

Gum disease (periodontal) treatment

ELMSLEIGH HOUSE

— DENTAL CLINIC —



Gum disease (periodontal) treatment at Elmsleigh House

Gum (or periodontal) disease covers a spectrum of various conditions of the gum. Periodontitis is a serious bacterial infection that destroys the attachment fibres and supporting bone that hold your teeth in your mouth. Left untreated, this disease can lead to tooth loss. Other forms of periodontal disease include gum recession, gum overgrowth, ulcerating gums and other gum disorders.

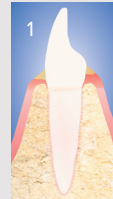
Signs of periodontal disease

Periodontal disease is usually pain free. You may not know you have it until it is discovered by your dentist or dental hygienist. Thus regular check-ups are essential to detect and treat periodontal disease.

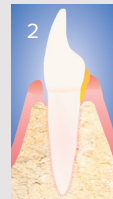
However, common signs to look out for include:

- Bleeding gums; red, puffy gums; gum itching or discomfort
- Spaces appearing between your teeth, or loose teeth
- Receding gums, unless your dentist says this is normal for you
- Persistent bad breath
- Sensitivity to cold food and drink.

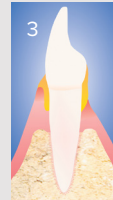
Progression of periodontitis



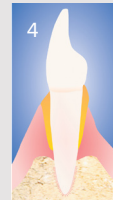
Periodontitis can be localised to a few teeth or generalised across most teeth. It begins when the bacteria in plaque cause gums to become inflamed [Fig 1].



Plaque is the sticky, colourless film that constantly forms on your teeth. Initially, the gums redden, swell and bleed easily. This is called gingivitis, caused by plaque, and there is usually little or no discomfort at this stage. Smoking can disguise these early symptoms.



Gingivitis is prevented by maintaining good teeth cleaning routines at home – supported by your hygienist. It must be treated, otherwise the bacteria in plaque produce toxins that irritate and inflame the gums, destroying the fibres and bone that support the teeth.



The gums then separate from the teeth, creating spaces between them (called pockets) that become further infected [Fig 2]. As the disease progresses, the pockets deepen and more gum and bone are destroyed [Fig 3]. At an advanced stage of disease, teeth become loose and ultimately may be lost [Fig 4].

Gum recession

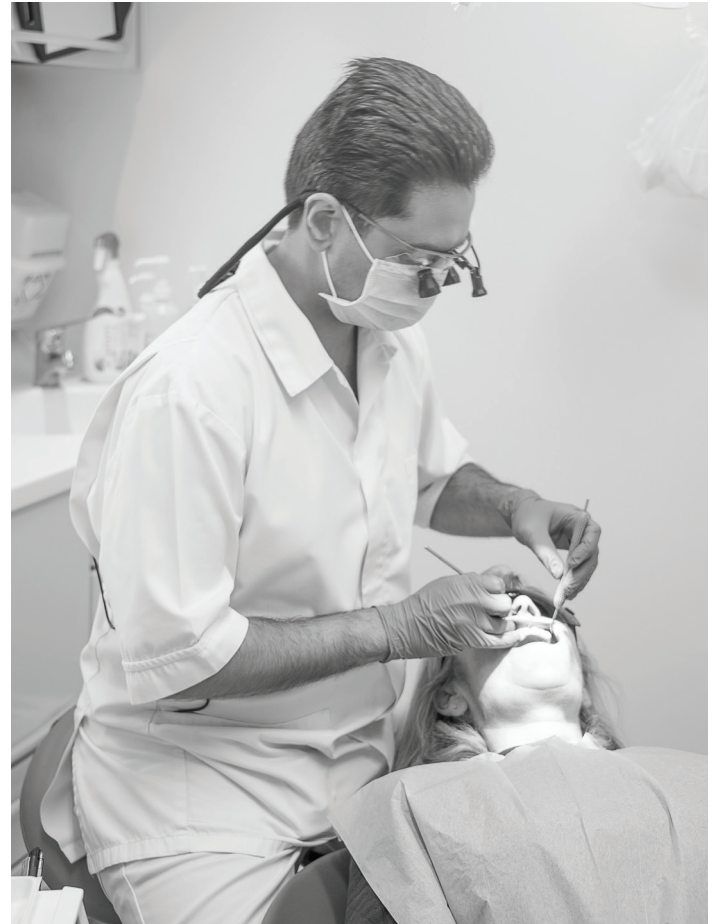
Receding gums can certainly cause worry and can be unsightly when you smile. Some people even suffer from significant sensitivity as a result of their recession.

