

S M I L E D E S I G N  
E L L S W O R T H



*Dr. Aaron Palmer*

# Periodontal Disease Management

Your guide for successful periodontal treatment and for  
keeping your teeth for life!

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## What is Periodontal Disease?

Periodontal Disease is a condition that affects the gums and bone supporting your teeth. Bacteria adhere to the root surface of your teeth and form a hard substance called tartar (or calculus, same thing). Your body tries to fight the bacteria, and in the process, a chemical is formed that destroys the bone holding your teeth in. The result is eventual tooth loss. (not to mention connections between periodontal disease, heart disease and diabetes!)

### ANALOGY:

Think of tartar like a splinter filled with bacteria, stuck in your finger. As long as the splinter is present in your skin, your body will never be able to resolve the infection. That's why removal of the splinter is necessary for you to heal. The same with tartar...all the tartar on and around your teeth must be removed for your gums and bone to heal.

## How is Periodontal Disease Treated?

One of the first steps in the treatment of Periodontal Disease is to remove all the tartar from on and around the teeth! This is no easy task...remember, the tartar has firmly adhered itself to the root surfaces. This is where our team of clinicians at Smile Design Ellsworth comes in! Once the tartar has been removed, it's important to maintain the cleanliness of the teeth by following the protocol in this book, and by following our instructions very carefully. No worries, we'll walk you through it!

## Is there a cure for Periodontal Disease?

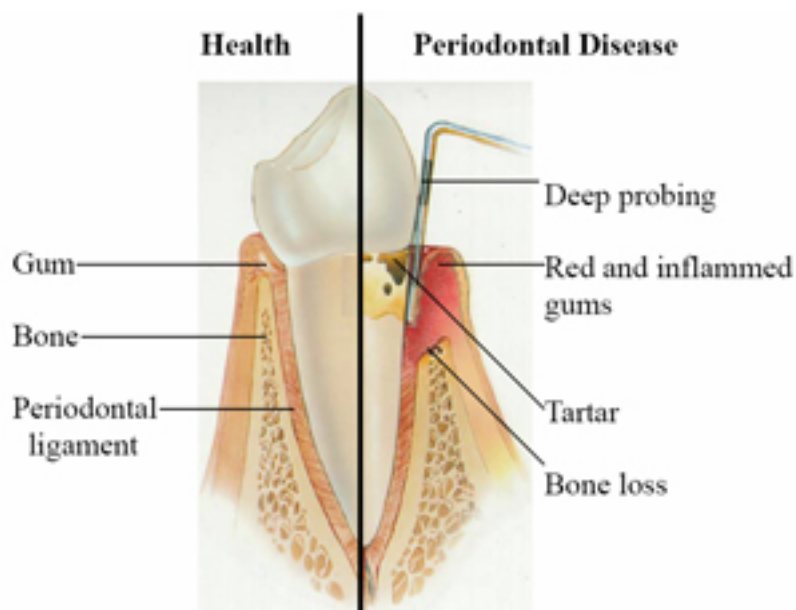
Unfortunately there is not a cure for periodontal disease. However, it is possible to maintain the disease at a low enough level that will allow you to keep your teeth *and* to minimize the health risks associated with periodontal disease.

## What is the first step for treatment?

If you're reading this, chances are you've already taken the first step! The first step in treating Periodontal Disease is gaining an accurate diagnosis. We do this at your initial visit - you probably remember your hygienist calling out numbers while she measured your gums. We call this a *Periodontal Screening*; I'll explain what the numbers mean in a bit. The point is, Periodontal Disease comes in different types, and it's important to see which kind you have - and how severe it is, so we can treat you appropriately!

## What do the numbers mean?

Surrounding every tooth, even very healthy ones, is a tiny little pocket we call the sulcus. It's kind of like a moat that surrounds your teeth. In a healthy situation the sulcus is between 1 and 3mm deep. Hopefully that is the case for most of your teeth! However, when Periodontal Disease is present, we start to see bigger numbers. 4's and 5's make us worried...but can somewhat easily be managed. 6's and 7's make us REALLY worried, but can be managed with more aggressive treatment. 8's and above are extremely difficult to treat and may result in tooth loss, even with the very best treatment. But don't lose hope! Rest assured that no matter what numbers you have, you'll receive every option to assist you in saving your teeth!



The above diagram shows a healthy situation (left) compared to Periodontal Disease (right). Notice the deep probing (that would mean numbers like 4's and above) and how the tartar is adhered to the root.

