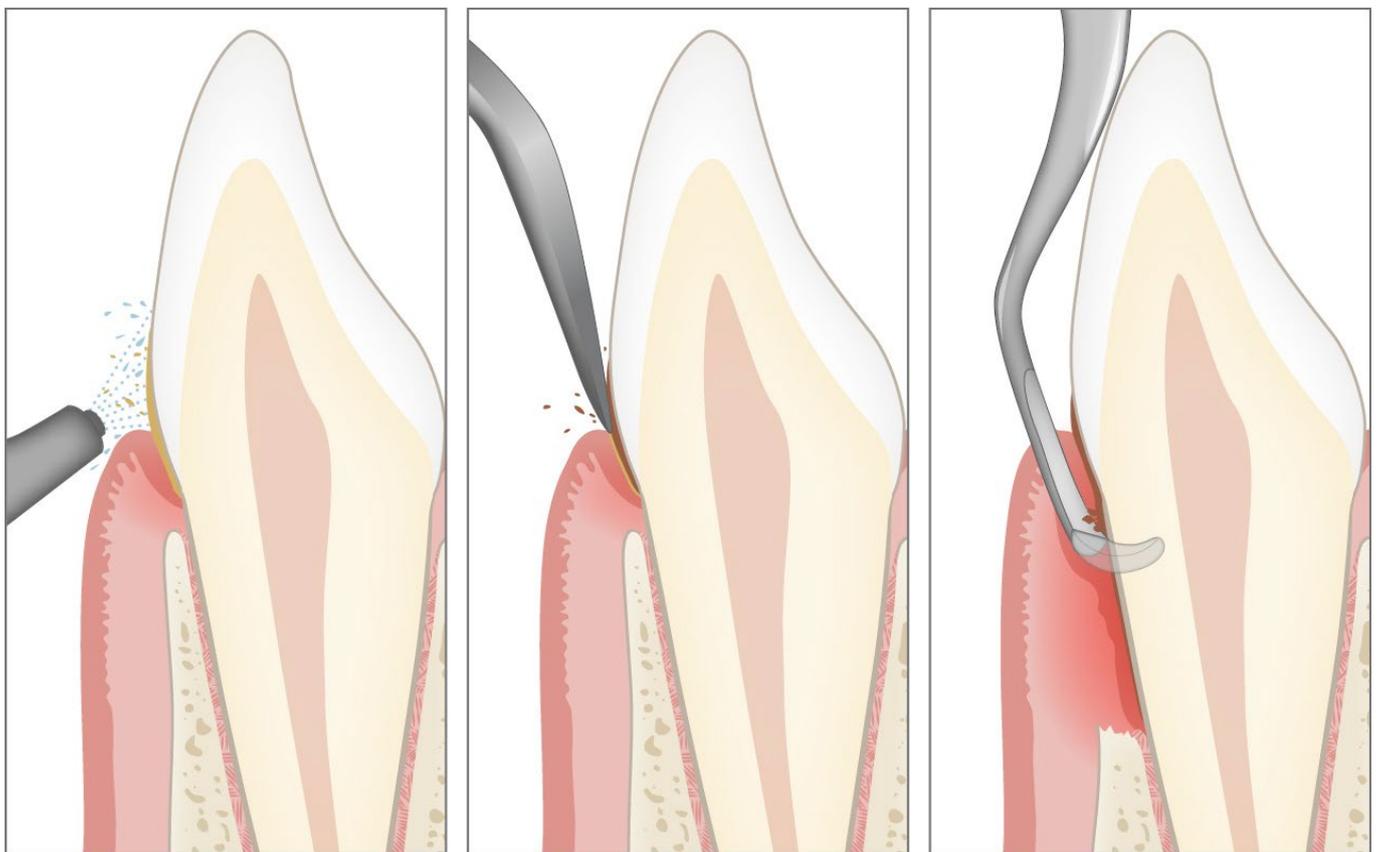


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The website www.periodontal-health.com is an information platform about the causes, consequences, diagnosis, treatment, and prevention of periodontitis. The contents were created in media dissertations for a doctorate at the University of Bern.

