Plaque control

We are going to talk about plaque control methods

It is very important to avoid criticizing the patient's oral hygiene methods , even by facial expressions because we are looking for communication with the patient and establishing rapport otherwise we will lose the patient.

We shouldn't just diagnose the patient (with gingivitis or periodontitis ) without explaining to him/her the cause , which is plaque in this case(we can show it to the pt by disclosing tabs) and showing him/her the manifestation/evidence ; bleeding on gentle probing.

We should wait at each probed site for 30 sec to allow the blood to come out of the sulcus(migrate though the sulcus) and see it.

To be able to see plaque we use disclosing tabs ,used by asking the pt to put in his mouth for 1 min, squish it, then spit and rinse. now the plaque will uptake the color of the dye and the pt can see it.

So we first show the disease to the pt🡪by showing the manifestation which is BOP

Then show him the cause 🡪 plaque,, using disclosing tabs

The dr talked about a special lightening system with a camera that is used to visualize plaque after using a special dye so the pt can see it ( I think it's called pica light but I couldn’t find anything about it on the internet )

we need to know that each patient needs a customized program for his oral hygiene, a patient with crowded teeth doesn’t need to use inter-dental brush , he needs a floss and vice versa.

Another ex. If we have a pt with gingivitis and he brushes his teeth in a mixed pattern ( more than one method ;vertical, horizontal, semicircular ) we don’t really care, because it does the job for him( cleaning **without trauma**-recession ) .

But if a patient has periodontitis it is very important that he brushes only in a vertical manner to prevent further recession.

**Brushing techniques:**

There are many techniques , we will focus on the two most widely used and advised by the dentists because they suit all patients from different age groups and needs.

1-modified brass 2- modified stillman

What We care about is having **effective** tooth brushing

When you ask the pt about his OH methods ,don’t ask how many times you brush? You should rather ask do you brush at night or morning?

Because if he doesn’t brush at all you will force him to lie when you ask about quantity . but if you ask, assuming that he brushes only once per day you give him the chance to be more honest and tell you if he doesn’t or if he does more than once.

 Knowing the pt methods is very important in assessing the situation and determining the appropriate management , if the patient doesn’t brush at all we will start from scratch teaching him the right method , if he brushes 2/day and has gingivitis and calculus then his technique or the tools that are used are ineffective.

Any tooth brush no matter of what material or design doesn’t clean interproximally , but it does clean the other surfaces which is about 60%.

If you find that the pt's way of cleaning his teeth is ineffective try to seed a new habit instead of changing the old one. don’t tell him that his way is wrong, instead start teaching him a new way that is more effective and tell him to expect that he will forget sometimes at the beginning to follow the new method, because changing habits is difficult and needs time.

Any method that produces the desired result without trauma( recession) is acceptable.

Any method that causes trauma , even if effective in removing plaque, must be changed.

Sometimes trauma my result from the tools that are used like using a hard tooth brush ( it is true that the hard one cleans plaque very well but it causes recession so it is not advisable to use it , instead we use a soft one and increase the frequency to compensate for the hardness of the brush.

Most people have calculus on lower anterior teeth because they tend to brush this area horizontally which is wrong , it must be brushed vertically , each tooth separately .

Another mistake that many people do when brushing is doing it very aggressively so the muscles become contracted , hindering the tooth brush from reaching the sulcus , the right way to do it is to half open the mouth so the muscles become relaxed.

The goal of brushing is plaque removal so any means that achieve it is acceptable providing that it's not harmful ( some use sharp objects or chemicals like washing powder which is totally unacceptable) , using the sewak is ok but we have to teach the pt how to use it correctly.

Spreading OH awareness is very important because these pts that we treat will teach their family members what we tell them.

Placing the tooth brush perpendicular is totally wrong because this only cleans the bulbous part of the tooth and neglects the remaining parts.

1- Modified bass tech. :

prisms of the brush are placed at the beginning of the sulcus this is important because plaque first accumulates interdentally then cervical towards the midline of the tooth at the junction of gingiva- tooth structure , if it accumulated only on the crown then we wouldn’t have gingivitis we would only have caries.

Try to advise your pt in a simple understandable way like don’t tell him to use the brush in a 45 degree angle , tell him to put it between the tooth and gingiva using in-out motion to remove plaque out of the sulcus rather than imbedding it in .

This method is effective in every pt except those with peridontitis because it causes recession.

2-modified stillman tech.:

The easiest and the most suitable technique to teach our patients.

 The brush is placed on the sulcus and moved outwards down the tooth

 

The mouth should be open because brushing in an in and out movement while teeth are occluding results in recession with time.

There is no brushing method that cleans effectively interproximaly but this one helps in removing materia alba (not plaque) there, so the plaque biofilm wont form.

It is preferable to brush after each meal but this is not applicable in real life , so the frequency of brushing should be 2/day . why not once? If we told the pt to brush 1/day he might not brush at all, while if we told him to brush 2/day and he skipped one at least we will end up with 1 .

It is more important to brush at night because salivary flow decreases at that time, so we advise the pt to brush at night and during any other time they choose.

Most of people brush their teeth in the morning for socializing , some, especially young ones don’t like to brush their teeth in the morning after eating because it gives the mouth the feeling of a bad taste the solution is to brush it then eat ,although it is better to clean after eating but this solution is better than dropping the morning brush.

It is scientifically proven that brushing 1/day is enough to eliminate periodontal diseases but not caries.

OCD patients will brush their teeth after everything they eat and excessively , this will result in sever recession , we should reassure him that 2/day is more than enough.

The brush of choice should be:

1- soft to medium

2-small head , not more than one inch.

3-densely packed

4-with firm and flexible nylon filaments

5-and a firm grip.

Patients that don’t brush at all or do it incorrectly should start with densely packed flat brush –basic design- then we can change that design to a more sophisticated one.

Why densely packed? Because it cleans more surfaces at a time , if not densely packed and the patient doesn’t clean correctly or for less than 2 minutes then plaque won't be removed efficiently.

We choose small head because it is more maneuverable than a large one , plus the large one could increase the gag reflux.

Almost all companies now manufacture brushes with firm grip.

Why nylon? To prevent water absorption and bacterial growth.

One study proved that even AA bacteria which is anaerobic was cultivated from tooth brushes which are supposed to be aerobic.

Brushes shouldn’t be kept inside the bathroom because of the amount of microbes , it is better to keep them in the bedroom and avoid putting it in a plastic container or stand.

Tooth paste:

there is no need to ask the patient to look for a fluoridated one because they all are.

Another thing is we should take care to prescribe a tooth paste with a reasonable price , they all do the same job , the active ingredient in it is calcium carbonate and fluoride is available in any kind.

It is important to emphasize not to spit the tooth paste immediately after brushing to get to benefit from the fluoride in it.

Most of people benefit from the abrasive effect of the tooth brush but not from the fluoride content of the paste.

Fluoride is also effective in reducing sensitivity , but it needs at least 2-3 days .