

PERIODONTOLOGY – PATIENT INFORMATION

Dr Sammy

**BSc BDS MFDRCS DipDSed MSc MClintDent MRDRCS LLM FDSRCS
Oral Surgeon – Periodontist – Sedationist**

UK & Dubai

PROFILE



Born in UK of Middle Eastern parents

Fluent in English and Arabic

Undergraduate and Postgraduate dental training in London

Teacher and Trainer

Qualified in Law

Consultant & Specialist in both Oral Surgery and
Periodontology

Can treat patients under Local Anaesthetic, Intravenous
Sedation or General Anaesthetic

SERVICES OFFERED

Tooth removal
Impacted wisdom teeth
Root apex surgery
Orthodontic exposures
Jaw joint problems
Facial pain
Gum diseases
Crown lengthening
Bone augmentation
White and red patches
Mouth ulcers
Polyps/lumps/bumps
Salivary stones
Cancer detection
Biopsies

If you touched any other part of your body with a brush, and it bled, would you ignore it?

BLEEDING = DISEASE



Get your gum disease checked and treated by Dr Samy and his team

PATIENT INFORMATION

GUM DISEASE

Gum disease can be in its minor form, which is called **GINGIVITIS**. This is inflammation of the gums and may cause bleeding. Gingivitis may progress to the more serious form called **PERIODONTITIS**, which is when the bone that holds the teeth in place dissolves. As this destruction progresses, the teeth become less and less supported until they become loose and are eventually lost.

WHAT CAUSES GUM DISEASE?

Gum disease is a disease of bacterial origin that occurs in people whose immune system make them susceptible to the attack of these bacteria.

Everyone has bacteria in their mouths, but patients suffering periodontal disease don't have the immune system needed to defend themselves against the bone-dissolving type of bacteria. It is therefore essential to have these bacteria removed. Patients who have the protective immune system don't need to remove all the bacteria.

The bacteria will be removed by me, then kept off your teeth daily by you. This will be achieved by me showing you a specific regime of brushing your teeth. This is different from routine tooth brushing and will be devised specifically for you. I will supervise your performance and support you with anything you need.

The susceptibility of a weak immune system may be due to your genetic predisposition or a medical disease. The most common causes of the susceptibility are SMOKING and DIABETES, but there are many others. Although your immune system may not be defending you against disease around your teeth, there is no reason to suggest that you have a generalised weak immune system or that you are susceptible to any other diseases.

WHAT DOES GUM DISEASE RESULT IN?

The bone surrounding the teeth dissolves, causing the teeth to be less supported. The gum that overlies the bone may recede a little, but generally stays roughly where it is. In healthy areas without bone destruction, the space between the gum and bone is 3mm or less. As bone dissolves, leaving the gum behind, it creates a space between the two that dentists call a PERIODONTAL POCKET.

The presence of this pocket has the following relevance:

The bristles of a toothbrush may reach 2-3mm under the gum if angled correctly. If a pocket is any deeper than this then the bacteria can harbour in this relatively deep area and be inaccessible for cleaning and therefore cause further bone destruction.

The deeper the pocket, the less oxygen is available, as it is further away from the outside world. It so happens that the species of bacteria that cause bone destruction are those that survive in conditions of low oxygen availability. The conditions are therefore conducive to disease progression.

TREATMENT

Oral Hygiene

You will be shown a specific regime to remove the bacteria from the junction where the teeth meet the gums. The technique is specific to you, based on the shape of your gums and teeth and the measurements I would have taken during the assessment.

Professional mechanical cleaning above the gum

Any bacteria that have collected above the gum would have calcified to form tartar. This may look bad and smell bad but more importantly it sticks more recent bacteria to it and makes it difficult for you to perform oral hygiene.

Professional mechanical cleaning below the gum

The bacteria that have now migrated into the periodontal pocket also need to be removed with specially designed instruments, some of which vibrate and wash during the process. Some of these bacteria are soft and some have calcified to form hard deposits that are stuck on the tooth root surface. I will remove as much as possible. You will be made numb first so that you cannot feel this being done. Sometimes stitches are placed to assist in healing.

