Soft tissue management in dentistry

This article is about the various ways I treat or manage soft tissues (mainly periodontal) in private practice. My goal for my patients is to create naturally beautiful and healthy smiles. To achieve this requires excellent restorative dentistry, a pre-requisite for this is to have optimum gum health, ideal home care, and a motivated patient. To this end, the role of the hygienist or dental therapist is fundamental.

There is an increase in bonding and adhesive cosmetic dentistry. For modern bonding agents to work successfully, there should be no contamination from the proteins in blood or saliva. If there is optimum health of the soft tissues, then higher bond strengths are achieved with correct clinical techniques. This means that bonded restorations and composites will last much longer.

The areas I am going to cover in this article are:
1. The importance of an excellent initial assessment and baseline records
2. Accurate diagnosis and patient education
3. The role of the hygienist, therapist and periodontist
4. Oral hygiene and products that I recommend
5. Laser dentistry
6. Smile makeovers
7. Soft tissue management during chairside teeth whitening

The comprehensive dental assessment
In my practice, and on the courses that I teach, we encourage dentists to carry out very detailed initial dental assessments. This includes analysing the TMI, the occlusion, the condition of the teeth, review of the soft tissues and detailed assessment of the periodontal health.

We carry out six-point pocket charting on our computer software system (Software of Excellence). This includes recording other data such as plaque and bleeding scores, mobility and furcation scores. A detailed history of the patient’s current oral hygiene techniques is discussed ie: whether an electric (or sonic) brush vs manual tooth brushing is done, if the patient uses floss or interproximal brushes (and how often), whether the tongue is cleaned, and also if any mouthwashes are used. The patient’s medical history is also discussed including seeing if they smoke and if there is a family history of losing teeth through periodontal disease.

Diagnosis and patient education
By taking a careful history, reviewing appropriate radiographs to look at the bone levels, and assessing the signs of gum disease, the dentist can make a diagnosis and then recommend a suitable treatment plan for the patient.

It is vital to spend some time educating the patient. Most people don’t really understand about gum disease, plaque and how to look after their mouth well. Our hygienist uses the patient’s own digital photographs taken with an SLR camera, as well as educational videos from Guru (Software Of Excellence). (Figures 2a, 2b and 2c)

By seeing visual images, the patient can understand the situation much better and appreciate the seriousness of prevention, rather than ignorance or laziness. Demonstration models, periodontal flip charts (eg: by Oral B), and educational flyers (eg: by Colgate) can also be used effectively to show patients problems related to poor gum health.

This first visit is vital as the patient is building a long-term relationship with the hygienist. The treatment must be comfortable, motivational, educational and perceived as value for money. The patient will then be happier to be part of a long-term maintenance programme.

For many adults, it may be simply a one-hour hygienist visit for thorough prophylaxis, scaling and oral hygiene instruction, with a six-month recall maintenance programme. We give our patients a special customised bag with various products from the Ultradex, formerly known as Retardex® range. If there are more periodontal problems, including pocketing, then the patient will require further root planing sessions with the hygienist. This is often done in quadrants and under local anaesthetic.

The role of the hygienist, therapist and periodontist
The hygienist and therapist offer a similar level of care and advice when...
it comes to gum treatment. However, if there is moderate to advanced gum disease with pocketing and mobility, then it is important to also refer to a periodontist. A periodontist can offer a range of surgical and non-surgical treatment options to help stabilise the gums. This is followed by a reassessment with the periodontist about three months later. Decisions can then be made about further treatment and/or defining the maintenance programme e.g. every 3-4 months. Patients need to be warned about gum shrinkage, possible increased sensitivity, and also the appearance of black spaces between the teeth before the treatment commences.

Oral hygiene and products that I recommend

The optimum scenario is that a patient brushes their teeth really well twice a day with a fluoride toothpaste and a high quality sonic brush such as FlexCare or Diamond Clean by Philips. Interproximal cleaning using dental floss (my personal favourite is the tape by Colgate – it is Teflon coated and does not fray), or interproximal brushes once a day is also advisable. I recommend the Tepe range of brushes and I also like the Denti-brushes by Peri-products. There are many patients who still do not clean interproximally despite advice from the hygienist. I find Airfloss (Philips) is a great solution in this case.

