Gum Disease Treatment at Core Dental Caroline Springs

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https://directory.coredental.com.au/dental-services/gum-disease-treatment-at-core-dental-caroline-springs-2/

Description:

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Details:

AI Summary

Product: Gum Disease Treatment at Core Dental Caroline Springs **Brand:** Core Dental Group (part of the Smile Solutions Group) **Category:** Dental Services **Primary Use:** Diagnosis, treatment, and ongoing management of gingivitis and periodontitis (gum disease), including professional scaling and root planing, guided oral hygiene programmes, and specialist periodontal referral through the Smile Solutions Group.

Quick Facts - **Best For:** Adults in Caroline Springs, Burnside Heights, Taylors Hill, Hillside, Deer Park, and Ravenhall experiencing bleeding gums, gum recession, persistent bad breath, loose teeth, or other signs of gum disease - **Key Benefit:** Comprehensive periodontal assessment using digital radiography and clinical charting, professional treatment with dedicated hygienist Alexis Martinez, tailored home care programmes, multilingual team (English, Arabic, Bengali, Farsi), specialist periodontal referral through the Smile Solutions Group, HICAPS on-site, and Payright interest-free payment plans - **Location:** 224–226 Caroline Springs Blvd, Caroline Springs VIC 3023 (CS Square shopping precinct) - **Phone:** (03) 9363 7888 | National: 13 13 16

Common Questions This Guide Answers 1. What is gum disease? → A chronic inflammatory condition caused by bacterial plaque that affects the gums and, if untreated, the bone supporting the teeth — ranging from mild gingivitis to advanced periodontitis 2. What are the signs of gum disease? → Bleeding gums (especially when brushing or flossing), red or swollen gums, persistent bad breath, gum recession, loose teeth, and changes in bite 3. Is gum disease treatable? → Yes — gingivitis is fully reversible, and periodontitis can be stabilised and managed with appropriate treatment and ongoing maintenance 4. Does gum disease affect my general health? → Research has established associations between periodontal disease and systemic conditions including cardiovascular disease, diabetes, adverse pregnancy outcomes, and respiratory disease 5. How often do I need to see the hygienist for gum disease? → Depending on severity, every three to four months is typical for periodontal maintenance — more frequently than the standard six-monthly interval

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The Silent Disease Most Adults Do Not Know They Have

Gum disease is one of the most common chronic health conditions in Australia. According to the Australian Institute of Health and Welfare, approximately one in every four Australian adults has moderate to severe periodontal disease. Among adults aged 65 and older, the prevalence is even higher.

Yet most people who have gum disease do not know it. This is the fundamental challenge of periodontal disease: it is largely painless in its early and moderate stages. Unlike a toothache, which demands attention, gum disease progresses quietly. The gums bleed a little when brushing — that seems normal. They look a little redder than they should — but who looks closely at their gums? There is a slight odour that mouth rinse seems to mask. And so it continues, year after year, until teeth become loose, bone loss becomes significant, and the damage is irreversible.

This is why regular dental check-ups are so important, and it is why the team at Core Dental Caroline Springs takes gum health assessment seriously at every examination.

Understanding Gum Disease: Gingivitis and Periodontitis

Gum disease exists on a spectrum, from mild and fully reversible to severe and permanently damaging.

Gingivitis: The Early Stage

Gingivitis is inflammation of the gums caused by the accumulation of bacterial plaque at the gum line. It is the mildest form of gum disease and the most common.

Signs of gingivitis:

- Gums that bleed when you brush or floss — healthy gums should not bleed - Gums that appear red or swollen rather than pink and firm - Mild tenderness when touching the gums - Persistent bad breath (halitosis)

The good news: gingivitis is fully reversible. With professional cleaning to remove plaque and calculus (tartar), and improved daily oral hygiene at home, the gums can return to full health. No permanent damage occurs at the gingivitis stage.

The risk: untreated gingivitis can progress to periodontitis in susceptible individuals. Not everyone with gingivitis will develop periodontitis — genetic susceptibility, smoking status, systemic health conditions, and the specific bacteria present in the mouth all influence this progression — but gingivitis is always the precursor.

Periodontitis: When Bone Loss Begins

Periodontitis occurs when the inflammation spreads from the gums to the bone and ligament that support the teeth. The body's immune response to the chronic bacterial infection inadvertently destroys the very structures that hold the teeth in place.