There can be various causes of recession including aggressive toothbrushing, orthodontics (having braces to move your teeth), or even as a result of inflammation in people with very thin gums. Females commonly suffer from very thin gums, and there can be a risk of progression of the recession if not treated.

Certain types of gum recession can be predictably treated using delicate plastic surgery techniques aiming to recover the lost gum as well as thicken the gum to prevent future recession. After gum graft treatment the area can appear discoloured or inflamed, but this will settle during the natural healing process.



Localised recession case before [Fig 5a] and after [Fig 5b] gum graft treatment.



Resistance or susceptibility

Some people are very resistant to periodontal disease, some are genetically more predisposed to it and 10–15% of the population is highly susceptible.

Some medical conditions such as uncontrolled diabetes can exacerbate the disease. Smoking has been proven to make the problem worse and usually reduces the effect of treatment. Stress has been shown greatly to reduce resistance to the disease, and resistance can vary at different times in people's lives. For example, a person's resistance may be normal for years, then for no apparent reason it temporarily diminishes. Periodontal disease then appears, or the disease that was under control flares up.

Regardless of your susceptibility or resistance, you, your dentist and your hygienist can work together to slow the disease and keep it in check. For most people, loss of teeth as a result of periodontal disease is not inevitable with appropriate treatment.

Periodontal care

If you have a periodontal problem that does not respond to routine care, your dentist will refer you to one of our periodontists – experts in the care of gums and supporting bone. With years of extra training and experience, our periodontists work closely with our hygienists in a collaborative approach to periodontal care.



Your initial consultation

At your first visit, we will review your complete medical and dental history; it is extremely important for us to know if you are taking any medication or being treated for any condition that could affect your periodontal care.

We will give you a complete oral and periodontal examination to check for any periodontal disease, assess how your teeth fit together when you bite and if any are loose. We will also use special measuring instruments to determine the presence and depth of any periodontal pockets, which will help us to assess the extent and severity of the problem [Fig 6a,b]. X-ray pictures may be taken to reveal any bone loss around your teeth.



Special probes are used to determine the extent of periodontal disease.

[Fig 6a] The probe disappears into the deep pocket, indicating a severe periodontal problem. [Fig 6b] Healthy gums.

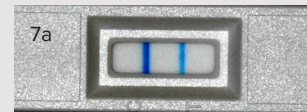
A saliva test for periodontitis

Your periodontist may recommend you take a diagnostic test for periodontitis – the MMP8 test. MMP8 (activated matrix metalloproteinase-8) is an enzyme that is produced in the gums whenever active tissue damage and inflammation is taking place, such as in periodontitis.

Our simple and effective test has been developed in Germany to detect MMP8 in a person's saliva, indicating the activity of previously undetected periodontitis.

First you rinse your mouth with purified water for 40 seconds and spit this into a cup. Then a sample of saliva is taken from the cup and pressed through a filter into the MMP8 test kit. The results appear after 5–10 minutes: [Fig 7a] two stripes is a positive result that the MMP8 enzyme is present in the saliva, indicating active periodontitis requiring treatment; [Fig 7b] one stripe is a negative result.

Elmsleigh House is one of the few dental clinics in the UK offering the MMP8 test, which can be valuable in detecting periodontitis and enabling timely treatment.



