

Periodontal Therapy (Disinfection) Preparation Checklist

Patient name _____ Date _____

☐ Patient Periodontal Treatment Plan Folder

1. Periodontal Pathogen and Lab Reports
2. Periodontal Chart
3. Risk Modifier Form
4. Periodontal Therapy Recommendations Form
5. Periodontal Therapy Fee Worksheet

☐ Secure signed Scaling and Root Planing Consent Form.☐ Review and dispense Post Scaling and Root Planing Instruction sheet.☐ Dispense Rx (Prescriptions) for systemic medication.☐ Review and dispense appropriate Daily Disease Management Regimen Form.☐ Dispense probiotics with instructions on proper usage.☐ Dispense antimicrobial treatment rinse with instructions (CariFree CTx4, ProFresh, Other).☐ Dispense high fluoride toothpaste with instructions.☐ Dispense power brush with instructions.☐ Dispense Waterpik with instructions.☐ Dispense instructions for oral irrigation options.☐ Dispense ProFresh maintenance rinse with instructions.☐ Schedule 2 - week repetitive therapy appointment as necessary☐ Schedule 4- week repetitive therapy appointment as necessary☐ Schedule 6- week repetitive therapy appointment as necessary☐ Schedule 8-12-week re-evaluation appointment.☐ Patient contact information for post-op follow-up call, # _____

Doctor's contact number: (_____) _____ - _____

Informed Consent for Periodontal Scaling and Root Planing

I understand I have periodontal (gum and bone) disease. The disease process has been explained to me. I understand that it is caused by bacterial toxins (poisons) and my host response to these toxins. I realize that this disease may be painless and symptomless, yet I may notice conditions such as bleeding, swelling, recession of gum tissue, loosened teeth, elongated teeth, bad breath, sensitivity, or soreness. Treatment of periodontal disease may include periodontal scaling and root planing, as either a therapeutic procedure or a preliminary treatment that is more extensive.

Periodontal scaling and root planing involve the removal of calculus, bacterial plaque, bacterial toxins, diseased cementum (the outer covering of the root surface), and diseased tissue from the inner lining surrounding the teeth. The purpose of this procedure is to reduce some of the causes of periodontal disease to a level more manageable by my individual immune system. **I understand that my own efforts with home care are just as important as my professional treatment.**

Consequences of doing nothing about my periodontal condition may be, but are not limited to:

- Worsening of the disease with increased bone loss and possible eventual tooth loss.
- Increased infection, systemic problems affecting my overall health, gum bleeding, pain and soreness.

Treatment risks may be, but are not limited to:

- Increased recession of gum tissue and exposure of root surfaces as tissue heal and the swelling decreases.
- Increased sensitivity to hot, cold, or sweets. This may require further treatment, may fade with time, or may persist regardless of treatment.
- Exposed roots acquiring stains more readily.
- Food collecting between teeth. Proper cleaning techniques will be explained in detail.
- Teeth loose prior to the procedure may seem more so immediately after treatment.
- Usually, teeth “tighten” after healing.
- Some pain, swelling, or bruising after treatment.

I understand the recommended treatment. The risks of such treatment and alternative treatment have been explained to me. I understand the fee(s) involved as well as the consequences of declining treatment.

Patient Signature _____ Date _____

Doctor's Name or Staff _____

Scaling and Root Planing Post Treatment Instructions

Following scaling and root planing, you may experience some temporary discomfort. This instruction sheet will help answer questions concerning discomfort, sensitivity and oral hygiene. If your mouth was anesthetized, it is best to wait until the anesthetic has worn off before eating. This will help prevent accidentally biting numb portions of your mouth.

Discomfort

You may experience some soreness after scaling and root planing. It usually subsides within 24 hours. Most patients find that their discomfort can be controlled with Motrin, Advil, Tylenol or aspirin. In addition, rinse with warm saltwater (teaspoon salt mixed into 8 oz warm water) up to six times a day. This can be soothing to the tissue.

