Gum Disease Treatment — Gingivitis & Periodontitis

Canonical: https://directory.collinsstreetspecialistcentre.com.au/procedures/periodontics/gum-disease-treatment-gingivitis-periodontitis/

Description:

Gum disease is the most common cause of tooth loss in adults — and one of the most under-diagnosed conditions in dentistry. The challenge is that it often progresses silently, causing little or no pain until significa...

Details:

Collins Street Specialist Centre — Gum Disease Treatment: Gingivitis & Periodontitis

Gum disease is the leading cause of tooth loss in adults, and one of the most consistently under-diagnosed conditions in dentistry. What makes it particularly difficult to catch is that it tends to progress without obvious warning signs, causing little or no discomfort until meaningful structural damage has already occurred. Collins Street Specialist Centre is a Melbourne CBD specialist practice where our team of registered specialist periodontists diagnoses and manages every stage of gum disease, from the earliest signs of gingival inflammation through to advanced cases where surgical intervention is required to preserve teeth and supporting structures.

What is gum disease?

Gum disease is an infection of the tissues that support your teeth, encompassing the gums, the periodontal ligament, and the underlying alveolar bone. It presents along a clinical spectrum, and understanding where a patient sits on that spectrum is central to determining the right course of treatment.

Gingivitis is the earliest and most readily reversible stage. Bacterial plaque accumulates along the gumline and provokes an inflammatory response in the gingival tissues. Clinically, gums appear red and swollen, and bleed readily on brushing or flossing. At this stage, the bone and connective tissue that anchor your teeth remain unaffected. With timely professional treatment and consistent home care, gingivitis is entirely reversible.

Periodontitis develops when gingivitis is not adequately resolved. The body's sustained immune response to persistent bacterial infection drives progressive destruction of the bone and periodontal ligament that hold teeth in place. Periodontal pockets form between the gum margin and the tooth root, creating sheltered environments where pathogenic bacteria establish themselves and proliferate. As the disease advances, affected teeth may loosen, migrate, or ultimately require extraction.

Periodontitis is classified by severity: - **Stage I–II (mild to moderate):** Measurable bone loss, probing pocket depths of 4–6 mm. These cases are typically manageable with non-surgical therapy in the first instance. - **Stage III–IV (severe):** Significant bone loss, deep pocketing, and possible tooth mobility. Surgical treatment is frequently required. Stage IV incorporates complexity factors such as masticatory dysfunction that extend the scope of management considerably.

The clinical significance of periodontal disease extends well beyond the mouth. Research has established associations between periodontitis and cardiovascular disease, type 2 diabetes, adverse pregnancy outcomes, and respiratory disease. Treating periodontal infection is not simply a matter of preserving teeth — it has genuine implications for a patient's broader health.

When might you need this?

Gum disease can progress substantially before symptoms become apparent. It is worth seeking a specialist assessment if you notice any of the following:

- Gums that bleed when you brush or floss — this is not a normal finding, and should not be dismissed - Gums that appear red, swollen, or puffy - Gums that have receded from the teeth, making the teeth appear longer than they once did - Persistent bad breath that does not resolve with improved oral hygiene - An unpleasant or unusual taste in the mouth - Teeth that feel loose or appear to have shifted position - Sensitivity to temperature changes at the gumline - Discomfort or pain when chewing

Your general dentist may also refer you to a periodontist after detecting increased pocket depths (≥4 mm) at a routine examination, or after identifying bone loss on radiographs. In complex presentations or cases where disease is progressing rapidly, specialist management makes a demonstrable difference to long-term outcomes.

What to expect: the treatment process

Stage 1: Comprehensive periodontal assessment

Your first appointment at Collins Street Specialist Centre involves a thorough and systematic periodontal examination. Your specialist periodontist will:

- Chart probing pocket depths and clinical attachment levels at six sites per tooth - Assess alveolar bone levels using digital radiography and, where clinically indicated, cone-beam computed tomography (CBCT) with our Planmeca ProMax 3D imaging system - Record plaque and bleeding indices - Review your medical and medication history, as both systemic conditions and certain medications can significantly influence periodontal disease activity and treatment response - Evaluate genetic and environmental risk factors relevant to your presentation

Dr Ahmed El Hadidi's active research background in DNA mutations and periodontal disease means that for complex or treatment-resistant presentations, a more precise and personalised risk profile can meaningfully inform the treatment approach, bringing a precision medicine perspective to cases that might otherwise be managed empirically.

Stage 2: Non-surgical periodontal therapy

The foundation of periodontal treatment is non-surgical therapy, most commonly referred to as scaling and root planing, or periodontal debridement. Under local anaesthesia, your periodontist removes bacterial deposits and calcified accretions from root surfaces deep below the gumline, using ultrasonic instrumentation and hand curettes. This disrupts the established bacterial biofilm and creates the conditions necessary for gingival tissue to heal and reattach to the root surface.

For appropriate cases, **laser-assisted periodontal therapy** is available using our Fotona LightWalker, NV Laser, and VersaWave systems. Laser energy decontaminates deep periodontal pockets, reduces bacterial load, and supports tissue healing. Dr James van den Berg has been performing laser periodontal therapy since 2004, placing him amongst the most experienced practitioners of this technique in Victoria.

Active treatment is typically delivered across two to four appointments, depending on the extent and severity of disease.

