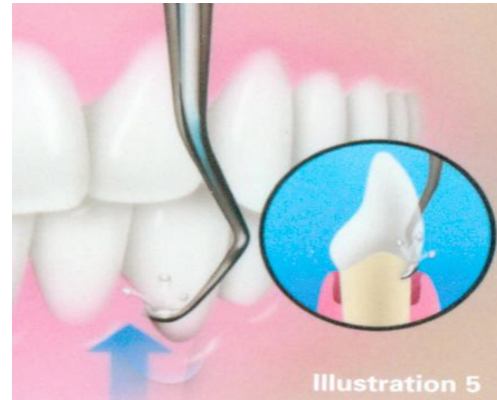


How is periodontal disease treated?

Deep cleaning (scaling and root planning) is careful cleaning of the root surfaces to remove plaque and calculus from deep pockets and to smooth the tooth root to remove bacterial toxins. This cleaning is more in-depth than a routine cleaning, with which you may be familiar, and may require more than one appointment. For comfort, your periodontist may wish to numb the area prior to treatment.



Research has consistently demonstrated that scaling and root planning reduces gingival inflammation and pocket depths. Reducing pocket depth and eliminating existing bacteria are important to prevent damage caused by the progression of periodontal disease. Thus scaling and root planning is usually the first mode of treatment recommended for most patients. Most periodontists agree that after scaling and root planning and oral hygiene instruction, many patients do not require any further active treatment, including surgical therapy.

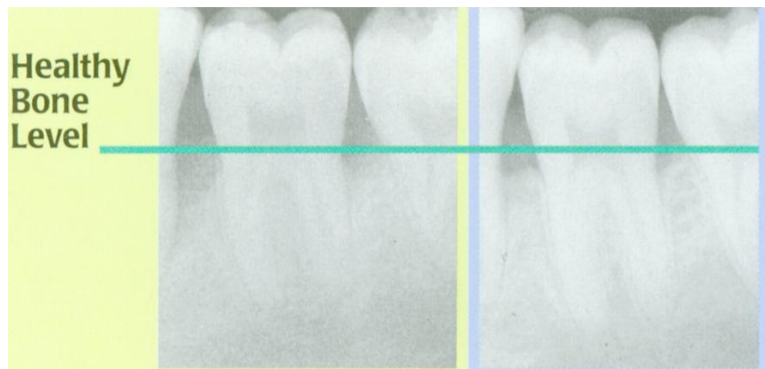
Medications may be used with treatment that includes scaling and root planning, but they cannot always take the place of surgery. These medications are used to fight the infections caused by bacteria. Depending on the severity of gum disease, the dentist or periodontist may still suggest surgical treatment.

What surgical treatments are commonly used to treat periodontal disease?

-**Flap surgery** may be necessary if inflammation and deep pockets remain following treatment with deep cleaning and medications. A periodontist may perform flap surgery to remove tartar deposits in deep pockets or to reduce the

periodontal pocket and make it easier for the patient, dentist, and hygienist to keep the area clean. This common surgery involves lifting back the gums and removing the tartar. The gums are then sutured back in place so that the tissue fits snugly around the tooth again.

-**Bone and Tissue Grafts** may be suggested by your periodontist. Grafting is a way to replace or encourage new growth of bone or gum tissue destroyed by periodontitis. A technique that can be used with bone grafting is called guided regeneration, in which a small piece of mesh-like fabric is inserted between the bone and gum tissue. This keeps the gum tissue from growing into the area where the bone should be, allowing the bone and connective tissue to re-grow.



-**Socket Preservation** is another common periodontal therapy to save existing teeth and replace missing teeth. During the course of treatment, however, your periodontist may identify hopeless teeth and other teeth requiring removal. Removing teeth (extracting) may be necessary because of pain, infection, or bone loss caused by periodontal disease, or/or to facilitate restorative treatment.

The bone that holds the tooth in place (the socket) is often damaged by disease and/or infection resulting in jaw deformity when the tooth is extracted. These jaw

deformities can create major problems in performing restorative dentistry, whether your treatment plan involves dental implants, fixed bridges, removable dentures, or reshaping your gumline for a more pleasing smile. Jaw deformities from tooth removal can be prevented and repaired by a procedure called socket preservation. Socket preservation can greatly improve your smile's appearance and increase your chances for successful dental implants and other restorations for years to come.

Several techniques can be used to preserve the bone and minimized bone loss adjacent to the socket. In one common technique, the tooth is removed from the socket and any associated deformities are then filled with bone or bone substitute, and may be covered with a bio-compatible barrier and/or treated with tissue-stimulating proteins to encourage your body's natural ability to repair itself by regenerating lost bone and tissue.

Finally the gum is closed and healing is allowed to take place. Depending on your individual needs, the bone usually will be allowed to develop for about four- to twelve months before your implant placement or restorative treatment can be completed. However, in some cases, temporary or provisional restorative care can be provided at the same time the tooth is extracted and the socket is preserved to maximize esthetics, comfort and function.

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