TREATMENT AIMS

If you are maintaining a successful oral hygiene routine than there will be minimal bacterial re-colonisation.

As previously mentioned it is the periodontal pocket that is conducive to the progression of the disease. The aim is to reduce this space as much as possible. This will occur in two ways:

1. As the root surface is made smooth by the removal of the calcified bacteria, the gum will STICK to it, providing some support. Although this cannot be as strong as the support initially provided by the bone, it is a substantial improvement.
2. The gum will RECEDE so that it migrates closer to the position of the dissolved bone. The space between the gum and the bone will therefore be less, therefore there will be more oxygen at the site. These are conditions that the disease-causing bacteria struggle to survive in.

POST-OPERATIVE CONCERNS

After giving you a thorough scrub, it may be sore as the gums heal. Operating on gums can be compared to similar operations on the skin. Soreness during this healing phase can be controlled with pain-killer tablets, mouthwashes and specific toothpastes and should only take a few days.

As we are hoping for the gums to recede a little to contribute to the pocket reduction. The disadvantages of this is that it exposes parts of the tooth surface that were previously covered by gum. Gum recession can be over the neck of the tooth and in-between the teeth. These areas can initially be a little sensitive but they will eventually de-sensitise as they become used to the outside world and take up fluoride from the water and toothpaste.

As more tooth surface becomes exposed, the teeth will also appear longer. If this is towards the back of the mouth it is often irrelevant but there may be some aesthetic concerns if it happens towards the front of the mouth depending on how much the natural position of your lips mask your teeth when you smile.

As teeth are roughly triangular, the gum recession in-between the teeth will give rise to triangular spaces between the teeth. Again, if at the front of the mouth, this could be of an aesthetic concern to you. Another disadvantage is that these larger gaps get food caught in them, which therefore may need cleaning following meals.

RE-EVALUATION OF DISEASE AND TREATMENT SUCCESS

Further measurements of pocket presence are made 2 months after treatment. If you and I have succeeded then we should expect most of the pockets to have reduced in depth, giving rise to conditions where the disease is unlikely to progress. It is extremely unlikely to have 100% success, so a few sites may not have reduced as much as required. These can be managed in the following way:

1. Re-instrumentation

This involves having the sites cleaned and debrided of any re-colonising bacteria before they get a chance to cause disease progression. This should be planned for every 2-3 months.

2. Surgery

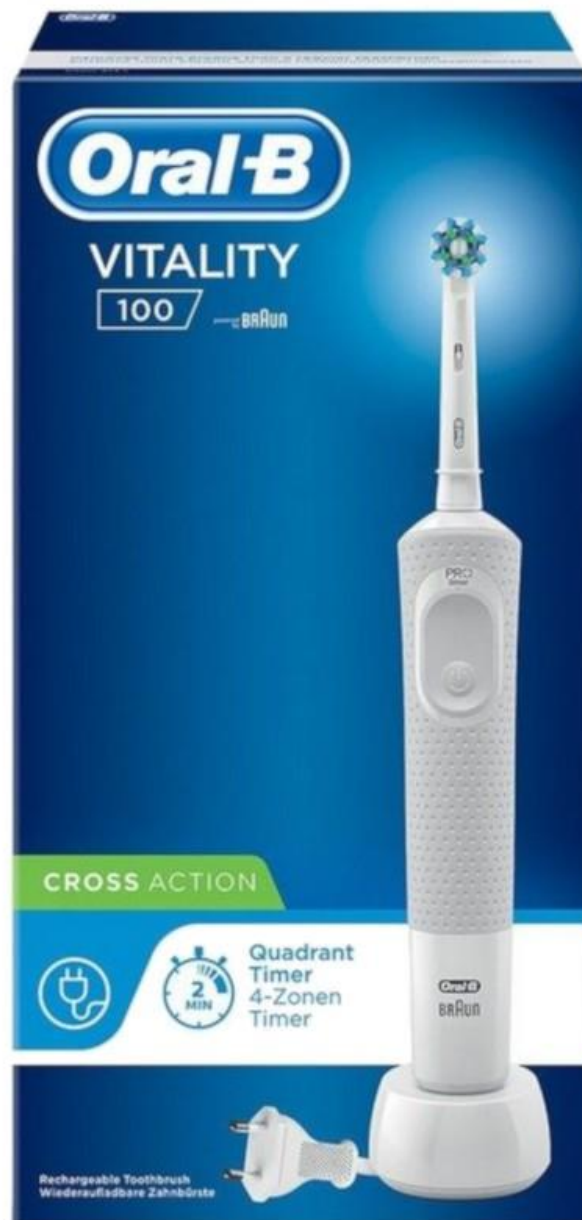
This involves opening the gum to gain better access to the adhered calcified bacteria therefore improving the likelihood of successful removal. The gum will then be closed again, not quite where it was before, but nearer the bone, therefore immediately ELIMINATING the pocket.

