Suggested Guidelines for Periodontal Treatment

In order to promote a high standard of care, these guidelines were created with the approval of members of the Dental Advisory Board and in association with a number of periodontists. Please keep in mind that the Owner/Dr has the clinical authority to oversee all aspects of dental treatment in the office, thus individual office guidelines may vary slightly. Full mouth SRP 90 minutes; half mouth SRP 60 minutes and Periodontal Maintenance 45 min.

Overview - Periodontal diseases present significant challenges for the public and dental profession. They are the major cause of tooth loss in adults, and they can have a devastating impact on oral function and appearance. Emerging research suggests possible links between inflammation caused by periodontal diseases and other adverse health conditions, such as cardiovascular disease, strokes, diabetes, and preterm and low-weight births.

Some patients can be well managed within the general dental practice, whereas others would benefit from co-management with a periodontist. Determining if and when a patient should be referred to a periodontist are judgments that need to be made by the treating dentist with assistance from the hygienist.

Communication between the referring dentists and periodontist is especially important in establishing responsibilities for periodontal treatment and maintenance. The education, experience, and interest of individual practitioners vary, and, therefore, specialty referral may occur at different stages of a patient's disease state and risk level. The chronic nature of inflammatory periodontal diseases requires that the clinician regularly reassess patients for appropriate lifelong disease management. Because periodontal diseases can affect soft and hard tissues, practitioners are cautioned to address both soft tissue lesions and bone involvement.[1]

Assessment - All patients should receive a comprehensive periodontal examination. Such an examination includes discussion with the patient regarding the chief complaint, medical and dental history review, clinical examination, and radiographic analysis. A general periodontal examination is necessary in order to evaluate the topography of the gingiva and related structures; to assess probing depth, recession, and attachment level; to evaluate the health of the subgingival area with measures such as bleeding on probing (BOP) and suppuration; to assess clinical furcation status; and to detect endodontic-periodontal lesions.[2] Please **be mindful that the diagnosis of periodontal disease is ultimately the sole responsibility of the general practitioner**.

Treatment - Areas identified as periodontally involved with inflammation, BOP and 4 mm or greater pocket depth must be evaluated for periodontal health care treatment. An area of previous treatment demonstrating involvement may also be a candidate for adjunctive medicaments. The most important aspect of non-surgical therapy is the removal of the adhesive biofilm, supragingival and subgingival calculus, and infected cementum. This mechanical therapy is the first step to achieving overall oral health. Removal of bacterial deposits and reduction of inflammation, scaling along with root planing where indicated is critical.

Once the mechanical therapy is completed, the patient should be evaluated for the efficacy of the non-surgical treatment. Utilization of site-specific treatment may include the use of a laser for bacterial decontamination and/or locally administered antimicrobials (Arestin®) to suppress subgingival bacteria and reduce BOP. Problem areas such as furcations and deep vertical osseous defects associated with deep pockets may not respond to the non-surgical mode and should be evaluated for referral for surgical and non-surgical periodontal treatment.

More severe cases or unresponsive non-surgical cases should be referred to the periodontist for evaluation and treatment. Communication between the treatment staff is critical to good patient care.

1. American Academy of Periodontology. Guidelines for the Management of Patients With Periodontal Disease (Position Paper). J Periodontology 2006; 77:1-4.

2. American Academy of Periodontology. Guidelines for Periodontal Therapy (Position Paper). J Periodontology 2001; 72:1624-1628.