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Talk to the Dentist Present...

Laser Treatment of Gum Disease – LANAP

New Technology

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The following information is a transcript of TalkToTheDentist.com, Episode One: Laser Treatment for Gum Disease. This informative discussion is provided by Dr. Joe Valenzi, DMD; a general dentist in Port Orange, Florida.

Dr. Valenzi earned a Fellowship award and the prestigious Mastership award from the Academy of General Dentistry in 1999. Learn more [about Dr. Valenzi](#), his staff and services provided at White Wolf Dental Group.

Talk to the Dentist is division of White Wolf Dental and allows Dr. Valenzi to provide educational podcasts which can be downloaded directly from TalkToTheDentist.com or by subscribing through iTunes.com.

001 Talk to the Dentist – Dental Treatments – LANAP – Laser Assisted New Attachment Procedure

Transcript of Dr. Joe Valenzi and Registered and Certified Dental Assistant, Lisa.



Dr. Valenzi: This is Episode One of [Talk to the Dentist](#). My name is Joe Valenzi. I am a general dentist in Port Orange, Florida. You can read all about our practice at [WhiteWolfDental.com](#) and learn more about my background and the dental procedures we offer.

As I said, this is our first episode of *Talk to the Dentist*, where we explore dental treatments and dental technology. Today, we're going to talk about what we've learned from our patients, and in general try to give information to you, our listeners out there, as you face dental treatment so you can make an informed decision.

I love the web and I think people use it more and more to research what they're doing for all their healthcare decisions. Oh, and by the way, I have here with me, Lisa, my office manager. Lisa has a very extensive background in dentistry. She's been an assistant and a receptionist. She's been an office manager and she brings a lot of background and perspective to her job. Say "hi" Lisa.



Lisa: "Hi!"

Dr. Valenzi: We see more people coming in very well informed about what they want and what we do here than they did a few years ago, right Lisa?

Lisa: I think that's absolutely right Dr. Valenzi. I think that it's so much more fun to go in and do a case presentation when we're not educating patients about the very basics of dentistry. They already have a very good understanding and have already researched what we can offer them. For me it's a lot more fun. Our patients are asking difficult questions because they are so well-informed and it's certainly more challenging.

Dr. Valenzi: Yes, but it's kind of nice when you're having a conversation with your patients about more specifics. You're not saying, "We have these things called [implants](#) and it looks like this." People are asking, "What kind of implants are you using? Can I have the tooth on that immediately?" So, that makes it a lot of fun because we like to educate our patients to make informed decisions.

Lisa: I think it also gives them a chance to feel like they are participating in the treatment they are determining is best for them.

Dr. Valenzi: And it is their decision, so they need to be informed so they can live with the potential risks and problems of any procedures that we offer. I totally believe in the Internet. Like most dentists I think I'm a bit of geek. Probably more so than most people. I've been accused of that.

Lisa, you know I recently got into the Mac world, so I got my computer and then I bought an iPhone. I'm totally in love with my iPhone and I've discovered the world of podcasting because of it. I knew podcasts existed, but I really didn't have a convenient way to listen to these things. But, now as I go take my walks in the morning, I take my iPhone and I go exploring around and listen to things that I could learn as I'm walking. And, it's just awesome because you can find so many cool things in the world of podcasting.

Of course, being a dentist I explored what's available for dentistry both as professional education for me and also for patients. I was really surprised to learn that there is nothing out there for patients to learn about dental procedures. Virtually nothing, which is surprising because nowadays you can find anything that you want on the Internet.

So, I thought this would be a great opportunity to help educate patients. Let me just tell you about my background and my perspective. First of all, I am a general dentist and everything that we say on this show is not fact, well I shouldn't say it's not fact, it's not gospel. These are my opinions.

Your dentist may have other opinions about treatments than I do. They may have other recommendations for [dentistry services](#) for your particular situation. But, this is based on my experience and research and my education over the years, but that's all that it is. So take it for what it's worth, right Lisa?

