



ORAL  
HEALTH  
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THE UNIVERSITY  
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# Looking after your gums – Periodontal Disease and Treatment

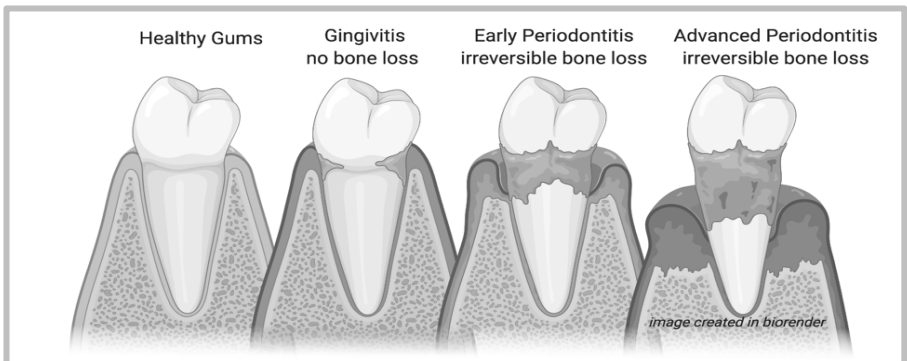
Information for patients

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## What is gum disease?

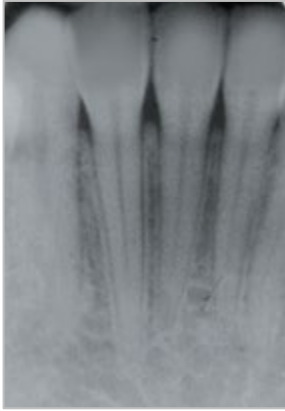
**Gingivitis** is the term used to describe red, swollen and inflamed gums. Gingivitis is caused by **plaque** – the white, sticky material that forms daily on everybody's teeth. If plaque is not removed effectively or frequently enough then it causes gum disease. With good tooth cleaning and help from a professional, **gingivitis** is reversible. In people at risk, **gingivitis** can lead to the irreversible destruction of bone supporting the teeth.

This destruction of bone is called **Periodontitis**. You may notice that the gums shrink, your teeth look longer and are more loose. Unfortunately, **periodontitis** can reach an advanced stage without you being aware of any pain.



Signs of **Periodontitis** include:

- Bleeding gums (**Healthy gums do not bleed**)
- Swollen and tender gums
- Bad breath
- Tooth loss
- Sensitivity of the teeth
- Recession of the gums
- Lengthening of the teeth
- Loose teeth
- Gum abscesses



X-ray showing healthy bone levels



X-ray showing a lot of bone loss around tooth roots affected by Periodontitis

While Gum Disease is caused by plaque – you may have **Risk Factors** which make you more likely to suffer from severe Gum Disease. These include:

- Diabetes – especially if it is poorly controlled
- Smoking – possibly including e-cigarettes
- Stress
- A diet low in some types of nutrients
- Obesity
- Certain medications (i.e. Phenytoin, Cyclosporin)
- A family history of losing teeth early
- Lack of exercise

Anyone can get Gum Disease but you can reduce the severity and improve your chances of getting better by controlling these risk factors.

If you are affected by diabetes, we are likely to ask you about your blood sugar control, and may advise you discuss this with your doctor or diabetes nurse. Having good control of diabetes will mean your gums are healthier.

If you **smoke** this is a risk factor that you can control.

If you smoke, Gum Disease:

- Is less easy to detect
- Can be more severe
- Gets worse faster than if you did not smoke
- Does not respond as well to treatment

If you smoke, we recommend you stop smoking. If you are keen to quit you can discuss this with your Dental Professional, Doctor or Pharmacist and they can help.

Severe Gum Disease is common in some families. If this applies to you, we encourage you to discuss having regular appointments at the dentist for Gum Disease Screening with your family members.

## **Treatment**

Treatment options for Gum Disease Include:

### **1. Doing nothing**

We don't recommend this option. Gum Disease is the leading cause of tooth loss in adults. Without support and treatment from a dentist or hygienist your Gum Disease is likely to get worse. You may become more aware of red and swollen gums; bleeding gums; a bad taste; loss of teeth; bad breath; gum shrinkage; loose teeth; teeth drifting apart.

