VILLAGE ORTHOdontics
one person, one face, one SMILE..

knowledge, empathy, and organization are the foundation of orthodontics

ORAL HYGIENE PREVENTION REGIMEN

available on our website **www.VILLAGEortho.com**

ORAL HYGIENE EVALUATION SYSTEM…

Definitions:

GOOD: less than 5 areas of light plaque, food debris, gingival swelling, gingival bleeding or recession;

FAIR: 5-10 areas;

NEEDS IMPROVEMENT (N 1,2,3,4): greater than 10.

… cervical 1/3rd 12,22 and buccal aspect 36,46 critical

GO

N1 - First "NEEDS IMPROVEMENT"

OH INSTRUCTION (floss, brush) & DIET REVIEW (OH & D)

Poor oral hygiene may cause irreversible damage to teeth and gums (caries, white spots, decalcification, staining and/or periodontal problems, increase costs (due to the need for more frequent dental visits, more oral hygiene aids etc.) and delay or compromise treatment.

TOOTHPASTE: Colgate "Total"

… currently we recommend brushing with Colgate "Total" which contains "Triclosan", an anti-gingivitis agent. Please brush thoroughly at least 3-4 times daily for 2 minutes… 30 seconds/quadrant… and then spit. **DO NOT RINSE!** The toothpaste should be left on the teeth as a thin film for a period of time each day.

MOUTHRINSE:

Listerine (may be diluted 50:50 with water) or Cepacol with fluoride (0.5m g/ml… for children over age 6) mouthrinses twice/day for 30 secs. due to the anti-gingivitis and anticavity effect.

CAUTION

N2 -Second "NEEDS IMPROVEMENT"

At this stage, oral hygiene has not adequately improved and we need more active patient cooperation to avoid further damage to teeth and gums:

N1, plus…

ORAL FLUORIDE RINSE:

0.05% (for children over age 6): A daily oral fluoride rinse such as ORAL B Fluorinse or Cepacol with fluoride (daily flavoured 0.05% sodium fluoride rinse).

CAUTION

N3 – Third "NEEDS IMPROVEMENT"

At this stage, the patient has not complied with the previous recommendations and some damage may have occurred:

N1, N2 plus…

3 mos. DENTIST RECALLS are now necessary …unfortunately this means unnecessary extra time and costs.

MECHANICAL TOOTHBRUSH:

Interplak, Rotadent, SoniCare, Braun etc. … all have been shown to be better than just brushing. The Rotadent is the powered toothbrush of choice for orthodontic patients and patients in periodontal maintenance

ORAL FLUORIDE RINSE… 0.2%:

An increased strength of the Oral B Fluorinse ie. This is the weekly usage formula used daily.

REMINERALIZING PASTES / GELS / SOLUTIONS:

Prior to the first sight of white spot lesions or further forms of decalcification, we may recommend a daily oral remineralizing paste/gel such as Prevident 5000. If available, ORO-MIN's GEL-KAM, a remineralizing solution may be an alternative.

FLUORIDE VARNISH (Duroflor):

We may also consider the need to apply a fluoride varnish to the teeth at each orthodontic appointment or alternatively at the family dentists recall appointments.

Oral Hygiene letter sent to DDS/Parent

STOP

N4 and greater…

Fourth "NEEDS IMPROVEMENT" and more…

NOTE: At this time, the oral hygiene cooperation warrants an evaluation of the ability to provide care in a healthy and ethical manner. Orthodontic treatment and personal oral health is now being significantly compromised and orthodontic care may have to be discontinued.

INDEPENDENT CONSIDERATION

At any time, consideration can be given to:

Removal of archwires;

Chlorhexidine gluconate oral rinses… last resort; perioguard / peridex; consider 2 caps in 150 ml water in oral irrigator using pick-pocket tip; Referral to a **periodontist.**

Toothpastes… we currently do not recommend Tartar-control or baking soda toothpaste formulas; for kids consider Crest Sparkle, Tom's Natural Toothpaste for children with fluoride

Toothbrushes… orthodontic brushes have not been shown to be better than normal brushes

Seal the labial surface with light-cured sealant (Reliance Proseal)… usually ok for 12-18 mos

NOTE: all recommended products are usually available at your local drug store.