Sensitivity

Normal healing results in some tissue tightening and shrinkage, and as a result, you may experience some sensitivity to hot, cold or sweets. This is a common side effect of this procedure and usually diminishes with time. If you experience sensitivity, the following suggestions may help.

1. Continue to brush and floss to remove plaque bacteria that produce acids that contribute to tooth sensitivity.
2. Brushing with a desensitizing paste, such as Clinpro 5000 or other desensitizing paste, will help reduce the tooth sensitivity.
3. You may purchase special fluoride rinses or pastes in our office.

Oral Hygiene

If the tissues are tender, it is important that you clean your teeth and gums gently but thoroughly. This will probably require more time than usual. Running your toothbrush under hot water will soften the bristles and may help you cleanse the gumline more comfortably and effectively.

You may encounter some bleeding when brushing/flossing. It is important to continue gentle brushing and flossing even if bleeding occurs. As healing progresses, the bleeding will gradually reduce or disappear.

If you have been given any additional cleaning devices, begin using them twice a day as demonstrated in our office. These devices stimulate circulation in the tissue and encourage healing.

If you have discomfort that is not alleviated by any of these measures, or if you have any areas of swelling or any other concerns, please call our office immediately.

CariFree Treatment Rinse Instructions for Periodontal Disease Management

WHY WE ARE PRESCRIBING THIS RINSE FOR YOU:

We have determined that you have active gum disease which is a biofilm infection made up of mainly yeast, viruses, and bacteria. In order to reduce the biofilm and rebalance the mouth to health, we recommend this treatment rinse protocol. It is effective not only on the teeth but also on the cheeks and tongue.

These are modified instructions on how to use the product. Directions on the package suggest this rinse is for caries (the bacteria that cause cavities) however, it is very effective against the biofilm active in gum disease. This rinse is a very important part of the healing process so please use it.

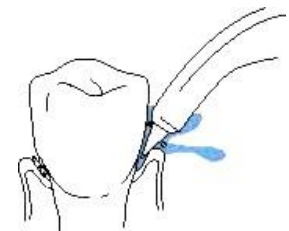
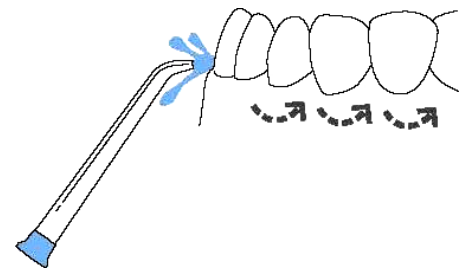
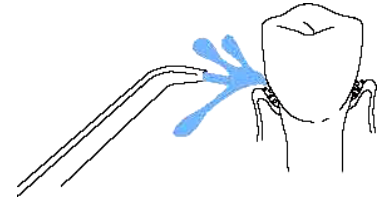
INSTRUCTIONS AND NOTES:

- This rinse is an effective antimicrobial medicine, so it is critical that you use all of it as directed. We realize the flavor may not be that pleasant.
- Shake each bottle before use. Pour 5ml of part A into measuring cup. Pour 5ml of part B into measuring cup to total 10ml. This is the total amount of rinse needed to use each time.
- Rinse and swish in your mouth for ONE FULL MINUTE. **Do not swallow.**
- There may be an odor and a tingling or warm sensation in the mouth during the swishing. You must maintain the rinse in your mouth during this time. Do not give up and spit out the rinse prematurely. This feeling will get better as your mouth adjusts to multiple rinses.
- After the timed rinse, spit out the excess. If possible, do not eat or drink for 30 minutes however if you need to eat or drink you may.
- You received four boxes of CTx4 Treatment Rinse. We are aware that the instructions on the box recommend rinsing once each day. We would like you to **RINSE TWICE DAILY** (once in the morning and once at night) **before brushing** until you have finished the entire product.
- Finish this entire product. You will receive further instructions at your periodontal therapy re-evaluation appointment.
- As you near the end of each bottle you may run out of A or B and still have some left in the other bottle. Once one bottle is empty, discard both bottles and open a new box with full A and B bottles.

