

Periodontal Health in Oklahoma

Oklahoma Center for
Implants & Periodontics

Our Mission

Statement

Changing the Lives of
Patients

Our office changes the lives of people through premiere service and the highest quality of implant and periodontal treatment offered today.

Robin D. Henderson, D.M.D.,
M.S.

Diplomate of the American
Board of Periodontology

Emphasis on Comprehensive
Periodontics, Soft Tissue
Grafting, and Dental Implants

In This Issue

Scaling and Root Planing

Ask The Doctor?

Bleeding- A Leading Indicator

Recession - Grafting Must?

Outside the Office

Hygiene Expo Highlights

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When to Refer to a Periodontist

This is one of the most commonly asked questions with regards to patient care. It doesn't matter if it comes from a dentist, hygienist, or patient. The answer seems easy enough, but in actuality it is highly complicated. I wish that I could give you a recipe book to tell you when to refer a patient but I can't. What I can do is give you a set of guidelines that seem to work most of the time. Keep in mind; I see things much differently than most dentists and hygienists.

Hygienists are in the best position to determine how someone is progressing with regards to periodontal health, more so than the doctors because you see the patients all the time. It is time to refer a patient to a periodontist if any of the following occur: an area is still breaking down when you have done everything you can, recession (especially progressive recession), very thin fragile tissue, suspected systemic disease that may be contributing to periodontal breakdown.

The earlier the Periodontist sees a patient the better the treatment outcome. We have a chance at an easy fix while remaining conservative, especially when dealing with recession and thin tissue. Playing catch up is much more difficult than preventing these problems.

Patients who have a lot of restorative work need to see a periodontist, particularly when the margins look inflamed and irritated. There is a reason for this type of tissue response and it is necessary to find a solution before more problems arise.

Hygienists ask all the time about pocket/probing depths as a way to determine a referral or not. Studies support that pockets over 5 millimeters (mm) are next to impossible to get completely plaque and calculus free, that it requires surgical access to achieve optimum results. It is not about the quality of the hygienist necessarily but rather the time, tools and technique. Often one or more of these are missing in a general dentist office.



Robin D. Henderson, DMD, MS

When patients need implants, the periodontist is the primary person to contact. The tissue and bone are very delicate and need extra care. We must accurately diagnose the patient's needs before beginning treatment. Our office uses 3-D CT technology to verify nerve position and bone levels prior to surgery in order to eliminate any guesswork when placing implants.

As you can see, there are a number of different reasons to refer to a periodontist. There is no standard recipe. Use your instincts and your expertise when assessing your patient's needs. The key is to not wait and see if they get better. Once that happens, then it is usually too late.

Using Local Anesthesia Today

We are very fortunate in Oklahoma hygienists can administer local anesthesia, at least from the doctor's perspective. This saves time and headaches for the doctor, don't let them forget that! I find hygienists are still challenged.

I think proficiency and fear are common obstacles hygienists face when delivering anesthesia. Some of that may depend on where and when you received your hygiene education. Mostly if you don't use it you loose it - your confidence that is.

It is proven that you must obtain profound local anesthesia to do a thorough job scaling and root planning (SRP). Using topical only for SRP is not acceptable or legal. The term SRP implies local anesthesia is part of the procedure and is necessary to accomplish the task.

Do not assume blocks numb everything though. Every

patient is different and must be treated that way. If you are unable to provide profound local anesthesia during SRP procedures in your office, it is important to refer to a specialist so it is done correctly the first time.

Thoroughly review the patient's medical history and be aware of any contraindications for using local anesthesia, it is an injected drug, and sometimes we take it for granted and forget that.

Hint: Dry the tissue first then apply topical, even on the palate. Cover the area that you just placed topical. Covering the area prevents dilution of the topical and keeps the rest of the mouth from getting numb. People with bad gag reflexes have trouble when this happens.

Because this is an important topic, I will cover specific techniques in another story in our next issue.

Ins and Outs of Scaling and Root Planing

Before we talk about the bread and butter of dental hygiene, first we should define good treatment for normal periodontal maintenance and recall procedures, like those most of you see every 6 months.

Periodontal maintenance is not a term solely reserved for patients with previous periodontal treatment. Apply it to every patient. Meaning at every appointment the entire tooth surface is thoroughly cleaned. Not just above the gums, easy to reach areas or what time allows. You must get all surfaces clean; biofilm, plaque and calculus free. I feel strongly that if you don't, you are contributing to the patients' periodontal infection.

All bacteria based periodontal disease can be prevented. If teeth were cleaned effectively and often enough, there would be no periodontal disease. The biggest problem is teeth are not cleaned often enough, whether by the patient or the hygienist.

