Non-Surgical Periodontal Therapy

Diagnosis of periodontitis has been made PMPR: professional mechanical plaque removal (Fig 6.1) (BPE, 6PPC carried out) See page 48 Step 1: Supragingival PMPR and risk factor control Assess risk factors and encourage Smoking, diabetes, immunodeficiency, pregnancy, modification where possible medications, genetics, stress and diet. Disclose patient and give extensive tailored oral Advise type of toothbrush, toothpaste, hygiene advice. Begin PMPR and remove any and interdental cleaning. plaque retentive factors e.g. overhangs A recent classification, 'Healthy Gums Do Once satisfactory oral hygiene is achieved, move to step 2 Matter' deems <30% plaque levels as an 'engaging patient', permitting non-surgical periodontal therapy to be initiated. Step 2: Subgingival PMPR For patient comfort and thorough cleaning, employ +/-LA and follow 'Blended Approach' below a systematic approach e.g. 1-2 quadrants per appointment. Airflow at the start and end of treatment is an optional step in the blended approach. **Ultrasonic instrumentation** Hand instrumentation This allows a final irrigation of the pockets, **Ultrasonic Instrumentation** flushing out remaining debris. Recall and repeat for other sextants Step 3: Repeat 2/Surgery Reassessment, repeat/refer if needed See page 47 Step 4: Supportive periodontal care Continue supportive periodontal therapy for maintenance (intervals of 3-12 months depending on If available, make use of hygienists and therapists. the patient's risk factors and periodontal status)