

BPE - Basic Periodontal Examination

The Basic Periodontal Examination requires that the periodontal tissue (gums) should be examined with a standardise probe using light pressure to examine the tissue for bleeding, plaque retentive factors and pocket depth. This is carried out at every examination by your dentist and hygienist.

CODE	DESCRIPTION
0	No bleeding or pocketing detected
1	Bleeding on probing – no pocketing >3.5mm
2	Plaque retentive factors present – no pocketing >3.5mm
3	Pockets >3.5mm but <5.5mm in depth; signs of moderate periodontal (gum) disease
4	Pockets >5.5mm in depth; signs of advanced periodontal disease

Patients with a BPE score of 3 or 4 should consider further treatment in order to limit the progression of periodontal disease.

BESPOKE PERIODONTAL THERAPY

Your hygienist can outline your treatment plan and continued maintenance of your periodontal condition.

Periodontal therapy is best carried out in defined treatment phases which require a systematic approach to treatment planning. At the initial consultation the extent and severity of the problem as well as underlying modifying factors will be assessed. We will take into account the patient's expectations and wishes and patients will receive detailed information regarding the cause of periodontal disease and what they can do to get actively involved in the treatment.

A 6-point pocket chart and x-rays will be taken as required. Following this we will be able to provide a detailed written report, proposed treatment plan and estimate detailing the timescale and cost of treatment.

We adopt the tooth by tooth prognosis system. After collection of the relevant data, a base line will formulate the patient's treatment needs with an individual treatment plan.

The initial cause-related phase of therapy is aimed at bringing caries and gingivitis under control as well as arresting periodontal disease progression. The main key points of this phase of therapy are:

- Patient motivation: The patient should understand dental disease and get actively involved in the treatment process.
- Information and instruction in improved oral hygiene and self plaque control methods.
- Root surface debridement: Removal of all supra- and sub-gingival plaque. This is carried out with ultra sonic scalers, site specific hand scalers and the use of local anaesthetic.
- Removal of additional plaque retentive factors: Removal of overhanging fillings, ill-fitting restoration margins etc.