Scaling and Root Planing (SRP) is a very specific type of appointment. If done incorrectly or incompletely, which I unfortunately see a lot of, gum disease continues to progress. The goal of SRP is to remove subgingival hardened deposits from the entire tooth surface. Anesthesia is a must as part of the procedure. This is where I see many people go wrong. Fear of administering anesthesia, especially on the palate where it is needed the most, is a common reason hygienists don't do it or try to use topical only. If you are doing SRP without anesthesia and think you are doing a good job, then you are wrong. It is impossible to effectively complete the procedure without it.

Treatment completed out of order is another problem. Here is a scenario that works for every patient every time. Start with aggressive SRP. Follow with a reevaluation appointment four to six weeks later. The reevaluation appointment is imperative as it tells you how good they are doing and if your treatment was successful. Keep the patient on a 3 month recall for at least one year. Only after they remain stable at successive appointments can you graduate them to a 4 or 6 month recall.

Again, one of the most important aspects of any hygiene appointment, whether it is regular maintenance or SRP is TIME! The amount of time devoted to clean the entire tooth surface on every tooth is crucial. Based on a patient's individual needs and the hygienists ability it may take longer for some. Hygienists know this, but dentists don't pay attention to it.

Every patient's mouth is different so I feel not all patients should be charged the same. If their appointment takes longer because there is more to do then you should charge more, but if it doesn't take as long (like those missing teeth, excellent home care) then charge them less.

You will be happier and more productive.

Have you noticed tobacco users respond differently to SRP? They respond poorly compared to non-smokers simply because the body fights the healing process due to the nicotine and by-products in tobacco. You should notice most smokers have less bleeding than non-smokers, but have deeper pockets. This is because the blood vessels that help fight periodontal disease are too constricted, another reason why their disease is more severe.

People who recently stopped smoking initially bleed more until their body gets used to things, again because of the blood vessel dilation. Not to worry as it will calm down.

When determining your patients needs, whether they need SRP or shorter recalls, insurance always manages to come into the conversation. It doesn't matter if insurance pays or not. Simply tell the patient it is what they need regardless of insurance assistance.

If they do not follow your recommendations, then it will lead to more expensive and painful procedures in the future. Increase your hygiene happiness and production while having healthier patients and easier hygiene appointments is simple.

Almost every patient, even kids, should be on a shorter recall, 3 to 4 months. This would dramatically change the face of periodontal disease.



"If you are doing SRP without anesthesia and think you are doing a good job, then you are wrong. It is impossible to effectively complete the procedure without it."



Ask Dr. Henderson...

Q: How often would you repeat Scaling and Root Planing?

A: Well, technically you should never have to repeat SRP if it is done correctly. Let's use an example. A patient comes in after an absence for about 3 years with 5 mm probing depths and bleeding throughout. Subgingival calculus is everywhere and they need SRP. Complete SRP thoroughly, reevaluate to check probing depths then keep them on 3 a month recall for the next year. If they can main-

tain a good home care routine and comply with regular recalls, then they should be fine forever. If they skip steps, or slack off then SRP will need to be repeated.

Q: Once a patient has gone through SRP (1-3 teeth in 1 quad) should they be considered a perio maintenance (4910) from now on? Can you alternate codes 1110 and 4910? Is 4910 only billable at the perio office?

A: Insurance codes general rule is once a perio code is used for patient care, then you must always use the 4910. You cannot mix or alternate codes based on what a patient wants or their benefit coverage. It is insurance fraud and you will get in trouble. Occasionally, in very specific cases, you may switch someone from a 4910 to a 1110, it depends on the patient's insurance carrier. The 4910 code is applicable in any office, not just a perio office.

Send your questions to Robin, Robin@OkPerioImplant.com

It's Just A Little Bleeding, What Does It Mean?

Have you ever heard yourself say to your patient, "There was just a little bleeding today, but everything looks great"? Bleeding in the pocket is a tell tale sign that inflammation is present and will progress to bigger problems. Scientifically this means there is increased vascularity and permeability signifying more vessels to carry blood allowing greater fragility.

If you are really heavy handed, you can induce bleeding which is another story. For the most part, things should not bleed spontaneously.

Think of inflammation and how it works, not just in the mouth but throughout the body. Inflammation is a natural body response to things that it doesn't like or want. Your body knows when something is not right and it will do what it can to make it better. Use the example of a crown that has been placed too far under the gums. The tissue responds by increased bleeding and erythema, with a cyanotic (blue) presentation around the crown. The tissue then swells and pockets get deeper.

