

Receding Gums — Causes, Risks & Treatment Options

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Description:

Learn why gums recede, the risks of leaving it untreated, and the treatment options available at Collins Street Specialist Centre in Melbourne CBD.

Details:

Collins Street Specialist Centre — Receding Gums: Causes, Risks & Treatment Options

If you've noticed your teeth looking longer than they used to, or you can feel a distinct notch near the gum line when you run your tongue along your teeth, you may be dealing with gum recession. It's one of the more common things we see at Collins Street Specialist Centre — and while it tends to develop gradually, it needs proper clinical attention rather than a wait-and-see approach.

Gum recession happens when the gum tissue surrounding your teeth pulls back or wears away, exposing more of the tooth structure or even the root surface. This creates gaps or pockets between the teeth and gum line where harmful bacteria can accumulate. Left unaddressed, the supporting tissue and bone can sustain serious damage — and in the worst cases, tooth loss.

The good news is that gum recession is treatable, particularly when caught early. Our periodontists at Collins Street Specialist Centre have the expertise and diagnostic technology to help restore your gum line and protect your teeth over the long term.

What does gum recession look like?

Gum recession doesn't always hurt. Many patients have no idea their gums are receding until a clinician spots it during a routine examination. That said, there are signs worth knowing:

- **Teeth that appear longer** than they used to
- **A palpable notch or ridge** near the gum line
- **Tooth sensitivity**, particularly to hot, cold, or sweet foods and drinks
- **Visible root surfaces**, which tend to look yellower than the enamel-covered crown
- **Gaps forming** between teeth at the gum line
- **Bleeding when brushing** or flossing
- **Red, swollen, or tender gum tissue**

If any of these sound familiar, a specialist periodontal assessment is a sensible next step.

What causes gums to recede?

Gum recession can stem from a single cause or, more commonly, a combination of factors. Identifying what's driving it is fundamental to choosing the right treatment and preventing further tissue loss.

Gum disease (periodontal disease)

Periodontal disease is the most common cause of gum recession. Bacterial infection within the gum tissue destroys both the soft tissue and the supporting bone that anchors your teeth. Importantly, periodontal disease is often painless in its earlier stages — which is precisely why regular professional examinations matter.

Brushing too hard

It may seem counterintuitive, but aggressive brushing — or using a hard-bristled toothbrush — can progressively wear away gum tissue. This is something we see fairly regularly in patients who are otherwise diligent about their oral hygiene, and it shows that technique matters as much as frequency.

Genetics

Susceptibility to gum disease and recession varies considerably between individuals. Research suggests that up to 30% of the population may carry a genetic predisposition to periodontal disease, regardless of how well they care for their teeth at home. A family history of gum recession is worth mentioning to your periodontist.

Teeth grinding and clenching (bruxism)

Grinding or clenching places excessive force on the teeth, which can cause gum tissue to recede. Bruxism often happens during sleep, without the person being aware of it. Common signs include jaw discomfort in the morning, waking with headaches, and visible wear on the tooth surfaces.

Hormonal changes

Fluctuations in oestrogen and other hormones during puberty, pregnancy, and menopause can make gum tissue more sensitive and more prone to recession. These periods warrant closer attention to periodontal health.

Tobacco use

Tobacco users are at greater risk of developing stubborn plaque deposits that routine hygiene struggles to remove. Smoking also reduces blood flow to the gums, which impairs the tissue's ability to heal and regenerate.

Misaligned teeth or bite issues

When teeth don't meet evenly, disproportionate forces get directed onto specific areas of the gum and bone, making those sites more vulnerable to recession. Crowded or misaligned teeth can also create areas that are simply difficult to clean properly, compounding the problem.

Piercings

Lip or tongue piercings can cause ongoing mechanical irritation to the adjacent gum tissue, leading to progressive recession at the contact site over time.

Why you shouldn't ignore receding gums

Gum recession is more than a cosmetic issue. When gum tissue pulls back from the teeth, it sets off a chain of consequences that affect both oral function and long-term dental health.

Increased sensitivity

Exposed root surfaces don't have the enamel protection that the crown of the tooth does. Roots are covered by cementum — a comparatively soft tissue that wears away more readily — leaving the underlying dentinal tubules exposed. This makes affected teeth highly sensitive to temperature changes, sweet foods, and even cold air.

Root decay

Exposed root surfaces are more susceptible to decay than enamel-covered portions of the tooth. Root caries can progress quickly and presents a more complex restorative challenge than decay on the crown.

Bone loss

As recession advances, the bone supporting the affected teeth can also begin to resorb. This becomes self-perpetuating: less bone support accelerates recession, which leads to further bone loss.

Tooth loss

In advanced cases, enough destruction of the supporting periodontal structures can make a tooth mobile and ultimately require extraction.

Aesthetic concerns

Gum recession can meaningfully affect smile aesthetics, particularly where recession is uneven or concentrated at the front of the mouth. The appearance of elongated teeth is something patients raise with us regularly.

How is gum recession diagnosed?

During a periodontal examination, your clinician uses a calibrated instrument called a periodontal probe to measure the depth of the pocket around each tooth. Healthy pocket depths typically fall between 1 and 3 millimetres. Depths beyond this range may indicate periodontal disease and associated recession.

Your periodontist will also assess the quantity of attached keratinised gingiva, the position of the gum margin relative to the cemento-enamel junction, and whether there's evidence of active infection. Radiographic assessment — including periapical films or cone beam CT (CBCT) imaging where needed — provides important information about bone levels.