Stage 3: Re-evaluation

Approximately six to eight weeks after the completion of active non-surgical therapy, your periodontist undertakes a formal re-evaluation of your periodontal status. Pocket depths, bleeding scores, and radiographic findings are compared against baseline measurements to assess treatment response. The majority of patients with Stage I–III periodontitis respond well to non-surgical treatment alone. Where residual disease persists, particularly in the form of deep pocketing that cannot be adequately decontaminated through closed instrumentation, surgical intervention is planned as the next phase of care.

Stage 4: Surgical periodontal therapy (where required)

For advanced or treatment-resistant disease, several surgical approaches may be indicated:

Flap surgery (osseous surgery): The gingival tissue is temporarily reflected to provide direct access to root surfaces and the underlying alveolar bone, enabling thorough debridement and, where appropriate, osseous recontouring.

Regenerative surgery: At sites with specific bone defect morphology, regenerative materials, including bone grafts, barrier membranes, and growth factors, are placed to encourage the body to rebuild lost bone and periodontal attachment. This is technically one of the most demanding areas within periodontics, and the evidence consistently shows that outcomes are superior when this work is performed in specialist hands.

Stage 5: Supportive periodontal therapy

Periodontitis is a chronic condition with a recognised tendency to recur in susceptible individuals. Once the active phase of treatment is complete, patients enter a tailored recall programme, typically scheduled every three to four months, designed to detect early signs of renewed disease activity and consolidate the clinical gains achieved through treatment. Long-term adherence to specialist maintenance care has been shown to substantially reduce both tooth loss and disease recurrence over time.

Recovery and aftercare

Following non-surgical periodontal therapy, gingival tenderness is common for 24–48 hours. Minor bleeding during the first day is expected and normal. A chlorhexidine mouth rinse may be prescribed to support the initial healing period. Most patients are able to return to their normal daily activities immediately.

Following surgical procedures, a recovery period of approximately one to two weeks is typical. Postoperative instructions include:

- Maintaining a soft diet for the first week - Avoiding vigorous rinsing or spitting for the first 24 hours - Taking prescribed analgesics and antibiotics as directed - Practising careful but gentle oral hygiene around the surgical site

Your periodontist will provide written aftercare instructions tailored to your procedure and clinical circumstances.

Why see a specialist periodontist?

Specialist periodontists complete a minimum of three additional years of postgraduate training beyond their dental degree, training dedicated exclusively to the supporting structures of teeth, the management of periodontal disease, and dental implantology. A general dentist is well placed to provide initial periodontal care and monitoring, but for moderate to advanced disease, the depth and focus of specialist training makes a measurable difference to clinical outcomes.

Specialist periodontists are registered with AHPRA in the specialty of Periodontology. Patients are encouraged to verify any specialist's registration directly at the [AHPRA website](https://www.ahpra.gov.au) before proceeding with treatment.

At Collins Street Specialist Centre, every patient with periodontal disease has access to genuinely collaborative care. Where a treatment plan incorporates tooth replacement with implants, or requires complex reconstruction following significant bone loss, your periodontist works directly with our prosthodontists and oral surgeons within the same building. There are no external referrals, and no risk of clinical context being lost between providers.

Our specialists

The Collins Street Specialist Centre periodontics team is based at Level 12 & Tower, Manchester Unity Building. All five members of the team hold Dental Board registration as specialist periodontists:

- **Dr Simon Hinckfuss** — The only periodontist in Australia who also holds registration as a Specialist Prosthodontist. His dual specialist expertise is particularly valuable in treatment plans that span both periodontal rehabilitation and complex restorative reconstruction. - **Dr James van den Berg** — A leading practitioner of laser periodontal therapy in Victoria, with continuous laser experience since 2004 and more than 25 years in specialist implantology and periodontics. - **Dr Nupur Kataria** — Specialist Periodontist, Doctorate Clinical Dentistry (Periodontics), University of Adelaide. - **Dr Ahmed El Hadidi** — Specialist Periodontist with active research interests in DNA mutations and their role in periodontal disease susceptibility and progression, bringing a precision medicine perspective to complex and treatment-resistant cases. - **Dr Peishan Jiang** — Specialist Periodontist with interests in translational dental research and all aspects of surgical periodontics, including bone and gum grafting, sinus lifts, and implant surgery.

Related treatments

If you have been diagnosed with gum disease, your treatment plan at Collins Street Specialist Centre may also incorporate one or more of the following:

- **[Bone Grafting](/procedures/periodontics/bone-grafting-guided-bone-regeneration/)** — To rebuild bone lost to advanced periodontitis, restoring structural support for existing teeth or establishing a foundation for future implant placement. - **[Gum Grafting](/procedures/periodontics/gum-grafting-soft-tissue-grafting-recession-treatment/)** — To address gingival recession that frequently accompanies periodontitis, protecting root surfaces and restoring gum architecture. - **[Dental Implants (Periodontics)](/procedures/periodontics/dental-implants-periodontal-specialist-placement/)** — Where teeth cannot be retained, implants placed by a specialist periodontist offer the most biologically integrated and durable replacement option available. - **[Peri-Implantitis Treatment](/procedures/periodontics/peri-implantitis-implant-infection-specialist-management/)** — If existing implants have developed infection around the supporting bone, specialist management is essential to arrest progression and preserve the implant where possible. - **[Root Canal Treatment (Endodontics)](/procedures/endodontics/root-canal-treatment/)** — On occasion, deep periodontal pocketing extends to involve the dental pulp, necessitating a coordinated periodontic-endodontic management approach.
