

# Gum Disease Treatment — Gingivitis & Periodontitis

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## Description:

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### # Gum Disease Treatment — Gingivitis & Periodontitis

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 significant damage has occurred. At Collins Street Specialist Centre, our specialist periodontists diagnose and treat every stage of gum disease, from the earliest signs of inflammation through to advanced cases requiring surgical intervention.

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### ## What Is Gum Disease?

Gum disease is an infection of the structures that support your teeth — the gums, periodontal ligament, and the underlying bone. It exists on a spectrum:

**Gingivitis** is the earliest and most reversible stage. Bacterial plaque accumulates along the gumline, triggering an inflammatory response. Gums become red, swollen, and bleed easily when brushed or flossed. At this stage, the bone and connective tissue anchoring your teeth remain unaffected. With appropriate professional treatment and diligent home care, gingivitis is entirely reversible.

**Periodontitis** develops when gingivitis is not resolved. The body's immune response to persistent bacterial infection causes destruction of the bone and ligament that hold teeth in place. Pockets form between the gum and tooth root, providing a protected environment where bacteria thrive and proliferate. As the disease advances, teeth may loosen, shift, or ultimately require extraction.

Periodontitis is classified by severity: - **Stage I–II (Mild to Moderate):** Measurable bone loss, pockets of 4–6 mm depth, manageable with non-surgical therapy in most cases. - **Stage III–IV (Severe):** Significant bone loss, deep pocketing, possible tooth mobility. Surgical treatment is often required. Stage IV includes complexity factors such as masticatory dysfunction.

Beyond the mouth, research has established associations between periodontitis and systemic conditions including cardiovascular disease, type 2 diabetes, adverse pregnancy outcomes, and

respiratory disease. Treating periodontal infection is not merely about preserving teeth — it is an investment in overall health.

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## ## When Might You Need This?

Gum disease can progress considerably before symptoms become obvious. Seek specialist assessment if you notice:

- Gums that bleed when you brush or floss (this is not normal) - Gums that appear red, puffy, or swollen
- Gums that have pulled away from your teeth, making them look longer - Persistent bad breath that does not resolve with oral hygiene - A bad taste in your mouth - Teeth that feel loose or have shifted position - Sensitivity to hot or cold at the gumline - Pain when chewing

Your general dentist may also refer you to a periodontist after measuring increased pocket depths ( $\geq 4$  mm) during a routine examination, or after noting bone loss on X-rays. In complex or rapidly progressing cases, specialist management makes a material difference to outcomes.

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## ## What to Expect: The Treatment Process

### ### Stage 1: Comprehensive Periodontal Assessment

Your first appointment involves a thorough periodontal examination. Your specialist will: - Chart your pocket depths and attachment levels at six sites per tooth - Assess bone levels using digital X-rays and, where indicated, cone-beam computed tomography (CBCT) with our Planmeca ProMax 3D imaging system - Evaluate plaque and bleeding scores - Review medical and medication history (certain medications and systemic conditions significantly influence periodontal disease) - Assess genetic and environmental risk factors

At CSSC, Dr Ahmed El Hadidi's research background in DNA mutations and periodontal disease means that for complex or treatment-resistant cases, a more precise, personalised risk profile can inform the treatment approach.

### ### Stage 2: Non-Surgical Periodontal Therapy

The cornerstone of periodontal treatment is non-surgical therapy, often called scaling and root planing or periodontal debridement. Under local anaesthesia, your periodontist removes bacterial deposits and calculus from root surfaces deep below the gumline, using both ultrasonic instruments and hand curettes. This disrupts the bacterial biofilm and allows the gum tissue to heal and reattach.

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

Treatment is typically delivered in two to four sessions, depending on the extent and severity of disease.