Lisa: Right. I think this is a wonderful opportunity for the consumer to be able to actually get to know the dentist and feel comfortable enough in their own home to ask the questions that maybe they haven't felt comfortable in the past because the dentist has rushed in and rushed out. Or maybe you've had some dental treatment done and you've forgotten to ask that important question. Now you have your very own dentist available to you 24/7.

Dr. Valenzi: That's right. When you go onto the [TalkToTheDentist.com](#) blog there is a place for you to put your comments, so if you have comments about this show or you have questions about dental treatment that you're facing which you'd like us to explore in the future, please feel to put them on there. We'd love to hear from you and receive your comments. We'd love to pontificate and expand on them because we love talking about dentistry. We do it all day long. We love dentistry, right Lisa?

Lisa: Absolutely! It is one of the most exciting things that I think I've ever done in my life because it continually changes. The materials get better. The techniques get better. Nothing stays the same in dentistry, so podcasting is a way we can share the new things we're learning with you.

Dr. Valenzi: And, that's right. Because things change like that it makes me want to remind you that if I'm recommending something today that doesn't mean I won't be 180 degrees on that a month from now. That's just the way it is. We try to always do what is best for our patients at that particular point in time and that changes all the time. We've done a lot of changing in the last few years haven't we, Lisa?

Lisa: Yes, we have and I think that's one of the reasons I enjoy what I do so much. We are always looking at ways to improve our patient care, not just the materials, but in the techniques to make it more comfortable. It makes me really proud to be part of an office that is cutting edge and concerned that patients' are comfortable and that they're actually involved in that treatment.

Dr. Valenzi not only involves the patient but he also involves family members. They are welcome to sit in the room and he gives them a class on the particular procedure we are doing. So, we're pretty unusual when it comes to the typical dentist office, which I think makes it a lot more fun. We have an opportunity to really get to know our patients and their extended family members. They feel very comfortable. They come in, walk the back rooms. When they've had enough they go up to the front and get a cup of coffee and then they join us again. So, it's a very relaxed atmosphere and one that I'm very, very proud of.

Dr. Valenzi: Thank you Lisa. I thought this week we would start off by talking about something we seem to be doing a lot of lately. As a general practice we do all sorts of procedures here and things sometimes seem to come in waves. Sometimes it seems like everybody is coming in for a root canal problem or they need an extraction or they want some cosmetic procedures. Lately, it seems like we've been getting a lot of people who have gum disease issues. We have at our office a laser for treating gum disease called the Millennium Dental Laser. You can check them out at their website, MillenniumDental.com, I think.

Lisa: Yes, that's correct.

Dr. Valenzi: This laser is part of a trademark procedure called [LANAP](#), which is an acronym for Laser Assisted New Attachment Procedure. That's something else you could look up on the web to learn more about.

I'll just give you a little background about it and how it fits into our treatment of gum disease and tell you a little about the history of gum disease treatments and options to see how it all fits together. Let's start with the history of it.

We won't go back to the dawn of time which is usually how I start my discussions. We'll just go back to say the 1980s when I was getting involved in dentistry. Until recently there were two main approaches to treating gum disease.

There is scaling and root planing which is... Should I talk about what gum disease is first, Lisa?

Lisa: I think talking about gum disease is a very good thing. Just because your gums are bleeding doesn't necessarily mean you're a candidate for an aggressive type of cleaning. There are different, very specific reasons that we use root scaling and planing or the laser assisted new attachment procedure.

Dr. Valenzi: Okay, let's back up just a bit here. I'm assuming you're listening to this because you've read the headline and realize we're talking about gum disease. So that probably means you've been told by your dentist that you have gum disease. Hopefully he has explained what that is. If he hasn't gum disease is really two diseases. One is gingivitis which is where your gums are all beefy and red and typically affects kids who don't brush their teeth. Is that not right, Lisa?