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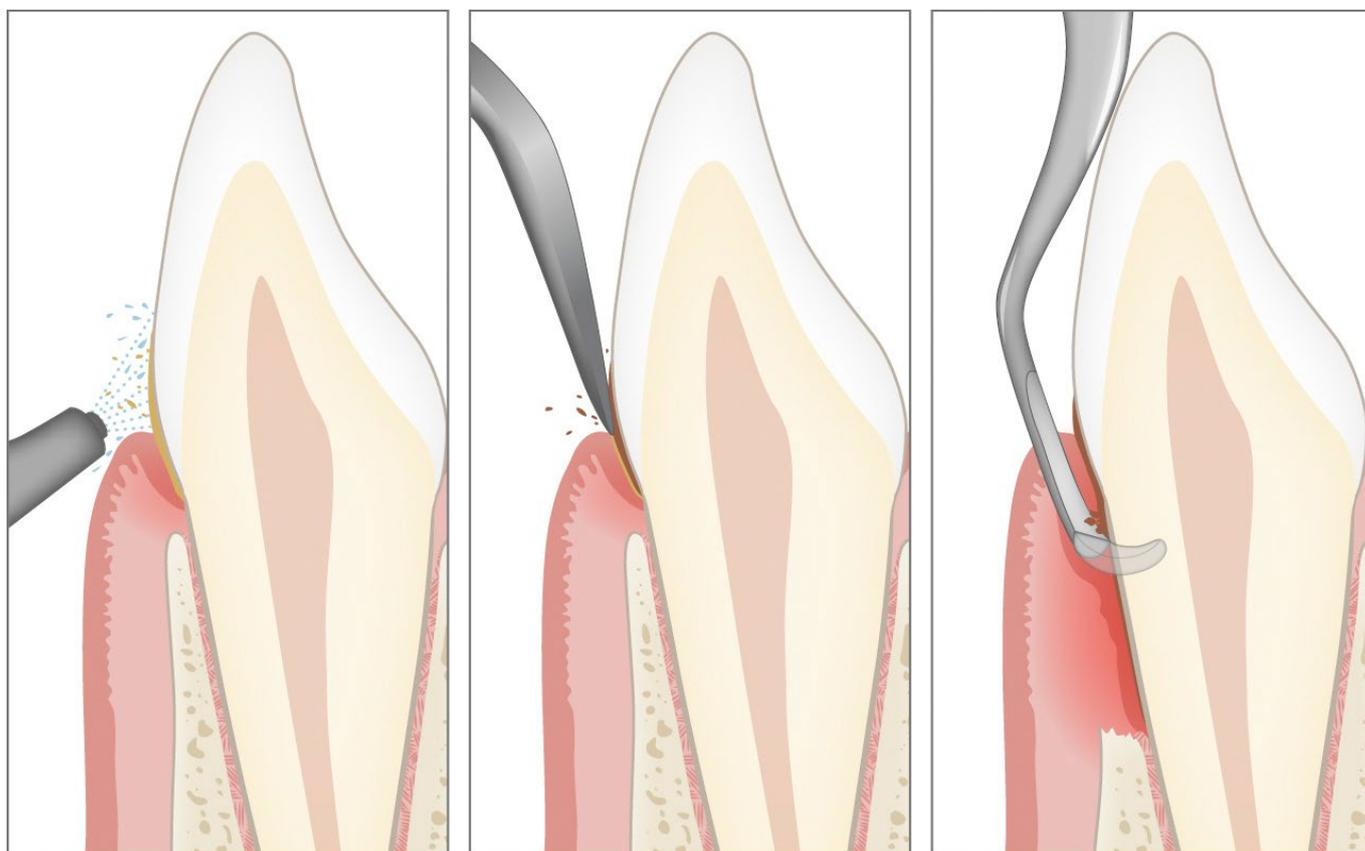
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Section 5 – Treatment of periodontitis

5.1 Professional teeth cleaning

To allow periodontitis to heal, all coatings (plaque and tartar) must be removed from the tooth surfaces by professional teeth cleaning.



In professional teeth cleaning, the dentist or dental hygienist conducts a systematic cleaning of all tooth surfaces. With periodontitis, it is especially important to clean and smooth the root surfaces below the gum line that are colonized by bacteria.

