and root planing (SRP) to you? If so, do you wonder exactly what this procedure will accomplish? **Scaling and root planing is a method of treating periodontal disease when pockets are greater than 3mm.**



Subgingival scaling. Cleaning the tooth below the gum.

Root planing. Smoothing the tooth root.

Scale and root planing is a non-surgical treatment usually recommended to most periodontal patients as the first mode of treatment. It is a careful cleaning of the root surfaces below the gum line to remove plaque, toxins and tartar from the root surfaces of the teeth with special instruments, ultrasonic scalers and some times even employes the use of lasers. This procedure is more intensive than a routine general dental prophylaxis or cleaning, which traditionally occurs every six months. For your comfort, the area may be numbed prior to treatment.

In some cases, systemic antibiotics (antibiotics taken orally), locally administered antibiotics (antibiotics placed into periodontal pockets), and or antibacterial mouth wash are prescribed at the time of the SRP procedure.

Antibiotics will help fight infections caused by the bacteria. Each time you take a systemic antibiotic, you increase your chance of developing drug resistant bacteria. That said, it is important to take antibiotics only as prescribed when necessary.

Research has consistently demonstrated that scale and root planing reduces gingival inflammation and probing depths, and shifts the bacterial composition living in these pockets from one that is associated with disease toward one associated with health.

It is important to remember that some patients may not respond optimally to SRP with or without the antibiotics. These patients often respond favorably to advanced periodontal procedures that may include measures aimed at regenerating the natural anatomy that was lost to disease.

Periodontal diseases (also known as gum diseases) are infections of the gum and bone that hold teeth in place. If periodontal problems are not treated, they can become severe and may eventually lead to tooth loss. Periodontal diseases are often painless and you may not be aware that you have a problem until your gums and the supporting bone are seriously damaged. The good news is that periodontal diseases often can be treated in the early stages with a treatment to clean your teeth called scaling and root planing. Treatment has a huge benefit. You'll increase the chances of keeping your natural teeth.

Plaque includes a film of bacteria that attaches to teeth and gums. The bacteria in plaque cause irritation of the

tissues that support your teeth. This irritation can lead to chronic inflammation, bleeding, and infection that can destroy your gum and bone tissue.

Plaque that is not completely removed may harden (calcify) into a rough, porous deposit called tartar, or calculus. Tartar by itself does not cause disease, but it typically allows more plaque to form and makes it more difficult to remove plaque that can thrive on, in or near the tartar. The only way to remove tartar is to have your teeth cleaned at the dental office. Importantly, plaque is always forming even as you sleep. Thus, regular visits to the dentist are necessary to remove plaque and calculus in hard to remove places.

Preventing Recurrence

Once scaling and root planing has been completed, it is most important for you to practice the brushing and flossing techniques in which you will be instructed. Prevention is your first line of defense. This includes a good daily oral hygiene routine at home. Brushing twice a day with fluoride toothpaste and cleaning between teeth once a day with floss or another interdental cleaner help prevent tartar from forming. The dental office staff may provide instructions on additional cleaning methods or may recommend oral hygiene products to use at home. Look for products that display the American Dental Association's (ADA) Seal of Acceptance, a sign that a product has met the ADA's criteria for safety and eat a balanced diet for good general health and limit snacks.

Regular dental checkups and cleanings are important in preventing periodontal diseases. If these measures are not taken, the likelihood of disease increases. In some cases, even with these measures, a certain percentage of patients experience some form of periodontal disease that must be treated. Systemic diseases, such as diabetes, blood cell disorders, HIV infections, and AIDS can lower the body's resistance to infection, placing an individual at greater risk for more severe forms of periodontal diseases. Tobacco use can also affect the health of your gums. Talk to your dentist about how to quit.

Periodontal Surgery

Periodontal surgery is required for a variety of reasons. Any surgery would be initiated only after all signs of infection have been eliminated and you are involved in high-quality oral self-care. Periodontal surgery involves the contouring of the soft (gum) and hard (bone) tissues. The simplest type of periodontal surgery involves the reshaping and/or repositioning of the soft tissues only. The surgery may be required in order to eliminate or reduce problem pocket depths around one, several, or all teeth. The problem areas are usually places where you are having some difficulty keeping the area free of infection, plaque, and calculus.

