

TREATING GUM DISEASE

Home > Health Hub > Health Library > Treating Gum Disease

A- A A+  

Non-surgical treatments



Download as PDF



Share this Article

Treating Gum Disease

Gum (periodontal) diseases are treated in a variety of ways depending on the stage of disease, how you may have responded to earlier treatments, and your overall health.

After a thorough periodontal evaluation, recommendations for treatment range from non-surgical therapies to surgical procedures. Non-surgical approaches control the growth of bacteria. Surgical procedures restore the tissues surrounding and supporting the teeth.

Non-surgical treatments

- **Professional dental cleaning:** During a typical checkup, your dentist or dental hygienist removes plaque and tartar that build up and harden on the tooth surface. (Plaque is the 'film' that covers teeth, which can lead to cavities and gum disease. Tartar is the hard, yellowish deep deposit on teeth.) When plaque and tartar reach this level of build up, they can only be removed with professional cleaning. Cleaning removes plaque and tartar from above and below the gum line of all your teeth. If you have some signs of gum disease, your dentist may recommend professional dental cleaning more than twice a year.
- **Scaling and root planing:** This is a deep-cleaning, non-surgical procedure that is done under local anesthesia. Hardened plaque and tartar (also called calculus) are scraped away (scaling) from above and below the gum line. Also, any rough spots on the tooth root are made smooth (planing). Smoothing the rough spots removes bacteria and provides a clean surface for the gums to reattach to the teeth.
- **Customized:** Sometimes control of plaque and inflammation of gum tissue can be done without surgery. Antibiotics, with products like minocycline HCl (Arrestin®) or chlorhexidine (PerioChip®), can be placed in the mouth in the space between the gums and teeth (the periodontal pocket).

Surgical treatments

- **Flap surgery/pocket reduction surgery:** During this procedure, the gums are lifted back and tartar is removed. In some cases, irregular surfaces of the damaged bone are smoothed. This limits the areas where disease-causing bacteria can hide. The gums are then placed so that the tissue fits snugly around the tooth. Reducing the space between the gum and tooth also limits the areas where harmful bacteria can grow. The chance of serious health problems that can arise from periodontal disease is also reduced.
- **Bone grafts:** Bone grafts use fragments of your own bone, synthetic bone, or donated bone. Grafts replace bone – and help bone regrow – in areas destroyed by periodontal disease. This restores the secure attachment of the teeth to the bone. Another procedure, called tissue engineering, prompts your own body to create new bone and tissue at a fast rate.
- **Soft tissue grafts:** This procedure strengthens thin gums or fills in places where gums have receded (areas where the root of the tooth is exposed). Grafted tissue, most often taken from the roof of the mouth, is then stitched in place.
- **Guided tissue regeneration:** Performed when the bone supporting your teeth has been destroyed, this procedure stimulates bone and gum tissue growth. Done in combination with flap surgery, a small piece of mesh-like fabric is inserted between the bone and gum tissue. This keeps the gum tissue from growing into the area where the bone should be, allowing the bone and connective tissue to regrow to better support the teeth.
- **Bone surgery:** Bone surgery smoothes shallow craters in the bone due to moderate and advanced bone loss. Following flap surgery, the bone around the tooth is reshaped to decrease the craters. This makes it harder for bacteria to collect and grow.

In some patients, the non-surgical procedure of scaling and root planing is all that is needed to treat gum diseases. Surgery is needed when the tissue around your teeth is unhealthy and cannot be repaired with non-surgical options.

Medications used to treat gum disease

Antibiotics can be used either in combination with surgery and other therapies or alone. Antibiotics reduce or temporarily kill the bacteria of periodontal disease. They also prevent the destruction of the tooth's attachment to the bone.

Chlorhexidine (Peridex®, PerioChip®, PerioGard® and other over-the-counter trade names) is an antibiotic used to control plaque and gingivitis (inflammation of the gums) in the mouth or in periodontal pockets (the space between the gums and teeth). The medication is available as a mouth rinse or as a gelatin-filled chip that is placed in pockets after root planing. The medication is released slowly over about 7 days. Other antibiotics, including doxycycline, tetracycline, and minocycline are also used to treat gum disease.

In addition, nonprescription toothpaste called triclosan is often recommended. This toothpaste contains fluoride and an antibiotic, which reduce plaque and gingivitis.

Are special preparations needed before treatment for gum disease?

Your dentist or periodontist can perform most procedures in the office. The time needed to perform the procedures, your degree of discomfort, and time needed to heal vary from patient to patient. Other factors are the type and extent of the procedure and your overall health. Local anesthesia to numb the treatment area may be given before some treatments. If necessary, a medication may be given to help you relax.

© Copyright 1995-2018 The Cleveland Clinic Foundation. All rights reserved.

This information is provided by the Cleveland Clinic and is not intended to replace the medical advice of your doctor or healthcare provider. Please consult your healthcare provider for advice about a specific medical condition.

Speak with our Contact Center for assistance

 800 8 2223

 Request An Appointment

[MEDICAL PROFESSIONALS](#) | [MEDIA CENTER](#) | [FAQs](#) | [CAREERS](#)



[Site Map](#) | [Legal](#) | [Privacy Policy](#) | [Social Media Terms Of Use](#)

Copyright © Cleveland Clinic Abu Dhabi LLC 2018
MOH: SU21651