In addition, anything that could make good oral hygiene at home more difficult is removed. This includes tartar deposits above the gum line and protruding edges of crowns or fillings.

A first professional teeth cleaning can rarely be carried out in a single sitting. For patients with advanced periodontitis, several appointments for teeth cleaning are scheduled.

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5.2 Oral hygiene at home

To prevent new bacterial films from forming, patients with periodontitis need to learn how to clean their teeth optimally.



It is not always easy to implement the optimal regular oral hygiene at home. One big challenge, for example, is cleaning the spaces between the teeth. There are special oral hygiene aids for these spaces called interdental brushes. They are selected individually for each situation in the mouth and the patient is instructed in the correct use by the dentist or dental hygienist.

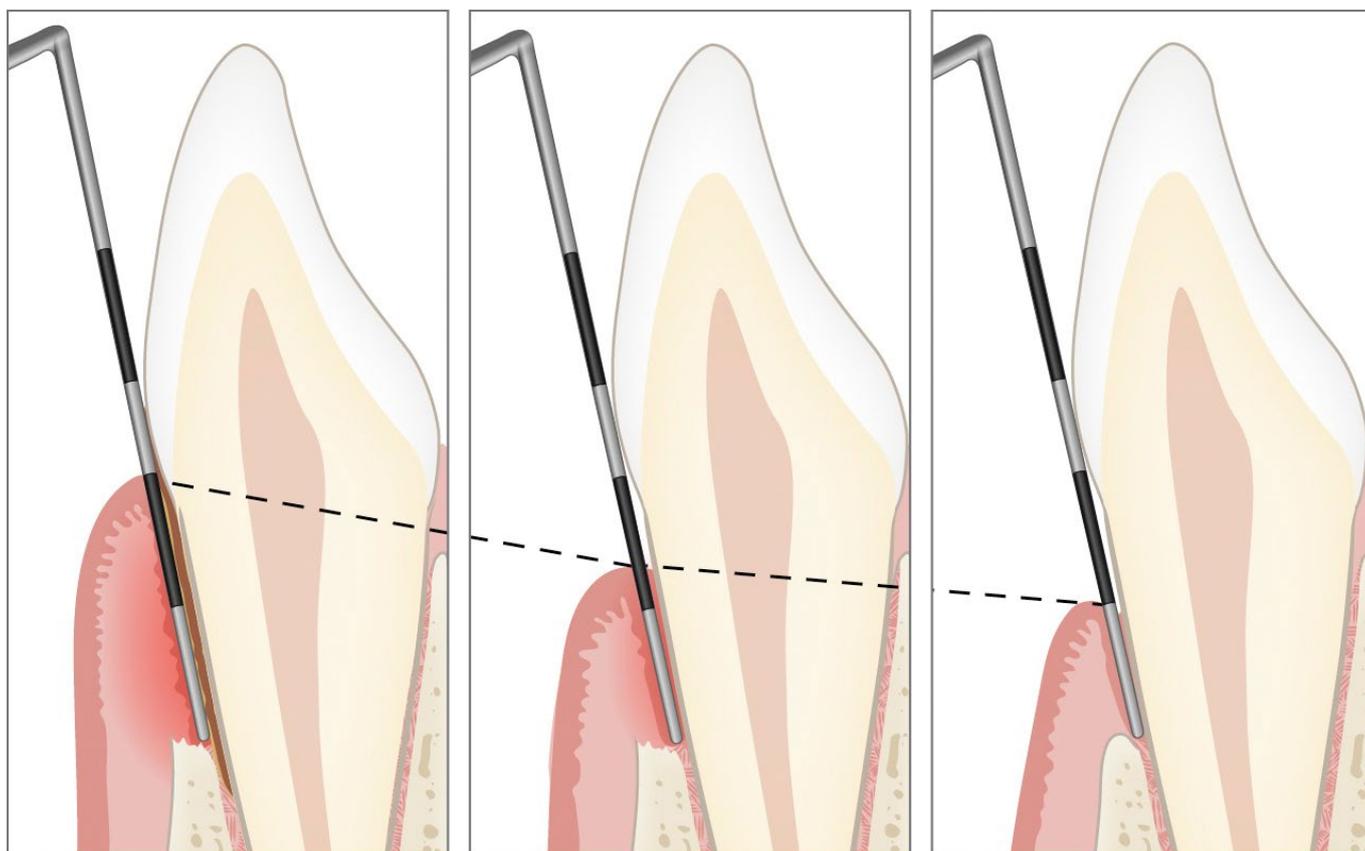
During their gum treatment, patients learn an oral hygiene technique adapted to their situation. Good compliance with optimal oral hygiene at home is decisive for the success of treatment.

