

About Dr. Rana Al-Falaki

Rana Al-Falaki qualified from The London Hospital in 1997 with distinction. Following this she carried out general professional training in general practice and the community service, then attaining her MFDS. She re-joined The London in 2000 to carry out a 3 year full time specialist training program in periodontics and implant dentistry, where she obtained her Master of Clinical Dentistry degree with distinction and Member of Restorative Dentistry from The Royal College of Surgeons. She has worked as an Associate Specialist in Restorative Dentistry at The London, participated in the undergraduate and postgraduate teaching programs there, and lectures to general practitioners. She now devotes her time to full time specialist practice with special interests in stress related diseases, risk factors and cosmetic periodontics.



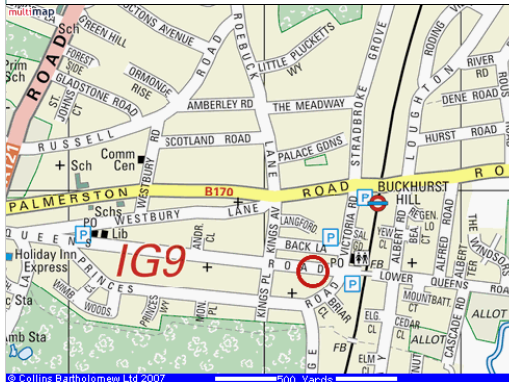
Dr Rana Al-Falaki
BDS, MFDS RCSI, MClintDent, MRD RCS (Eng)

Specialist In Periodontics

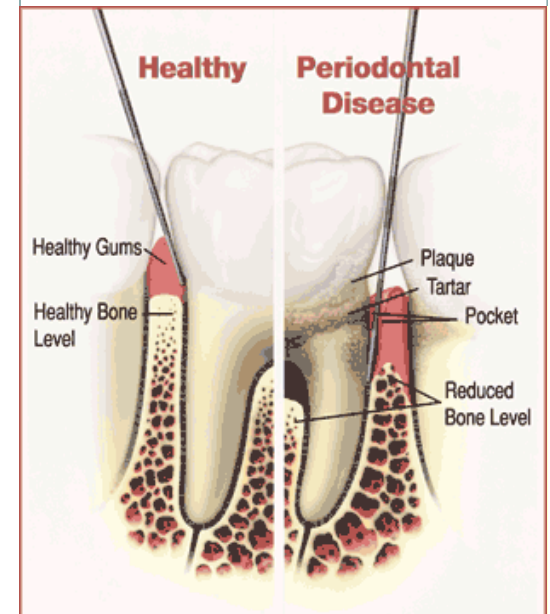
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About Periodontal Diseases



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Periodontal disease



Periodontitis

6mm pocket before treatment

No periodontitis

Treated pocket, now just 1mm



Approximately 93% of the population have some form of periodontal disease, also known as gum disease or pyorrhoea. These diseases are often painless until the much later stages, and therefore can go undetected until it is too late to save the teeth. If left untreated, gum disease can destroy the bone and tissues that surround and support the teeth, causing them to become loose and painful, and eventually be lost, even though the teeth themselves may be healthy.

Other signs and symptoms of gum disease include bleeding gums, bad breath or a bad taste, swellings and abscesses, receding gums, and loose and drifting teeth. Occasionally you may have no obvious symptoms and ironically these are often the most aggressive forms which progress rapidly. The end point is loose teeth that can't be saved and are eventually lost.

There is also increasing evidence to suggest that gum diseases can contribute to heart disease, strokes, diabetes, kidney disease, lung diseases, certain cancers and even psychological disorders and can affect your general health, and so working towards healthy gums will also help you achieve better health.

The Cause:

The main cause of gum disease is bacteria found in dental plaque. This is the sticky white film that forms on your teeth daily. The bacteria produce toxins, or poisons, that irritate the gums and cause them to become inflamed - this is known as **gingivitis**. If left untreated, the bacteria start to destroy the gum, bone and ligament that hold the teeth in place. This is known as **periodontitis**. The gums separate from the teeth, causing gaps known as pockets.

Other factors that contribute to gum disease are smoking, genetic factors, stress, medical history, nutrition and general health.

The aims of treatment:

The main aim is to stabilise the condition and prevent any further destruction.

The majority of patients are treated non-surgically. This is sometimes referred to as deep scaling or root planing and consists of cleaning out the pockets to remove the tartar, debris and toxins on the root surfaces. This is also combined with intensive oral hygiene instruction which together can result in the healed gum 'sticking back' to the teeth and the pockets closing up. In certain cases we use lasers which results in faster, less painful healing and less sensitivity, and can also encourage new bone growth. We may also combine the treatment with antibiotics or nutritional supplements.

In some cases, it may be possible and appropriate to attempt to re-form, or regenerate, bone. Likewise, previously destroyed gum tissue (recession) can also be replaced. These procedures are surgical in nature, and are usually delayed until the overall condition is stabilised to a degree. They are not always necessary in order to treat the disease successfully

Side Effects:

Both surgical and non-surgical treatments are painless because local anaesthetic is used. Once this wears off, side effects to expect are:

Pain, tenderness – normal painkillers resolve this

Sensitivity to cold – this is temporary

Increased recession or gaps between teeth – 'black triangles' – this is not reversible

How long does the treatment last?

This depends on the nature and severity of your condition. Typically, non-surgical treatment is treated over two visits and followed up with a re-evaluation after 2 months.

What next?

The majority of people respond well to treatment, but you get out what you put in. This means if you carry out the recommended oral hygiene protocol and maintain them, you have a greater chance of responding to treatment. Many other factors can affect the response – these include smoking habit, stress and medical status.

Once stabilised, we enrol you in a maintenance program which is the key to long term success and stability. This may mean regular visits with the dentist and hygienist and also regular assessments with the periodontist to avoid relapse of the condition. Failure to comply with maintenance may result in the need for repeat treatment.

Other reasons to see a periodontist

Your dentist may also refer you for reasons other than gum disease. These include:

Replacing lost gum tissue (recession)

Crown lengthening procedures (to allow the dentist to successfully restore teeth or improve appearance)

Bone and gum grafts – to prepare the tissues prior to bridge or implant placement



Gum recession

Before treatment

After gum grafting