THE GOALS:

Remove all Tartar from the Teeth  
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Disinfect the Periodontal Pockets  
(page 6)

Provide a Favorable Environment for Healing  
(page 7-10)

Re-evaluate and Maintain  
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## Goal #1:

### Remove all Tartar (calculus) from the Teeth

Like I mentioned before, tartar (we'll call it calculus from now on, since that is the term most commonly used in the dental profession) is firmly adhered to the root surfaces of your teeth and it is TEEMING with unhealthy bacteria. It must be removed. **This is war.**

We call the removal of calculus "Scaling and Root Planing". You may also hear it referred to as "Quadrant Scales" or a "Deep Cleaning". All the same thing.

Because removal of calculus is so important, and often times a tedious endeavor, we choose to split treatment into 4 visits (or two, depending on the severity of your case). This ensures that each visit is comfortable for you, and also that our hygienists don't get over tired and get sloppy. I'm serious. Calculus is not easy to remove, and it can be exhausting!

Each visit, one quadrant of your mouth will be anesthetized (numbed) so that the removal of the calculus will be painless. The hygienist will then remove the calculus with specialized instruments and the use of ultrasonic energy. This is somewhat similar to how a jewelry cleaner vibrates the dirt and stain off a piece of jewelry. Each quadrant takes between 60-90 minutes...and warning: you will get wet! Lots of water is required for this treatment!

### Your Comfort is our #1 Priority!

Our goal is to not only save your teeth, but also to make sure you are comfortable in the process. Our hygienists make sure to take every opportunity to ensure you are relaxed and pain-free during the treatment process. For many of you, the cause of your Periodontal Disease is a result of staying away from the dentist for a long time. You've now returned and have trusted us with your care, and that is something we all take very seriously. Therefore, we are committed to changing not only your oral condition, but also how you feel about coming to the dentist!

## Goal #2:

### Disinfecting the Periodontal Pockets

Ok, so now we have clean teeth! Hooray! WAIT. Not so fast. There's more to the story.

You see, the bacteria have not only been living in the calculus adhered to your teeth, but they've also infected the surrounding gum tissue. Before your gums can begin to heal, we need to exterminate the remaining bacteria living and infecting your gums.

And yeah, I used the word exterminate. Like I said... **this is war.**

Now that the bacteria have nowhere to run and hide (the bacteria were using the calculus to hide in before), we can hit it with some antibiotics. There is an amazing antibiotic we use that not only kills the remaining bacteria, but also inhibits some of the chemicals that destroy bone around the teeth. You will need to start this antibiotic immediately following your first Scaling and Root Planing appointment. A second dose will be given after your last Scaling and Root Planing visit.

In addition, a localized antibiotic (Arestin) will be placed into the very deepest pockets (pockets 6mm or greater). Deep pockets are the hardest to treat; therefore we have to hit them with everything we have!

Lastly, a dental laser is used to remove the diseased lining of the periodontal pockets. This may sound futuristic, and maybe even a little scary – but do not worry! The process is painless, and it is a crucial step in getting the very best results. Once the diseased lining of the pockets has been removed with the laser, your gums will finally be ready to heal!



OUR DIODE DENTAL LASER

### Goal #3:

## Providing a Favorable Environment for Healing (i.e – Good Homecare!)

After your hygienist has laid the groundwork for healing – removing the calculus, disinfecting the pockets and removing the diseased lining of the pocket – it's your turn. There is nothing, nothing...and I repeat, **NOTHING more critical in the maintenance of periodontal disease than your homecare routine.**

For this reason, we've made a very specific protocol, which if followed, will maximize your chances of keeping your teeth for a lifetime. If this protocol is not followed by you at home, we can most certainly count on relapse of the disease, tooth loss, and lots of frustration for everyone involved. We cannot stress this enough – **management of this disease, and success of treatment is UP TO YOU!**

Are you ready?

*You must obtain all of the items on the following pages.*

**We have no affiliation with any of these products, nor do we make any money if you choose to purchase them from us. We recommend these products because they work, and for no other reason. Use of products *besides* these, or alternatives that we do not recommend specifically, cannot be guaranteed to manage the disease.**



**Oral-B Electric Toothbrush** – Available at all drug stores, and also here at the Smile Design Ellsworth.

The Oral-B electric toothbrush is essential for the very best management of periodontal disease. The oscillating “side-to-side” movement of the brush, which simultaneously moves “in-and-out”, is unique to Oral-B electric toothbrushes. This, in combination with the smaller size brush head makes plaque removal easy, in even very difficult to reach spots.



**Hydrofloss Oral Irrigator** – Available online or at the practice

Don't be fooled by the name...the Hydroflosser is NOT a substitute for regular flossing. However, it is essential for the best management of periodontal disease. The Hydroflosser ionizes the water as it flushes around your gums, creating an environment that bacteria don't like. The machine is also necessary to deliver special mouthwashes essential for gum therapy.