****If you have any questions, please call your prescribing doctor.**

Oral Irrigation (Water Flosser, Waterpik, Hydrofloss, etc.) Instructions

1. Fill the entire reservoir with lukewarm water.
2. Add any recommended additives for enhanced biofilm control if indicated.
3. Always place tip in mouth before turning unit on.
4. If the CLASSIC JET tip was recommended by your hygienist:
 - Turn the pressure control dial to the lowest setting for the first-time user.
 - Using this tip, gradually increase pressure over time until ideal operating pressure between 6 and 8 is reached.
 - Lean over sink and close lips enough to prevent splashing, while still allowing water to flow from mouth into the sink. Turn unit **ON**.
 - Aim the tip just above the gum line at a 90 degree angle.
 - Starting with the back teeth, follow the gum line and pause briefly between teeth. Continue until all areas around and between the teeth have been cleaned.



5. If the PIK POCKET tip was recommended by your hygienist:
 - Turn the control to 1. This tip should **ONLY** be used with the Pressure Control set to 1.
 - To use this tip, place the soft tip against a tooth at a 45-degree angle and gently place the tip under the gum line, into the pocket.
 - Clean by gently following gum line, inserting tip in between teeth.
 - Continue tracing along the gum line until all the areas of the mouth are irrigated



*Note - Most companies recommend replacing tip every 3 months.

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Oral Irrigation Options for Enhanced Biofilm Control

We recently learned that diluted household chlorine bleach, or other products, added to the water in the Waterpik reservoir can be a useful homecare adjunct to control oral biofilm levels when treating or maintaining gum disease and cavity disease.

Please be advised that the company that makes your oral irrigator will not honor the warranty if anything other than plain water is used in the machine. We feel the benefits of the additives to your health are worth periodically replacing parts of the unit or the entire unit should this become necessary.

***Important for all additives: Always, floss and/or Waterpik first, use any medicated rinses next, and brush last with any prescribed pastes or gels.**

Household Chlorine Bleach*

- Fill Waterpik reservoir with water as instructed.
- With eye dropper, add one full eyedropper of household chlorine bleach into the 20oz reservoir.
- Use Waterpik throughout your entire mouth as directed.
- Refill reservoir with water and one full eyedropper of household chlorine bleach, if necessary.
- Typically, one reservoir full used in entirety will irrigate the entire mouth.

Grapefruit Seed Extract (a Natural Alternative)*

- Fill Waterpik reservoir with water as instructed.
- With eye dropper, add 20-30 drops of grapefruit seed extract into the 20oz reservoir.
- Use Waterpik throughout your entire mouth as directed.
- Refill reservoir with water and grapefruit seed extract, if necessary.

Liquid, Powdered, or Granulated Xylitol

Option 1 (Liquid Xylitol Mouthwash):

- Fill Waterpik reservoir with one-part xylitol mouthwash to two parts warm water.
- Use Waterpik throughout entire mouth as directed.
- Refill reservoir with water and xylitol mouthwash, if necessary.

Option 2 (dissolving sweetener):

- Fill Waterpik reservoir with warm water, and dissolve 1 1/2 or 2 tsp xylitol sweetener in the water (about 1/2 tsp xylitol for each 8 ounces of water).
- Use Waterpik throughout your entire mouth as directed.
- Refill reservoir with water and xylitol sweetener, if necessary.

To help the granulated Xylitol dissolve faster:

Place the tip of the Waterpik irrigator into the reservoir and turn the unit on for 15 seconds to circulate the water in the reservoir and rapidly dissolve the Xylitol crystals.

*Note - Waterpik recommends replacing tip every 3 months.

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