MAINTENANCE

Gum disease is often successfully CONTROLLED. However it is never CURED. Following successful treatment, you will need to attend for occasional check-ups and superficial debridement so that your gums can be maintained in health.

QUESTIONS & ANSWERS

You are always welcome to ask me any questions at any time and I will continually encourage you to do so. It is vitally important that you are happy with the treatment you are receiving and this requires a basic understanding of the science of gum diseases. My role in managing your disease is relatively small as it will be you that keeps it under control, but I will be supervising you and supporting you every step of the way.



I advise The Oral B Braun Vitality Series electric toothbrush in most cases.

It is the cheapest Oral B Braun electric toothbrush, as it has none of the additional features, all of which are not required in most cases.

Please purchase one and bring it with you to every appointment.

For the duration of the treatment only, you will be required to use Chlorhexidine (Curasept) gel, mouthwash and toothpaste instead of your routine toothpaste. Please purchase these and bring them to your appointments.



Curasept
toothpaste



Curasept
Gel



Curasept
mouthwash

ASSESSMENT OF GUM DISEASE

The following will be performed at your initial consultation appointment:

History

This involves asking you a series of questions relevant to gum disease and dental management.

Examination

This assesses the condition of the gums and bone including the degree of inflammation and the amount of bacterial presence.

A series of measurements will be recorded to evaluate the degree of bone loss. If your gums are particularly inflamed, this may be a little uncomfortable. Please inform me if you are unable to tolerate the sensation. It takes approximately 5 minutes and most patients are able to tolerate it with minimal concerns.

X-ray

This shows the bone levels around your teeth

Diagnosis

I will explain all my findings to you. This will include an explanation of the cause and the current state of your condition.

Treatment Plan

Having discussed the condition, you can decide on the best form of care for you.

Estimate

The receptionist will print an estimate for the cost of treatment for you.

Feedback

I welcome feedback suggestions at any time during your care.

Testimonials

Patients often wish to be filmed for a brief video recording to inform other patients of their experience. If you would like to volunteer for a quick interview, it would be greatly appreciated, so please do let me know at any time. Obviously, you are under no obligation whatsoever to do so. I do not use patients' names when filming.

Questions

Please feel free to ask any questions at any stage.

Gum Disease Qs & As

Q. What is gum disease?

- A. Gum disease describes inflammation of the supporting structures of the teeth. There are two main forms of gum disease: gingivitis and periodontitis.

Q. What is gingivitis?

- A. Gingivitis means inflammation of the gums only. This is when the gums around the teeth become red and swollen. Inflamed gums sometimes bleed when they are brushed.

Q. What is periodontitis?

- A. Gingivitis can progress to periodontitis. This only happens in patients in whom the immune system doesn't defend against the bacteria. It causes dissolving away of the bone and supporting structures of the teeth. As the bone dissolves away, leaving the gum behind, it creates a gap between the two that dentists call a "Periodontal Pocket". As the teeth progressively lose support, they become loose and are eventually lost.

