

Gum Disease Process, Therapeutic Alternatives, Potential Complications, Expected Results, And Patients Responsibility In Treatment.

Plaque-Induced Gingivitis (Gum Disease)

Plaque-induced gingivitis (Disease of Gums only) is the most common form of the periodontal diseases affecting between 70-80% of the population in susceptible individuals.

Clinical Features of Gum Disease

Gum Disease may be characterized by the presence of any of the following clinical signs: redness and edema of the gingival tissue, bleeding upon probing, changes in contour and consistency, presence of calculus and/or plaque, increase gum pockets and radiographic bone loss.

Therapeutic Goals

The therapeutic goal is to establish gingival health through the elimination of the etiologic factors; e.g., plaque, calculus, and other plaque-retentive factors.

Outcomes Assessment

Satisfactory response to therapy should result in significant reduction of clinical signs of gingival inflammation, stability of gum attachment levels, and reduction of clinically-detectible plaque to a level compatible with gingival health.

Patients must be responsible and follow recommended treatment plan after surgery to help prevent the recurrence and/or spread of future disease.

You will be required to use an prescription **rinse Antimicrobial** (Rx Periogard mouth rinse) and may be required to use anti-plaque agents for either a short or long period of time. Short term you should also use a fluoride and Sensodyne tooth paste to help decrease post treatment tooth sensitivity.

After gum surgery and for at least one year, it is crucial that patients **return every 3 months for a cleaning** and observation.

In order to augment the oral hygiene efforts at home, we recommend that patients routinely use Non-electric tooth brushes plus electric tooth brushes, water flosser plus & string floss. Additional **recommendations for home care** following the completion of surgical therapy, the patient's condition should be evaluated to determine the course of future treatment. During these visits your home care recommendations will be customized based on your healing over the next year.

Plaque causes gum disease and, bad **dental restorations or teeth problems that allow for plaque-retention will cause gum disease and poor healing**. For example, factors such as over-contoured crowns, open and/or overhanging margins (a filling or crown contour that does not follow the natural tooth contour and has a ledge or gap), narrow embrasure spaces (V-shaped valleys between teeth i.e. teeth are too close to each other), open contacts between teeth which allow for food impaction between teeth), ill-fitting dental bridges or poorly fitting removable partial dentures, tooth cavities (hole in teeth that create a home for bacteria and plaque), and tooth misalignment (crowding, overlapping etc.: i.e. tooth position which creates non-balanced forces and/or creates a space which is difficult to keep clean). In addition to gum surgery and as part of comprehensive preventative treatment, we recommend replacing failing, leaking, mal-aligned, poorly contoured dental restorations (i.e. Crowns and fillings etc.).

Contributing systemic risk factors (inherently unique to each patient) that may affect treatment and therapeutic outcomes for plaque-induced gingivitis and post treatment success may include: diabetes, smoking, and certain periodontal bacteria, aging, gender, genetic predisposition, systemic diseases and conditions (immunosuppression), stress, nutrition, pregnancy, substance abuse, HIV infection, and medications.

I understand that grinding, **daytime clenching and parafunctional forces** (forces in addition to normal functional forces) will accelerate gum recession and bone loss with or with out gum surgery.

I understand that if a **night time grinding** will accelerate gum recession and bone loss with or with out gum surgery. If a night time grinding appliance and or night splint was recommended, and if "I do not like it," or "decide for any reason not to wear it" that I am at an increased risk of accelerate gum and bone recession, need for additional gum surgeries and/or premature loss of teeth.

No treatment may result in spread of disease to otherwise healthy teeth gums and bone, and continuation of clinical signs of disease: bleeding, gum swelling, puffy swollen gums, gum infections, purulent gum tissue (draining pus-filled gums), bad breath, bad taste, food impactions, tooth mobility (loose teeth), tooth migration (movement out of position), tooth sensitivity, bite collapse, adverse jaw joint changes, gum and bone defects, gum and bone recession, esthetic changes, pain, tooth loss, and may cause systemic infection.

I have been informed that periodontal surgery is intended to extend the life expectancy of teeth. It has been explained to me that the **success of gum surgery is dependent on my ability** to maintain diligent and consistent home care, obtain frequent cleanings and proper oral rehabilitation. Failure to follow recommended instructions will increase my chances for additional gum surgeries and/or tooth loss. I have had an opportunity to ask questions and am fully satisfied with the answers I have received.

Patient's (Or Legal Guardian's) Signature

Date