

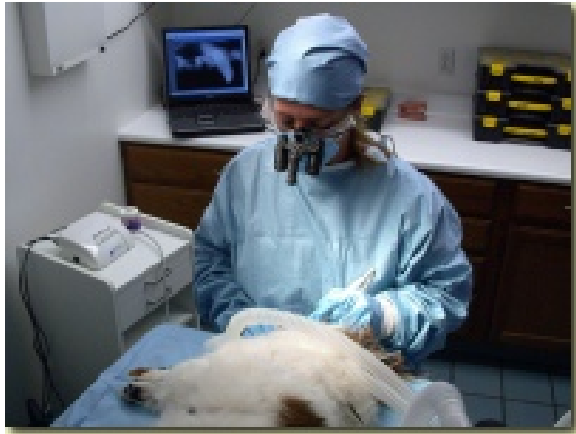
COMPREHENSIVE ORAL HEALTH ASSESSMENT AND TREATMENT

What is called a “dental prophylaxis” on the human side is rarely performed on the veterinary side. By the time we get to clean the teeth on our patients, they already have some form of periodontal disease. Thus, we are not preventing establishment of the disease but we are rather trying to correct some of the damage already present.

The exam and the cleaning include not only what is visible on the crowns but also the areas under the gum where the disease starts. Cleaning under the gum is essential which is why “anesthesia-free” cleaning will never be a viable option. In “anesthesia-free” cleaning, the area under the gumline as well as the inside surfaces of the teeth are not cleaned thoroughly. In addition, the teeth are not polished. This leaves a rough surface that facilitates adherence of plaque bacteria and hasten the return of dental disease.

When a patient is under general anesthesia it is connected to an endotracheal tube that will protect its lungs from the aerosolized bacteria released during the cleaning. After being connected to intravenous fluids, and to monitoring devices, the cleaning is performed in a step by step manner.

Step 1: Detailed oral examination including palpation, probing and intraoral x-rays, if necessary.

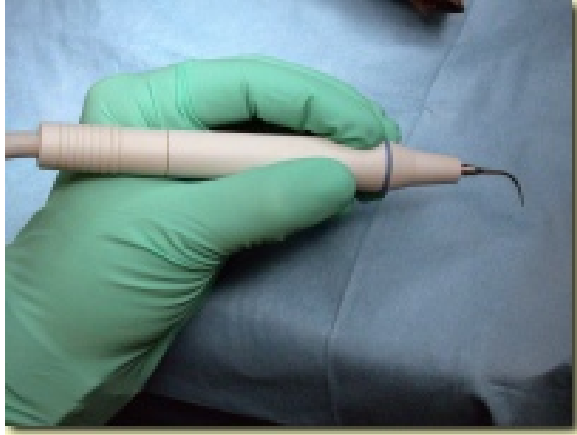


A veterinary dentist performs a dental cleaning. The dentist wears protective clothing to guard against the aerosolized bacteria.



Forceps are used to carefully remove gross calculus.

Step 2: Supragingival cleaning (above the gum line). It is usually accomplished with mechanical and hand scalars.



The piezo electric scaler is a type of mechanical scaler used to speed up this part of the process.

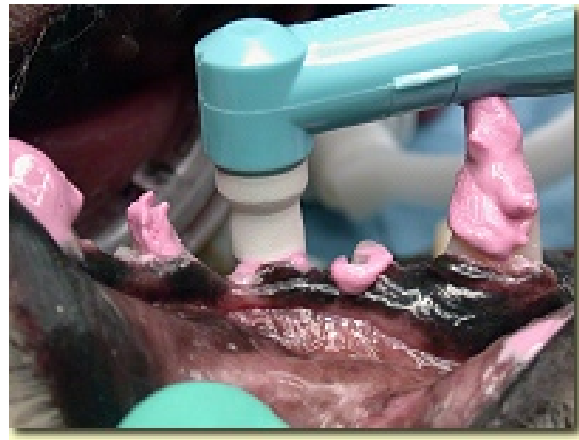


A special tip directs the water flow under the gingiva for cooling and lavage.

Step 3: Subgingival cleaning (below the gum line). This is the most important step as the plaque responsible for periodontal disease originates there.



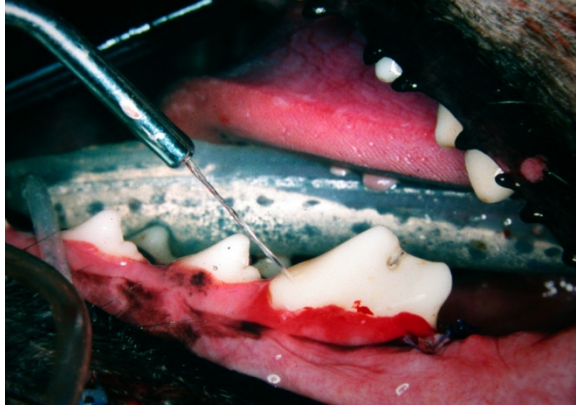
Curette used to clean below the gingiva.



Polishing above and below the gingiva.

Step 4: Polishing both above and below the gum line in order to smooth out the tooth surface and delay the recurrence of plaque and calculus. Ultimately, this step slows down the progression of periodontal disease.

Step 5: Flushing of the gingival sulci around the teeth. Scaling and polishing leave a lot of debris (bits of calculus, polishing paste) below the gingiva. If they are not removed, they will cause a local inflammation that is uncomfortable and exacerbates gingivitis. For this reason we gently rinse the gingiva with an antibacterial solution.



Flushing of the gingival sulci with saline or antibacterial solution.



Probing to detect subgingival pockets.

Step 6: Dental charting; all the pertinent oral findings and treatment rendered are entered on a dental chart that becomes part of the patient permanent medical record.

Step 7: Post cleaning consultation where the findings are discussed with the owners. At that time home care and further treatments are also discussed. Home care is essential for the long term health of the patient's dentition. Like us, plaque control is accomplished daily, at home, with a tooth brush. Daily brushing is the gold standard for the control of periodontal disease.