Lisa: That's a perfect description. Beefy is absolutely perfect. If you look in the mirror and see that you have some beefy looking gum tissue, you may be a candidate for one of these procedures.

Dr. Valenzi: Right, you know sometimes you'll see kids with gums that are all swollen and crawling all over their teeth because they haven't brushed them. That's generally gingivitis. Kids don't usually have periodontitis, which is the other disease. Gingivitis is just the soft tissue getting inflamed and angry.

When you have that it leads to the next concern of the next disease which is periodontitis, which is when that disease starts to go into the bone and you lose bone support to your teeth. That's more of a problem because the bone is what hold your teeth in your head. When it gets really bad we have those situations where patients will come in and tell us they were eating a sandwich last night and one of their teeth fell out.

If the patient is six years old that's not alarming because their teeth should be falling out. If you're 46 years old, your teeth shouldn't be falling out. Just a check for you out there, if you are 46 years old and your teeth are falling out that is definitely a sign of a problem. But, even if it doesn't get that extreme you may notice your teeth are getting looser, or you may notice spaces developing in between your teeth. These are signs that the bone support of the teeth is starting to lessen and things are changing. You may have abscesses, which we see a lot here.

Lisa: We see a lot of those on a daily basis.

Dr. Valenzi: And that's often one of the first signs because gum disease, like so many chronic diseases, is a pretty silent disease. It's not alone. You know heart disease is a silent disease too. When your heart arteries are blocked 85-percent you don't feel it. When they are 90-percent blocked you don't feel it. When their 100-percent blocked you know.

Gum disease is kind of like that. You don't feel it when you've lost 20-percent of the bone around your teeth, or 50-percent of the bone. When it's 90-percent, the teeth are loose and starting to come out then you know it.

So, that's what gum disease is. It's not evenly distributed across people by age or ethnic groups. Some people seem to be more at risk for gum disease than others. There's this concept of risk factors developed by a doctor named John Kois out in Seattle, which is where Lisa is from.

Lisa: Yeah, Seattle!

Dr. Valenzi: It just says that some people are more at risk for dental problems than others. You may be at risk for developing decay or you may be at risk for developing bite issues, but there are definitely people who might be more susceptible to gum disease than others.

Some of that is the patient's fault because they haven't brushed or flossed which is what you've heard from your dentist for years. That is all your fault. But, some of it's not your fault. Some of it stems from bacteria you've inherited, probably from your parents but also from your spouse. You should know that gum disease is a transmissible disease. If you're in the middle of getting gum treatment work and your spouse has untreated gum disease that is going to hinder your progress towards getting healthy. It really helps to get both, all the people, treated at the same time.

Some it is bacteria, the particulate bacteria that you have. Some of it is your genetics. There are people with better immune systems that can fight off gum disease. Sometimes it's the enzymes that you have that may respond exuberantly to the bacteria around your teeth. So, we try to assess the risk factors for our patients to decide what the best approach is going to be.

Lisa: Dr. Valenzi, I think one thing that's really important to share with everyone is that we do some very specific bacteria testing called DNA testing that goes along with the LANAP procedure. [Oral DNA testing](#) has enabled us to identify the specific bacteria and exact protocol for treating those bacteria once you've had the laser gum therapy performed.

Dr. Valenzi: Yes, that's a kind of cool development that maybe your dentist has told you about or maybe you've read about. In the past we haven't really been able to modify gum disease risk factors. You've always been able to brush your teeth better and clean your teeth better and the dentist has always been able to do some therapy which is where we're getting to with this, to talk about the different types of therapy, but right now we're still talking about the risk factors.

We can't change your genetics, but we can change the bacteria that are around your teeth or at least we're trying to. And, we certainly can at least identify the bacteria that you have. What Lisa was referring to was in the past we've known that there are many different types of bacteria that can cause gum disease, but we didn't really know which ones are in your particular situation because they're very, very difficult to culture with traditional techniques.