It may also be necessary to reshape soft tissues to improve your appearance (cosmetic periodontal surgery) or to gain access for proper preparation and placement of any type of restorations. Different periodontal surgical procedures that do not involve the underlying bone can include correcting a frenum (muscle attachment) that is poorly positioned and grafting tissue to a new area where there is a deficient amount of periodontal tissue. These procedures may require some suturing of the gum tissue.

If you have experienced a more severe periodontal breakdown, your bone may have been affected by periodontal disease and may also require reshaping. This surgery is more extensive than soft tissue surgery. If your whole mouth has been affected, the surgery may be done in sections in separate appointments. Sutures and a periodontal dressing (intraoral bandage) are placed while healing occurs. A local anesthetic is used for these procedures. Postoperative discomfort will be alleviated with a prescription or over-the-counter medication.

Prophylaxis

There is nothing more important to your dental health than maintaining a clean mouth. Prevention or absence of infection optimizes our general health. A clean mouth will be disease-, infection-, and trouble-free. A clean mouth will not be predisposed to developing either decay or periodontal (gum) disease. One of our very important functions in dentistry is to teach you how to properly maintain your teeth and gums, and to regularly remove anything that you are unable to remove yourself.

The theory and practice of preventive dentistry have undergone revolutionary changes in recent years. We now know that the preventive needs of every individual differ. The adage of "see your dentist regularly; get your teeth cleaned twice a year" has changed too.

Your Personal Plan

The recare and examination interval that we have recommended for you is designed for your unique situation. And it, too, can change. The interval between regular prophylaxis (cleaning) appointments that is established for you is a function of many things.

These include:

- general health
- dexterity and hand/eye coordination
- age
- diet
- stress levels
- oral habits
- position and alignment of the teeth
- number, type, size, and location of restorations
- restorative materials used
- periodontal history
- location of bone and periodontal tissues

Simply stated, the more complex your dental situation and the more your tooth position and alignment deviate from the normal, the harder you will find it to keep your teeth clean and your gums healthy.

Recent studies have identified many of the microorganisms that cause gum disease and decay. They can be controlled with your help and with ours. These studies also show that a “cleaning” every 6 months may not be adequate for some patients. In order to prevent destructive oral disease, prophylaxis appointments in intervals of anywhere from 2 months to a year may be recommended. Periodontal (gum) disease can happen anywhere in your mouth at any time.

You don't have to let it happen to you! We are here to be your guide to good health.

How to Brush! How to Floss!

An old humorous expression says, “You don't have to brush all your teeth every day. Only the ones you want to keep!” And while we laugh at these words, the message could not be more correct. To maintain good oral health, teeth must be thoroughly cleaned each and every day. One good method of brushing is called the *modified Bass technique*. It is easy and quite effective. We can instruct you on how to brush properly. It is certainly easier to see it done than to read and imagine. But this will help you get started.

Use a multitufted, soft, nylon-bristled toothbrush. Hard-bristled toothbrushes can easily damage your teeth and gums. Soft-bristled toothbrushes last about 3 months before they need to be replaced. Don't keep a toothbrush for an extended period of time. When the toothbrush bristles become worn, they will not give you the best possible performance. Medium and hard brushes will last longer, but almost everyone brushes too hard to use these brushes. If you use medium and hard brushes or brush improperly with any toothbrush, you can cause permanent damage to your gum tissue, causing it to wear away. This can also wear notches into the tooth itself, exposing the dentin. In both cases, severe tooth sensitivity could develop.

The Bass Method

- The bristles of the brush should be angled toward the area where the tooth meets the gum, approximately a 45-degree angle.
- The bristles of the brush should be able to gently slide under the gum tissue. Gently move the brush back and forth so that there is a vibrating motion, **not a scrubbing motion**. The brush head should be able to cover and clean about two teeth at a time.
- Brush each area for about 10 seconds, and then roll the bristles to the biting surface. Move the brush head so that it overlaps a small portion of the tooth just brushed and the next teeth. Repeat until all teeth are brushed.

