

Totally devoted

Kathryn Carey chats about her role as a dually qualified hygienist and therapist and reveals her dedication to improving the periodontal health of her patients

What's a typical day like for you in practice?

There isn't really a typical day or a typical patient! It varies depending upon what stage of treatment my patients are at. What many do have in common is some level of periodontal disease. And that's irrespective of whether the patient is seeing me on a private basis or on the NHS. What I would say, though, is that new patients tend to present with the worst signs and symptoms of periodontal disease because, of course, after that we treat them accordingly and work hard to maintain their level of oral health – both through in-practice care and oral health instruction.

How do you feel about your role?

I love all aspects of it but, in particular, I do enjoy performing periodontal treatment. When you think of patients with periodontal disease, and that the care I deliver can stop the worst possible outcomes like tooth loss becoming a reality, that's incredibly satisfying

How do you deal with patients who present with periodontal disease?

I think that a lot of patients are under the impression that once they've been diagnosed with periodontal disease, that's their lot for life. Of course, that's not true so the first thing I need to do is educate them about the reality of the situation. In that initial appointment, I'll record a baseline for each patient, and spend time communicating the importance of an effective home care regimen. So, I go over their toothbrushing technique, educate them about needing to brush twice daily for at least two minutes, and to spit, not rinse. And then I tell them about the need for interdental cleaning because a large proportion of patients, when they first present, are not sold on its effectiveness. If you can't get all of that message across, of course there is a significant risk that the periodontal disease will continue to progress.



predominantly achieved a great plaque score and has minimal bleeding scores but there is one individual pocket that's a persistent problem, I do think there is a place for an adjunct, such as Periochip. I will discuss all of the options with the patient and explain how Periochip works – in essence, in patient-friendly language, when combined with scaling and root planing procedures, it has been shown to reduce pocket depth in adult patients with periodontitis, where the pocket is 5mm or greater. If they accept that particular option, I then perform root surface debridement before placing the Periochip.

What sort of results have you seen from using Periochip?

Going back to the first time I ever used it, besides the fact that it works exactly as promised – in that it does indeed reduce pocket depth when used with scaling and root planing – there was a surprising side effect in my patients. And that was, having opted for Periochip, they seemed to make even more effort between appointments to keep their dentition and gingiva clean. Maybe it was knowing there was an extra something helping, or maybe it was the additional outlay. What I do know is that my Periochip patients achieve very good periodontal outcomes.

For example, if a patient had a 8mm pocket, and I placed Periochip in there three times over a period of nine months – as recommended by the manufacturer if, over that time, the pocket is still 5mm or more – I would expect to get a final measurement of about 4mm. Naturally, I'm not in a position to guarantee any results but it's always worth offering it as an option for appropriate patients presenting with periodontitis.

The truth is, there isn't just one thing that allows us to achieve a successful outcome, but when we combine everything in the hygienist and therapist's toolbox, we can certainly gain control over periodontal disease, prevent further harm and, where possible, work to reverse the damage done. [OH](#)

What constitutes success for you?

You need to achieve a good bleeding score and a good plaque score, and get patients to be compliant with their own care. I would say that between 70 and 80% of patients take responsibility for their oral health between appointments after that first meeting, which is a great success. There are those who I don't succeed with straight away, and I just keep on trying!

What would you say is crucial in your management of periodontal disease?

I think interdental brushes are essential to success, alongside a good tooth brushing technique. I think electric toothbrushes work really well in helping patients to prevent periodontal disease.

You've clearly got a great handle on patient compliance when it comes to home care. What sort of treatment might you deliver within the practice to help support their efforts?

Every day I perform prophylaxis, just like all of my hygiene and therapist colleagues out there. And applying a fluoride varnish is common practice, too, of course. Aside from that, as one example, if I've got a patient who has done really well with their mechanical cleaning at home and

Kathryn Carey

Kathryn qualified as a therapist and hygienist in 2012, and was awarded the dual qualifications from the Royal College of Surgeons. In 2015, she was nominated as Hygienist of the year at The Dentistry Awards. Kathryn has continued to expand her qualifications, including inhalation sedation. She now works in five different dental practices across the north west, offering both NHS and private care.