

BENTIPS®

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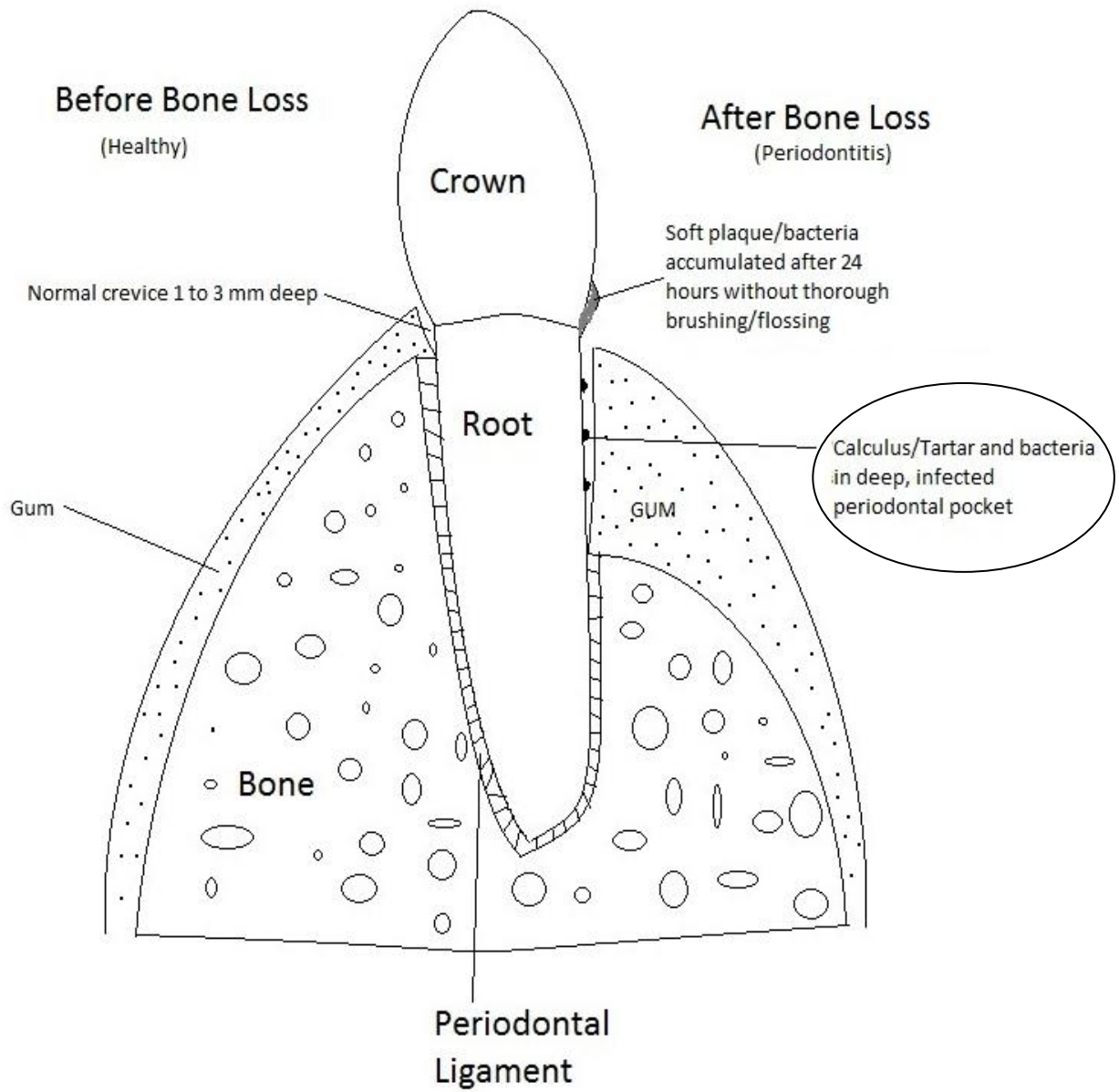
**Please read this carefully as you need to be fully informed and educated, so that you can help us control your infection. We cannot control your infection without your help!*

PERIODONTITIS

Periodontitis is a painless and life threatening infection around your gums and teeth. It destroys the bone and ligament that supports your teeth which may result in tooth loss, and increases your risk of cancer, stroke, diabetes, osteoporosis, and heart disease. There is no cure (other than extraction of the teeth), but Periodontitis can be arrested with a combination of the BenTips® Procedure, meticulous daily brushing/flossing, and frequent Periodontal Maintenance Cleanings by your Dentist and Hygienist.