### ### Stage 3: Re-Evaluation

Approximately six to eight weeks after active therapy, your periodontist reassesses your periodontal status. Pocket depths, bleeding scores, and radiographic appearance are compared with baseline. Most patients with Stage I–III periodontitis respond well to non-surgical treatment alone. Where residual disease persists — deep pocketing that cannot be adequately decontaminated by closed approaches — surgical intervention is planned.

### ### Stage 4: Surgical Periodontal Therapy (Where Required)

For advanced disease, surgical options include:

**\*\*Flap surgery (osseous surgery):\*\*** The gum is temporarily reflected to provide direct access to root surfaces and underlying bone, allowing thorough debridement and bone reshaping where appropriate.

**\*\*Regenerative surgery:\*\*** For sites with specific bone defect morphology, regenerative materials (bone grafts, barrier membranes, and growth factors) are placed to encourage the body to rebuild lost bone and attachment. This is one of the most technically demanding areas of periodontics, and the outcomes are significantly better in specialist hands.

### ### Stage 5: Supportive Periodontal Therapy

Periodontitis is a chronic disease. Once the active phase of treatment is complete, patients enter a tailored recall programme — typically every three to four months — designed to detect early signs of disease activity and maintain the gains achieved through active treatment. Long-term compliance with specialist maintenance has been shown to substantially reduce tooth loss and disease recurrence.

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### ## Recovery and Aftercare

After non-surgical therapy, gums typically feel tender for 24–48 hours. Minor bleeding during the first day is normal. A chlorhexidine mouth rinse may be prescribed for the initial healing period. Most patients resume normal activities immediately.

After surgical procedures, recovery takes approximately one to two weeks. Postoperative instructions include: - A soft diet for the first week - Avoiding vigorous rinsing or spitting for 24 hours - Prescription pain relief and antibiotics as appropriate - Careful but gentle oral hygiene around surgical sites

Your periodontist will provide written aftercare instructions tailored to your specific procedure.

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### ## Why See a Specialist Periodontist?

Periodontists complete a minimum of three additional years of postgraduate specialist training beyond their dental degree. This training focuses exclusively on the supporting structures of teeth — the gums, periodontal ligament, and bone — and on dental implants. A general dentist can provide initial periodontal care, but for moderate to advanced disease, the depth of specialist knowledge makes a measurable difference to outcomes.

Specialist periodontists are registered with AHPRA in the specialty of Periodontology. You can verify any specialist's registration at the AHPRA website before proceeding with treatment.

At CSSC, every patient with periodontal disease benefits from multidisciplinary input. If your treatment plan includes tooth replacement with implants, or requires complex reconstruction after bone loss, your periodontist collaborates directly with our prosthodontists and oral surgeons within the same building — with no need for external referrals or repeated explanations of your history.

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### ## Our Specialists

The CSSC periodontics team operates from Level 12 & Tower, Manchester Unity Building. All five members of the team are Dental Board-registered specialist periodontists:

- **Dr Simon Hinckfuss** — The only periodontist in Australia who also holds registration as a Specialist Prosthodontist. His dual expertise is particularly valuable when treatment involves both periodontal rehabilitation and complex restoration. - **Dr James van den Berg** — A leading practitioner of laser periodontal therapy in Victoria, with laser experience since 2004 and over 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, bringing a precision medicine lens 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.

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## ## Related Treatments

If you have been diagnosed with gum disease, your treatment plan may also involve:

- **[Bone Grafting]** — To rebuild bone lost to advanced periodontitis, restoring support for existing teeth or creating a foundation for implants. - **[Gum Grafting]** — To address gum recession that often accompanies periodontitis. - **[Dental Implants (Periodontics)]** — Where teeth cannot be saved, implants placed by a periodontist offer the most biologically integrated replacement option. - **[Peri-Implantitis Treatment]** — If you have existing implants that have developed infection, specialist management is essential. - **[Root Canal Treatment (Endodontics)]** — Occasionally, deep periodontal pockets extend to involve the dental pulp, requiring combined periodontic and endodontic management.