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Oral hygiene as part of the prophylaxis concept

Prevention. Besides a healthy lifestyle, it's good oral hygiene that plays an essential role in oral health. If long-term stability is to be ensured, patients need a customized package of care covering the full spectrum of professional biofilm and calculus management, individual education as well as instruction in oral hygiene.

The most common oral diseases are based on the presence of dysbiotic biofilms [1]. The lifelong removal of these biofilms through appropriate home care and professional measures is essential to maintain oral health.

Risk factors and oral hygiene

Regular mechanical removal of the biofilm usually helps keep the biofilm in balance – in a symbiotic state as it were. In addition to avoiding risk factors such as poor diet, smoking and stress, good oral hygiene makes a decisive contribution to preventing a transition to dysbiosis. The guidelines on gingivitis prevention (currently undergoing revision) recommend manual or electric toothbrushes – supplemented by aids for mechanical interdental cleaning and rinsing solutions if need be [2, 3]. These are tailored to the patient's individual risk, personal needs and manual skills.

Toothbrushes are unable to reach interdental spaces. Such areas thus offer ideal local conditions for biofilm to become established and mature. Interproximal biofilm remains after brushing – above all in the premolar and molar region [4]. To prevent this, interdental brushes are highly recommended – alongside dental floss for crowded teeth. Professional instructions on how to use them correctly are essential.

Is there such a thing as perfect oral hygiene?

As in life – the key to good oral hygiene is regular training, training, training. Disclosing tablets can be part of a plan for effective personal biofilm control.

Regular application helps patients learn to identify areas where better cleaning is needed – and how best to go about this cleaning. The clinical protocol of Guided Biofilm Therapy (GBT) includes biofilm disclosure and patient motivation (steps 2 and 3) as key to changing behavior on a lasting basis.

Serving also as clinical quality control, this disclosure step is an essential part of professional biofilm management (GBT, step 2). Only biofilm that's visible – disclosed in other words – is removed in the fourth step with AIR-FLOWING® (AIRFLOW® Prophylaxis Master with AIRFLOW MAX handpiece/patented Laminar Flow Technology and AIRFLOW® PLUS powder), remaining calculus is removed with the original PIEZON® NO PAIN PS/PI MAX Instrument (step 6) [5].

Conclusion

The cornerstones of long-term successful prevention: oral hygiene and the management of biofilm and calculus. Both are supported by the best possible control of risk factors as part of systematic prevention (GBT) [7]. Individual advice, instruction and encouragement from the practice team help patients become experts in their own daily oral hygiene – and so achieve optimal oral health in the long term.

Literature at the publisher (wir-in-der-zahnarztpraxis@springer.com)



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