What Does Gum Disease Treatment Involve? | Core Dental

Canonical: https://www.coredental.com.au/what-does-treatment-of-gum-disease-involve/

Details:

Treating gum disease usually begins with a thorough examination and a clear diagnosis from your dental practitioner, because gum disease often causes little or no pain and can go unnoticed. From there, care may include learning effective brushing and interdental cleaning, professional removal of plaque and calculus above and below the gum line, a review of how your gums have responded, and a regular maintenance program. At Core Dental our team, including our hygienists, will explain each step before we begin.

Why does gum disease often go unnoticed?

Gum disease is typically associated with minimal to no pain, so many people do not realise they have it until it has progressed. That is why a definitive diagnosis and education from a dental professional is the first step in treatment. Bleeding when you brush or floss, swollen or red gums, and persistent bad breath are signs worth mentioning at your visit, but an examination is the only reliable way to know what is happening in your gums.

What is the first step in treating gum disease?

The first step is an assessment of your gums by your dentist or hygienist. They will look at the gum tissue, check for plaque and calculus (hardened plaque, also called tartar), and may measure the small pockets around each tooth. They may take X-rays where clinically appropriate. Once your gums have been assessed, a treatment plan is designed in consultation with you, and we quote before treatment starts so you know what to expect.

Which oral hygiene habits help prevent and manage gum disease?

Good daily habits reduce the plaque that causes gum problems. They include:

Toothbrushing all surfaces of your teeth and the gum line in a gentle motion for at least two minutes, twice a day, once in the morning and once before bed.

Cleaning between your teeth every day with dental floss or interdental brushes, which removes plaque from areas a toothbrush cannot reach. Several cleaning aids are available, so your hygienist can help you choose what suits your teeth and gaps.

In some cases, an antimicrobial rinse. Chlorhexidine mouthwash may be recommended for short-term use to reduce the number of bacteria in the mouth, but only when your dental practitioner advises it.

Your dentist or hygienist can also show you the techniques in person, give you instruction and feedback, and help you build skills that support healthier gums and better overall oral health.

What professional treatment may be involved?

Treatment depends on your gums. It may involve removing plaque and calculus deposits from the tooth surfaces and below the gum line using specialised dental instruments. In some cases a deeper clean is needed, which removes plaque and calculus from the root surfaces of the teeth. Local anaesthetic may be recommended to keep you comfortable during a deeper clean.

Your practitioner will explain what is planned, how many visits it may take and what it is likely to cost. Treatment time, fees and recovery vary with the diagnosis and the complexity of your care.

How will we check whether treatment has worked?

After hygiene treatment, your gums are assessed again to see how well they have responded. This review looks at things such as bleeding, swelling and the depth of the gum pockets. If your oral hygiene is good and the treatment has gone well, the next step is usually a maintenance program. If your gums have not responded as hoped, your practitioner will discuss other options with you.

What does a maintenance program look like?

A maintenance program is designed to monitor and control gum disease. It usually involves a thorough clean and a check-up about every six months. For some forms of gum disease, you may need hygiene visits as often as every three months, and you may be referred to a gum specialist (periodontist) for further treatment. Keeping up the maintenance program helps reduce the chance of gum disease returning, and thorough daily cleaning at home helps limit bleeding and keep gums healthy.

How can we help?

Our team of dentists and hygienists can assess your gums and talk through your options at any of our nine Core Dental practices. Where a periodontist is involved, we can discuss referral and what is available through our group when you book. Call 13 13 16 or book online. If you feel nervous about treatment, tell us so we can go at a pace that suits you.

One stage reverses, the other does not — and that is the whole decision

Gum disease is treated as a single thing in most conversations about it. The published account splits it in two, and the split is the most important fact on this page because only one side of it is recoverable.

The Victorian Department of Health: "the two main stages of gum disease are: gingivitis; periodontitis."

Gingivitis is the early stage. "It affects the surface layers of the gum, particularly where the gum meets the tooth. At this stage, there is no damage to the deeper parts of the gums, teeth or bone." Its signs are "bleeding gums, especially when brushing or eating" and "redness and swelling of the gum". And then the sentence that matters: "the good news is that gingivitis can be reversed."

Periodontitis is what gingivitis can become. The Department describes it as "an advanced stage of gum disease that may occur if gingivitis is not treated", affecting "the covering of the tooth root (cementum), the bone and the fibres that connect the tooth root to the bone (periodontal ligament)". Note what is absent here: there is no corresponding sentence saying periodontitis can be reversed. What the Department offers instead is containment — "early treatment of periodontitis can save affected teeth".