### **2. Periodontal Treatment**

The first thing we will do is help you clean your teeth more effectively at home. If you achieve a good level of home plaque control, this gives professional treatment the best chance of success. During each visit we will let you know how you are doing and help as much as we can.

The next stage of treatment is to carry out thorough and detailed removal of deposits of bacteria from the surfaces of the roots. The treatment requires high levels of skill from the dental clinician, and sufficient time. This may involve numbing your teeth, to make treatment more comfortable. A single course of treatment generally takes **4 - 6 visits**. The number of visits per course of treatment will vary depending on the severity of your Gum Disease, and the time it takes for you to establish good plaque control. Some people need more than one course of treatment and the person treating you will explain how long they think your treatment will take.

Even successful treatment cannot replace the bone already destroyed around the teeth by Gum Disease. However, successful treatment does aim to stop the disease from getting worse.

Like all treatments Gum Disease Treatment may come with some **Side Effects**, these include:

- Short term discomfort after treatment once the numbness wears off
- Sensitivity to hot, cold and sweet foods or drinks
- Gum recession and lengthening of teeth
- Increased susceptibility (risk) to root decay
- Noticing gaps between teeth which may affect appearance
- Temporary increase in the looseness of teeth which should get better after a few weeks

**Benefits** of treatment include:

- Keeping your teeth for longer
- Gums not bleeding or being sore
- Fresher feeling mouth
- Reduced risk of developing medical conditions, including Diabetes and Heart Disease
- Able to proceed with other dental treatment such as dental crowns, bridges, implants and orthodontics

### 3. Extractions (Tooth Removal)

If your Gum Disease is severe, having teeth removed may be an alternative. Teeth can be replaced with dentures, bridges or implants. Implants can also be affected by Gum Disease, especially if you are more prone to gum problems. Therefore, implants may only be possible and successful if your Gum Disease is stable (under control). Each patient is unique, so please discuss these options with your Dentist.

### 4. Gum (Periodontal) Surgery

For some patients, surgical treatment is an option for areas of the gums that have not responded to initial treatment. **Not every patient is suitable for this.** If we think surgery may be an option, we will discuss options for being assessed for this.

**\*\*please note that dental therapy students at the Edinburgh Dental Institute (EDI) don't carry out extractions on adults or gum surgery. If these treatments are required, we will advise your general dentist. They may choose to refer you to a specialist. The specialist departments in EDI are separate from the School of Dental Therapy.**

## How do you know if the treatment is working?

We will closely monitor how well you are cleaning your teeth at home and signs of inflammation of your gums. We will give you an update and let you know how things are when you visit the clinic. Your gums should begin looking pinker and feeling tighter and firmer. Your teeth are likely to feel more comfortable, and bleeding should stop when you are brushing. Your Dental clinician might tell you your pockets are shrinking. Your teeth themselves may feel firmer and move a little less. Any symptoms of bad breath are likely to improve.

## Who will complete your treatment?

**Dental Therapy Students** under the supervision of experienced staff. Appointments will take longer, as we thoroughly check the students' work. A standard appointment with the students is 90 minutes, sometimes longer. You will have been given a separate information sheet regarding what to expect when attending the undergraduate student clinic for treatment at your initial assessment appointment. If not, please let staff know.

There is no charge for Gum Disease Treatment at Edinburgh Dental Institute (EDI), but please remember that every **missed appointment costs the NHS** and negatively impacts on student learning. Once you have had one phase of treatment with the students, we will review the response and advise you if stability has been achieved. It is not always possible to stabilise gum disease completely. In this situation we will liaise with your own dentist about where inflammation remains, suggesting they monitor closely and provide maintenance treatment, or that they discuss referral on to a gum specialist for further treatment. This is likely to have financial costs if you usually pay for NHS treatment, are seen privately or are referred privately to see a specialist.

If you have previously had Periodontitis, you are at an increased risk of disease coming back. All people who have had periodontitis require regular **maintenance for the rest of their life** to maintain stable gum health. This will be carried out by your General Dental Practitioner or hygienist/dental therapist with whom you are registered.

