



The Hub Dental Practice



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Consent Form for Non Surgical Periodontal Treatment (Initial Treatment of NSPT)

This consent form should be ready in conjunction with the Periodontal Disease Consent form.

How is periodontal disease treated?

All periodontal disease is initially treated through a course of intensive cleaning. This is also known as Initial Periodontal Treatment, or Non-surgical treatment. Treatment will be performed generally within a time frame of 3-5 months, and involves between 2-8 appointments.

The aim of the treatment is to remove as much of the plaque and calculus present on the root surfaces of the teeth as possible. Help is provided to prevent further plaque from growing around the teeth surfaces. Intensive cleaning is the first line of treatment for periodontal disease. Many scientific and clinical studies have shown this to be a very effective treatment modality for gum disease.

The initial periodontal treatment may be carried out either by the hygienist or by both the hygienist and the Periodontist. The hygienists at our specialist practice are professionally trained to carry out complex procedures, and help with oral hygiene techniques. They have additional training for Lasers and giving local anaesthetic injections as well.

What is involved in the treatment?

1. Help in improving day to day oral hygiene (Oral Hygiene Instructions)
2. Removal of the plaque and calculus from the teeth and root surfaces (from above and below the gum line)
3. Re-Assessment (& further treatment if required)
4. Maintenance

1 Oral Hygiene Instructions

A fundamental part of periodontal treatment is achieving a high standard of plaque control; because **plaque causes gum disease**.

Help with your oral hygiene is carried out during your first and second appointments, and then reinforced and monitored throughout your initial phase of therapy. **It's a good idea to bring your tooth brush to each visit.**

Many patients have never been shown how to brush and clean their teeth properly. This part of the treatment is essential in improving your gum condition.

The hygienist will examine your brushing technique, and help to improve it. In addition, she will also introduce additional cleaning aids to help you better your cleaning technique. She will show you areas in your mouth that need extra attention. Measurement of your cleaning will sometimes take place, involving the use of a disclosing solution.

The success of the periodontal treatment will depend very much on you maintaining a good standard of oral hygiene, which we will help you to achieve.

2 Sub-gingival Scaling (also known as Root Planning or Deep Cleaning)

This is the process whereby the plaque, toxins and calculus are removed from the root surfaces. This procedure is more intensive and focused than routine dental scaling, which traditionally occurs every 3 months in general dental practice.

Removal of plaque and tartar from the root surfaces is carried out with special instruments, using local analgesia (making the teeth and gums numb). Local analgesia is used so that plaque removal is very thorough, yet comfortable. Throughout the treatment, every effort will be made to make you as comfortable as possible.

The tooth surfaces will be thoroughly and meticulously cleaned over 2-4 appointments. Usually the mouth is treated in sections. Sometimes each quadrant is treated, and sometimes a whole side is treated at one appointment. Occasionally antibiotics are given to be taken orally during the treatment period, and your Periodontist will advise you of this.

This treatment will be done either by our specially trained hygienists or by the Periodontist, depending on the complexity of the disease.

3 Re-Assessment

Following the initial phase of periodontal treatment you will be seen for a review appointment. At this appointment various clinical measurements would be taken to assess your response to the treatment. The prognosis of your teeth will become much clearer.

Some patients may require further treatment, possibly repeat deep cleaning, or more advanced periodontal treatment, or extraction of teeth that are unsaveable.

4 Maintenance

Once treatment is complete all patients would be strongly advised to see the hygienist for routine monitoring and care for the first year on a 3 monthly basis. Susceptible patients and those with advanced disease may require more frequent monitoring.

Long-term studies have clearly demonstrated the benefits of professional periodontal maintenance. This is an essential part of the treatment. **Failure to continue good oral hygiene and/or ongoing hygienist may mean the treatment fails.**

Benefits of Initial Periodontal Treatment

The benefit of treatment is that it reduces inflammation, gum swelling, bleeding on brushing, tenderness, and redness of gums. It can prevent future bone support loss, which is a result of periodontal disease. Patients have reported their mouths feeling much fresher and cleaner, with an improvement in halitosis. Teeth will be kept for longer, and the general health of the mouth improves.

Studies have shown that in patients who have this treatment, followed by regular maintenance, keep more teeth, and have less tooth-decay in the future.

Side effects

A degree of gum recession is common after treatment, and this would depend on how advanced the gum disease had been on initial presentation. The gum recession would make the teeth appear longer, and the spaces in between the teeth may become larger (this can actually make cleaning easier). There are treatments available to help mask the spaces and recession but these can only be considered once the gum disease has been treated.

Following the deep cleaning you may notice an increased sensitivity to hot and cold. Dental sensitivity is likely to be more profound in teeth with advanced disease, and those with large restorations. Sensitivity may last between 2 weeks up to 3 months.

The sensitivity usually gets better with time. There are gels and pastes available to help with reducing sensitivity. The hygienist and Periodontist also have gels to apply to help reduce sensitivity, and can offer advice. In some cases a Root Canal or Extraction may be required (extra charges will apply).

Limitations

The treatment cannot reverse bone loss, and this would mean that teeth that have already have lost a lot of bone may not be saved in the long-term.

This treatment may failure and tooth loss may occur, in addition the treatment may need to be repeated. In these cases extra charges will apply if further treatment is required.

In cases where there is advanced gum disease the initial phase of treatment may not completely remove all inflammation. In these situations further deep cleaning or more advanced gum treatment may be recommended.

If you are a smoker we strongly advise you to stop smoking as the response to treatment is poorer in smokers than in non-smokers. The chance of disease recurrence is higher in smokers.

Some patients with uncontrolled diabetes may have a reduced response to treatment, and may need repeat/extra treatment.

Patient Records

Radiographs and clinical photographs form part of your dental record. Occasionally we may wish to share these with other colleagues for educational purposes. Your consent would not normally be sought, unless you have any objection or if you could be recognized.

Signing this consent form is an acknowledgement of the fact that you are aware of the diagnosis of Periodontal Disease as well as the prognosis as it is related to your dentition, the risk factors , the purposed treatment, personal Oral Hygiene and long term maintenance.

Signing this consent form is an acknowledgement of the fact that you are aware of the choices, risks and complications of the treatment we are offering to provide and are happy to proceed with your Gum Treatment with Local Anaesthetic.

Signing this consent form is an acknowledgement of the fact that you have read, understood and signed the Periodontal Disease Consent form. (CF NSPT)

Name _____ Date of Birth ____//____//____

Signature _____ Date ____//____//____