Periodontal Treatment, Your Choices

Periodontal disease is an ongoing, slowly progressing, difficult-to-stop disease. Unless it is treated, it will continue to destroy your dentition. Research shows that periodontal disease is related to causing heart disease, stroke, and diabetes. The following information describes the various treatments for periodontal disease. They are listed from least to most aggressive:

1. **No Treatment.** If you elect to do nothing to treat your periodontal disease, it will continue to progress slowly until you lose the involved teeth. Tooth loss can require a few months to years. Routine dental hygiene appointments can increase the possibility of increased tooth longevity, but more comprehensive treatment is usually indicated.

2. **Increased frequency of oral hygiene appointments.** Although normally tooth cleanings or scalings are performed once every 6 months, patients with minimal periodontal disease can often control its progress by increasing the frequency of scalings and exams to once every two or three months.

3. **Deep scaling, root planing, and soft tissue curettage** (removal of inflamed tissue) and increased frequency of oral hygiene appointments. Removal of tartar from the deepest areas of the periodontal pockets, planing of the tooth root surfaces and removal of the diseased soft tissue by curettage, usually decreases pocket depth and slows or stops periodontal disease. Routine oral hygiene scaling, polishing, and examination is increased to once every two to three months. Systemic and local antibiotics and rinses may be included in the therapy.

4. **Periodontal surgery.** In advanced cases it may be necessary to gently reflect the gums from the underlying bone tissue, clean out the infection, sometimes add artificial bone fill in deficient areas, and replace the gums to allow healing.

In addition to the above treatments, patients should improve their oral hygiene procedures and diet.

Smoking is an extremely negative factor related to periodontal disease, and it should be reduced or, preferably, stopped.

Patient’s Name ____________________________________________      Date __________________

Signature of patient ____________________________________________

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