The crown invaded the biologic width and became too close to the bone which violates the attachment. The body senses this and wants to move away from the crown. Inflammatory cells arrive to try and move the crown. Obviously they can't, so they begin to dissolve the bone holding the tooth to get it out. Reinforcements in the form of increased number of blood vessels in the area bring in more cells and speeds up the process. The blood vessels thin so that the exchange of fluids is faster. Crowns bio-

logical width invasion is one example, it is also true if calculus or debris is left under the gums. Something is invading this space and the body is trying to fix it. If left alone the tooth will eventually fall out, but that takes a long time.

Bleeding is problematic. Do not assume the opposite is true, meaning if an area does not bleed that everything is healthy. Pay attention to bleeding. Know many things contribute to bleeding.

Placing an antibiotic is not always the best answer. You need to explore why the bleeding occurred in the first place then attempt to resolve the issue.



Causes of Recession

- High Frenums
- Orthodontics
- Aggressive tooth brushing
- Malocclusion
- Restorations

Identify the cause of recession before grafting to prevent further issues in the future.

Soft Tissue Grafts, Who Needs It?

Before we get into grafting procedures, we need to identify times when they are necessary. Without going completely back to school with this, I'll try to keep things basic. This could be a whole lecture by itself.

Not all recession is bad and needs treatment, but all recession needs to be labeled and identified. Most importantly identify and stop the contributing factors causing it in the first place. That being said, most recession can be diagnosed based on genetics and a person's biotype. We've talked about biotype before but as a refresher, people are either a thick or thin biotype. A thin biotype person has more trouble with recession.

Think of a person with thin tissue and prominent roots. This person most likely has a thin flap thickness not just a thin band

of keratinized gingiva thus prone to recession and tissue breakdown.

A lot of other things can contribute to recession and the loss of tissue; high frenums, braces, brushing too hard, too heavy of a bite or grinding, or regular dentistry. Once we have identified the trouble spots, these patients need to get to a periodontist soon.

Before exploring different types of procedures to fix these problems, understand not all periodontists are the same. There are many different techniques to fix recession and thin tissue but not all periodontists use them. Before referring your patient, choose your periodontist carefully and optimum results will be achieved.

Outside the Office - Team Member Highlight



Kathie S. - Surgical Assistant

Ever get stressed at work? Where do you go to relieve your stress? I find having some sort of creative outlet is a great way to relieve my stress. There are so many options available.

I like to sew, paint, decorate and cook but I especially love to garden! After a long winter like this last one, I couldn't wait to dig in the dirt, soak up the sun and breathe some fresh air.

Scrapbooking is very popular now. It allows us to be creative as well as make a priceless heirloom for the

future. Creative centers offer lots of options, and a chance to spend big bucks. The hard part is deciding what to do. Many types of crafts have starter packs or kits so you can try it on for size. You will know then if you are hooked or if you should move on to the next thing.

Who says we only have to do one thing?

I believe the most important part is to have a designated creative space for your things so you don't have to put everything up at the end of the day. You can squeeze in a 30 minute creative fix that will lift your energy level anytime of the day. Explore your options for yourself and CREATE.



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My mission is to give the most accurate information available about Dental Health. Unfortunately, there is a lot of misinformation out there and I would like to set the record straight. We are Committed to improving the foundation of a patient's smile.

I'd like to be able to answer your questions and perhaps share some of my observations I see on a daily basis through this newsletter or online. It doesn't have to be all business, hopefully we can have some fun too.

Check us out: www.okperioimplant.blogspot.com

Name

Address

City, State Zip

Committed to improving the
foundation of a patient's smile.

First Annual Spring Fling Hygiene Expo a Success



Dr. Robin Henderson successfully hosted his first annual Hygiene Expo for over 190 dental hygienists at the Cox Convention Center in Oklahoma City on April 11th.

Designed to celebrate dental hygienists, be informative and fun, Dr. Henderson plans to make this an annual event. Some hygienists came in groups while others had a chance to reconnect while attending this meeting.

Most didn't expect all those door prizes, especially the ones non dental related. The grand prize at the end of the day—an iTouch donated by Dr. Henderson! Congrats to the lucky winner!

Surprisingly the longest line was not the ladies restroom but rather the free head/neck massages during lunch.

Hygienists were pleased with speaker Anne Guignon who gave plenty of new

information as well as a large sack of her favorite products.

One of Anne's favorite things to do is raise money for local charities while she travels the nation speaking and this trip to Oklahoma was no exception.

This year hygienists made donations for a chance to win an Orascoptic Apollo portable LED headlight. We raised \$1285 for "The Toothfairy Campaign," part of the National Children's Oral Health Foundation, for Oklahoma children. Congratulations to Charisa Winfrey from Edmond who donated \$25 and won.

Hygienists responded positively about all the events and speakers.

Thanks to everyone who made this such a great success. We look forward to celebrating again next year.

Dr. Robin Henderson and staff