VILLAGE ORTHOdontics Our strong network of mutual support allows us individually to enhance the quality and level of service of our patient care! Saturday and evening appointments, 24 hr. emergency care, computerized records, communication and management, digital imaging,

1) Fluoride – oral rinses: If a small amount of **fluoride is added to the saliva on a daily basis** by having patients use twice daily over-the-counter (0.05%) neutral sodium fluoride rinses or twice daily 0.4% stannous fluoride gels, decalcification was very minimal and clinically insignificant. (**Oral B Fluorinse .05% or .2%)**

2) Powered toothbrushes: The 4 major types of powered toothbrushes on the market today (Braun-Oral B, Rotadent, Interplak, and Sonicare) all remove plaque more effectively than conventional toothbrushes on the buccal and lingual surfaces. Studies further showed that the **Rotadent powered toothbrush** was the most effective powered toothbrush at interproximal plaque removal in orthodontic patients. Because the interproximal site is considered the most important site for initiation of periodontal disease, the Rotadent is the powered toothbrush of choice for orthodontic patients and patients in periodontal maintenance.

Because several recent studies have shown that the Sonicare powered toothbrush was associated with 30% to 40% weakening of bracket bond strength, this powered brush is not recommended for orthodontic patients.

3) Fluoride gels: Twice daily use of **stannous fluoride (0.4%) gels** has also been shown to be effective against gingivitis in several longitudinal studies provided they contain greater than 90% available stannous ions. The ADA Seal ensures that the gel has the proper stannous ion concentration. The main disadvantages of using stannous fluoride gels are that 15% to 20% of patients develop mild staining after 3 to 6 months of use and additional compliance is needed for adolescents to perform a twice-daily application of the gel after toothbrushing.

4) Mouthrinses: Listerine rinses and their generic counterparts have active ingredients that are essential oils. These rinses are FDA approved for control of gingivitis. They can be useful adjuncts for adults undergoing orthodontic treatment but are not recommended for children or adolescents because the high (26%) alcohol content is usually not acceptable and because there is no fluoride in these rinses.

5) Toothpaste: A large number of recent studies have shown that toothpaste that contains tryclosan with copolymers is also effective against gingivitis. At present, this formulation has a patent with Colgate and thus is only available as **Colgate Total** toothpaste. Total is also the only over-the-counter toothpaste to have both ADA and FDA approval as an anti-gingivitis agent. Other important advantages of Colgate Total are that it has a pleasant taste and also controls supragingival calculus formation to an equivalent level to that of tarter-control toothpastes. Our studies of compliance have shown that the best compliance with anti-gingivitis products is achieved with a pleasant tasting toothpaste. It is for these reasons that Colgate Total is our standard recommended toothpaste for all orthodontic patients with fixed appliances. Recent studies have shown a significant additional reduction in smooth surface carious lesions from subjects who used a fluoride toothpaste but did not rinse with water after its use. This has led to a recommendation for orthodontic patients to use Colgate Total fluoride toothpaste without rinsing with water after use. In this way a small amount of fluoride is left in the saliva that aids in remineralization of the tooth surface.

6) Chlorhexidine rinses: The best product for optimum management of severe gingivitis in adolescent orthodontic patients are chlorhexadine rinses. Many studies have shown that 3 to 6 months of use of 0.12% chlorhexadine **(Peridex)** will control even severe gingivitis. One of the main problems with chlorhexadine rinses is that they stain teeth and can potentially stain composite restorations. Chlorhexadine rinses are also useful for patients after orthognathic surgery, especially if intermaxillary fixation is used. If standard efforts at motivating patients with conventional toothbrushes or electric toothbrushes and Colgate Total fail, the chlorhexadine rinse program should be the last resort. If a patient fails to comply with the chlorhexadine rinse program, then treatment should be terminated.

7) Oral Irrigator: Another effective method for controlling gingival inflammation in orthodontic patients with fixed appliances is the use of an oral irrigator. Studies have shown that if the water pressure is set at a higher setting, the oral irrigator effectively removes loosely adherent supragingival and subgingival plaque. It is the loosely adherent plaque that has been found to be the most pathogenic for periodontal disease. It is important to point out that oral irrigators have only been shown to be effective against gingivitis when used on a daily basis.

Several suggestions that clinicians can use to improve plaque removal efficiency during orthodontic treatment with fixed appliances include:

* **Bonding of molars** has been shown to have better periodontal health than banding because of less plaque accumulation. This is especially important in adults who are in periodontal maintenance and who have recall visits every 2 to 3 months for subgingival debridement. This is most likely due to the improved access for interproximal instrumentation with bonded molars that do not have overhanging margins as is generally found at the gingival portion of bands.

* **Use of single arch wires and avoiding lingual appliance**s whenever possible for adults in periodontal maintenance also leads to easier plaque removal and control of gingival inflammation.

* **Removing excess composite material around brackets**, especially at the gingival margin also helps to reduce plaque accumulation.