PERIODONTITIS: INDEPTH EXPLANATION OF DIAGNOSIS, TREATMENT AND PREVENTION

Overview: The teeth are connected to the supporting bone by the thin Periodontal Ligament. The bone is covered by gum tissue. Where the gum surrounds the teeth, it forms a crevice that is normally between 1 mm and 3 mm deep, which is cleanable with brush, floss and professional cleaning by your hygienist and dentist. These crevices can become infected, resulting in destruction of the bone and ligament, creating deep infected "Periodontal Pockets" that can no longer be cleaned effectively with brush and floss as shown below. These Periodontal Pockets require professional treatment to remove the bacteria and make the areas cleanable so that you and your Dentist and Hygienist can again keep these areas clean to prevent reinfection.



The Details

1. **Plaque:** We all have trillions of bacteria that float around inside of our mouths. These bacteria settle on the teeth above the gum line and form an organized colony called a “biofilm”. This is an infection. This biofilm is the “plaque” that you hear about on TV, radio and internet. Plaque will form on a clean tooth in 24 hours even if you do not eat.
2. **Destruction of Bone and Ligament:** If you do not remove these bacteria every day with thorough brushing and flossing, then these bacteria can create painless and invisible inflammation and destroy the bone and ligament that holds the teeth in, creating a Periodontal Pocket. This is called Periodontitis which is usually a painless infection that you will not feel and cannot see. Only your Dentist, taking measurements with a “periodontal probe”, can diagnose this disease. Even your Medical Doctor cannot diagnose this disease when looking in your mouth unless they use a periodontal probe.
3. **Rate of Destruction:** This bone and ligament destruction speeds up and slows down, but it does not reverse itself or regrow. The average rate of destruction is about 1 mm per year, and the average root length is between 20 and 25 mm. Thus, all the bone around a tooth can be painlessly destroyed by the time we are 35 years old, but everyone’s rate of bone destruction is different as some people are more resistant to the infection than others. Unfortunately, Periodontitis is one of the most common chronic diseases known with more than half the population infected.
4. **Periodontal Pocket:** As the destruction progresses, the gum grows in to replace the bone and ligament, but does not reattach to the infected root surface. This “excess” gum tissue forms the Periodontal Pocket which makes it impossible for you to completely remove the infection with brush and floss, and makes it very difficult for the Dentist and Hygienist as well, since we cannot see the bacterial deposits deep below the gum line.
5. **Tartar:** Over time, the soft bacterial deposits deep below the gum line becomes calcified into hard chunks of bacterial deposits called “calculus” or “tartar” on the root surface. This can only be removed with hard steel instruments. The problem is that we can’t see these deposits deep below the gum line therefore even “deep cleaning” leaves residual infection.
6. **Bone Requirements for Painless Tooth Function:** We have found that to predictably save teeth, we need to stop the bone loss when less than about ½ the bone around a tooth has been destroyed. We need both x-rays and probing depth measurements to determine this. If the bone and ligament destruction is beyond this, then the teeth may not be saveable.
7. **Association with Other Diseases:** Research shows that patients that suffer from Periodontitis have significantly higher risk of other diseases such as heart attack, stroke, cancer, osteoporosis and diabetes.
8. **Tooth Loss:** Untreated, Periodontitis often results in loss of many teeth over time. The problem is that by the time our patients teeth become loose and painful, it’s often too late to do anything other than extract the affected teeth. Early detection, early treatment and preventive maintenance is very critically important!

Treatment

1. Once the bone loss has occurred, and deep Periodontal Pockets around the teeth have formed, we must clean these areas to remove the infection. The other option is to have the affected teeth extracted, but this is obviously not desirable. We cannot offer you the option of “no treatment” as living with an infection is hazardous to your health.
2. For many years, the treatment recommended was very aggressive and expensive “Flap Surgery” in which the gums were cut and folded back to expose the teeth and bone to allow removal of the bacterial deposits deep below the gum line. With the advent of new technology, we can now offer a much more

conservative treatment called the BenTips® Procedure. The BenTips® Procedure is much less aggressive and often lower cost than Flap Surgery. It simply reshapes the gum tissue to expose the bacterial deposits for removal, and reduces the Periodontal Pockets to allow you to keep these areas clean which prevents reinfection.