So the honest framing of treatment is this. If you are at the gingivitis stage, the realistic aim is reversal and it is largely achieved by cleaning. If you are at the periodontitis stage, the aim is to stop the loss and keep the teeth — because bone that has already gone is not something the published advice claims to restore.

That is why we examine before quoting anything. The difference between those two conversations is not a matter of degree.

What a practitioner contributes, in the Department's own words, is that "they can also professionally remove plaque and hardened plaque (calculus). This helps the gums to attach back to the tooth." That is the mechanism: removing what the gum cannot attach through.

Source: Better Health Channel (Victorian Department of Health), Gum disease, betterhealth.vic.gov.au (page reviewed 1 August 2025; accessed 4 November 2026).

Keep brushing, and the four-week rule

The single most counterintuitive piece of published advice about bleeding gums is this one, and it is the opposite of what most people do.

The Department of Health: "do not stop brushing if your gums are red, bleeding or puffy. Try to keep brushing with a soft toothbrush, as this will get rid of the bacteria and plaque that are causing the problem. The gums should soon start to look and feel better."

Bleeding feels like a signal to leave the area alone. It is not. The bleeding is an inflammation response to plaque — the Department describes the immune system trying "to get rid of plaque with an inflammation response", seen as "redness and swelling of the gum around the tooth". Stopping brushing leaves the cause in place.

Then comes the part worth writing on a sticky note, because it converts a vague worry into a decision: " if your gums do not improve or if they keep bleeding after four weeks, see your oral health professional. "

Four weeks. Not immediately, and not indefinitely. Keep brushing with a soft brush; if the gums have not settled in a month, that is the point at which it stops being something to manage at home.

Alongside that, the Department lists the signs that warrant an appointment without waiting out a month, because they belong to the advanced stage: "receding gums (the gum line shrinks away from the tooth making teeth look longer)", "bad breath", "a bad taste in the mouth", "tenderness when biting", and "loose teeth, or teeth that have moved". Loose or shifted teeth in particular are not a cleaning problem.

One more point the Department makes that we will state exactly as it does and no more strongly: "if gum disease is not under control it can impact your health and have negative effects on heart health, and worsen diabetes. Keeping your gums clean and healthy, helps keep your heart and other systems healthy too." That is the Department's wording. We are not going to extend it into a claim that treating your gums treats heart disease, because that is not what it says.

If you have swollen or bleeding gums now, call us on 13 13 16. The Department's own advice is that "getting treatment early can help save teeth affected by gum disease".

Source: Better Health Channel (Victorian Department of Health), Gum disease, betterhealth.vic.gov.au (page reviewed 1 August 2025; accessed 4 November 2026).

Frequently asked questions

Can gum disease be treated?

Yes. Early gum inflammation (gingivitis) is usually reversible with professional cleaning and good home care. More advanced gum disease (periodontitis) is not usually reversible, but treatment and ongoing maintenance can help stabilise it. Your practitioner will explain what applies to you.

Does gum disease treatment hurt?

Many people find routine cleaning comfortable. For a deeper clean of the root surfaces, we may recommend local anaesthetic so that you stay comfortable. Tell your hygienist about any sensitivity or anxiety so we can adjust our approach.

Will I need to see a periodontist?

Not everyone does. Many people are managed by their dentist and hygienist. If your gum disease is more advanced or has not responded to treatment, you may be referred to a periodontist, a gum specialist, for further care.

Is mouthwash enough to treat gum disease?

No. Mouthwash does not remove plaque and calculus on its own. Chlorhexidine mouthwash may be recommended for short-term use in some cases, but brushing, cleaning between the teeth and professional cleaning remain central.

How often will I need to come back?

Many people return about every six months for a clean and check-up once their gums are stable. Some people need visits as often as every three months. Your practitioner will set a schedule that suits your gums.

Can gum disease be reversed?

It depends which stage. The Victorian Department of Health says of the early stage that "the good news is that gingivitis can be reversed" — at that point "there is no damage to the deeper parts of the gums, teeth or bone". For the advanced stage, periodontitis, it makes no such claim; what it says is that "early treatment of periodontitis can save affected teeth". Containment rather than reversal.

Should I stop brushing if my gums bleed?

No — the opposite. The Department advises: "do not stop brushing if your gums are red, bleeding or puffy. Try to keep brushing with a soft toothbrush, as this will get rid of the bacteria and plaque that are causing the problem." The bleeding is a response to plaque, so stopping leaves the cause in place.

