

PERIODONTAL ASSESSMENT

Dear _____

Thank you for attending your consultation for the assessment of your periodontal (gum) health.

An initial examination was carried out and the following diagnosis was made:

Clinical and radiographic examination noted:

What is Periodontitis?

Periodontitis is inflammation of the gums and supporting structures of the teeth, caused primarily by plaque and smoking. In periodontal disease, pockets are created as the inflamed gum detaches itself away from the root surface of affected teeth. As the disease progresses the inflammation can spread to cause bone loss around the teeth.

Initial treatment aims to remove plaque and calculus (tartar); the latter is mineralised plaque that has built up around your teeth. This allows improved access for you to clean the surfaces of your teeth to the high level needed to arrest the problem and avoid further tissue breakdown.

Your Oral Health

The prognosis of your teeth are as follows:

Several of your teeth have a reduced and guarded outlook compared to a healthy tooth and gum. However, treatment can still be effective and help to retain them for longer. Sometimes the upper molars lose some bone between the roots, creating unfavorable anatomy to clean and these teeth consequently have a more guarded prognosis.

The teeth with poor prognosis may require extraction in the near future. Retaining poor prognosis teeth could result in the formation of abscesses causing pain, infection, swelling, bleeding and can compromise the bony support levels around neighbouring teeth.

The Treatment

An initial treatment plan involving oral hygiene instructions, cleaning above the gums with the hygienist, and root planning (deep root cleaning) under local anaesthetic with the dentist is proposed over multiple visits. This initial treatment aims to slow down disease progression, resolve inflammation and remove calculus deposits. Following this deep cleaning your gums may be tender and often teeth can become sensitive. As the gums heal and the inflammation reduces, the gums may shrink and lie at a different level. This recession may make your teeth look longer and may cause the gaps between your teeth to appear bigger.

After 6-8 weeks of this initial therapy, a full periodontal assessment will again be completed. We are unlikely to completely resolve all the pockets, particularly around the poor or guarded prognosis teeth as they are associated with a difficult root and tooth anatomy, and severe bone loss. At this reassessment stage we may wish to consider further treatment such as gum surgery in an attempt to improve pocket depths further. This option will require discussion with your dentist to determine if you are a candidate for this surgery and how to optimise the results. Following initial therapy, regular maintenance is advised to maintain and monitor your oral health.

Active periodontal disease can recur. A strict maintenance programme will reduce this risk and generally involves three monthly appointments with a hygienist. Research indicates that for patients who have had experience of periodontal disease, the frequency of review visits should be three or four times a year. In addition, it indicates that patients who comply with suggested maintenance/review intervals experience fewer recurrent gum problems and less tooth loss than patients who do not comply. Therefore, you should regard initially successful treatment as control of your periodontal problem, rather than a cure. Consequently, it is important to note that maintaining this control is likely to involve a long-term commitment beyond the treatment plan laid out above.

I would like to kindly emphasise the importance of your role within this treatment plan. You play a key role in determining the success of initial treatment and preventing further outbreaks of disease. Nothing will help you maintain the results of professional treatment better than daily removal of plaque by proper brushing and cleaning between your teeth. I must stress the importance of meticulous oral hygiene; otherwise, at best, treatment will only be partially successful. Therefore, a commitment on your part to comply with the recommendations regarding tooth cleaning is essential if you are to derive the maximum benefit from the periodontal treatment outlined above. I cannot emphasise enough this aspect of treatment. Further, where significant amounts of tooth support have already been lost, those patients who achieve and maintain a high standard of oral hygiene have by far the best chance of avoiding tooth-loss. I have advised cleaning twice daily with your toothbrush and the use of TEPE brushes at least once a day. It is imperative to stop smoking since smoking also has a large impact on the success of treatment and progression of disease.

The order and approximate cost of treatment is:

- Initial assessment (£180)
- 4 x 30 minutes Non-surgical deep cleaning under local anaesthetic (£198 per session)
- Reassessment in 6-8 weeks (£160)

You may require additional deep cleaning sessions than those outlined above, depending on the extent of work required in each quadrant of your mouth. For an optimised outcome, the devised treatment plan is bespoke to you and your oral health requirements.

Please do not hesitate to contact me if you have any concerns and I look forward to seeing you again soon.

Yours sincerely,

Patient Full Name: _____

Signed by Patient: _____

Date: _____