So, we've kind of empirically treated them. And, by the way, when I use words like empirically, I assume patients really want to know some good information and I'm not trying to oversimplify things. I'm not trying to make things too complicated, but I assume everybody listening to these podcasts is more than averagely interested in what's going on, so I hope you obtain the information you are seeking from this podcast.

By empirically treating it, you take a shotgun approach. You just throw antibiotics at it, hoping you'll get the bacteria that are affecting your situation. That's been the traditional approach because we couldn't discern which ones you have or not.

There's now a DNA probe which by putting a little piece of paper around your teeth and sending it off to a lab, they can actually identify the particulate bacteria species that are in your mouth. Out of the dozen or so species that can cause gum disease, maybe you have three and we know that those three are susceptible to *Metronidazole* and *Amoxicillin*. So, that's the particular antibiotic you will get whereas somebody else might need *Levaquin* and that will be the most effective.

Of course, these antibiotics are not a cure for gum disease. They are just an adjunct, but at least we can start attacking that particular risk factor. When we assess our patients we are looking for what is the state of their disease, what is their risk factors and from there we can recommend some treatments

Let's go back to where I was originally heading, which is types of treatment. The traditional treatment and one of the first lines of defense that is often recommended is scaling and root planing.

This is still a viable technique which involves an aggressive and meticulous cleaning of the teeth below the gum line and trying to clean out those pockets to clear all the plaque and calculus that's adhering to the teeth. You know, the calculus is the tartar, the hard stuff that you can see above the gum line and behind your teeth. Sometimes pieces of it will break off after it gets really thick. Well, that stuff grows underneath the gum line too, only you can't see and it harbors all those bacteria.

By scaling that stuff off your gums get a lot happier and it's definitely a helpful thing. It works best when you have slight gum disease to perhaps moderate gum disease. It will reduce pockets and bring those back to a healthy level. And, by pockets I should explain...Thank you Lisa.

Lisa: What is a pocket, Dr. Valenzi?

Dr. Valenzi: Just squirt me when I start going off. I should give you a water bottle and you can squirt me when I start getting too obtuse. Your gum is kind of like a fingernail. The fingernail ends at a particular point on your finger, but there's always a place underneath where you can get crud. Your gum is kind of like that.

Lisa's giving me an ugly look like I'm making a gross analogy. But, you can see the top of your gum. You don't know where that gum attaches to your tooth. It might be attached right up at the top of that or it could have a big separation like where you get a piece of popcorn husk sliding down underneath. Have you ever had that happen?

Lisa: I have had that happen. It's not a pleasant experience.

Dr. Valenzi: Well, it's sliding down into the pocket. So, you can visualize that stuff can get down in there. When you have gum disease that pocket gets deeper and deeper. When you have scaling and root planing, the hygienist, generally the hygienist or it could be a Periodontist or the dentist. The professional performing the procedure goes down around that pocket with tiny little instruments and cleans that stuff all out. As I said, it can definitely be effective on slight cases of periodontal disease and that could be the end of the story for you.

Unfortunately, a lot of adults have much more aggressive gum disease and scaling and root planing alone is not effective at only reducing the depth of those pockets. But and here's the Holy Grail, it's not a treasure buried a church somewhere. The Holy Grail for us dentists is getting the attachment to reattach, getting the bone to regrow, getting the gum to firmly adhere with connective tissues back to the tooth.

Scaling and root planing we know for sure doesn't do that. It can shrink the pockets, which is fine and that's good. It helps you clean it out, but it can't regrow attachments. So, for years, as long as I've been in dentistry, they've been trying to develop all kinds of surgical procedures to try to get that to happen. They have tried placing freeze dried bone or bone taken from one part of your mouth to pack it in and try to get the bone to regrow because that makes sense, right?

Lisa: Yes, definitely.

Dr. Valenzi: If you're missing bone, let's shove some bone down there. It's very intuitive. Sometimes that can work. It is a technically difficult procedure for surgeons to do. Even an excellent surgeon using all the fanciest materials and chemicals to treat it, might obtain maybe a 30-percent chance of success at getting attachment with this procedure. And, the patient undergoing it is not having the best time in the world because these are tough surgeries.

