

Oral Hygiene

What is it?

- Oral hygiene refers to all the procedures you can do at home to treat and maintain your teeth, your gums and any prosthetic constructions (eg. crowns, dentures, implants etc.).
- Most oral hygiene tasks involve mechanically cleaning your teeth and gums to remove bacterial plaque which causes decay and periodontal diseases. The mouth naturally contains bacteria which continue to multiply if not regularly disturbed to prevent them causing disease.

Plaque forms on fillings/crowns, dentures, gums and teeth. In terms of periodontal disease, the plaque that grows at the margin where the tooth and gum meet (the *tooth-gum line*) is the most significant.

- All periodontal diseases are caused by plaque, in particular plaque that forms under the gum line, between the gum and the tooth (in the pocket or crevice). Plaque begins to form above the gum line where it can easily be removed, but if left will soon slip under the gum line.

To prevent periodontal diseases it is vital to regularly remove plaque from the *tooth-gum* line (and just underneath it). After treatment of periodontal diseases, most of the plaque is removed from below the gum line, but it can easily reform unless regular plaque removal, above the gum line continues.

Plaque

- Plaque is the soft sticky, yellow/white material that forms on the teeth and gums and fillings in the mouth. It consists of bacteria (germs) and the sticky polymers they make to hold onto the teeth and each other. Plaque is not food, and can not be washed away, it has to be physically removed.
- Plaque forms in everyone's mouths. It is normal to have bacteria in the mouth, many of these bacteria are useful in preventing other more damaging bacteria from being able to infect the mouth.

Floss

- There are many different flosses available. Essentially there are regular flosses, tape/ribbon flosses (which are wider) and specialised flosses.
- Flosses are usually waxed or unwaxed. Waxed flosses generally fray less and are easier to use between teeth. Some flosses are coated with teflon, making them easier to slip between teeth. Some flosses are flavoured, others contain fluoride.
- Most patients with periodontal disease are best using a waxed tape or ribbon floss. Specialised flosses may be needed if you have bridgework or implants.

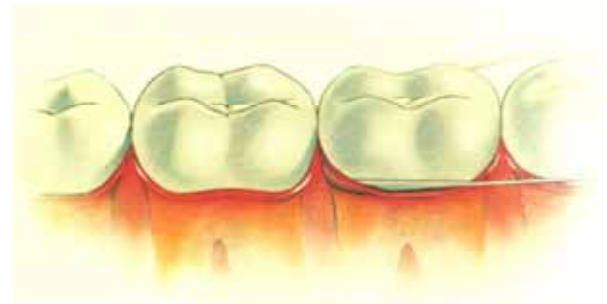
Flossing

- Many people do not floss their teeth, yet brushing alone can not clean between your teeth. Flossing is important for cleaning between your teeth.
- For most patients with periodontal disease, ribbon/tape floss (usually waxed) is best. For patients with fixed bridges, special flosses to allow them to be thread under the bridge may be necessary. Flossing should be performed at least once a day at a time most suitable to you (not necessarily in the morning or evening).
- Flossing requires a reasonable level of dexterity to be able to get your hands in the correct place. When first learning, it is best to floss in front of a mirror with good lighting. Flossing is difficult to get started with, but with practice can be performed quite quickly. Don't expect to be perfect in your first week!
- Take approximately 50cm (2 feet) of floss and wind most of it around your middle finger. Wind the remainder of the floss around the middle finger of your other hand leaving about 20cm (6 inches) between your hands. This should allow you to hold and move the floss with your thumbs and index fingers, while keeping the tension, by keeping your hands apart. Try to have as little length of floss possible between your fingertips and try to have only one hand inside your mouth.

- Most teeth touch together, approximately 1/3 of the way down from the biting surface. The floss will have to be **gently** moved in and out to splay the fibres to allow the floss to get past this contact point. **Never** force the floss towards the gum, move it in a gentle sawing action until past the contact.



- Once below the contact, the floss should be wrapped around one tooth, such that it passes just below the gum line (while continuing to pull the floss back and forward around the tooth). When you have completed one tooth do the same thing to the other. For every contact point you pass the floss through there will be two teeth to clean.



Electric flossers

- Electric flossers do not effectively work below the gum line which is the most important area for patients with periodontal disease.

- If you are considering purchasing any electric oral hygiene devices we recommend you discuss this with us before spending your money.

Floss holders and toothpicks

- Some patients are all “fingers and thumbs” when they try to use floss. A small plastic device, in the shape of a Y called a floss holder may be useful as it helps to hold the floss in place. (eg. Butler Flossmate) Similar disposable devices (Flossetes) are also sold but may not be suitable for all patients.
- If patients still find floss too difficult to use, small toothpicks (interdental sticks) may be useful. These are best used when there are large gaps between the teeth and still require quite good dexterity to use properly.

Mouthwashes

- With few exceptions, there is little role for the long term use of mouthwashes in the treatment of periodontal disease. Just placing dirty dishes into a bowl of soapy water will not get them clean in the same manner neither will mouthwashes clean your teeth!
- The problem area in periodontal diseases is inside the pocket, underneath the gum. No mouthwashes penetrate underneath the gum, thus they are of little use!
- If you like the taste of a mouthwash, there is no real reason for not using it (unless you are suffering side effects from it) but you should realise it is not treating your disease. Mouthwashes are **NOT** a substitute for good brushing and flossing.
- Most antibacterial mouthwashes do kill some of the bacteria associated with gum problems. The main trouble is that they only kill while they are in your mouth! Because bacteria rapidly reproduce, any bacteria not killed are back to their *normal* numbers in about one hour!
- Mouthwashes containing chlorhexidine can have longer lasting effects because the chlorhexidine sticks to the teeth and gums for 8-12 hours and thus keeps working. The problem is that long term use of these mouthwashes causes an increase in staining of the teeth and increased

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only for short times in acute situations. You will be advised if this is necessary.

- All mouthwashes work better at preventing plaque formation, therefore if they are going to be used it should be **after** brushing.

Note

- **There is a constant stream of new oral hygiene products flooding the market all the time. Much of the advertising accompanying these products can be confusing and is usually designed to sell the product, more than educate patients.**
- **If you have any questions, feel free to ask. We have no affiliation to any particular company.**

IF YOU HAVE ANY CONCERNS ABOUT ANY OF THE INFORMATION IN THIS PAMPHLET PLEASE ASK ANY QUESTIONS ABOUT YOUR PARTICULAR CASE, AT ANY STAGE.



FLOOR 20
141 QUEEN ST
BRISBANE Q 4000
TEL: 3210 6110
WWW.BCPI.COM.AU
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Oral Care

Cleaning your teeth for life

Flossing & Mouthwashes

The information contained in this pamphlet is general in nature and is intended only as a general guide. Please ask any specific questions you may have about your particular case