

Treatment at the Dublin Dental School and Hospital

If you wish to attend the Dublin Dental School and Hospital for treatment of your periodontal disease you must obtain a letter of referral from your own dentist. Waiting lists are in place for assessment and treatment of periodontal disease.

At your first visit the dentist will assess the severity of your periodontal disease and you will be advised if treatment is available and who will provide this treatment.

As the Dublin Dental School and Hospital is a teaching institution you may be treated by a student (i.e. a dental undergraduate, postgraduate or dental hygiene student). Qualified dentists and/or dental hygienists closely supervise all student treatment procedures.

Treatment may also be provided by dentists and dental hygienists. We would advise that dental care undertaken by a student will generally take longer than would be the case in general practice.

Appointments

- Appointments will usually be at least one hour and you may require 4 – 6 appointments.
- Once treatment has been completed, you will require a 2-3 month check up to measure your healing response.
- It is important that you continue to attend your own dentist for routine check ups and on-going care.
- In more severe cases you will be placed on a long-term supportive programme.

Tips for a Healthy Mouth

- Brush your teeth and gums twice a day
- Use a toothbrush with a small head and soft bristles
- Change your toothbrush every 3 months
- Clean between your teeth with floss or interdental toothbrushes everyday.
- Avoid sugary snacks between meals
- Do not smoke
- Visit your own dentist and dental hygienist regularly

Brush and clean your way to healthy teeth and gums

It is good to have a plan when you start brushing, so that no tooth surface is left out. Upper and lower teeth should be brushed separately. Start at one side and work your way around all the outside surfaces, brushing two teeth at a time, and then move on to the next two. Then do all the inside surfaces.



The use of a small pea size amount of a toothpaste containing Fluoride is recommended every time you brush. It is important not to scrub, as this can cause damage to the gums, and increase the risk of your gums receding. A short back and forward motion or small circular stroke is recommended.



The bristles should be placed firmly enough against the tooth so that they splay out and go into the cuff of the gum, but not so firmly that the bristles are flattened against the tooth.

It helps to stand the toothbrush on its end when cleaning the inside of the front teeth because the dental arch curves here. Lastly, the biting surfaces where you chew your food need to be cleaned. These surfaces can be scrubbed, as the gum is not affected, and the crevices and grooves on the tops of the teeth can hold food debris and plaque. This process should take 2 -3 minutes. More time should be taken with teeth that are crooked or out of line.



It is important to be aware that the spaces in-between the teeth need to be cleaned with some form of interdental cleaner. The toothbrush does not reach this surface. This can be interdental brushes, dental floss or tape, or soft wooden sticks. Each person should be advised which is the best for them to use.

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How to contact us

Patient Information

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e-mail: patient@dental.tcd.ie

Main Hospital

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Fax Number: 01 6711255

Website:

<http://www.dentalhospital.ie>

Other sites of interest

www.perio.org (American Academy of Periodontology)
www.betteroralhealth.com
(Compiled by Dr Mac Carthy and Ms. C. Waldron)
www.dentalhealth.ie (Dental Health Foundation, Ireland)



Date of Issue: January 2008



Information on Periodontal (Gum) Disease



What is Periodontal (Gum) Disease?

Periodontal disease includes conditions called gingivitis & periodontitis.

Gingivitis is inflammation of the gums (bleeding and swelling).
Periodontitis is an infection, which causes destruction of the tissues which hold the teeth in place (gum, bone & ligament) and can lead to tooth loss.

How do you know if you have Periodontal Disease?

- A bad taste in your mouth and/or bad breath
- Gums that bleed when brushing or flossing
- Red, swollen and/or tender gums
- Teeth that appear longer because your gums have receded
- Gum boils or abscesses.
- Teeth that seem loose
- Spaces unexpectedly developing between your teeth

Periodontal disease is generally a painless condition; therefore you may be unaware of its presence in your mouth. Your dentist will examine you for this condition.

What causes Periodontal Disease?

Periodontal disease is caused by a build up of bacterial dental plaque. This is a soft, colourless film of bacteria, which forms on the tooth surface daily. Toxic substances from the bacteria enter the gums and cause a reaction (inflammation).

Calculus (tartar)

Dental plaque can be controlled by good oral hygiene (tooth brushing and cleaning in-between the teeth).

If dental plaque is not removed it may become a hard material - calculus (tartar).



Risk factors for Periodontal Disease

If you do not brush and floss regularly you are more likely to get periodontal disease no matter what your age or general state of health. However there are other factors that may place you at increased risk of developing periodontitis.

Local risk factors (mainly associated with dental plaque build up):

- Poor personal oral hygiene and/or irregular visits to your dentist/dental hygienist
- Smoking- causing dry mouth and tooth staining.
- Roughness on teeth where bacteria grow i.e. calculus (tartar), fillings
- Uneven position of teeth (crooked or mal-aligned teeth)
- Breathing through your mouth instead of your nose.

Systemic risk factors – generally in your body

- An individual persons immune response (the bodies ability to fight infection - in this case plaque bacteria) may leave one person at greater risk of disease than another person.
- Previous history of periodontal disease.
- Increasing age – Periodontitis becomes more common with increasing age.
- Genetic/inherited or a family history of periodontal disease.
- Smoking cigarettes reduces blood flow to the gums thereby increasing the severity of periodontal disease.
- Stress.
- Diabetes or a history of diabetes in the family.
- Blood diseases – acute leukaemia, AIDS.
- Hormonal changes.

Other information on periodontal disease

Healthy Gums

Pink gums, which do not bleed on brushing
Regular dental visits are important to detect periodontal disease early



Inflamed Gums – Gingivitis

- Caused by a build up of dental plaque because of inadequate tooth cleaning, especially near the gum margin.
- The gums become red or bleed on brushing. There is usually no discomfort
- Gingivitis is a reversible condition if professional treatment and good oral home care are carried out



Diseased Gums – Periodontitis

- Toxic substances produced by plaque bacteria spread below the gum damaging the supporting bone and fibres that hold your teeth in place.
- As a consequence of the tissue destruction, the gum recedes or a "pocket" forms below the gum line trapping plaque bacteria.
- Periodontitis has 3 categories: mild, moderate or severe. This is determined by the level of bone destruction.
- Your teeth may become longer, loose or develop spaces in between.
- The tissue damage is irreversible; however appropriate treatment can help prevent further progression of the disease.



Moderate Severe

Treatment of Periodontal disease

Successful treatment of your periodontal disease is dependent on **YOUR** oral home care – effective brushing & cleaning in-between your teeth.

- Oral hygiene instruction and personal plaque control i.e. the correct method for brushing and cleaning in-between your teeth.
- You will be encouraged to quit smoking.
- Your dentist or dental hygienist will scale and polish your teeth to remove the plaque and calculus (tartar).
- When the root of the tooth requires cleaning, it is normally done under local anaesthetic for your comfort.
- Periodontal surgery maybe required in certain cases.
- Regular follow-up and care is essential in the long term management of the periodontal condition.
- If the destruction to the bone supporting the tooth is too severe, tooth extraction may be the treatment.