

## PHASE 2 PERIODONTAL THERAPY

At the 6-8 week **Periodontal Reassessment** appointment the progress made, after root surface cleaning and excellent home cleaning, will be assessed. It is often the case that this initial “non-surgical therapy” is all that is required to control your gum disease and that you can then move on to **Periodontal Maintenance Therapy** provided periodically either 3, 4 or 6 monthly as indicated.

In some patients, who have a pronounced, often genetically-influenced susceptibility to gum disease, the destruction of the supporting bone around the teeth continues to progress at certain sites. This indicates there is a need for further treatment.

1. The first of these therapies involves “**Combination Antibiotic Therapy**” involving the use of various antibiotics in combination for 14 days.
2. After the antibiotic therapy phase, **Periodontal Reassessment** takes place with a full periodontal re-examination and charting. Any remaining areas of continued gum disease are recorded and considered for treatment by other methods including surgical means.
3. The **Periodontal Surgical Therapy** phase involves surgical access to the root surfaces to provide further detailed cleaning, and then there are various additional surgical techniques, which may be employed in an attempt to achieve some regeneration of the lost periodontal attachment of the teeth. Sometimes surgery can improve access for your own home cleaning at sites that you were previously unable to maintain effective control of the plaque. This may involve:
  - a) the removal of gum tissue to reduce the pocket depths and make the pockets shallower and easier to clean. This is known as ***Pocket Reduction Surgery***.
  - b) If the bone around the teeth is uneven making the gum bulky, re-contouring of the bone may be required to assist in achieving a more normal anatomy and more accessible shape for home cleaning, known as ***Osseous Recontouring***.
  - c) In some cases the bone loss around roots may lend itself to the provision of bone grafting or the regeneration of lost tissue using “***bio-engineering***”, or ***Periodontal or Bone Regeneration Techniques***.
  - d) Some patients have suffered extensive or localised gum recession and this may require correction by the application of ***Connective Tissue Grafts*** using connective tissue harvested from the patient or the use of Freeze Dried Tissue Allograft material.