

# Plaque Control and Mouth Rinse

By Gary S. Padgett

**The prevention and control of Gingivitis and Periodontitis are a challenge for patients and the Dental Team.** Good oral hygiene through adequate plaque control and management of gingival inflammation are fundamental to good oral health.



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- **Tooth Brushing With Toothpaste** is the most frequently employed method for basic oral hygiene although very few patients are able to attain ideal plaque removal through this approach alone. Flossing and interdental brushes and dental picks are essential aids in reducing plaque levels further.

- **Mouth Rinses**, in addition to the above, are an easy and effective way to further decrease plaque and bacteria. This can provide significant benefits to those patients who are unable to maintain high levels of mechanical cleaning with brushes and floss.

**Mouth rinses** are well accepted today and are the most common vehicle for chemical plaque control. Anti-gingivitis agents fall into 3 categories of chemicals: amine alcohols, mixture of essential oils, and quaternary ammonium compounds.

1. **Chlorhexidine Digluconate** is an alcohol compound that is prescription only. This has a high anti-microbial effect and due to the alcohol content has an astringent feeling to the mouth. It is very effective but one of the side effects is unwanted staining of the teeth that can be removed during the cleaning appointment. This rinse is used usually for short time periods for fast results.

2. **In the category of Essential Oils** we have Listerine; this is a mixture of oils dispersed in an alcohol base. It is widely used and effective due to the high alcohol content. The side effect is the astringent feeling and burning sensation of the gingival tissue.

3. **Quaternary Ammonium Compounds** are a cationic surface active agent used in many current rinses as well as in many items claiming cosmetic claims.

Their mode of action is that of anti-plaque. These provide a small but significant additional benefit in reducing plaque accumulation.

\* One last category that needs mentioning, **Fluoride Rinses**, is available today. These are beneficial in reducing decay formation frequently seen in our elderly population with exposed roots. Bathing the roots with these rinses significantly reduces the amount of decay. It is our feeling that after good brushing and flossing a mouth rinse should be used to complete the plaque removal process, then if needed a fluoride rinse be used if there is exposed root structure is present.

**Chewing sugarless gum for 20 minutes after meals  
can help prevent tooth decay.**

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