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Professional Dental Cleaning – Prophylaxis, Debridement, Scaling and Root Planning

A **prophylaxis** is a routine type of cleaning, and can only be performed on a person who is in good periodontal condition (no gum disease), and who does not have a large build-up of tartar or calculus. A prophylaxis is considered to be preventive or a maintenance procedure. The standard has been every six month's for a professional cleaning and dental examination.

People with mild to moderate periodontal disease have heavier deposits of biofilm, calculus and bleeding. This indicates the need for more extensive therapy, called a **debridement** (Deep Cleaning) which removes the deposits and minimizes inflammation. This is considered a periodontal procedure generally followed up with 4 quads of scaling and root planning and a prophylaxis a week or two later, then a follow up recall usually in 3, 4 or 6 months depending on recommended regimen.

If you have advanced periodontal disease, you may need 4 quads of **scaling and root planing** due to *gum and bone loss* which is a thorough and aggressive non-surgical periodontal cleaning of calculus and tartar from *below* the gum line, and a smoothing of the roots of the teeth. This procedure is performed using a local anesthetic. This procedure is followed up by a prophylaxis and a periodic exam in a 4 to 6 week interval to re-evaluate the tissue. A follow-up recall usually every 3 months will be recommended.

Most adult teeth are not lost to decay they are lost as a result of periodontal disease. The different type of cleanings listed above along with home care help to fight the progression of periodontal disease. In performing these therapeutic and preventive measures you should be able to minimize the infection, disease and maintain your natural teeth.

Remember: Patient compliance along with home care is 50% of therapy to make any treatment successful.

Why use Xylitol?

Effective

Studies using xylitol as either a sugar substitute or a small dietary addition have demonstrated a dramatic reduction in new tooth decay, along with arrest and even some reversal of existing dental caries. Xylitol provides additional protection that enhances all existing prevention methods. This xylitol effect is long-lasting and possibly permanent. Low decay rates persist even years after the trials have been completed.

Natural

Xylitol is right here, inside, already. Our bodies produce up to 15 grams of xylitol from other food sources using established energy pathways. Xylitol is not a strange or artificial substance, but a normal part of everyday metabolism. Xylitol is widely distributed throughout nature in small amounts. Some of the best sources are fruits, berries, mushrooms, lettuce, hardwoods and corn cobs. One cup of raspberries contain less than one gram of xylitol. Chewing is a natural process and chewing gums provide some exercise lacking in a refined diet. If chewing is uncomfortable, xylitol mints or candies can also stimulate saliva, the natural tooth protector.

Safe

In the amounts needed to prevent tooth decay (less than 15 grams per day) xylitol is safe for everyone.

Convenient

Xylitol can be conveniently delivered to your teeth via chewing gum, tablets, or even candy; you can implement your xylitol program anywhere, anytime. It fits in with the most frantic schedules. You don't need to change your normal routine to make room for xylitol.

EPIC

Many dental Insurers provide discounts

Cavities are expensive. Because of the cavity-fighting benefits of xylitol products, leading dental carriers support EPIC. Your insurer may have even contracted with epic to provide you with discount products. If you would like to know if your insurer provides this added benefit call toll free, [1-800-494-3742](tel:1-800-494-3742) or www.epicdental.com

Some insurance partners include:

- Aetna
- Assurant Employee Benefits
- Cigna
- Delta Dental
- Dentaquest
- Dental Select
- Guardian
- Principal Financial

To take advantage of your insurance savings, you can give us a call when placing your order. Other websites are: www.xylitol.com or www.healthherbs.com

Influence of maternal xylitol consumption on acquisition mutans streptococci by infants

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Xylitol is effective as a non-cariogenic sugar substitute. Habitual xylitol consumption appears to select for mutans streptococci (MS) with impaired adhesion properties. i.e., They shed easily to saliva from plaque. One hundred sixty-nine mother-child pairs participated in a two- year study exploring whether the mother's xylitol consumption could be used to prevent mother-child transmission of mutans streptococci. All mother showed high salivary levels of mutans streptococci during pregnancy. The mothers in the xylitol group (n =106) were requested to chew xylitol-sweetened gum (65% w/w) at least 2 or 3 times a day, starting three months after delivery. In the two control groups, the mothers received either chlorhexidine (n=30) or fluoride (n=33) varnish treatments at 6, 12, and 18 months after delivery. The children did not chew gum or receive varnish treatments. MS were assessed from the mothers' saliva at half-year intervals and from the children's plaque at the one-and two-year examinations. The MS were cultured on Mitis salivarius agars containing bacitracin. The salivary MS levels of the mothers remain high and not significantly different among the three study groups throughout the study. At two years of age, 9.7% of the children in the xylitol, 28.6 %n in the chlorhexidine. And 48.5% in the fluoride varnish group showed a detectable level of MS. In conclusion, therefore, habitual xylitol consumption by mothers was associated with a statistically significant reduction of the probability of mother-child transmission of MS assessed at the two year age. The effect was superior to that obtained with either chlorhexidine of fluoride varnish treatments performed as single applications at six-month interval.

Occurrence of dental decay in children after maternal consumption of xylitol chewing gum, a follow-up from 0-5 years of age

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Studies have that prevention of mutans streptococci (MS) colonization in early childhood can lead to the prevention of dental decay. In the microbiological part of the present study in Ylivieska, Finland, with 195 mothers with high salivary MS levels, regular maternal use of xylitol chewing gum resulted in a statistically significant reduction MS colonization in their childrens teeth at the age of 2 years compared with teeth in children whose mother received fluoride or chlorhexidine varnish treatment. The children did not chew gum or receive varnish treatments. For the present study, the children were examined annually for caries occurrence by experienced clinicians who did not know whether the children were colonized with MS regardless of the maternal prevention group, the presence of MS colonization in children at the age of 2 years was significantly related to each child's age at the first caries attack in the primary dentition. In children at the age of 5 years, the dentinal caries (dmf) in the xylitol group was reduced by 70% as compared with that in the fluoride or chlorhexidine group. We conclude that maternal use of xylitol chewing gum can prevent dental caries in their children by prohibiting the transmission of MS from mother to child.