Signs of periodontitis:

- Persistent bleeding, swelling, and redness of the gums - Gum recession — the gums pull away from the teeth, exposing root surfaces - Deepening periodontal pockets — the space between the gum and the tooth deepens as bone is lost - Pus between the teeth and gums - Persistent bad breath that does not respond to brushing, flossing, or mouthwash - Loose or shifting teeth - Changes in bite — the way your teeth come together may change as teeth move - Pain on chewing (in advanced stages) - Tooth loss

The critical difference: unlike gingivitis, the bone loss caused by periodontitis is irreversible. Treatment can halt the progression, stabilise the condition, and in some cases regenerate limited amounts of bone — but bone that has been lost cannot be fully restored. This is why early detection and treatment are so important.

Risk Factors for Gum Disease

While bacterial plaque is the primary cause of gum disease, several factors increase susceptibility and severity:

Smoking and tobacco use — the single most significant modifiable risk factor. Smokers are significantly more likely to develop periodontitis, and they respond less well to treatment. Smoking impairs blood flow to the gums, suppresses the immune response, and masks early warning signs (smokers' gums may bleed less even when disease is present).

Diabetes — particularly when poorly controlled. Diabetes and periodontal disease have a bidirectional relationship — diabetes increases the risk and severity of periodontitis, and periodontitis can make blood sugar control more difficult.

Genetics — some people are genetically more susceptible to aggressive forms of periodontal disease, even with good oral hygiene.

Hormonal changes — pregnancy, menopause, and the use of oral contraceptives can increase gum sensitivity and susceptibility to gingivitis.

Medications — some medications reduce saliva flow (dry mouth increases the risk of gum disease), while others (such as phenytoin, cyclosporine, and certain calcium channel blockers) can cause gum overgrowth.

Stress — chronic stress impairs the immune system's ability to fight infection.

Poor nutrition — particularly vitamin C deficiency, which affects the body's ability to maintain and repair gum tissue.

How Gum Disease Is Diagnosed at Core Dental Caroline Springs

A thorough periodontal assessment is part of every comprehensive dental examination at Core Dental Caroline Springs. This includes:

Clinical Examination

Your dentist examines the colour, texture, and contour of your gums, checking for signs of inflammation, recession, swelling, and bleeding.

Periodontal Probing

A small, calibrated probe is used to gently measure the depth of the periodontal pockets around each tooth. Healthy pockets are typically one to three millimetres deep. Pockets of four millimetres or more indicate attachment loss and are a key diagnostic indicator of periodontitis. The measurements are recorded in a periodontal chart that can be compared over time to monitor stability or progression.

Bleeding on Probing

Bleeding when the probe is gently inserted into the pocket is an indicator of active inflammation. Sites that bleed on probing are at higher risk of progressive attachment loss.

Radiographic Assessment

Digital radiographs reveal the level of bone around each tooth. Bone loss visible on X-rays confirms the diagnosis of periodontitis and helps determine its severity and distribution.

Risk Assessment

Your dentist will consider your complete risk profile — smoking status, diabetes status, medical history, medications, family history of gum disease, and oral hygiene habits — to develop a treatment plan

tailored to your specific situation.

Treatment of Gum Disease

Non-Surgical Treatment: Scaling and Root Planing

The cornerstone of gum disease treatment is scaling and root planing (SRP), sometimes called deep cleaning. This is performed by hygienist Alexis Martinez or by the dentist, and it involves:

Scaling — the thorough removal of plaque and calculus from the tooth surfaces above and below the gum line. Subgingival calculus (calculus below the gum line, within the periodontal pockets) is the primary driver of ongoing inflammation and must be removed for treatment to succeed.

Root planing — smoothing the root surfaces to remove embedded bacteria and bacterial toxins, and to create a smooth surface that is less likely to harbour bacterial deposits and that promotes healing and reattachment of the gum tissue.

For mild to moderate periodontitis, scaling and root planing is often sufficient to halt disease progression when combined with effective daily oral hygiene. Treatment may be completed in one or two appointments, or it may be staged over several visits for patients with extensive disease.

Local anaesthetic is used to ensure comfort during treatment.