My experience is that the patients complain a lot about how these surgeries feel. Not while they're doing it because they're numb, but the healing afterwards is difficult. You tend to get a lot of shrinkage and root sensitivity. It's not a lot of fun.

Lisa: And, it's not 100-percent guaranteed either that's it's going to be doing what you want it to do. The bone is not necessarily going to be, there's no guarantee that the bone, artificial or your own, is going to attach to the side of that tooth and fill in that pocket.

Dr. Valenzi: Yes, if it was, if it were even a 90- or 95-percent guarantee, it would probably be worth doing, but that never happened. They kept trying a lot of different variations on it. It was our frustration with that whole process of traditional surgery that led us to look for alternatives like the laser.

We were typically faced with a situation where a patient had severe gum disease. Maybe they had gum treatment in the past with traditional surgery and now the gum disease has recurred because this is a chronic disease. We'll talk more about that, how none of these procedures will cure you of gum disease.

Let's be clear about that. There's nothing out there that is a cure for gum disease. Just like diabetes. If you have diabetes, nothing will cure you of it. We're trying to get you healthy and trying to get gum disease under control.

So, we would typically be faced with a patient that's had some treatment in the past and now the gum disease has recurred and we're recommending they go and get more surgery done. The patients will tell us, No Way!

Lisa: Absolutely, No Way! They say, "I'd like to keep my teeth but I do not want to go through the ordeal, the discomfort, the not being able to eat, staying on pain medication for several days at a time just in order to function for the day. I will not do it. I want to keep my teeth but there's got to be a better alternative."

Or they'll tell us, "I'll lose my teeth. I'll keep them as long as they are functional for me, but then take them out. I'm not going to go through it again." And, we've have that discussion daily for many years.

Dr. Valenzi: So, other people have been researching other techniques. There are always people looking for better ways. Lasers have been around a long time in dentistry, pretty much with disappointing results.

I have to say for years I was a laser nay-sayer. I would look at the literature and think, sure you did that with a laser, but we could have done that much better with a scalpel and the patient would have healed better and the results were absolutely no better.

But, two general dentists out in California, Dr. McCarthy and Dr. Robert Gregg believed that lasers had potential but they had to be a specific type of laser and exact protocol had to be experimented with and controlled to get the technique. It wasn't that the tool was wrong, it was that the way the tool was being used and exact perimeters for how the tool was used needed to be modified to get the result.

To their credit, they spent years and years and many hundreds of thousand dollars developing lasers and proving their protocol worked. They came up with a technique using a particular of laser called an Nd-YAG laser that has worked in their hands, in other dentists hands, and in controlled double-blind studies, which is of course the ultimate clinical test.

And, that's saying a lot. There is some really good research out there proving that this technique, in my opinion, is proven to work.

Now, let's go back to the different type of lasers. If you hear that somebody is using a laser to do gum treatment or using a laser to do a different procedure you need to understand that lasers are vastly different from one another.

Saying that you have a laser is like saying that you have a motor vehicle. Every motor vehicle will take you from point A to point B. But, that motor vehicle might be a sports motorcycle. It could be a minivan or a dump truck. They are all motorized, they have wheels and they will move you around. But, the way they work and the way they are designed are completely different.

Some lasers might be terrific for taking off skin lesions, or working on your eye, but they don't have any positive effect on treating gum disease. This particular laser, the Nd-YAG laser seems to have a particular wavelength of light coming out that interacts with the tissue and bacteria that cause periodontal diseases in such a way that's very beneficial.

They went ahead and patented this technique, I'm not sure patent is the right word, but it is copyrighted or trademarked. I'm not sure of the exact terminology. But, it is a specific protocol for using their laser that if you follow, it works. And, it has worked in our hands. We've been doing this for how long Lisa?