At Collins Street Specialist Centre, our periodontists use advanced diagnostic tools to build a thorough picture of your periodontal health before making any treatment recommendations.

Treatment options for receding gums

The right treatment depends on the severity of the recession, what's causing it, and your individual clinical circumstances. Here's an overview of the main options available.

Scaling and root planing (deep cleaning)

Where periodontal disease is the primary driver, treatment typically starts with a thorough debridement procedure called scaling and root planing. This involves removing plaque and calculus deposits above and below the gum line, then smoothing the root surface to help the gum tissue reattach.

In cases of mild recession caused by periodontal disease, this alone may be enough to stop the process and allow some tissue recovery.

Gum graft surgery

For more significant recession, a gingival graft is often the treatment of choice. This involves taking a small amount of donor tissue — typically from the palate or adjacent gum tissue — and securing it at the site of recession to rebuild the gum architecture.

Several graft configurations are available depending on the clinical picture:

- **Connective tissue graft** — the most widely used technique. A partial-thickness flap is raised on the palate, subepithelial connective tissue is harvested, and it's sutured to the gum tissue around the exposed root surface. - **Free gingival graft** — a variation where a thin strip of tissue is taken directly from the palatal surface rather than from beneath a flap. This approach is often chosen when there's insufficient tissue thickness and the primary goal is augmenting the keratinised gingiva. - **Pedicle graft** — rather than harvesting tissue from a separate donor site, this technique uses gum tissue adjacent to the recession defect. A partial-thickness flap is elevated while maintaining its blood supply at one margin, then repositioned to cover the exposed root and sutured in place.

Pinhole surgical technique

The pinhole technique is a minimally invasive alternative to conventional graft surgery. Instead of incisions and sutures, the periodontist introduces a fine instrument through a small access point in the gum and gently repositions the existing tissue over the exposed root surfaces. Collagen matrix strips are placed to stabilise the repositioned tissue.

From a patient perspective, the advantages are meaningful: no incisions or sutures, typically less post-operative discomfort, faster healing, and the ability to treat multiple adjacent teeth in a single appointment.

Guided tissue regeneration

Where recession has been accompanied by bone loss, a regenerative approach may be incorporated into the treatment plan. This involves placing a biocompatible barrier membrane between the gum flap and the underlying bone, creating a protected space that encourages regeneration of lost periodontal tissue and bone. Bone grafting material is sometimes used alongside the membrane.

Orthodontic treatment

Where dental misalignment or an unfavourable bite is contributing to recession, orthodontic correction may form part of the broader treatment plan. Properly aligned teeth distribute biting forces more evenly across the dentition and are considerably easier to keep clean.

Desensitising agents and bonding

For mild recession where the main concern is sensitivity rather than significant tissue loss, conservative measures may be appropriate. These include professionally applied desensitising agents on the exposed root surfaces, or tooth-coloured composite resin to cover and protect the area. These approaches can provide real symptomatic relief, but they don't address the underlying recession itself.

Preventing further recession

After treatment, a sustained preventive approach is essential to protect the results and reduce the risk of recurrence:

- Use a soft-bristled toothbrush with a gentle, small circular motion rather than aggressive horizontal scrubbing
- Keep up with flossing, but use the right technique — your periodontist can show you what works best for your situation
- Address grinding or clenching — a custom-made occlusal splint can effectively protect your teeth and gum tissue from the effects of bruxism
- Stop smoking — this is one of the most significant things you can do to support gum health and healing
- Attend regular professional appointments so your clinician can monitor your periodontal health and catch any early signs of recurrence
- Eat a nutritionally balanced diet, since adequate nutrition supports the integrity and resilience of gum tissue

When should you see a periodontist?

Your general dentist is well-placed to identify gum recession and manage mild cases. For more advanced or complex presentations, a periodontist is the appropriate specialist. Periodontists complete an additional three years of specialist training beyond their primary dental qualification, with a clinical focus specifically on the prevention, diagnosis, and treatment of periodontal disease, as well as dental implant placement. You can verify a specialist's registration and qualifications through the [Australian Health Practitioner Regulation Agency (AHPRA) register](<https://www.ahpra.gov.au>).

A consultation with a periodontist is warranted if:

- Your recession is moderate to severe
- Gum graft surgery has been recommended
- Your recession is concurrent with active periodontal disease
- Previous treatment hasn't achieved the expected outcome

- You want a specialist opinion on your options

Treating gum recession at Collins Street Specialist Centre

Our periodontists at Collins Street Specialist Centre bring decades of combined specialist experience to the assessment and management of gum recession. As part of Melbourne's largest multidisciplinary specialist dental practice, they work closely with orthodontists, prosthodontists, endodontists, and oral and maxillofacial surgeons. Where your gum recession intersects with other dental concerns, that integrated environment means your care can be coordinated comprehensively — without the need to navigate multiple separate practices.

We start with a thorough diagnostic assessment to understand the extent of your recession, identify its underlying causes, and evaluate your overall periodontal health. From there, we develop an individualised treatment plan aimed at restoring gingival health, protecting the long-term prognosis of your teeth, and achieving an outcome you can feel confident about.

We understand that gum recession — and the prospect of surgical treatment — can feel daunting. Our team is committed to explaining every stage of the process clearly, answering your questions honestly, and making sure you feel well-supported throughout.

Take the first step

If you have concerns about receding gums, early assessment is strongly advisable. Earlier intervention consistently means simpler treatment, better outcomes, and less risk of long-term consequences. Contact Collins Street Specialist Centre to arrange a consultation with one of our periodontists.

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