Periodontal (Gum) Surgery

Patient Information leaflet and consent form

This leaflet explains more about having periodontal surgery including the benefits, risks, and alternatives. It also provides information on what you can expect when you come to the practice for your treatment. If you have any questions or concerns, please do not hesitate to speak to your periodontist caring for you.

What is Periodontal Surgery?

Evidence shows that approximately 60-70% of pockets respond to simple treatment such as improving oral hygiene and advanced deep cleaning (root surface debridement), but there may be some areas (usually the deepest pockets or teeth with difficult root anatomy) that remains after a course of deep cleaning. Periodontal surgery may therefore be recommended to provide a more predictable outcome and improve the chances of holding onto your teeth. For example, back teeth have more than one root and the areas where the roots diverge (furcations) are difficult areas to get to. Sometimes deep pockets exist which are within the bone and cannot be reached easily without a surgical approach. Inflammation will persist in these areas as long as bacteria are allowed to colonize them.

Surgical procedures to manage gum disease generally aim to clean root surfaces that are inaccessible with simple deep cleaning as well as to help improve the shape and position of the gums to make it easier for you to be able to access and clean the areas at home (Pocket Reduction). Periodontal surgery encompasses several different types of procedures and may also involve bone regrowth (regeneration) and covering areas of gum recession (grafting) to improve the situation.

What happens during the treatment?

- Surgical gum procedures are carried out under local anaesthetic.
- After making a small incision around the edge of the gum, it is lifted away just enough to be able to clean the root surfaces under direct vision using the same instruments used during simple deep cleaning that you would have had already (fine ultrasonics and hand operated cleaning instruments (curettes)
- Any infected or inflammatory tissue (granulation tissue) during the process.
- Occasionally some of the infected pocket lining or gum is removed to reshape the gum any irregular bone affected by the disease smoothed. This allows the gum tissue to be repositioned better, nearly always at a slightly lower position, helping to reduce the pocket.
- You should not feel any discomfort during the procedure.
- We would usually remove any sutures after 1-2 weeks. This also gives us an opportunity to check how it is healing.

What should I do after the surgery?

As the surgery is generally carried out under local anaesthesia, most patients can carry out their daily activities as normal. There are of course some things to be careful of in terms of eating and drinking soon afterwards and how to keep the area clean. You will need to be careful not to eat anything hot for 2-3 hours whilst it is still numb have a reasonably soft diet for the first few days. It is important not to disturb the stitches during this time, so we would ask you not to brush that area for 1-2 weeks until the stitches have been removed and use an antiseptic mouthwash - either a warm salt water rinse or Corsodyl mouthwash (or even both). Your periodontist or nurse will go through with you the things you can and can’t do on the day of the surgery too. Your aftercare instructions may vary depending on the treatment you receive.

Can I do anything before the surgery to help?

Keep the area as clean as possible using the oral hygiene regime you have been shown. You can supplement your cleaning with a Corsodyl mouthwash for one week before. You can also take some painkillers like ibuprofen 400mg 1 hour before the surgery. If you smoke, ensure that avoid it before the surgery and for at least two weeks after. If you need help stopping, call the practice to speak to a dentist, your doctor, or your local pharmacy.

What can I expect after the surgery - are there any risks?

- Some discomfort, is expected after any surgical procedure and this is manageable usually with simple painkillers such as paracetamol and ibuprofen.
- Other possible complications after surgery include swelling and bruising but less common with these types of procedures.
- Occasionally the gums may bleed after the surgery for 1-2 days before it gets better.
- The teeth may temporarily feel looser after the surgery
- There may become sensitive to hot, cold, and sweet as the pocket is reduced and this means there will be some gum recession, particularly between the teeth
- You may notice that spaces therefore feel slightly bigger or longer. This means you may be able to get a slightly larger interdental brush between the teeth after it has healed.
- As the surgery is generally carried out under local anaesthesia, most patients can carry out their daily activities as normal. There are of course some things to be careful of in terms of eating and drinking soon afterwards and how to keep the area clean.

What are the benefits – why should I have gum surgery?

By lifting the gum away from the teeth, we can see the roots better and perform more thorough cleaning and plaque removal, allowing us to control the disease better. It also gives us the opportunity to remove any infected or inflammatory (granulation tissue) and assess the area of bone loss to see if the gum and bone can be reshaped to make it easier to clean the teeth and ultimately maintain a better gum health. If you can access the difficult areas to clean, the chances of holding onto your teeth for longer will be higher.

Are there any alternatives?

No treatment: The result of not having treatment will depend on how severe the gum disease is and how deep the remaining pocket is after deep cleaning. With no treatment, the gum disease is likely to get worse, your teeth may become painful and you are likely to lose your teeth sooner. Studies have shown that teeth that still have deep pockets after active treatment are at higher odds of being lost within 11 years (5mm pocket; odds = 7x higher, 6mm pocket; 11x higher, 7mm pocket; 64x higher), Matuliene 2008.

Regular scaling and advanced deep cleaning: A further course of advanced deep cleaning followed by regular routine cleaning by the dentist or hygienist would be advised to slow the disease down.

Extraction of some teeth: Removal (extraction of teeth) may be an acceptable alternative if your gum disease is severe. However, this may mean that you need replacement teeth such as a denture or bridge and need to return to your dentist for this treatment. Implants to replace teeth are not suitable whilst there is active gum disease in the mouth and are more likely to fail in patients who have suffered from gum disease. Some people find it easier and more enjoyable to eat with natural teeth than artificial teeth and gum disease treatment can therefore be helpful to hold on to the teeth for longer. However, if your front teeth have a poor appearance because of gum disease, a denture may look better. Extractions would reduce the time spend treating your gums now and in the future.

Will I need follow up appointments?

You will need a follow up appointment 1-2 weeks after surgery, often to remove any stitches. This may be followed by further appointments for reviews and gentle cleaning. The regimen for treatment or maintenance long term is often assessed around two to three months after surgery following a repeat detailed pocket chart.

Who is treating me?

Dr. Viren Vithlani has completed his specialist training in Periodontology at Guy's Hospital in London. This means that he is trained in performing this procedure. All Specialist Periodontists go through this type of formal training before they are registered as a Specialist with the General Dental Council.