How long should I wait before getting bleeding gums checked?

Four weeks. The Department's threshold is explicit: "if your gums do not improve or if they keep bleeding after four weeks, see your oral health professional." Keep brushing with a soft brush in the meantime.

Which signs should not wait four weeks?

The ones that belong to the advanced stage. The Department lists receding gums "making teeth look longer", bad breath, "a bad taste in the mouth", "tenderness when biting", and "loose teeth, or teeth that have moved". Loose or shifted teeth are not a cleaning problem — book an appointment.

What does a dentist do that brushing cannot?

Remove what has hardened. The Department's description is that a practitioner "can also professionally remove plaque and hardened plaque (calculus). This helps the gums to attach back to the tooth." Calculus is not removable by brushing, and the gum cannot reattach through it.

Related services and further reading

General dentistry

Dental hygiene

Periodontics

What does a hygiene appointment involve?

Why do people suffer from gum disease?

How to keep your gums healthy

Should I see a hygienist as well as a dentist?

How does smoking affect your oral health?

Are women more prone to oral health problems?

Planning your care

When you book, explain your concern, symptoms, timing and treatment goals, and bring relevant medical information and a current medicines list. Your practitioner can assess your teeth, gums and bite, request imaging when clinically appropriate and explain which options suit you. It helps to ask what the recommended approach is intended to achieve, whether there are reasonable alternatives, what preparation and aftercare involve, and what risks or limitations apply. A written treatment plan lets you compare stages, expected appointments and payment arrangements before you proceed.

Call 000 immediately for uncontrollable bleeding, difficulty breathing or swallowing, serious facial injury or other life-threatening symptoms. For severe pain or swelling without these signs, contact us promptly.

Core Dental at a glance

Nine Core Dental clinics across Melbourne: Southbank, South Melbourne, Caroline Springs, Carrum Downs, Epping, Wyndham, Berwick, Bayside and Glenferrie.

Open six days a week: Monday to Friday 8.00am to 6.00pm and Saturday mornings.

We quote before treatment starts and offer interest-free payment plans.

HICAPS on-site claiming at our clinics.

Contact Core Dental

Phone	13 13 16
Booking	Online through coredental.com.au, or call 13 13 16
Hours	Monday to Friday 8.00am to 6.00pm, Saturday 8.00am to 1.30pm (Bayside Saturday 8.30am to 1.30pm), Sunday closed

Clinics	Southbank , South Melbourne , Caroline Springs , Carrum Downs , Epping , Wyndham , Berwick , Bayside , Glenferrie

This article is general in nature and does not replace advice from a registered dental practitioner who has examined you. Results, recovery times and potential risks vary for each individual. Seek advice from a qualified, AHPRA-registered practitioner before proceeding.

What is the first stage of gum disease treatment at Core Dental?

Core Dental begins with an examination and diagnosis by a dentist or hygienist, who assess your gums, plaque and calculus. We then design a treatment plan with you and quote before treatment starts.

Why can gum disease be present without pain?

Gum disease is typically associated with minimal to no pain, so it can go undetected. Core Dental recommends regular examinations because bleeding, swelling or bad breath may be the only early signs.

What is calculus and how is it removed?

Calculus, also called tartar, is plaque that has hardened on the teeth. At Core Dental our dentists and hygienists remove it with specialised instruments, above and below the gum line, and sometimes from the root surfaces.

Is local anaesthetic used for a deep clean of the gums?

Local anaesthetic may be recommended at Core Dental when a deeper clean of the root surfaces is needed, so that you stay comfortable. Your practitioner will explain this before the appointment.

How long should I brush and clean between my teeth?

Core Dental suggests brushing all tooth surfaces and the gum line gently for at least two minutes, twice a day, and cleaning between the teeth daily with floss or interdental brushes.

When is chlorhexidine mouthwash recommended?

Chlorhexidine mouthwash may be recommended by a Core Dental practitioner for short-term use in some cases of gum disease to reduce bacteria. It should only be used when advised, not as a replacement for brushing.

How often are gum maintenance visits at Core Dental?

Many people attend about every six months for a thorough clean and check-up, while some forms of gum disease need visits about every three months. Your Core Dental practitioner will set the schedule.

Who is a periodontist and when would Core Dental refer me?

A periodontist is a gum specialist. Core Dental may discuss referral when gum disease is advanced or has not responded to hygiene treatment. Ask when you book on 13 13 16 about availability.