

Periodontal Information Leaflet & Consent Form

You have been diagnosed with a destructive form of gum disease called "Periodontitis". Periodontitis causes irreversible destruction of the bone and tissues that hold the teeth in the jaw. The disease is usually slowly progressing, but it can go through periods of rapid destruction and in rare cases it can be very aggressive.

Now you have this condition you will need to make changes to your lifestyle and daily routines if you wish to keep your teeth. You will also require continuing close care and support to prevent it from getting worse and to detect any relapse. This will mean regular dental examination appointments, most likely every 3 months in the initial phase until the disease is stabilised.

The end result of periodontitis can be tooth mobility and eventual tooth loss. In most cases periodontitis is a painless, silent disease causing problems in the late stages, usually due to pain associated with tooth mobility and recurrent gum abscesses. Periodontitis is treatable and we can stabilise the disease, but this can only be done if we have your daily cooperation.

Some of the signs of periodontitis are:

- Bleeding gums
- Healthy Gums DO NOT Bleed
- Swollen and tender gums
- Bad breath
- Recession of the gums
- Tooth loss
- Sensitivity of the teeth
- Lengthening of the teeth
- Loose teeth
- Gum abscesses

Periodontitis can be halted and kept stable to prevent further destruction of the bone and tissues supporting the teeth. There are many risk factors for periodontitis, but the main risk factor is dental plaque. In order for periodontal treatment to be successful, it must be supported by very high standards of daily oral hygiene and home self-care.

This will inevitably mean that cleaning your teeth will now take considerably longer than before. This can even be up to 20 minutes twice daily, in order to achieve the high standards of oral hygiene needed to halt the progression of periodontitis.

If the periodontal treatment provided by your dentist is not supported with adequate levels of

oral hygiene at home, it will not be successful and the result will be continuing destruction of the bone supporting your teeth leading to increasing tooth mobility and eventual tooth loss.

The disease works in a very similar way to type 2 diabetes, and so just as a diabetes patient has to keep tight control of their diet and monitor their blood sugar levels, similarly you will have to keep tight control of your brushing and reduce the levels of plaque in your mouth.

Apart from plaque, the other main risk factors for periodontitis are smoking (including other tobacco and oral nicotine use), poorly or uncontrolled diabetes, genetic factors and a diet high in refined sugars and low in antioxidants (fruit and vegetables).

If you are a smoker it negatively impacts upon how you heal and so periodontal treatment is less effective, and there is an increased risk of tooth loss.

Therefore, it is important that you stop smoking and using other oral tobacco and nicotine replacements in order for treatment to work well. If you would like some support to stop smoking, please speak with your dental team.

Likewise, uncontrolled diabetes with high blood sugar levels causes increased destruction of the bone and tissues supporting the teeth and patients do not heal well after treatment. It is vital that diabetes is controlled with the help of your general medical practitioner.

Periodontal treatment

Periodontal treatment involves cleaning the teeth and root surfaces from calculus, plaque, toxins and diseased tissues. This is called "deep scaling" and "root surface debridement" and is best done under local anaesthetic to avoid discomfort and allow thorough cleaning to be done. The aim of the treatment is to thoroughly and systematically clean all affected root surfaces from the harmful material and toxins that can cause further destruction of bone and supporting dental tissues.

As a result of periodontal treatment and therapy, you may notice the following:

- Increased sensitivity of the exposed root surfaces to hot, cold or sweet food and drinks
- Increased susceptibility to root surface decay
- Temporary increases in tooth mobility
- Recession of the gums and exposure of the root surfaces
- Elongation of the teeth
- A black triangle appearance and shadowing between the teeth where the dental papilla has been lost. This is irreversible, but if treatment is successful it can be masked.

These side effects arise as the gums begin to heal and the deep pockets below the gum reduce. The aim of treatment is to reduce these deep pockets where all the bacteria and toxins live, which are inaccessible to daily home cleaning and therefore require deep scaling by the dental team.

The success of periodontal treatment is multifactorial, but your role is central and crucial in maintaining low plaque levels in the mouth, as well as managing the other risk factors. It is for this reason that periodontal treatment does not guarantee stabilising the condition. In most cases, when the main risk factors, such as smoking and uncontrolled diabetes are eliminated, and immaculate oral hygiene is maintained, periodontal disease will stabilise. This will work for the majority of people.

However, despite this, periodontal disease can sometimes be challenging to treat and in certain circumstances you may need a referral to a specialist in gum disease (Periodontist). The option of being referred to a gum specialist can also be done from the onset, and if you would like to be referred immediately, please discuss this with your dentist.

You have been diagnosed with periodontitis which is :

Localised and affecting less than 30% of your teeth

Generalised and affecting over 30% of your teeth

A molar/incisor pattern affecting your molar and incisor teeth

Your periodontitis is:

Mild/early (Stage 1)

Moderate (Stage 2)

Severe (Stage 3)

Very severe (Stage 4)

And is progressing at a:

Slow rate (Grade A)

Moderate rate (Grade B)

Rapid (aggressive) rate (Grade C)

Your periodontitis is currently :

Stable (Healthy)

In Remission (high risk of further bone loss)

Unstable (active disease present)

Your risk factors for periodontitis are :

Smoking

Diabetes, optimal control lower risk

Diabetes - sub-optimal control increased risk

Other risk factors identified

No risk factors identified

Additional Information

Declaration

I certify that I have read and understood this document relating to the treatment of my gum disease. I have had the opportunity to ask any questions. I can confirm that I consent to the treatment of my gum disease as planned by the dental team and will commit to self-care as outlined to me.

Signed _____ Name _____ Date _____

I certify that I have read and understood this document relating to the treatment of my gum disease. I have had the opportunity to ask any questions. I can confirm that I DO NOT consent to the treatment of my gum disease as planned by the dental team. I have understood all the consequences of refusing treatment and understand that it will lead to earlier tooth mobility and tooth loss.

Signed _____ Name _____ Date _____

Dental team

Signed _____ Name _____ Date _____