## Plaque Control (Mouth Cleaning) Instruction

- In order to treat Gum Disease successfully it is vital that you have excellent mouth cleaning (oral hygiene). If your home plaque control is inadequate, the treatment for Gum Disease will not be successful and we may postpone treatment progression (step 2) until your home plaque control improves.
- Remember: when you are prone to Gum Disease, you will need to work hard at mouth cleaning to reduce your risk of gum disease getting worse.
- You should **brush your teeth twice a day** with either an electric or manual toothbrush, using toothpaste containing **1350 - 1500ppm fluoride**. We will show you the correct size of toothbrush to select to help you thoroughly remove plaque deposits, as well as tooth brushing techniques.
- **Spit** your toothpaste out, **do not rinse** with water or mouthwash.
- There is no need to use mouthwash unless your Doctor or Dentist recommends it for a specific reason.
- It is best to brush in the morning and last thing at night. You do not have to brush more than twice a day if you brush thoroughly. Brushing your teeth will take at least 2 minutes, but will likely take longer if you have established gum disease.
- It is very important to **clean between your teeth at least once every day**, as **tooth brushing alone is not enough** to remove all of the plaque that builds up between teeth.



Using interdental brushes is proven to be the most effective way of cleaning in between teeth. If other aids are required, use of these will be demonstrated to you as well.



- We will show you how to use these brushes and select the correct sizes for you. Your treatment is unlikely to be successful unless you clean between your teeth once a day.
- The full routine of **tooth brushing with interdental cleaning can take up to 20 minutes** in order to achieve the high standards of oral hygiene needed to control Gum Disease. However, with practice, you will become faster.
- One of the features of Gum disease is bleeding gums. It is important that you continue to keep up good plaque control i.e. brushing your teeth twice a day, and using interdental brushes at least once a day. The inflammation which causes this bleeding will gradually reduce and you should notice a reduction in bleeding. **Areas of bleeding are often areas which are not being cleaned properly.**
- If you follow the self-care plan given to you, you will see an improvement in your gum health. **Remember, Gum Disease is beaten in the bathroom, not in the dental surgery.**

**\*\*On the following pages are 2 forms, a 'Patient Agreement' & a 'Periodontal Treatment Consent' form. Please read these carefully & ask your student/supervising clinician any questions that you may have.**

## Your Gum Health Improvement Plan

Gum health is important to prevent gum disease. There are two main types of gum disease and **you have been diagnosed with:**

- ☐ **Gingivitis** – which is reversible gum disease but can lead to:
- ☐ **Periodontitis** – which can cause tooth loss but can be controlled

## Self-Care Plan:

For better gum health we recommend:

- ☐ Cleaning thoroughly between the teeth or ‘interdental cleaning’ - using the right size interdental brush or floss as shown
- ☐ Using Interdental brush size(s): \_\_\_\_\_
- ☐ Brushing your teeth and gums thoroughly twice a day using a fluoride toothpaste as shown.
- ☐ Stop smoking. Smoking puts you at higher risk of developing Periodontitis and treatment will not work as well, and you are more likely to lose your teeth
- ☐ A diabetes check with your doctor or diabetic nurse. Diabetes is a risk factor for Periodontitis
- ☐ Stopping oral nicotine e.g. E-cigarettes, vaping, nicotine lozenges, sprays or chewing gum<sup>2</sup> Using a single tufted brush around the gum margins and between your teeth once or twice a day as instructed.

Other advice:

Patient Agreement

The Dental team is here to help you keep your gums and teeth healthy. We will work with you to show you the best way to clean your gums and teeth thoroughly. This is set out in your self care plan above. The biggest impact on Periodontitis is having a clean ‘plaque free’ mouth. Any treatment that we do in the surgery will not work as well unless it is supported with thorough plaque removal at home. Your **plaque** score should ideally be **below 20%** and your gum **bleeding** score should be **below 30%**.

For this reason, we cannot begin advanced treatment for the gum disease until we can see that you are able to achieve good levels of plaque control. We will do our best to help you achieve this, but the main responsibility lies with yourself.

