

## Periodontal Maintenance

### Preserve the Progress You Have Made

**If you have gum disease and have had scaling and root planning and/or periodontal surgery, the regular cleanings that will be recommended to you after those treatments are called periodontal maintenance therapy.**

Initial treatment for periodontal disease usually involves scaling and root planning (also called a deep cleaning) and sometimes periodontal surgery. Once the disease is brought under control, it is critical that periodontal maintenance procedures be performed on a regular basis by your dentist or hygienist.

Performing daily oral hygiene at home is a “must” but it is not enough to keep periodontal disease in check. Periodontal maintenance is more complex than a normal cleaning or “prophy”. Patients who have periodontal disease or a history of periodontal disease need a deeper cleaning because they have pockets, spaces between the teeth and gums, deeper than those found in a person with healthy gums. The procedure removes plaque and calculus from above and below the gum line. It may also include site-specific scaling and root planning (if active periodontal disease is discovered) and polishing the teeth.

If appropriate in your situation, your dentist may prescribe and use medications to help keep your mouth healthy. Your dentist will discuss this with you and answer all your questions.

### Appointments

You will need more frequent visits than other patients since the gum pockets and other changes due to periodontal disease make it more difficult for you to clean plaque from your teeth, especially below the gum line. Your dentist may recommend treatment every two to three months, or even more often. As you progress, recommendations in appointment frequency may change.

Studies show that if you follow through with periodontal maintenance therapy you will do better than those who do not. If you do not continue with your maintenance, your periodontal disease will progress and you may need more aggressive periodontal treatment. You may or may not have pain as your periodontal disease gets worse but you will be more likely to lose some or all of your teeth. Discuss all this with your dentist, because every patient has distinctive needs.

## Keep Brushing and Flossing!

First and foremost, you must brush twice a day and floss once daily. While most people know the importance of brushing, they often don't understand the importance of flossing. Normal brushing generally cannot reach between your teeth. Unfortunately, that is where most periodontal problems occur. Because of this you must floss or use some other interdental cleaner to get to those hard-to-reach places.

Many periodontal patients have receded gums. That often creates enough space between adjacent teeth to allow the use of interdental cleaners other than floss. Special interdental brushes and wider types of floss and picks can be good choices in these circumstances.

## Make Smart Choices

Look for the American dental Association's Seal of Acceptance on brushes, toothpastes, mouth rinses, and other oral care products. The ADA Seal is your assurance that a product has met ADA guidelines for safety and effectiveness.

Both manual and powered toothbrushes can be effective. For most, the choice of a powered toothbrush is simply a matter of preference. However, arthritis sufferers or those with certain disabilities may find it difficult or even impossible to brush and floss effectively, making a powered toothbrush essential.

If you need extra help in controlling plaque and gingivitis, your dentist may recommend that you use an anti-microbial mouth rinse in addition to brushing and flossing.

## Sensitive Teeth

You may occasionally have sensitive tooth following periodontal procedures. This may happen when unwanted deposits are removed from root surfaces, sometimes making teeth sensitive to temperature changes, acids produced by oral bacteria, and even touch.

This sensitivity can make you reluctant to brush and floss the areas that were treated. It is very important to keep brushing gently and flossing to remove the plaque. If this plaque is not routinely removed, sensitivity will persist and root decay (cavities) may occur.

## Oral and Overall Health

Tooth loss is not the only potential problem posed by periodontal diseases. Research suggests that there may be a link between periodontal diseases and other diseases such as diabetes, heart disease, stroke, bacterial pneumonia, and increased risk for problems related to pregnancy. Researchers are trying to determine if bacteria and inflammation associated with periodontal disease play a role in affecting these systemic diseases and conditions. For the latest information on this possible link and more, visit [www.ada.org](http://www.ada.org).

Do not smoke or use tobacco in any form. Not only does smoking and chewing tobacco place you at higher risk for cancer and other life-threatening diseases, tobacco use can also make periodontal conditions more severe and make maintenance much more difficult. If you use tobacco, ask your dentist or physician for information about how to successfully stop the habit. Tobacco contains chemical that can slow the healing process and make the treatment results less predictable.

A team approach is critical. Your dentist has begun your therapy, but you must carry it forward. Your everyday responsibility at home is to take good care of your teeth and gums. You don't have to lose teeth to periodontal disease. Brush, clean between your teeth, eat a balanced diet, do not smoke and schedule regular dental visits for a lifetime of healthy smiles.

## Will My Treatment Be Covered by My insurance?

Dental plans vary. You need to be aware of the exclusions and limitations in your plan but you should not let those factors determine your treatment decisions. Receiving the appropriate treatment will save you money in the long run.