For more information about instructions for oral hygiene, see www.mundhygiene-instruktion.ch.

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5.3 Follow-up (re-evaluation)

One to two months after the professional teeth cleaning, the outcome is checked and a decision is made on how to proceed with further professional care.



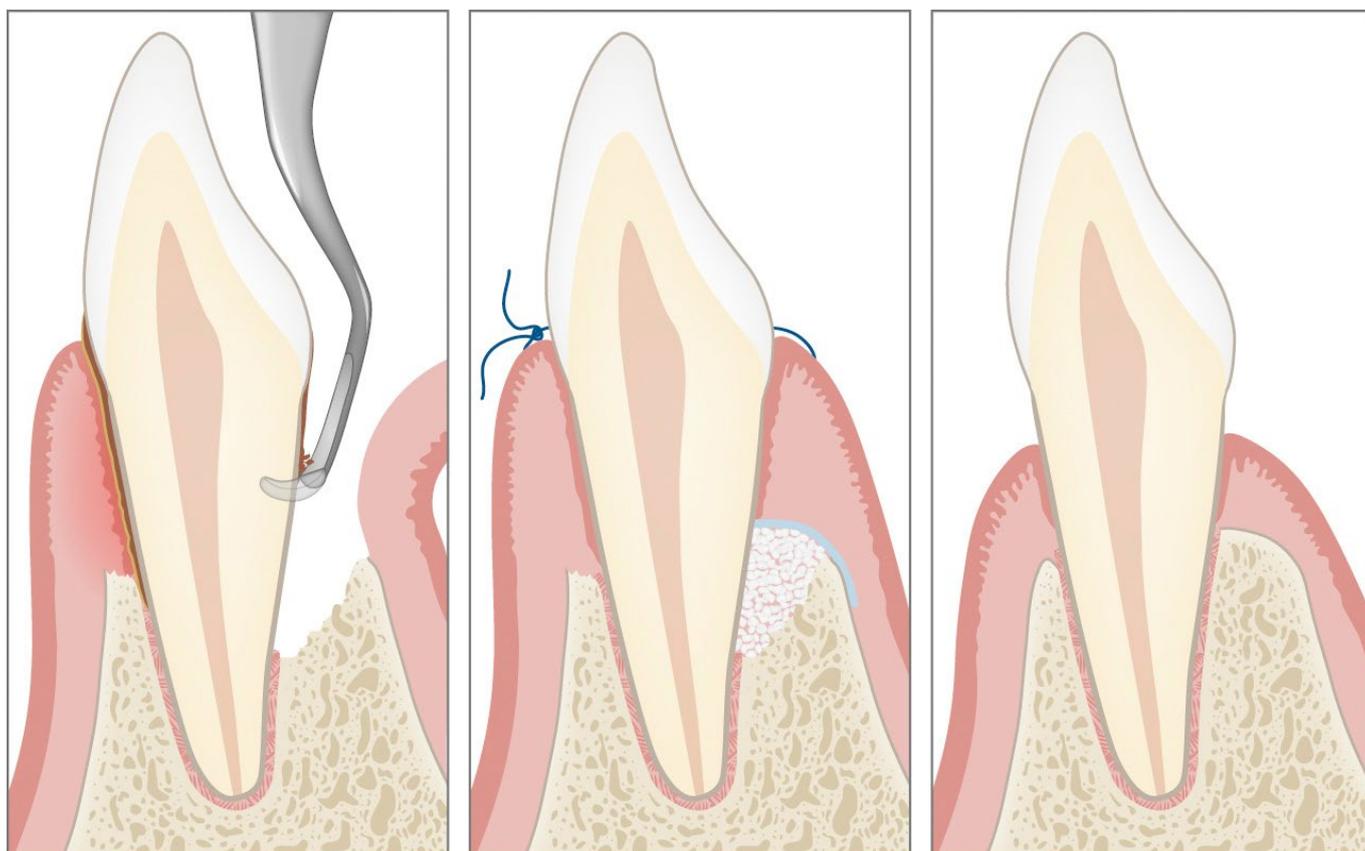
One to two months after the professional teeth cleaning, the outcome is checked. In this re-evaluation, the dentist also checks whether patients are able to clean their teeth well with oral hygiene at home.

