



Why an Assessment Before a Teeth Cleaning?

by Robert P. McBride, DDS, MAGD

Having a teeth cleaning is a frequent request from new patients calling for a dental appointment. It is an understandable request in that most people who desire this service are in need of it to one degree or another. Teeth “cleanings” have been standard procedure in dentistry for many years in the prevention and treatment of periodontal (gum) disease and tooth decay. Their purpose is to remove both the dense deposits on teeth (calculus/tartar) that can’t be removed by usual self-care methods, as well as soft material called “plaque” not removed by the patient – which if not removed, eventually turns into calculus/tartar. While it is important to remove calculus and tartar as they are full of damaging bacteria, the truth is that the cause of periodontal disease is not the hard stuff, but the soft bacterial plaque itself. Besides forming calculus/tartar, plaque waste products prompt an inflammatory response that causes the gums to bleed that can lead to permanent damage of the supporting gum and bone. Periodontal disease is rarely painful and is not only damaging in the mouth, but overall health as well. Focusing on removing the hard material without addressing effective self-care plaque removal is treating only a symptom rather than its cause.

Bacterial plaque is being brought more and more to light these days as research continues to show that oral bacteria are related to many health conditions. Recent American Heart Association Journal groundbreaking research shows the direct connection between oral pathogens associated with periodontal disease and decay and acute heart attacks. The research tells us that as many as half of heart attacks are being triggered by oral pathogens and that dental infections caused by them are associated with development of acute coronary thrombosis. Oral bacteria were found in every thrombus (clot), and 30% had live oral pathogens in the clot (*Circulation March, 2013*). Similar findings were cited in the American Heart Association Stroke journal which cited similar results regarding clots in blood vessels that cause strokes (*Stroke, February 2013*). These findings affirm the high priority that we at the Dental Wellness Center place in attaining and maintaining healthy gums.

While I do not wish to unnecessarily alarm people with the above information, I do want to emphasize why I feel so strongly about the importance of the initial new patient assessment process. Through the years I have discovered that most of my new patients’ dental problems stem from what they don’t know about their mouths which has led to the mission of the practice – *to educate its patients about their oral system to such a degree that they can make informed choices regarding its future*. It is a fact that nine out of ten of my new patients have gums that bleed during the measuring process – and over half had been receiving periodical cleanings. Many new patients have never had their gums measured and of those who have, most don’t understand its significance. If gums bleed when being measured it means that the skin has been lost where the gum hugs the tooth from the action of bacteria within that site being measured. This provides an open doorway for the bacteria to enter the blood stream and travel throughout the body. Somehow, somewhere along the way, patients aren’t getting the information they need to improve their self-care and oral health. This is one of the reasons that the practice is called a Wellness Center that focuses primarily on patient education.

Our assessment process starts with measuring the gums for pocket depths and areas that bleed – healthy gums won’t bleed when measured. If there is bleeding, the next step is a microscopic

examination of the bacterial plaque (biofilm) taken from the site to determine whether bad bacteria are present. We also perform a laboratory (Oravital) biofilm assessment where a biofilm sample is sent to a laboratory to determine the nature and amount of pathogenic (bad) bacteria living within it. Around eighty percent of these tests come back positive! Based upon these findings, we may do further testing for a complete rundown on all bacteria present in the body. We also test for pH – the relative acidity/alkalinity of the body. An acidic oral environment supports the growth of pathogenic bacteria; a neutral or slightly alkaline environment will not. If the pH is acidic, we have protocols that will move it to healthy state.

So, while cleanings are still an important aspect of oral health, the essential thing to know beforehand is the amount and type of bacteria that are living between the teeth and gums so that effective means can be developed to deal with them, not just removing the hard deposits that they develop. Cleaning teeth without doing so might be like washing a car with areas of rusted out metal – it may look good and feel better to drive, but it won't solve the underlying problem. This is why we don't clean teeth immediately as a first step. The information we gain through your medical and dental histories along with the various assessments made along the route of learning about your oral and general health leads to preventive and treatment planning that will address your unique situation. You will become healthier both orally and in general; and most importantly, you will know the reasons why.