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**PATIENT INFORMATION**

**Periodontal Disease**

There are two main forms of gum as disease described below.

**Gingivitis**

This is the mildest form of gum disease. Your gums will be red and swollen and may bleed easily when you brush your teeth.

**What causes Gingivitis?**

 The accumulation of dental plaque (a sticky layer of bacteria) found on the tooth surfaces which starts the inflammatory process. This plaque can become hardened and form into a hard surface layer called tartar or calculus. The bacteria on the calculus if left untreated continue to attack the hard and soft tissues surrounding the teeth.

**Periodontitis**

This is what untreated gingivitis can lead to. Periodontal disease is inflammatory diseases of the gums .As plaques spreads below the gum line the tissues and bone that support your teeth are broken down and destroyed, causing teeth to become mobile, sometimes painful, localised swelling, gum abscesses, sensitive/ tender gums.

Your gums may become separated from the teeth which form pockets. A pocket is measured between the separation of the gum and teeth. This patient does not usually notice the separation process, and can remain undetected for a long period of time without regular dental checkups.

Your dentist will measure your gums at every checkup appointment using a specialised instrument, this is usually painless, however, sometimes it can be uncomfortable.

Healthy gums have small pockets which measures (1-2mm) but for suffers of gum disease these pockets can be very deep (3-10mm or more).

**Who gets Periodontal Disease?**

Approximately 10% of the population is severely affected by periodontal disease and by the age of 60 years old around 80% of people will display some bone loss. There seems to be some research which now suggests there is a genetic link with periodontal disease, with trends running in the family.

**What makes the condition worse?**

The biggest risk factor after poor oral hygiene is smoking. Smokers lose three times more teeth than a non- smoker they also do not respond as well to treatment as non-smokers.

 There are also other contributing factors such as:

* Poorly controlled diabetes
* Poor diet
* Stress

Stopping smoking is very important is a very important part of controlling the disease and preventing tooth loss. If you wish to quit smoking the best people to go to are your GP or medical practice nurses. We will also be happy to put you in touch with a self-help smoke free group.

**Can it be treated and what can you do to help?**

Yes. Periodontal disease can be treated successfully; however, we cannot cure it. We can stabilise the disease and prevent any further damage and help you to keep your teeth for a longer time than if left untreated.

The level of treatment you require will be determined by your dentist and you will be informed of this at your regular checkup appointment. The types of treatment will be as follows:

* A deep pocket chart recording. (Detailed measurements of the gums around each tooth)
* Deep scaling (cleaning) with or without local anesthetic over 1 or 2 visits with your Dentist
* Deep scaling (cleaning) with or without local anesthetic over 1 or 2 visits with our Dental Therapist
* A recommended course of Mouth wash
* To attend every 3 months for regular cleaning
* In certain cases your dentist may refer to a specialist at a hospital. Your dentist would weigh up the risk factors and compliance and advise you if this needs to be done.

Your role as a patient is vital in the management and stabilisation of the disease. Your dentist or therapist will show you cleaning aides and techniques for you to carry out as part of your home care regime. It is crucial as part of your treatment that you follow the instructions at home. If the home care is not completed and only the work of your dental clinician is carried out this will mean that the overall treatment is only 40% complete. Your personalised home care will be advised to you verbally.

**What if I do not have treatment?**

If the bone loss around the teeth is not controlled then the teeth may become loose over time, gums shrink and in some cases teeth may become infected or even fall out.

If order to help the condition we need to eliminate the cause this is why we do not routinely prescribe antibiotics. In most cases once the cause has been eliminated and maintained the justification for antibiotics is minor.

**Are there any side effects to the treatment?**

Due to the fact that there has been irreversible bone loss, when the inflammation resolves it is likely that you will experience some gum shrinkage (known as recession) and possibly some sensitivity. They are unavoidable side effects of treatment and you must remember that failing to control the disease may result in tooth loss. Your dentist can advise on how to manage these side effects

**Recommended home care regime**

* Interdental cleaning using floss or Tepes before brushing
* Brush teeth after the first meal of the day
* Brush teeth after lunch
* Brush teeth before bed

Your dental clinician will advise you on the colour and size of interdental brushes you should be using and whether you will need a short course mouth wash.

**If you need further assistance on your home care please contact the Practice on :01827 897857 and ask to speak to a nurse who will be happy to help you.**