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## Periodontal Disease and Care

In Australia today the main reason adults lose teeth is periodontal disease. Identifying the signs and recording the symptoms of gum disease is part of any thorough initial dental examination.

A health assessment for your gums is the single most important procedure we may offer you.

Periodontal and gum disease are like other systemic diseases, such as heart disease or diabetes: no-one can tell the true situation without a thorough physical assessment.

We achieve this by completing a 'soft tissue' examination which takes about half an hour. If we determine that you may have advanced or established adult periodontal disease the examination may take a little longer.

This brochure explains the procedures we carry out and the reasons we believe it's a vital part of your overall health and well-being.

Almost all of the people we see in this office have some degree of gingivitis (or bleeding gums). Even if you are meticulous and careful with your tooth-brushing, there may be some places in your mouth that are hard to reach. We believe that everyone will benefit from having their teeth professionally cared for on a regular basis.

### What is Plaque?

Plaque is a mixture of bacteria and a film that occurs naturally in your mouth. We all make dental plaque; new research has shown that plaque forms a sticky coating called a '**Biofilm**'. The biofilm adheres to teeth and gums. Plaque bacteria cause inflammation, and inflamed gums bleed easily.

**Calculus** is a hard gritty substance that comes from your own saliva. It sticks to teeth, and forms yellow, brown or black deposits. Bacteria grow in calculus; plaque biofilm is also mostly **bacteria**.

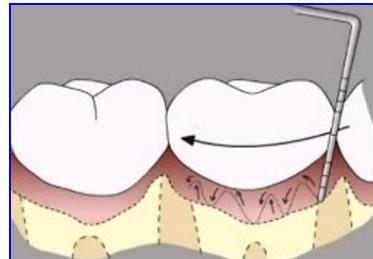
To stop bacteria living in the calculus and causing inflammation and infection, calculus and the dental plaque biofilm have to be professionally removed. If calculus builds up and plaque multiplies, you risk having periodontal disease, which destroys the bone that holds your teeth in place. We will gently test and record six points around each tooth.

# Periodontal Disease and Care

## Step 1 — A Periodontal Disease Risk Assessment

We want to know:

- if you have gum recession or shrinkage;
- if you have bone loss or general loss of support around individual teeth (this is called ‘attachment loss’);
- if your gums bleed after a gentle touch
- if there is pus under your gums.



If you have special challenges with a **dry mouth**, or a lot of **cavities**, we will test how acid your saliva is and the ‘buffering capacity’ of your saliva:

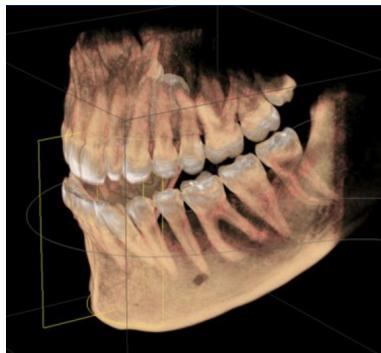


We may use low-dose digital radiographic imaging to help with diagnosis.

If you have cavities in adult teeth after you reach 20 years of age it's helpful to understand the reason. It isn't a normal finding and it can mean there are some underlying problems.

We'll review your medication to determine if drugs you take are adversely affecting your gums or teeth. Lots of prescribed medications cause a dry mouth. When your mouth is excessively dry bacteria multiply and can cause great damage.

We may also ask to obtain



3D digital imaging

- study models of your mouth,
- colour photographs of your teeth and gums; the colour and shape of gum margins can show if you have gum disease. The photos serve as a record if something changes in the future.
- a 3D x-ray to show bone levels .



Study Model

# Periodontal Disease and Care

## Step 2 — Professional Advice

We often find it's been many years since a dental professional has shown you where you are doing well with your home care and where you could do better. All of the procedures described here allow us to form an accurate picture of your gum health and provide a diagnosis.

By the way, during your ***initial examination*** we look for signs of oral cancer and problems with your jaw joints, the muscles used for chewing, as well as carrying out an overall assessment of your teeth

## What's Next?

After your assessment, we thoroughly review your homecare routine.

We'll find out what you do now, and give you specific advice about improving your home-care so you can become as healthy as possible. We will also discuss in detail what we found and what therapy might be indicated.

## Step 3 — A Plan of Care

We will create a 'treatment-plan' for you. It may involve no further periodontal care, or, a prophylaxis: plaque and light stain removal followed by maintenance (see below).

If you have significant hard deposits of calculus:

- The hard deposits (calculus) need to be removed from your teeth. Until all of these deposits are removed you may still have bacteria around your teeth. If you have not had professional care for a long period, this may take ***two appointments***. If you have periodontal disease and no professional care for more than two years, removing all of this material may take ***4 to 6 appointments***.
- We might even suggest you have local anaesthetic when you have this treatment—this helps make you more comfortable. If you need to, you can also spread this treatment out over time.
- We will also apply topical fluoride to help prevent decay.

## Re-assessment

After treatment we occasionally find you may continue to miss certain areas when you brush and floss. If you are still missing some plaque, we want to tell you about this now rather than wait for a year or more before you find out. The re-assessment helps you to avoid re-treatment and lets you know you're on the right track. We like to schedule this review six weeks after your initial periodontal therapy is completed.

# Periodontal Disease and Care

## Step 4 — Oral Health Maintenance

Regular maintenance is the best way of avoiding infected gums, bone loss and periodontal disease. Many people require twice- yearly maintenance appointments; we'll recommend the best interval for you after discussing your assessment. There will inevitably be some areas that are almost impossible for you to get to and we want to improve your chances of good health as much as possible. It's important to keep on top of any bleeding, periodontal pocketing and bone loss.



Photo Records

### Fees for periodontal diagnosis and treatment

A periodontal soft-tissue assessment has a fee of \$54 (item 221). When we spend significant time on initial oral hygiene instruction and help with home care our fee is \$48 (item 141). You should be aware that no health funds have a rebate for this valuable service, but we know it's critical to your continuing good health.

Polishing the enamel surfaces of your teeth has a fee of \$78. (Item 111). Application of topical fluoride (item 121) is \$26; this is a preventative procedure aimed at reducing new decay.

For adults, the most common procedure is removal of hard deposits of calculus, scaling, cleaning and polishing teeth. This has a fee of \$197 per appointment (items 114 or 115). Adults often require two appointments for initial therapy, but only single appointments for scheduled maintenance afterwards. Application of topical fluoride has a fee of \$26.

If you require scaling and root-planing because of very deep pocketing, we will provide an estimate for therapy

### Maintaining Oral Health

Subsequent (or 'maintenance' appointments) have a fee of \$197. You may require one or two maintenance appointments a year, depending on the condition of your teeth and gums and your individual susceptibility to periodontal disease.

In cases of advanced disease a longer course of treatment or specialist referral might be necessary.

### Summary

- We want you to have the best possible chance to enjoy fresh breath and normal healthy teeth, with no cavities.
- We want you to keep your teeth forever.
- Your periodontal assessment & treatment will greatly enhance your overall wellness.

**If you have any questions about these recommendations, please ask any of our staff.**