

I Have Periodontal Disease: What Happens Next?

If you've recently been diagnosed with periodontal disease, you probably have some questions about your treatment. Be assured that periodontists believe that periodontal therapy should be achieved in the least invasive and most cost-effective way possible; this includes non-surgical therapy.

Remember that the first step toward good oral health begins with proper oral hygiene. This includes brushing your teeth at least twice each day and flossing at least once each day. Good oral hygiene along with regular visits to a dental professional, such as a periodontist, can go a long way toward preventing certain forms of periodontal disease and reversing gingivitis, an early stage of periodontal disease.

If you have more significant disease, you may require an in-depth cleaning called scaling and root planing (SRP). SRP is a careful cleaning of the tooth root surfaces to remove plaque from pockets and to remove bacteria and toxins from the tooth root. Research has consistently shown that SRP reduces inflammation of the gums and reduces the amount of bacteria associated with periodontal disease. Due to these positive findings, SRP is usually the first mode of treatment recommended for most patients. In fact, many people do not require any further active treatment after SRP.

In some cases, systemic antibiotics (antibiotics that are taken by mouth) are prescribed at the time of SRP to help control bacteria levels. However, each time you take an

antibiotic you increase your chance of developing drug resistant bacteria. Therefore, it is very important to take antibiotics only when necessary. Instead of a systemic antibiotic, your periodontist may prescribe a local delivery antimicrobial, medication that is delivered directly into periodontal pockets to control or kill periodontal bacteria. In general, local delivery antimicrobials do not lead to antibiotic resistance.

When tooth surfaces are not in harmony between the upper and lower teeth, an occlusal adjustment may be necessary. This is because teeth that do not properly fit together can affect the rate of progression of periodontal disease. During this procedure, your periodontist may take a mold of your teeth to determine the areas of concern, which will be adjusted. You may also need to wear an occlusal guard or night guard to be worn at certain times of the day to minimize the effects of teeth grinding.

Following adequate time to respond to your treatment, you will be asked to return to your periodontist to determine if further treatment is necessary. If you need further treatment, your periodontist, in collaboration with your general dentist will develop a treatment plan to help restore your smile to a state of health. If you don't need further treatment, you'll enter into a maintenance phase. These appointments are usually more thorough than traditional six-month cleanings and may occur more often, which will help protect the health of your teeth and gums.



Regeneration

Your bone and gum tissue should fit snugly around your teeth like a turtleneck around your neck. When you have periodontal disease, this supporting tissue and bone can be destroyed, leading to pockets. Eventually, too much bone can be lost, leading to teeth falling out or needing to be extracted. To fix this, your periodontist may recommend a regenerative procedure that will reverse some of the damage by regenerating lost bone and tissue with the help of bone grafts. Tissue grafts, procedures that place gum tissue in places where it has receded (such as exposed tooth roots), may also be utilized in regeneration procedures.

The American Academy of Periodontology Patient Page is a public service of the AAP and should not be used as a substitute for the care and advice of your personal periodontist. There may be variations in treatment that your periodontist will recommend based on individual facts and circumstances. Visit perio.org to assess your risk and for more information on periodontal disease.