**Arm & Hammer Peroxicare-** Available at all drugstores or at the practice



This toothpaste is very low abrasive, which helps minimize sensitivity, yet also contains active peroxide that helps in removing stains from your teeth. Arm & Hammer Peroxicare also contains fluoride, which is essential in keeping your tooth structure strong. The baking soda is also very soothing to the gum tissues.



**Johnson & Johnson REACH Dentotape** – Available online or here at the practice

Dentotape is a wide, waxed floss that is perfect for managing periodontal disease. It may take some time to get used to this floss, but it is worth it! You'll notice the difference immediately. The only other substitute for this product would be an unwaxed floss (not the floss picks).





**Under the Gum Irrigant** – Available here at the practice only

Dental Herb Company makes this Under the Gum Irrigant which is used to flush the gums after brushing and flossing. It also helps to naturally reduce bacteria in the deeper parts of the periodontal pockets, and to soothe gum tissue.



**Chlorhexidine Rinse 0.12%** - Available by prescription or at the practice.

This is a heavy-duty rinse used to rapidly reduce bacteria. We only recommend using this product during the initial 6-8 weeks of scaling and root planing, and only in a 50/50 mix. (read more on the following page)

## **HEMOCARE ROUTINE**

### **To be completed TWICE DAILY**

**Step #1** – **Brush with the Arm and Hammer Peroxicare and the Braun Oral-B electric toothbrush.** You will brush your teeth for a total of **4 minutes** – 2 minutes for the top teeth, and 2 minutes for the bottom teeth. The Oral-B toothbrush will let you know when it has been two minutes, continue until it has been 4 minutes. It may also be helpful to get a separate timer as well.

It is important that you reach every surface of every tooth while you are brushing, so it is helpful to come up with a “brushing path” that you will follow every time you brush. Eventually it will become second nature, but for now pay close attention while you’re brushing, and stay on your “path”. We recommend starting on the upper right molar area and working your way to the upper left molar area. Next, work your way back to where you started, making sure to get all surfaces of the teeth. Once you are done with the top teeth, drop down to the bottom right molar area and work your way around again in a similar fashion. The part of the tooth you are “aiming for” will be the gum margin.

**Step #2** – **Floss with the Dentotape.** Remember, flossing is NOT just to remove food particles! Flossing is done to remove plaque in-between your teeth where brushing simply can not clean.

Guide the floss as deeply as it will go under your gums. *Do not be afraid of going too deep.* Not flossing deeply enough will allow bacteria to accumulate and will result in failure of the treatment. Your hygienist will demonstrate how to properly floss your teeth in particular, and any spots that might require more attention.

**Step #3** – **Use the Hydrofloss oral irrigator.** As we mentioned before, no matter WHAT the manufacturer of this (or any product) may claim, **NOTHING TAKES THE PLACE OF FLOSSING. NOTHING.**

The Hydrofloss should be used at the highest pressure that can COMFORTABLY be used, and with warm water only. As your gums heal, you’ll be able to turn up the pressure more and more. Direct the water pressure BETWEEN your teeth. NEVER direct the pressure under your gums, but straight between your teeth and across the back of the farthest back tooth in each quadrant.

After you’ve used the Hydrofloss with warm water alone, create a mixture of 1/3 capful of *Under the Gum Irrigant* and 210mL of warm water. Once again, irrigate the gums thoroughly). Afterward, swish with ½ capful of Chlorhexidine

0.12% - \*\*NOTE the chlorhexidine step is only done during the first 6-8 weeks of treatment.

## GOAL #4

### Re-evaluate and Maintain

Once your Scaling and Root Planing has been completed, it's time to re-evaluate your teeth and gums! We call this visit a "fine scale" appointment. At this visit your hygienist will take probing measurements again and record how well your gums have responded to the treatment, and how well you are doing with your homecare.

Depending on the initial severity of your disease, your homecare, and how well your gums have healed, we will determine an appropriate "recall schedule" for you. In other words, at what frequency you'll need to have your teeth cleaned at the office. Most of our periodontal patients have recall visits that are every three months, and some have recall visits that are every four months.

Additionally, on a case by case basis, we may recommend taking a drug called PerioStat. Periostat can help improve the long-term success of difficult to treat cases, and prevent relapse.

It's important to note that from this point on, the appointments with your hygienist will be called *Periodontal Maintenance* visits. These visits are more than "just a cleaning" and require additional time and more skill than otherwise would be necessary.

As we mentioned before, Periodontal Disease is never cured! For this reason, maintaining the disease at a manageable level is the very best scenario. In order to do this, it's essential that you:

- 1.) Keep up with your Periodontal Maintenance visits with your hygienist
- 2.) Have yearly radiographs taken to evaluate bone and tooth stability
- 3.) Maintain meticulous homecare using this book as a guide

**If you can do these three things, you'll be able to keep your teeth for a lifetime!**