Lisa: We've been doing this for about three and a half years and we've had some phenomenal results. It's two-fold. Dr. Valenzi spent many hours in training in Cerritos, California to learn how to do this procedure. And, of course purchasing the equipment and actually being able to use it on patients.

Now, after a period of time, we've been able to follow those patients along and be able to see those pockets we talked about earlier, change. Perhaps they were 7s, 8s or 9s and now we're seeing 3s, 4s and 5s on a regular basis. Does that mean that we cured their gum disease? Not necessarily, but we certainly have improved their tissue and bone situation hoping they are able to keep those teeth for a period of time. Certainly longer than they would have if we had not treated the teeth.

Dr. Valenzi: As we talk about these things, again we are talking about our own personal experiences here. This is not something necessarily unique to our practice. I'm not putting this information out here to say that you need to come to us to get this type of treatment done.

But, when you're looking at your treatment options, if you are faced with gum disease, I would recommend that you look for a dentist who has this technology and has been trained and is familiar with it because I think it is the best technology out there.

What Lisa was talking about with the pocket depth reductions, those may just sound like numbers to you. If you've been treating gum disease and treating patients for as long as we have, the kind of reduction she is talking about, a 7mm pocket going to a 3mm pocket is really mind blowing because with scaling and planing you might get that 7mm pocket to a 5mm pocket.

5mm is still a significant pocket. You can't clean with your floss 5mm under your gums, so that's not something that's very stable. On your day to day cleaning you're not really cleaning that stuff out. We worry those things will break down in the future. But to reduce it to a 3mm pocket is astounding.

We see patients on recall and the results are so astounding that sometimes I have to go back and question my original readings. It seems impossible that the healthy patient sitting in front of me is the same patient that came in, in the past. It has really been a game changer as far as I'm concerned.

Lisa: And, I think not only that, but to give you a point of reference when we are calling out those numbers. 3, 2, 1 are considered healthy numbers so when you're talking to someone that has a 7, 8, or 9... I can remember when, even just five years ago, that tooth did not have a good prognosis. That tooth was eventually, probably in the very near future, going to need to be taken out and probably creating a lot of pain and discomfort for that patient.

People that are able to do the patient compliance along with what Dr. Valenzi is able to do for them are able to extend the life of those number 7, 8 and 9 teeth and feel better, much more comfortable. [Periodontal disease](#) is an uncomfortable and sometimes very painful condition and so it certainly is a way to improve that, which also improves quality and wellness of life.

Dr. Valenzi: Another really cool thing about the laser is that it is not as traumatic of a procedure as traditional surgery by any means. We had your patient yesterday that we just got the follow-up call about today. I called him last night and he called you today, right?

Lisa: He did call. It's fun to get those return calls where patients say, "Guess what, I didn't need to take any pain medication." "Guess what, I feel great this morning, I'm going to work." That's a pretty significant thing because old fashioned gum therapy, where they opened up the gum tissue and used bone files, you literally were down and out for several days and really not able to return to regular function of your day. It's a very fun thing for us to receive those types of post-operative calls. In this case, the patient called before we could even call him to say, "Wow, this was a phenomenal experience".

Dr. Valenzi: I don't want this podcast to be sounding like a snake oil salesman kind of thing. (Chuckling)

Lisa: I'm sorry, that was probably me. I'm just amazed by it.

Dr. Valenzi: I don't want to sound like we're pitching some miracle cure here because we're going to go into the limitations and downside of these things next. But, it is hard not to get excited about it. In future podcasts we'll talk about other things that are much more mixed. This is a hard one to feel very mixed about because it has really helped our patients so much. You were talking about that patient who...

Lisa: We had a patient that came to us about two years ago and she had been told by two other dentists that she absolutely had to have her teeth taken out. She was a very attractive, fit woman and the thought of walking around with dentures in, plastic teeth, absolutely brought her to tears. She had done a lot of her own research about LANAP, so when she came to us she had some very specific questions.