If good oral hygiene at home is practiced, a clear decrease in gingivitis and shrinkage of the gums can be expected. Even if the surfaces of the roots are exposed, in an ideal case, fewer remaining gum pockets with probing depths of more than 3 mm will be measured. In these cases, the gum treatment can be concluded and the restored situation maintained with regular appointments with the dental hygienist.

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5.4 Surgical treatment

In situations with very advanced periodontitis, the deeper gum pockets that remain can generally be successfully reduced only with surgical treatment.



If residual gum pockets more than 5 mm deep are still found after the first professional teeth cleaning, the tartar deposits that often remain can be better removed with surgical treatment. In addition, gum contours can be corrected and in certain cases, an attempt can even be made to build up lost tissue using what is called bio-material (guided tissue regeneration).

More complex gum treatments often take more than a year. Affected patients need to understand the course of this treatment and what can be achieved. Good patient compliance with good oral hygiene at home, quitting smoking, or a modification of diet are imperative.

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5.5 Professional long-term care (aftercare, recall)

After gum treatment, long-term professional care by the dental hygienist is planned. The frequency of these appointments depends on what are termed residual gum pockets.



After gum treatment, long-term success for many years can be ensured only if patients practice optimal oral hygiene at home every day, thus preventing their gums from becoming inflamed again by new bacterial coatings.

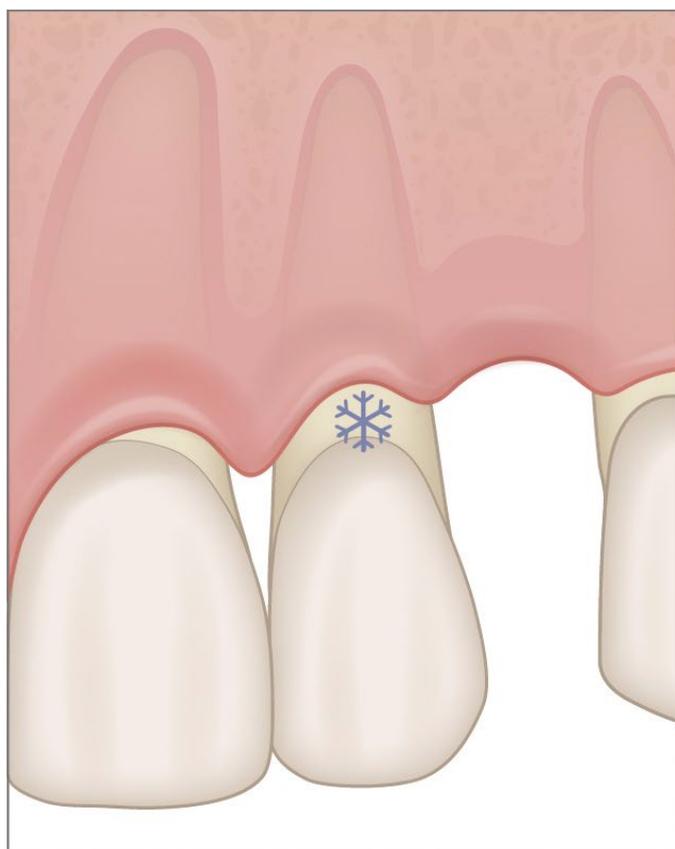
For the optimal long-term success, it is also important to continue to have ongoing professional care by the dental hygienist so that any recurring problems can be detected and remedied in time.

The intervals for these appointments with the dental hygienist are usually three, four, or six months. The frequency depends on the quality of oral hygiene, the extent of gum inflammation, and the presence of what are termed residual gum pockets.