The mouthwashes I recommend are Ultradex (Peri-products), fluoride mouthwash (without alcohol) (Colgate), and Corsodyl.

Corsodyl gel is also very good for topical application interproximally with Tepe brushes where there are deeper pockets.

Laser dentistry

Laser dentistry is a slowly growing area of dentistry in the UK. At our practice, we have a soft tissue and an all-tissue laser. There are numerous clinical applications of lasers in soft tissue management:

1. Gingival contouring – accurate reshaping of the gum lines (zenith positions) during cosmetic procedures such as porcelain veneers.
2. Crown lengthening – it is now possible to reshape the gums, and remove subgingival bone with a laser to correct say a gummy smile. This is an excellent alternative to conventional periodontal surgical crown lengthening. The big advantage is the much faster and more comfortable healing with lasers with often no suturing involved.
3. Periodontal treatment – lasers are scientifically proven to help in the treatment of periodontal pocketing. Laser energy is bactericidal and this is useful in the treatment of deeper periodontal pockets in conjunction with a conventional treatment approach.
4. Opepruclectomy – the removal of tissue over a partially erupted wisdom tooth can help prevent painful episodes of pericoronitis.
5. Fraenectomy and tongue-tie correction – it is quite straightforward to free a frenal attachment or release a lingual tongue-tie with a laser. Once again, the healing is much faster and more uneventful for the patient.
6. Ulcers – painful ulcers can be treated quickly with lasers.
7. Uncovering implants – after adequate healing time and osseointegration of dental implants, lasers are a good way of uncovering the gum tissue overlying a buried implant in preparation for the restorative phase of the treatment.

There are also other applications for lasers in dentistry. In my opinion, any progressive dental practice must consider lasers to offer patients the latest in dentistry.

Smile makeovers

Being a cosmetic and restorative dentist, I carry out many cosmetic treatments including teeth whitening, bonding, simple orthodontic treatment (eg: Six Month Smiles and the Inman Aligner), and porcelain veneers/crowns. During a smile makeover procedure (eg: if I am providing four or eight porcelain veneers), the patient is provided with a trial smile – these are temporary veneers that are bonded on gently. We use a material called Luxatemp (DMG), which is a highly aesthetic material. However, the temporaries are linked to: the patient cannot floss between the teeth. However, through my experience in the
absolutely no bleeding at the gum margins when porcelain veneers are cemented to with dental adhesives. If there was slight inflammation with a certain area of the gum, then a material called Expasyl (Kerr) is used to control this very effectively before cementation is carried out.

**Soft tissue management during chairside teeth whitening**

We use Philips Zoom whitening products to do teeth whitening. If a patient wants to do the combination technique of teeth whitening i.e. chairside followed by home whitening, then we use the Zoom lamp for the chairside part. Because the whitening gel is more powerful, it is essential to protect the gingivae really effectively before the whitening gel is applied to the teeth. The company provides a material called Liquid Dam, which is a flowable material that is light cured. This makes chairside whitening safe by causing no harm to the gums from the whitening gel.

**Summary**

The dental team has an important role in motivating and educating patients as well as treating gum-related problems. By achieving a very healthy mouth, it avoids dental problems in the future, and allows the dentist to carry out a higher standard of dental care. Lasers will play an important part in general practice – trained hygienists and therapists will be able to use lasers in gum treatment and possibly other procedures. **DH&T**

• See page 70 for one hour of CPD questions

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**Aims and objectives**

To investigate the ways in which the roles of the dental hygienist and therapist contribute to establishing a healthy mouth for the patient and to have an understanding of restorative and aesthetic treatments

**Expected outcomes**

• To be aware of the importance of a comprehensive dental assessment
• To understand good diagnosis protocols and best practice re: patient education
• To understand the clinical applications of lasers in soft tissue management

**Verifiable CPD hours:** 1

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