We recently saw her after two years of treating her. I guess it was about a month ago and she was literally in tears when she left because of the fact that she's able to get significant levels of improvement and has not been faced with losing her teeth. For her it was a big deal.

Her parents had dentures and had lots of problems and she never wanted to be that person. She left the office in tears, but they were happy tears. Just being able to know there is a procedure out there that can possibly offer those same wonderful results is very exciting.

Dr. Valenzi: Lisa did say happy tears because unlike the other patients who leave our office in tears from pain and torment (Lisa is laughing in the background) she was one of the exceptions to that rule.

Alright, let's talk about some of the limitations of this. We've talked about how wonderful it is, but...

First of all, we don't do LANAP here. We don't do implants. We treat patients. We always look at your overall goals and your overall situations. You may, for example, have severe gum disease which is totally treatable. But, if you get your gums healthy, you might still hate your teeth because they're crooked or you've had a lot of recession and they're long or discolored. So, treating the gum disease alone is not going to make you happy or pleased with where you're at.

Or, you may have a lot of missing teeth and even if we could get the remaining teeth healthy by treating your gum disease, you don't have enough function. You need to get some teeth replaced. So, you need to have an overall treatment plan.

If your treatment plan involves placing a lot of implants to replace missing teeth from the get-go, maybe it doesn't make sense to keep those compromised teeth, even if we could. Maybe you would be better off by just placing implants there. You need to have an overall plan before you use this tool.

As we've talked about before, LANAP is not a cure for gum disease. Your risk factors are going to partially changed, but some of things we can't change and without regular follow-up afterwards, and let me stress that, meaning cleanings at least every three months, sometimes more often. There's no magic formula for when you need to get your teeth cleaned. It all depends upon how good of a job you do at home and how your gums respond to that.

Some people can get their teeth cleaned once a year, but not people with gum disease. People who come in healthy and are tremendously resistant and they do a great job at home; they might be able to get away with annual cleanings.

People with gum problems must receive cleanings a minimum of every three months. There are some patients who need to come in more frequently than that because they cannot mechanically clean their teeth and that's what it takes to keep their gums healthy.

There have been studies in Sweden where people came in once a month to get their teeth professionally cleaned and that was a terrific tool for managing gum disease. So, you need follow-up. But, even with good follow-up and even with good treatment from the laser we can expect there will be some breakdown in the future because we have not eliminated the disease so there will be some teeth that continue to break down.

Those might need to be retreated with the laser or they may need to be extracted or they may need to have surgical procedures done if you want to try to save the tooth. Or, there's some abnormality in the teeth that's going to require other types of intervention. It's not a miracle cure, but it is a really great tool.

I think the way we position it Lisa, and I think I'm right in saying this is that it's the best way to get you into the best state of health right now in 2009.

Lisa: I think that's absolutely correct and I'm looking forward to what we might have to offer you in 2010 or 2011. I think that having this information out there for you to make the best decision. You evaluate what your goals are and give yourself every opportunity to have that feeling that you are in control of your situation and that you have done your research and that you are moving in a direction that's comfortable for you. That's why when we do our case presentations.

I don't think Dr. Valenzi shared this, but we do offer several different options. Kind of, if you will, a good, better and best. Once we've heard what you desire we then try to let you know what those options are going to be.

Perhaps it would be the conventional root scaling and planing or perhaps your gum disease is progressive enough that maybe we need to jump right into the laser. Or, maybe you're that person that says, "I've had problems with my gums my entire life and I really don't want to deal with it anymore". Perhaps a denture and or implant supported denture or partials are in your future.

Make sure, you the consumer, are going out in search of this information and seeking an expert opinion. Make sure you get those options, all of the options, so you can make the very best informed decision possible because guess what, you're the person stuck with those dentures or dealing with those cleanings every three months. This needs to be your decision.