Your Responsibility

While your Dentist and Hygienist can reduce the Periodontal Pockets and remove the bacterial deposits with the BenTips® Procedure, the bacteria are constantly regrowing on your teeth, and only take 24 hours to fully form an organized infectious biofilm. This is the reason we recommend brushing and flossing at least one time per day. Twice is better. Meticulous daily biofilm removal by you with brush and floss (or brushes in between the teeth) is critical to prevent Periodontitis from reoccurring. It is also extremely important that you appoint for Periodontal Maintenance Cleanings with your Dentist and Hygienist so that they can verify that the Periodontitis is in remission or quickly treat any areas that might be reinfected.

Answers To Frequently Asked Questions

1. **What rinse should I use?** Most rinses have minimal effect on Periodontitis. The prescription rinse Peridex (generic: Chlorhexidine) can help prevent biofilm growth, but when used correctly, it causes a heavy dark staining of the teeth. This can be removed with professional cleanings, but correct brushing and flossing removes more plaque than is prevented with the Peridex, so if you can brush and floss thoroughly, you will not need Peridex.
2. **Should I use a Waterpik?** Regardless of the advertising you see and hear, the Waterpik has minimal effect on reduction of untreated gum inflammation because the bacteria protect themselves and cannot be washed off with water. The Waterpik is great for removing food from in between your teeth, but food does not cause Periodontitis.
3. **What is Periodontitis?** Periodontitis is the slow, chronic, painless bacterial infection that destroys the bone, causes tooth loss, and is associated with an increased risk for heart attack, stroke, cancer and many other disease.
4. **What is a gum abscess?** Some patients experience a flare-up of gum disease that will cause pain and swelling. This is called an “Acute Periodontal Abscess” in which a lot of bone can be rapidly destroyed which can cause tooth loss and can be life-threatening. This abscess can often be treated with antibiotics that will reduce the pain and swelling, but it does not treat or cure the slow, painless, invisible Periodontitis that can cause tooth loss and systemic disease. In other words, even after a course of antibiotics, the infection is still there; you just can’t see or feel it. This type of abscess must be differentiated from an “endodontic” abscess which is when the nerve inside the tooth dies and becomes infected. A periodontal abscess and an endodontic abscess can be difficult to tell apart and must be treated by a Dentist immediately. If you cannot contact a Dentist when you have pain and/or swelling, call 911 or go to your local Emergency Department immediately.
5. **What causes Periodontitis?** Bacteria are the only known cause of Periodontitis, but smoking, diabetes, alcohol consumption, lack of Vitamin D and poor nutrition are some of the additional factors that can worsen Periodontitis significantly and make it more difficult to treat. Addressing these issues is important in attaining optimal dental and overall health.
6. **What happens if I don’t have treatment?** We can’t predict the future, but research shows that left untreated, the teeth can become sore and loose. At this last stage, it is often too late to try to save them,

leaving extraction as the only alternative. In addition, the research demonstrates a significantly increased risk for heart attack, stroke, cancer and other systemic diseases in patients with untreated Periodontitis.

7. **What should I use to clean my teeth?** The best tool to remove the daily plaque growth, in our opinion, is the Oral B electric rechargeable brush or the Equate version available at Walmart for about \$20.00. These will not clean in between the teeth, so floss or interproximal brush is required as well.