Periodontal treatment and long-term maintenance

First, we will show you methods and oral hygiene aids to enable you to effectively remove plaque daily when you clean your teeth. Then, we use specialist techniques to eliminate the infection around the teeth and under the gums.

In advanced cases, surgical treatment may be necessary to gain access to the deeper infection, and special advanced regeneration techniques could be considered to grow back lost bone where appropriate.

Some patients need delicate plastic surgery techniques if they have gum recession or overgrowth concerns.

The aim of periodontal treatment is to promote repair and healing of the gums and bone, and help minimise the progression and recurrence of the disease.

Following the completion of all active periodontal treatment, our patients enter the maintenance phase of therapy.

Maintenance therapy

Maintenance therapy is a vital ongoing programme designed to stabilise periodontal disease and prevent it from recurring. It is provided by your periodontist and specially trained hygienist working as a team, allowing them to monitor the condition of your gums regularly to make sure the problem does not recur.

Depending on the severity of the disease, you should see us for maintenance therapy every 3–4 months; we will recommend a schedule that is individually tailored to your specific needs in order to review your gum health.

In these sessions, we will examine your gums to monitor any remaining pockets and remove any new deposits of plaque and scale from your teeth. We may also offer the MMP8 test to monitor gum problems. Further preventive advice and treatment will be given.

Many scientific studies have demonstrated that patients who are well maintained will keep their teeth for much longer than those who irregularly or never attend maintenance therapy.

Our periodontal team at Elmsleigh House

Our periodontal team are highly qualified and experienced to monitor and treat all forms of gum disease. The team can help

you maintain your health, restore confidence in your smile and help you keep your teeth for life.

Our clinicians



Manoj Tank
Specialist in
periodontics

Manoj Tank qualified as a dental surgeon and completed further intensive training to become a Specialist in periodontics (gum disease), focussing on all aspects of periodontal and peri-implant treatments. He has expertise in high-quality non-surgical treatment, minimally invasive regenerative therapies and recession corrective plastic surgery, and works with patients to achieve excellent results. Manoj also accepts referrals from other dentists. BDS, MJDF RCS, MClintDent (Perio), MPerio RCS
GDC No: 150480



Hans-Dieter John
Periodontal &
implant surgeon

Hans-Dieter John graduated in 1984 and completed a postgraduate degree in periodontics and implant dentistry in 1993. He is a Diplomate of the American Board of Periodontology, holds assistant professorships at the Universities of Würzburg and Münster, and has a private practice in Germany, working in periodontics and implants. Hans-Dieter is our periodontal and implant surgeon, and accepts referrals from other dentists. Zahnarzt, Albert Ludwigs University of Freiburg, MSD
GDC No: 80155

Our hygienists



Ellen
Dental therapist

Ellen Knaap qualified as a dental nurse before going to the Royal London Hospital School of Dentistry, where she obtained a diploma in dental hygiene and a diploma with distinction in dental therapy, before joining Elmsleigh. CBD DipDental Hygiene, LHMC
Dip Dental Therapy, GDC No: 4838



Adrienne
Dental hygienist

Adrienne Willoughby worked as a dental nurse before training to become a hygienist with the Royal Army Dental Corps. After working in an American hospital in Hong Kong, she joined Elmsleigh House as the first hygienist in our team. CEB Cert Dental Hygiene
GDC No: 2421



Gillian
Dental hygienist

Gillian Singh qualified as a dental nurse at the Royal Victoria Hospital, Belfast, and then as a hygienist at the Belfast School of Dental Hygiene. After working in London, she joined the dental hygiene team at Elmsleigh House. CEB Dip Dental Hygiene
GDC No: 5162

We look forward to
seeing you

ELMSLEIGH HOUSE

— DENTAL CLINIC —

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Farnham is easily accessible from the M25, M4, M3, A3 and A31, and Elmsleigh House Dental Clinic is located directly opposite Farnham train station. Free parking spaces can be found at the rear of the practice in The Fairfield, providing level access to the clinic, and there are public car parks at the station and in the town centre within walking distance.