Dr. Valenzi: There is no perfect treatment. You're at the dentist because you have problems. Those are the problems that you bring to your professional to get advice on managing. You have had some compromise. You have some damage and that damage can be repaired but there are compromises in the repair of that damage.

As Lisa said, you have to live with those compromises. Before you start going down the path towards a certain end point in your treatment, whether those end points are implants or dentures or retaining your teeth, be clear about what am I going to have to do to retain this? What are the chances that things are going to succeed? What am I going to look like in 5 years or 10 years? Are these veneers going to come off in that amount of time? Am I going to get staining? How likely is it that this implant is going to succeed?

Make sure you're comfortable with the whole thing and comfortable with the financial commitment that goes with the decision. Because it's not a done deal. Are you okay to spend the money to get that prosthesis fixed in a few years when it wears out because it's not going to last your entire life. Or, getting those cleanings every three months?

Be clear about what the commitment is going to be in the future and the chances of success. Don't just hear one option. If you only get one option, you might want to get an opinion from somebody else who will give you another option or several other options.

So, that's enough about this LANAP stuff. Let's just talk a little bit about other things that have happened in the practice this week. We'll get off this heavy, intense stuff. We're going to give you a little update on Ernest.

I'm hoping to upload some video footage of Ernest soon. Ernest is our mascot fish. Our office overlooks a lake, which is very nice for our patients to look out and see that peaceful scene as they are getting numb or waiting to for treatment. A few weeks ago we had this monstrous fish, about at least two feet long.

Lisa: I think so, probably at least two feet.

Dr. Valenzi: And, that's not a fisherman's tale. I think he really is two feet. So, this crazy fish starts swimming on the surface of the water with his dorsal fin and the top half of his tail sticking out of the water. And, not just for a moment. That's all that he does unless you scare him and he dives down. He just kind of cruises along on the surface like a miniature version of a basking shark. We don't really know what's going on with this fish. I think we thought he was sick and going to die so we looked at him day to day, waiting for him to wash up on shore. But it's been three weeks?

Lisa: Three or four weeks now that he's been hovering the banks of our little lake out front and it's been wonderful for our patients. It's a fun way to gather at the window and see something rather unusual. It's definitely not something you're expecting to see at the dental office.

Dr. Valenzi: I'm not an ictheologist, so I don't know what kind of fish this is. I'm going to post this video on the [White Wolf Dental](#) website. If anybody can identify what kind of fish he is and if he's sick or if this is what the species does. We've been here for 11 years and I've never seen fish like him out there so we don't know what is going on. But, we love him.

My staff has named him Ernest and we always go looking out every day for him. Last week there was a fisherman out there that was trying to hook him and we had to go out and chase him away.

Lisa: (Laughing) Well "WE" didn't have to go out there and chase him away. Dr. Valenzi dropped everything he was doing in the patient's mouth, dashed out there and had a long talk. All we could see were hands moving and then the gentleman putting his pole down to his side and realizing this was not going to happen. He was not going to catch our fish and take him home.

Dr. Valenzi: Well, this is not just any fish. This is OUR personal fish. So, we'll be posting those videos on our website about Ernest and maybe you guys can chime in and tell us what he is. That would be appreciated.

Look for us at www.TalkToTheDentist.com. Please post your comments about this episode and things you'd like to talk about. If you have specific questions about your treatment we can talk in general terms because we don't have your x-rays and we haven't examined you so we can't give you a definitive diagnosis. But, we can tell you our thoughts on what's going on because talk is cheap and we can spout opinions as easily as anybody.

Thank you for joining us on our first episode and we look forward to bringing you some more content. We'll explore other types of dental technologies, CEREC crowns, implants, white fillings vs. silver fillings, sterilization procedures, what else Lisa?

Lisa: The scoop on dental insurance, which is an ever-changing situation that is really not a great thing anymore. I look forward to sharing with you, on my soapbox, why the insurance companies really don't have your best interest at heart.

Dr. Valenzi: And, anything else that's on your mind. Thanks for joining us and we look forward to you joining us again in the future.