ORAL B BRUSH INSTRUCTIONS – PLEASE READ CAREFULLY

1. **Plaque bacteria** form on your teeth constantly. You need to remove these bacteria at least once per day with your Oral B Electric Rechargeable (or Equate) Brush and floss (or interproximal brushes). Two times per day is better. If you don't do this, you are at significant risk for Periodontitis reoccurrence after treatment, which then puts you at significant risk for tooth loss and all the systemic diseases associated with Periodontitis. By using the Oral B (or Equate) Brush and floss (or interproximal brushes) as instructed, you can remove all the plaque from your teeth every day.
2. **Your Current Toothbrush:** If you don't have an Oral B/Equate brush, get one today and dispose of your current toothbrush. The Oral B/Equate Brush is your new toothbrush and removes bacteria much better than your old toothbrush. Stop using what we know does not work.
3. **The Oral B/Equate Brush batteries will wear out over time.** It's very important that you monitor the speed of the brush over the years. As the battery ages, it will become weaker and the motor will slow. This can be difficult to notice. Feel free to bring your brush in for your Dentist or Hygienist to evaluate.
4. **Replace the brush heads** when they become frayed and spread out. If used correctly, these heads usually last about 3 months. When in doubt, replace the brush head.
5. **To use the brush:**
 - a. You can use toothpaste with your Oral B Brush. Try to use it at least once per week without toothpaste so that you can really feel if you are getting all areas at the gum line. Remember to always bring your brush to your Periodontal Maintenance Cleanings so your Dentist and Hygienist can make sure you're using it correctly.
 - b. Apply the brush to the surface of the teeth at the gum line. Overlapping the gums a little is ok, but the gums do not need to be brushed. Remember, the bacteria grows on the surface of the teeth, so if you are not brushing at the gum line then you are missing the "war zone" of bacteria where they cause damage. If you hear the motor slow down or stall then you are pushing too hard. Let the brush do the work, so don't push the brush too hard against your teeth.
 - c. Start systematically in the upper right part of your mouth and work your way around until you have brushed all the surface of all the teeth in your mouth.
 - d. Remember that the areas in the back of your mouth are hard to clean, so spend more time on the molars in the back. Then spend extra time on the back surfaces of the back-most molars.
 - e. It should take at least 5 minutes to brush all your teeth (ignore the Oral B Brush instructions on time).
 - f. Toothpaste is not required. It has fluoride that helps prevent tooth decay, but it does not help prevent gum disease.
 - g. Also spend more time on the palate areas of your teeth and on the tongue side of your teeth in the lower jaw. These are common areas that don't get cleaned well.
6. *****PLEASE BRING YOUR ORAL B/Equate BRUSH TO ALL VISITS AT OUR OFFICE SO WE CAN GIVE YOU INSTRUCTIONS ON ITS USE.**

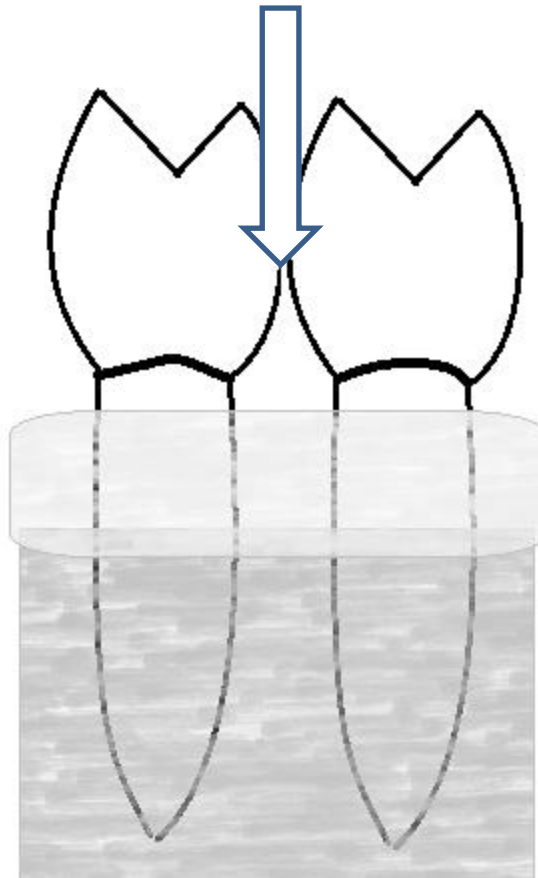
PROS AND CONS OF BENTIPS® TREATMENT

PROS

- Reduced risk of tooth loss
- Reduced risk of systemic disease
- Ability to clean areas that could not be cleaned before

CONS- Common Issues

- Temperature Sensitivity
- Post op Pain
- Bleeding
- Persistent pockets needing ongoing treatment
- Cosmetic/aesthetic issues if gum level is raised on front teeth
- “Holes” or “Black Triangles” around/between the teeth



Remember: Extraction Is The Only Known Cure For Periodontitis