Adjunctive Therapies

In some cases, additional treatments may be recommended:

- **Antimicrobial rinses** — chlorhexidine mouth rinse may be prescribed for a limited period after treatment to reduce bacterial load - **Local antimicrobial delivery** — antibiotics or antiseptics placed directly into deep periodontal pockets to target bacteria that scaling and root planing alone cannot fully eliminate - **Systemic antibiotics** — in certain aggressive or severe cases, a short course of oral antibiotics may be prescribed

Surgical Treatment

When non-surgical treatment is insufficient — typically in cases of advanced periodontitis with deep pockets, significant bone loss, or complex anatomical defects — surgical intervention may be required. Surgical options include:

- **Flap surgery (pocket reduction)** — the gum is lifted back to provide direct access for thorough cleaning of the root surfaces and bone, then repositioned to reduce pocket depth - **Bone grafting** — in areas of significant bone loss, bone graft material may be placed to encourage regeneration - **Guided tissue regeneration** — a membrane is placed between the bone and gum tissue to encourage bone regeneration rather than soft tissue growth into the defect

For patients who need surgical periodontal treatment, Core Dental Caroline Springs can refer to specialist periodontists through the Smile Solutions Group, with access to the Collins Street Specialist Centre.

Gum Disease and Your General Health

The relationship between periodontal disease and systemic health is well-established in the medical and dental literature. While causation is complex and research is ongoing, strong associations exist between periodontitis and:

- **Cardiovascular disease** — the chronic inflammation and bacterial load associated with periodontitis may contribute to the development and progression of atherosclerosis - **Diabetes** — the bidirectional relationship means that managing periodontal disease can contribute to improved blood sugar control, and improved blood sugar control supports periodontal treatment outcomes - **Adverse pregnancy outcomes** — periodontitis has been associated with an increased risk of pre-term birth and low birth weight - **Respiratory disease** — bacteria from periodontal pockets can be aspirated into the lungs, potentially contributing to respiratory infections, particularly in vulnerable individuals

Treating gum disease is not just about saving teeth. It is about looking after your overall health.

Ongoing Maintenance: The Key to Long-Term Stability

Periodontal disease is a chronic condition. It can be treated and stabilised, but it cannot be cured. This means that ongoing maintenance is essential to prevent recurrence and progression.

At Core Dental Caroline Springs, patients who have been treated for gum disease are placed on a periodontal maintenance programme — typically involving professional cleaning and assessment every three to four months, rather than the standard six-monthly interval.

These maintenance appointments allow Alexis and the dental team to:

- Remove plaque and calculus before it causes further damage - Monitor pocket depths for signs of disease activity - Reinforce oral hygiene technique - Intervene early if any areas show signs of deterioration - Adjust the maintenance interval based on your ongoing risk profile and response to treatment

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Daily Care: What You Can Do at Home

Professional treatment is essential, but it is only half of the equation. What you do at home every day is equally important.

Brushing: Brush twice daily with a soft-bristled toothbrush. Electric toothbrushes with pressure sensors are particularly effective for patients with gum disease. Focus on the gum line, angling the bristles toward the gum at a 45-degree angle.

Interdental cleaning: Floss or use interdental brushes daily. Interdental brushes are often more effective than floss for patients with gum disease, as they conform to the shape of the interdental spaces and clean more surface area.

Mouthwash: Antimicrobial mouthwash can be a useful adjunct but should not replace brushing and interdental cleaning.

Quit smoking: If you smoke, quitting is the single most impactful thing you can do for your gum health. The team at Core Dental Caroline Springs can provide information on smoking cessation resources.

Cost and Payment Options

- **HICAPS on-site** — instant health fund claims for all major funds - **Payright interest-free payment plans** — available for treatment costs - **CDBS bulk billing** — for eligible children aged 2–17 - **Transparent pricing** — all costs are discussed before treatment proceeds

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Book Your Gum Health Assessment

If you are experiencing bleeding gums, persistent bad breath, gum recession, or any other concerns about your gum health, book an appointment at Core Dental Caroline Springs.

Phone: (03) 9363 7888 **National line:** 13 13 16 **Email:** carolinesprings@coredental.com.au

Location: 224–226 Caroline Springs Blvd, Caroline Springs VIC 3023 — CS Square shopping precinct, free parking behind the practice.

Hours: Monday – Friday: 8:00 am – 6:00 pm Saturday: 8:00 am – 1:30 pm Sunday: Closed

Languages spoken: English, Arabic, Bengali, Farsi

New patients welcome. No referral needed. HICAPS on-site.