More than just a scale and polish

Jo Rawcliffe looks at the essentials in a daily oral hygiene regime from the hygienist's standpoint

I have been a hygienist for 23 years now and I have never considered myself a scraper and polisher. I have heard hygienists being referred to in this way, as recently as last week and I find it irritates me. The profession is partly to blame for this. Coming to the hygienist every month for a scale and polish and getting just that sends the wrong message that the treatment is up to the hygienist alone. This in itself does not help our patients and leads them to believe that it is just cosmetic. I strongly believe hygiene therapy does not amount to just a 'scale and polish'.

Co-discovery and education

Hygiene therapy is about co-discovery and education. What is the problem? Who owns the problem? And what do we do about it? It is primarily about educating our patients in relation to the problem of gum disease and oral malodour, the causes and how to solve them.

All this should, I believe, be covered at the first visit. I insist on an initial perio assessment where I co-discover with the patient their worries and how best to tackle their concerns. A full mouth pocket charting plus bleeding score is recorded and discussed with every patient. I always disclose my patients and, contrary to popular belief, they respond very positively to it. Before embarking on teaching toothbrush technique, I first ask the patient to show me how they currently brush and then we modify it together to suit the patient. I give the patient a full in-mouth demo of both toothbrushing and flossing. This is the best way for people to learn and it is also very personal to them. They feel well looked after and pampered. It gives them a fuller understanding of how and why they should be brushing and flossing.

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The chlorine dioxide factor

One very important ingredient in my hygiene therapy sessions is chlorine dioxide (ClO_2) i.e. Retardex oral rinse + toothpaste + oral spray. It is extremely effective in combating gum disease and oral malodour, when used as part of a daily oral hygiene regime.

All my patients rinse out with it prior to treatment. I irrigate all pockets with it at the end of each session and patients with deeper pockets I supply syringes for home irrigation. At each subsequent hygiene therapy session I do full mouth flossing after scaling, prior to prophylaxis. I regard this exercise as my 'practice what you preach' approach.

We must floss by example

If we as hygienists expect our patients to floss daily then we must lead by example and do it at each visit. It must be made clear to our patients that home compliance is as important as any treatments we carry out in our surgeries. Their efforts to improve their oral hygiene must be acknowledged and praised at every opportunity. This way we can continue to effectively educate our patients and thereby fight the ongoing problem that is periodontal disease.

Jo Rawcliffe EHD qualified at Newcastle in 1979 and has been a hygienist for over 23 years. She currently works at St Andrews Dental Centre in Hull.

If you have an interesting case or technique you wish to share with colleagues which will also enhance our fight to improve awareness of periodontal disease in general dental practice, contact Julian English (editor) at *Dentistry* magazine, Hertford House, Farm Close, Shenley, Hertfordshire WD7 9AB, or fax 01923 851778.