Q. What is the cause of gum disease?

- A. All gum disease is caused by bacterial plaque. Plaque is a film of bacteria, which forms on the surface of the teeth, gums and tongue every day. Many of the bacteria in plaque are completely harmless, but there are some that have been shown to dissolve the bone that supports the teeth. To treat and prevent gum disease, you need to make sure that you remove as much plaque as possible from your teeth and gums every day. This is done by brushing and flossing the teeth, and regular visits to both the dentist and a dental hygienist. If periodontal pockets have formed around your teeth, then you will need a Periodontist to instrument these areas, as they are inaccessible to the toothbrush.

Q. Am I likely to suffer from gum disease?

- A. Probably to some degree. Most people have some form of gum disease, but it is often mild. However, the disease usually develops very slowly, and with relatively simple treatment, it can be slowed down to a rate that should allow most of us to keep most of our teeth for life. Different individuals vary in their susceptibility to the bone destruction that bacterial plaque causes. Some don't suffer any bone loss at all, and some suffer so much that tooth loss is inevitable.

Q. So is periodontitis a bacterial problem or an immune system problem?

A. Both factors must be present for it to occur. We all have bacteria in our mouths. Some people can rely on the immune system to defend against them, but some people's immune system doesn't cope, so have to rely on the physical removal of the bacteria to control it.

Q. How will smoking affect my gums and teeth?

A. Smoking can make gum disease worse. Smokers suffer narrowing of blood vessels in the gums meaning protective cells of the immune system don't arrive at the site where they are needed. Smokers also have a deficiency in the cell of the immune system that can defend against gum disease. Smokers are therefore very susceptible to bone destruction.

Q. Are there any signs of gum disease that I may notice?

A. The first sign may be blood on the toothbrush or in the rinsing water when you clean your teeth. Your gums may also bleed when you are eating, leaving a bad taste in your mouth. Your breath could possibly also become unpleasant. Some people notice that their teeth move position.

Q. Could gum disease be happening in me without me knowing about it?

A. Absolutely. In some diseases, such as tooth decay, pain is the usual alarm that tells the body that something is going wrong. There are many diseases in the body however that get progressively worse without such symptoms, heart disease and diabetes being examples, and periodontitis being another. Sometimes the gums don't even bleed, especially in smokers and given that it is painless, the bone could be dissolving away without you knowing about it.

Q. So how would I know if I have gum disease?

A. By visiting a Periodontist who will make accurate recordings in millimetres to check the distance between the gum and the bone and taking x-rays if necessary to examine bone height. This is a painless procedure although it may "pinch" occasionally. Your dentist may also perform a quick screening procedure to help you decide if a visit to the Periodontist is worthwhile.

Q. Could gum disease be genetic?

A. Yes, there is a strong genetic link. So if a member of your family has been diagnosed with it, then it is certainly worth being checked.

Q. Can gum diseases affect the rest of the body?

A. Yes. There is increasing evidence to suggest a link between gum diseases and general health. Research suggests that gum diseases are associated with heart diseases and pregnant women are susceptible to giving birth to pre-term low birth weight babies.

Q. Can gum disease be a sign of more serious medical conditions?

A. Yes. Although gum disease most commonly happens in healthy subjects, it can be particularly bad in diabetics and patients with problems in their immune system.

Q. What treatments are needed?

A. Following a full explanation of the status of your gums, a personalised demonstration of the most effective way to remove plaque from the surface of your teeth will be advised and demonstrated.

Q. What happens if gum disease is not treated?

A. Unfortunately, gum disease progresses painlessly on the whole, so that you do not notice the damage it is causing, until teeth become loose and are lost. Over a number of years, the bone supporting the teeth dissolves, and if the disease is left untreated for a long time, treatment can become more difficult, or even impossible.

Q. But I have always brushed my teeth! So why do I have gum disease?

A. Have you brushed them in the specific bespoke way according to the individual shape of your teeth and gums? The technique is far more important than the frequency and as people have different shape teeth and gums, it must be individually tailored for you to be most effective.

Q. So what shall I use to effectively remove the plaque from my teeth?

A. The Periodontist will be asking you to pick up a number of oral hygiene aids, including a Braun Oral B electric tooth brush, a selection of TePe interdental brushes, and chlorhexidine toothpaste and mouthwash. Rarely, additional aids such as floss and single tufted brushes will also be advised. Some pharmacies and supermarkets stock what is required but on-line purchasing from amazon.com or dentocare.co.uk is likely to be easier.

