

PERIODONTAL DISEASE INFORMATION

Some questions answered

What is Periodontal (Gum) disease?

Periodontal disease refers to a range of diseases that affect the supporting structures of the tooth (that is the gum and underlying bone) without affecting the tooth itself. In its mildest form, it presents as *Gingivitis*, which is inflammation of the gums (swelling, reddening and bleeding from gums upon tooth brushing) without any damage to the underlying bone. As gum disease becomes more severe, *Periodontitis* results; this is where the supporting structure (bone and ligament) that hold your tooth in the jaw bone becomes destroyed.



Figure 1 Gum Disease

How can I tell if I have Gum disease?

Bleeding on brushing your teeth, mouth odour and gum redness are the most obvious signs of Gum Disease. This can occur with Gingivitis and Periodontitis. Sensitivity, tooth movement and increasing gaps between teeth may occur as it progresses.

As the disease progresses to Periodontitis, loosening and drifting of teeth and marked gum recession will become obvious. As this is a chronic disease, pain is a very rare symptom and if it presents, it is often associated with an acute periodontal infection; In such cases, we recommend a visit to your Periodontist, who will carry out a detailed examination of your gums. This will enable him/her to decide whether or not you have gum disease, how severe it is, the distribution and what treatment is required.



Figure 2 Advanced Periodontitis showing severe loss of bone and gum recession

Figure 3 Periodontal pockets

What will the Periodontist measure?

The main clinical presentation of gum disease is pocket formation. This is when there has been destruction of the underlying bone around your teeth and the overlying gum has peeled away from the tooth surface resulting in the formation of a pocket between the gum and tooth. Pocket recording is carried out gently with a blunt, measuring probe. This measurement tells us how much damage has occurred. This data collected is recorded on a chart and the recording is repeated at intervals to check healing. Other signs are also checked such as the presence of plaque, degree of gum bleeding and looseness of teeth. X-rays are also taken to assess the level of bone support around the teeth.

What is plaque?

Plaque is the name given to a film of bacteria which is constantly forming on all teeth, crowns and dentures in the mouth. Plaque is the main cause of Periodontal disease.

Where does plaque come from?

Everyone's saliva contains bacteria which settle onto the hard structures in the mouth. The quantity of plaque formed increases if the diet contains high levels of sugar.

Can I prevent plaque from forming?

Not entirely. However careful, regular tooth brushing will remove the plaque before it builds up in sufficient amounts to damage the gums. Tooth brushing alone is usually not sufficient to remove the plaque thoroughly. Interdental brushes should also be used.

Is tartar (calculus) the same thing as plaque?

Not exactly! Tartar is the hardened, calcified plaque which may form above or below the level of the gum and requires professional removal. Plaque, on the other hand is the soft creamy film that overlies the teeth and gum. Plaque is the real enemy!.

Is periodontal disease common?

Yes, more common than tooth decay. It is the most common reason for tooth loss.



Are there other causes of gum disease?

Plaque is the primary cause of gum disease. However, other factors can affect severity or compromise response to treatment. People who smoke are likely to experience more severe gum disease, tooth loss and poorer response to treatment. Certain diseases such as poorly controlled diabetes can lead to increased susceptibility to disease. Also some types of gum disease is passed on through the generations.

Do all the teeth in the mouth become affected to the same extent?

No. Teeth that are kept completely clean will often be free from disease. When present, the disease is most severe in areas that are difficult to reach for brushing for example; around the back teeth, between crowded teeth, around broken or badly shaped fillings, crowns and adjacent to dentures.

I have always brushed my teeth twice a day. Why should I be affected?

You probably miss the same parts of your mouth every time you brush and these will be the areas affected by the disease. Tooth brushing can be very difficult in some places and the correct choice of brushes and other brushing aids is very important in order to achieve a good result.

What does Periodontal treatment involve?

The number of visits involved will depend on the severity of your disease. Each appointment initially involves an assessment on your plaque control and if necessary, instructions on the maintenance of better oral hygiene and smoke cesation. Following this, root planning of affected teeth will be carried out; this is where we numb the areas where gum disease is present and with a combination of ultrasonic and manual scaling instruments, thoroughly clean the root surfaces of your teeth under the gums.

What happens next?

Following the treatment session(s), we need to wait for six to eight weeks to allow the gums to heal. During this period, the pockets are expected to reduce/resolve. We need your cooperation as we can only get good healing if you keep the teeth and the gums around the teeth free of bacterial plaque. The aim of the treatment is to achieve shallower pockets because the lower the pocket depths are around your teeth, the easier it is to keep the roots of your teeth clean at home with tooth brushing and interdental cleaning.

Are there any side effects?

The two common side effects of this treatment are gum recession and sensitivity.

Is the gum disease guaranteed to be cured after this?

If you manage to keep teeth meticulously clean and follow professional deep cleaning of your teeth as recommended, it gives your gums the best opportunity to heal. However, depending on the initial severity of the disease, there may be some remaining gum pockets that will need further treatment. We can only tell when you attend for your re-evaluation appointment after treatment. At this point, we will decide what the best plan of action is and this will be fully discussed with you by your Periodontist. In some cases, there may be need for periodontal surgery for better access to reach the depths of recalcitrant sites for better cleaning, create better gum architecture for better tooth brushing or regenerate the gum tissues.

Can Gum disease affect Implant treatment?

Yes, it can. The bacteria that cause gum disease, which live in deep gum pockets, affect the attachment of the gum and bone to a dental implant. Gum condition should be stabilized as part of any comprehensive dental implant plan.

Once my treatment is completed do I need to continue visiting the Periodontist?

Yes! This is the most important phase of treatment. Following the successful treatment, you will be placed on a maintenance program, the frequency of which depends on the initial severity of the disease, risk factors and the level of oral hygiene care at home. Without maintenance, there is a very good chance your gum disease will reoccur. During these visits the probing depths will be recorded, advice given, general cleaning carried out. Sometimes deep cleaning may be repeated if necessary.

Is there really a benefit?

Gum disease is very serious and cannot be ignored, without treatment the disease will become advanced with bone loss, gum recession which detracts from your appearance and mobility that will affect your function. Food gets stuck between the teeth and gums get recurrent infections, the eventual consequence is tooth loss. Also, gum disease has been associated with other serious diseases like Diabetes Mellitus and Cardiovascular diseases. Treating your gum disease early can help you achieve stability and maintain good general health.