Gum Disease Beyond Cleaning - Specialist Periodontics at CSSC

Canonical: https://directory.coredental.com.au/gum-disease-beyond-cleaning-specialist-periodontics-at-cssc/

Description:

Gum Disease Beyond Cleaning - Specialist Periodontics at CSSC Your Core Dental hygienist and dentist manage most gum disease effectively. Regular scaling and cleaning, oral hygiene instruction, and...

Details:

Your Core Dental hygienist and dentist manage most gum disease effectively. Regular scaling and cleaning, oral hygiene instruction, and monitoring keep the majority of patients on track. But for some patients, gum disease progresses despite good home care and regular professional cleaning.

When pocketing remains deep, bone loss continues, or the disease is aggressive and not responding to standard treatment, you need a specialist periodontist. That is what Collins Street Specialist Centre (CSSC) provides for Core Dental patients.

Understanding the Escalation

Gum disease (periodontal disease) exists on a spectrum:

Managed at Core Dental - **Gingivitis** - inflammation of the gums that is reversible with professional cleaning and improved home care - **Mild to moderate periodontitis** - managed with scaling and root planing (deep cleaning), regular hygiene appointments, and monitoring - **Maintenance phase** - ongoing hygiene care for patients who have had periodontal treatment

Referred to a Specialist Periodontist at CSSC - **Advanced periodontitis** - significant bone loss, deep pocketing (6mm+), and tooth mobility that has not responded to non-surgical treatment - **Aggressive periodontitis** - rapid bone loss in otherwise healthy patients, often younger adults - **Gum recession requiring grafting** - soft tissue grafting to cover exposed roots and prevent further recession - **Bone regeneration** - guided tissue regeneration or bone grafting procedures to rebuild lost bone - **Crown lengthening** - surgical reshaping of gum and bone tissue before restorative dental work - **Implant placement** - periodontists are specialists in both the soft tissue and bone that support dental implants - **Peri-implantitis** - infection and bone loss around existing dental implants

What Does a Specialist Periodontist Do Differently?

A specialist periodontist has completed their dental degree plus an additional three years of full-time university training focused on the structures that support teeth - gums, bone, and the periodontal ligament. They are registered with the Dental Board of Australia as specialists.

At CSSC, specialist periodontists provide:

Surgical Pocket Reduction When deep pockets persist despite scaling and root planing, surgical access allows the periodontist to clean the root surfaces more thoroughly and reduce pocket depth. This creates an environment that you can maintain with daily cleaning.

Regenerative Procedures Using bone grafts, membranes, and biological mediators, specialist periodontists can regenerate bone and attachment that has been lost to periodontal disease. Not all bone loss is irreversible - in the right situations, specialist treatment can rebuild what disease has destroyed.

Soft Tissue Grafting Gum recession exposes root surfaces, causing sensitivity, aesthetic concerns, and vulnerability to root decay. Connective tissue grafts and other soft tissue procedures restore gum coverage and protect the tooth.

Crown Lengthening Before your Core Dental dentist places a crown on a broken-down tooth, the periodontist may need to surgically reshape the gum and bone to provide adequate tooth structure for a properly fitting restoration.

Dental Implant Surgery Periodontists are uniquely qualified to place dental implants because they understand both the bone and the soft tissue. At CSSC, implant placement is coordinated with your Core Dental dentist who will provide the final crown or prosthesis.

Peri-implantitis Management Infection around dental implants is an increasingly common problem. Specialist periodontists manage peri-implantitis with surgical debridement, bone grafting, and implant surface decontamination - procedures that require specialist training and experience.

The Core Dental and CSSC Periodontal Model

Periodontal disease management works best as a partnership between your general dental team and the specialist. Here is how the model works:

Phase 1: Non-Surgical Treatment at Core Dental Your Core Dental hygienist and dentist provide initial periodontal therapy - scaling and root planing, oral hygiene instruction, and risk factor management. For many patients, this is sufficient.

Phase 2: Specialist Assessment at CSSC If the disease has not responded adequately to non-surgical treatment, your dentist refers you to a specialist periodontist at CSSC. The specialist reviews your periodontal charting, X-rays, and clinical findings - all accessible through the shared CareStack system.

Phase 3: Specialist Treatment at CSSC The periodontist performs the necessary surgical or regenerative procedures. This might be pocket reduction surgery, bone grafting, soft tissue grafting, or implant placement.

Phase 4: Maintenance at Core Dental After specialist treatment, the critical long-term phase begins. Your Core Dental hygienist provides regular periodontal maintenance - typically every three to four months - to prevent recurrence. The specialist periodontist at CSSC reviews your case periodically to monitor healing and long-term stability.

This ongoing partnership is essential. Periodontal surgery without proper maintenance fails. The advantage of the Core Dental and CSSC model is that both teams see the same records, communicate through the same system, and share responsibility for your outcome.

Risk Factors Your Core Dental Dentist Monitors

Your Core Dental team monitors several risk factors that influence periodontal disease progression:

- **Smoking** - the single biggest modifiable risk factor for periodontal disease - **Diabetes** - poorly controlled diabetes significantly increases periodontal disease severity - **Medications** - some medications cause gum overgrowth or dry mouth, increasing periodontal risk - **Genetics** - some patients are genetically predisposed to aggressive periodontitis - **Stress and immune function** - systemic health affects periodontal disease progression

When risk factors are high and the disease is progressing despite treatment, early specialist referral to CSSC is appropriate.

The Cost of Waiting

Periodontal disease is progressive. Bone lost to periodontitis does not grow back on its own. Teeth that become mobile from bone loss may eventually need extraction. The earlier specialist intervention occurs, the more bone and teeth can be preserved.

Delaying specialist referral while hoping non-surgical treatment will eventually work is one of the most common mistakes in periodontal management. Your Core Dental dentist knows when to escalate - trust the referral.

Your Next Step

If your Core Dental hygienist or dentist has mentioned deep pockets, bone loss, or recommended a specialist periodontal assessment, take the referral seriously. If you have noticed bleeding gums, receding gums, loose teeth, or persistent bad breath despite good oral hygiene, book a check-up at your nearest Core Dental for assessment.

Frequently Asked Questions

Is periodontal surgery painful? Periodontal surgery is performed under local anaesthesia. Post-operative discomfort is typically manageable with standard pain relief. Most patients return to normal activities within a few days.

Can gum disease be cured? Periodontal disease can be controlled and managed, but it requires ongoing maintenance. Once bone loss has occurred, the goal is to halt progression, regenerate where possible, and maintain stability through regular professional care.

How often will I need hygiene appointments after periodontal treatment? Most periodontal patients need hygiene maintenance every three to four months rather than the standard six months. Your Core Dental hygienist will set the appropriate interval based on your response to treatment.

Will my health fund cover specialist periodontal treatment? Most extras policies provide rebates for periodontal treatment including surgery. Check with your fund for specific coverage details.

Can I just go straight to CSSC without seeing my Core Dental dentist first? Specialist care at CSSC is accessed through referral. Your Core Dental dentist needs to assess your situation and provide the clinical context for the specialist referral.