Q. What else may be needed?

- A. Once your teeth are plaque-free and you are able to maintain good daily control, the Periodontist may decide to carry out further instrumentation of the root surfaces of the teeth, to ensure that both soft and hardened bacteria are removed from the deep pockets. This is known as root planing and renders the now clean root surface smooth so that the gum can attach to it to provide structural support. The Periodontist would also re-contour the shape of the gum to eliminate the periodontal pocket as well as making it a good shape for ease of brushing. Occasionally stitches are used, but these dissolve and therefore do not require removal.

Q. What should I expect after treatment?

- A. Operations on gums may be compared to operations on skin. A degree of soreness may be expected after the procedure as the site heals. You will be advised on how to keep this to a minimum with tablets, mouthwashes and toothpastes.

Q. Once I have periodontal disease, can I get it again?

- A. In much the same way as many diseases of the body, periodontal disease is controlled rather than cured. Following successful treatment, as long as you keep up your daily routines as taught, any further loss of bone is extremely slow. Your Hygienist and Periodontist will supervise you into the future as much as you need.

INSTRUCTIONS FOLLOWING GUM DISEASE TREATMENT

Local Anaesthetic

The local anaesthetic will make you feel numb for a least a couple of hours. Beware not to eat or drink something hot as you will not be able to judge temperature and may scald yourself.

Don't be tempted to chew or touch the numb area

Eating

You may eat and drink as normal but you may choose to eat food that is easier to chew. A liquid diet is unnecessary but eating crunchy foods may be uncomfortable and disrupt the surgical site. You must avoid hot food and drink for the first day.

Bleeding

A little bleeding is not uncommon and is of no concern. Sleep with a towel over your pillow on the day of surgery in case you dribble a little blood. Your saliva may be stained pink from the blood clot. Don't be concerned by confusing this with actual bleeding. Profuse bleeding that gushes or fills your mouth is very unlikely and should be managed by tightly placing a tissue or the gauze provided and biting extremely hard on it for at least 20 minutes. Firm pressure almost always stops bleeding. If it doesn't then you need to contact me.

Treatment site

Only brush the biting surface of your teeth at the treatment site for the next 2 days and do not use the interdental cleaning aids. After 2 days, start brushing the junction where the gum meets the teeth gently but don't use the interdental cleaning aids yet. By 1 week, you can return to brushing as normal and use the interdental aids again.

Toothpaste

You can use your routine toothpaste in the morning, but for your evening brushing, for a period of **THREE WEEKS** only, use Chlorhexidine toothpaste on your toothbrush, Chlorhexidine gel on your interdental brushes, and Chlorhexidine mouthwash. Once you have finished brushing, do not eat or drink anything except water until you go to bed, and throughout the night.

Pain relief

Surgery on any area of the body may cause some discomfort afterwards in much the same way as you would expect after any other operation. It is therefore advisable to take painkillers before the numbness wears off. The jawbone would heal in a similar way to your leg or arm or any other part of your body after an operation. Don't be surprised or concerned by this.

The discomfort should be managed by taking regular painkillers such as Paracetamol or Ibuprofen, if your medical history allows it. If you are taking any medication, please confirm with me that routine painkillers are appropriate for you to take.

Ibuprofen reduces swelling as well as treating discomfort. Although these medications can be taken together, it is advisable to take them at different times in order for the effect to occur more frequently.

Stitches

You may have had stitches in your gum. They dissolve. This may take up to 3 weeks.

Sensitivity

Sometimes, the teeth may become a little sensitive after gum disease treatment. If this happens, rub some high fluoride toothpaste on the sensitive surfaces in the morning and do not wash it off. It normally gets better, but if not, I can treat it with a varnish to cover the exposed dentine that causes it.

Physical activity

This should be kept to a minimum for 2 days as it exacerbates bleeding.

Feedback

I welcome feedback suggestions at any time during your care.

Testimonials

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