Brush all teeth. Start on the cheek side of the back teeth, at one corner of your mouth, brushing as you move across to the opposite corner. Then switch to the inside (tongue or palate side) and again brush from one corner to the other. Brush both upper and lower teeth using the vibrating back-and-forth motion.

Some areas will require you to switch the brush to a different angle such as the inside (tongue and palate side) of the top and bottom front teeth. Using the tip or small end of the brush will help brush around this curved area. Use the same type of vibrating motion with the brush, moving up and down against the tooth.

Brushing the biting surfaces of the teeth is easy. Place the bristles on the biting surface of the teeth into the grooves and brush back and forth. Be sure to brush the biting surfaces of left side and right side, upper and lower teeth.

Use of Dental Floss

Start with a 14- to 16-inch piece of floss. Any type of floss is okay to use. Nonshredding is easiest to use. It's thinner and most people find it easier to use. Lightly wrap the floss around the forefingers of each hand until there is a length of about 1 to 1.5 inches available between the fingers. Don't wrap it so tightly that you cut off circulation and your fingers turn blue! Using your thumbs and forefingers, position the floss over the spot where two teeth meet. With a **gentle** buffing motion, back and forth, move the floss between the teeth and slide it first under the gum around one of the teeth in a U shape. Move the floss up and down a few times, then reverse the U and floss the other tooth. The floss needs to get under the gum. Then remove the floss and place it between the next two teeth. Holding the floss taut between your fingers will give you more control, and flossing will be easier.

When you are able to perform these daily procedures effectively, you will significantly reduce your risk of gum disease and decay, and the associated expenses of treatment. There are other flossing aids available if you have problems using your hands. Let us know about these problems. Electric or mechanical toothbrushes can also be used. Again, talk to us about these devices. Keeping your teeth healthy for the rest of your life can be accomplished—one day at a time.

For a Lifetime of Great Oral Health

Prevention is the key to great oral health. Better diet, medical care, and other factors are allowing us to live longer lives. Unfortunately, our teeth have not adapted to our longer life span and need help to last as long as we do. If you want to have your teeth for your whole life, here is what to do:

- Brush, floss, and use recommended dental aids correctly, at least once a day. Use a fluoride-containing mouthrinse daily.
- Come to the office for the recare hygiene appointments at the intervals we recommend.
- Let us take radiographs when we believe they are necessary.
- Teeth age and wear, just like the rest of your body. The outer covering of hard enamel can get thin, break off, or wear through and expose the softer dentin. Dentin erodes very quickly. When we see exposed dentin, let us get it covered and protected.
- Have sealants placed on all teeth that can benefit from them.
- Don't ask us to "patch" anything. Patchwork dentistry is contrary to the concept of keeping your teeth trouble-free for a lifetime. If small repairs are possible and appropriate, we will tell you.
- Choose the procedure or restorative material that will last you the longest. All dental materials have a life expectancy, after which time they fail and must be replaced. Each time a tooth is redrilled, it gets weaker. Only solid, yellow gold could last for your entire life. Tooth-colored ceramics and porcelain may last as long. It is your choice.
- Bonded restorations (current state-of-the-art) require less drilling than silver fillings. Less drilling is good. The tooth retains more strength and the restoration lasts longer. Let us use the good stuff.
- Gum disease can start at any time. Genetics, diet, oral self-care, medications, and general health can all have an influence. Gum disease is both site-specific (most often starts in a localized area) and episodic (can begin at any time). It is also painless in its early stages. We will tell you as soon as we spot gum disease. It will need to be treated properly and immediately.
- Our treatment recommendations are always based on your needs, not on what your insurance company wants or its bottom line. There are dozens of common dental procedures that are not part of benefit packages. Dental insurance carriers are in business to make money. They want to pay out as little as possible as late as possible. An attitude of "If my insurance company doesn't pay for it, I don't want it," only hurts you and YOUR oral health.
- We have listened to what you want, examined your mouth, and know your dental needs. Most patients can have all the best dentistry they want and deserve. It just takes a little planning. We can help with that, too. If you want all of your teeth, all of your life, follow the above recommendations and do it right the first time.



For more information and details go to

<http://www.aldrichdental.com>

<http://www.perio.org>