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5.6 Possible side effects of periodontal treatment

Known side effects of gum treatment are the development of open spaces between the teeth and the perceptible sensitivity of exposed root surfaces.



During the professional teeth cleaning, patients experience pain in very different ways. In general, an inflamed gum is more sensitive than a healthy gum. It is important to know that the entire gum treatment can be carried out under local anesthesia.

Another side effect of gum treatment is the shrinkage of the gum lines after the professional teeth cleaning. This shrinkage generally leads to the formation of open spaces between the teeth and greater sensitivity of the dental root surfaces to cold temperatures or acidic foods. This greater sensitivity usually goes away again after a few months.

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5.7 Who can carry out periodontal treatment?

The first professional teeth cleaning can be done by the dentist and dental hygienist. In case of more severe periodontitis, it is recommended to refer the patient to a specialist in periodontology.



Swiss dentists will have had theoretical and practical training and testing in the detection and treatment of periodontitis during their study of dentistry. With this training, they can treat cases that are not too severe on their own. In advanced training courses and other events offered by universities, the Swiss Society of Periodontology (SSP), and other institutions, this basic knowledge can be deepened.

The treatment of difficult cases – especially quickly progressing periodontal diseases in adolescents and adults – requires special knowledge and an infrastructure that ensures complete long-term periodontal care. The family dentist can refer such patients to a periodontist.

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The family dentist

The family dentist is generally the first stop for a gum examination. In addition to regular checks for caries, the family dentist must also conduct the necessary checks of the gums on a regular basis.

When the first signs of periodontitis are detected, the necessary steps for treatment must be initiated. The family dentist may then decide to conduct further examinations, the required treatment, and regular follow-up him or herself or refer the patient to a selected specialist.

Generally, the further examination and required initial treatment steps are carried out by the dental hygienist. Depending on the outcome of the initial treatment, the family dentist may also refer the patient to a periodontist (specialist in periodontology).

References or external links

- Swiss Dental Association SSO <https://www.sso.ch>

Section 5 – Treatment of periodontitis



Periodontist

Periodontists or specialists in periodontology are dentists who are specialized in the prevention, diagnosis, and treatment of all periodontal diseases. They are also trained in planning, inserting, and maintaining dental implants. They treat mainly periodontitis patients in their practice and can be consulted by family dentists or general dentists.

The five-year study of dentistry is followed by at least three years of additional training at the university. To retain the status of specialist in periodontology, they must also prove regular continued education. Patients are normally referred to the periodontist by the family dentist.

The current list of specialists in periodontology can be accessed on the internet at www.parodontologie.ch.

References or external links

- Swiss Society of Periodontology <https://www.parodontologie.ch>

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Dental hygienist

The dental hygienist is the dentist's most important assistant for the prevention and treatment of periodontitis. In a three-year training program regulated and certified by the Swiss Red Cross at a university of applied sciences, they learn the most important techniques for caring for periodontitis patients.

These techniques include the periodontal examination, taking X-rays, detailed information and ways to motivate the patient, checking oral hygiene and instructions in specific oral hygiene techniques, and the cleaning and smoothing of the surfaces of the teeth. The care of patients after periodontal treatment is mainly the responsibility of the dental hygienist.

References or external links

- Swiss Dental Hygienists: Dental hygiene
<https://www.dentalhygienists.swiss>

Section 5 – Treatment of periodontitis



Prophylaxis assistant

Prophylaxis assistants (PA) do not treat patients with periodontitis. They care for patients who have been found healthy or were diagnosed with gingivitis by the dentist.

The PA detects the signs of various oral hygiene problems and their consequences in patients. They assess the gums for signs of gingivitis and initiate the necessary steps for the treatment and prevention of gingivitis. The PA prepares an individual program for optimal oral hygiene at home for patients. They teach and motivate patients to use the necessary aids.

The PA provides professional care for patients who are not affected by periodontitis and do not have gingival pockets. In addition to regular checks of oral hygiene, the PA removes supragingival bacterial coatings (plaque and tartar) using manual and mechanical instruments.

In addition, the PA informs patients how damage to teeth and gums occurs and how it can be prevented.

References or external links

- Swiss Association of Prophylaxis Assistants SVPA
<http://www.prophylaxe-assistentin.ch/>



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