If you follow the self-care plan, we will see an improvement in your gum health. **To put it simply Periodontitis is beaten in the bathroom, not in the dental surgery.**

Dental clinician/student’s signature:	
Patient’s signature:	Date:
Patient’s name:	___/___/___

## Periodontal Treatment Consent Form (example for information purposes)

As a result of periodontal treatment, you may notice the following:

- Increased sensitivity of the exposed root surfaces to hot, cold or sweet food and drinks
- Recession of the gums and exposure of the root surfaces
- Increased susceptibility (risk) to root surface decay
- Appearance of lengthening of the teeth
- Temporary increases in tooth mobility (loose teeth)
- A black triangle appearance and shadowing between the teeth.

These side effects arise as the gums heal and the deep pockets below the gum reduce. The aim of treatment is to reduce these deep pockets where all the bacteria and toxins live, which are inaccessible to daily cleaning at home and therefore require treatment by the dental team. The success of periodontal treatment depends on a number of factors, but your role is crucial in maintaining low levels of plaque in your mouth, as well as managing the other risk factors. It is for this reason that periodontal treatment does not guarantee stabilising the condition. In many cases, when the main risk factors are reduced (e.g. stopping smoking or diabetes is under control) & good plaque control is maintained, periodontal disease will stabilise. This will work for the majority of people.

### You have been diagnosed with Periodontitis which is:

- ☐ Localised and affecting less than 30% of your teeth
- ☐ Generalised and affecting over 30% of your teeth
- ☐ A molar-incisor pattern affecting your molar and incisor teeth

### Your Periodontitis is:

- ☐ Mild/early (Grade 1) ☐ Moderate (Grade 2)
- ☐ Severe (Grade 3) ☐ Very severe (Grade 4)

### And is progressing at a:

- ☐ Slow rate (Grade A)
- ☐ Moderate rate (Grade B)
- ☐ Rapid rate (Grade C)

<b>Your Periodontitis is currently:</b>
<input type="checkbox"/> Stable (healthy)
<input type="checkbox"/> Unstable (active disease present)
<input type="checkbox"/> In remission (still higher risk of progression)

<b>Your risk factors for Periodontitis are:</b>
<input type="checkbox"/> Smoking
<input type="checkbox"/> Diabetes – not optimal control of → increases your risk
<input type="checkbox"/> Diabetes – optimal control of → lowers your risk
<input type="checkbox"/> No risk factors have been identified
<input type="checkbox"/> Other risk factors identified:

<input type="checkbox"/> I have been given and read the <b>‘Treatment with Undergraduate Dental Therapy students at EDI’</b> info sheet
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### Patient Declaration

I certify that I have read and understood the **‘Looking after your gums’** patient information booklet relating to the treatment of my gum disease. I have had the opportunity to ask any questions. I can confirm that I **consent** to the treatment of my gum disease as planned by the dental team, and I will commit to the Self Care Plan outlined to me.

Patient’s signature:	
Name:	Date:
Student/supervisor’s signature:	
Name:	

I can confirm that I **do not consent** to the treatment of my gum disease as planned by the dental team. I have understood all the consequences of refusing treatment and understand that it will lead to earlier tooth mobility and tooth loss.

Patient’s signature:	
Name:	
Student/supervisor’s signature:	
Name:	
Date:	Date:

## Summary

- Gum Disease Treatment is carried out over multiple visits
- Gum Disease can be stabilised
- To maintain healthy gums after treatment you will require regular support and maintenance for life with either your dentist or a hygienist/dental therapist.
- Keeping generally healthy through balanced diet and exercise will help your Gum Disease treatment
- You will still need to attend your own Dentist for check-ups throughout your treatment in the School of Dental Therapy at Edinburgh Dental Institute.
- Please **do not** have treatment for Gum Disease elsewhere while receiving treatment for Gum Disease in the School of Dental Therapy at Edinburgh Dental Institute.
- The minimal cleaning required for a healthy mouth is to brush twice a day with a toothbrush and clean between the teeth – with interdental brushes or floss - once a day as advised
- If you would like further information, please discuss with your clinician treating you or visit The British Society of Periodontology on: [www.bsperio.org.uk/](http://www.bsperio.org.uk/)

BSPerio website for patients:



BSPerio patient information leaflets:



