

Scaling and Root Planing: What It Is and What Comes After

Why a deep cleaning is different from a regular cleaning, what the appointments involve, and why maintenance matters

PATIENT	QUADRANTS PLANNED	APPOINTMENTS SCHEDULED	RE-EVALUATION 4–6 weeks after the last quadrant
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WHY THIS IS NOT THE SAME AS A REGULAR CLEANING		
	ROUTINE CLEANING (PROPHYLAXIS)	SCALING AND ROOT PLANING
What it treats	Healthy gums, or gum inflammation without bone loss	Periodontal disease with pockets and bone loss
Where it reaches	At and slightly below the gum line	Deep below the gum line, along the root surface
Numbing	Not usually needed	Local anesthetic is typical
Appointments	One	Usually two, one half of the mouth each time
Goal	Prevent disease	Stop active disease from progressing
Afterward	Return in 6 months	Re-evaluation, then periodontal maintenance every 3–4 months

WHAT THE MEASUREMENTS MEAN	
At your examination, the hygienist called out a number for six points around each tooth. That number is the depth of the space between the tooth and the gum, measured in millimeters.	
DEPTH	WHAT IT GENERALLY INDICATES
1–3 mm	Healthy; can be cleaned at home with brushing and flossing
4–5 mm	Early to moderate periodontal disease; difficult to clean at home
6–7 mm	Moderate to advanced; home care cannot reach the bottom
8 mm and deeper	Advanced; may require referral to a periodontist
Bleeding when the area is measured indicates active inflammation. Healthy gums do not bleed when touched gently.	

WHAT HAPPENS AT EACH APPOINTMENT
1. The area is numbed with a local anesthetic so the procedure is comfortable. 2. Hardened deposits are removed from the tooth and root surfaces using ultrasonic and hand instruments. 3. Rough areas on the root are smoothed so bacteria have less to attach to and the gum can reattach. 4. The area is irrigated. A local antimicrobial is sometimes placed. 5. Home-care instructions are reviewed for your specific areas. 6. The appointment usually takes 60–90 minutes per half of the mouth.

AFTER EACH APPOINTMENT

TIMEFRAME	WHAT TO EXPECT	WHAT TO DO
First 2–3 hours	Numbness in the lip, cheek, and tongue	Do not eat or drink anything hot until sensation fully returns. Be careful not to bite your cheek or tongue.
First 24–48 hours	Tenderness, mild soreness, slight bleeding when brushing	Soft foods. Rinse gently with warm salt water. Take only medicine your dentist recommended for you.
First 1–2 weeks	Sensitivity to cold, especially near the gum line	Use a toothpaste made for sensitivity. This usually improves as the gums heal.
First few weeks	Gums may appear to recede slightly and spaces may seem larger	This is the swelling resolving, not the gums getting worse. It means inflammation is decreasing.
Ongoing	Gums become firmer, pinker, and stop bleeding	Continue daily home care exactly as shown.

HOME CARE IS HALF OF THE TREATMENT

- Brush twice daily for two full minutes, angling the bristles toward the gum line at about 45 degrees.
- Clean between every tooth once a day with floss, interdental brushes, or a water flosser — whichever you will actually use consistently.
- Interdental brushes are often more effective than floss in the larger spaces created by periodontal disease. Ask which size fits your spaces.
- Use any prescribed rinse exactly as directed, and note that some cause temporary staining.
- Tobacco use is the strongest modifiable risk factor for periodontal disease and it significantly reduces how well this treatment works.
- Uncontrolled diabetes and periodontal disease each make the other worse. Managing one helps the other.

WHY MAINTENANCE EVERY 3–4 MONTHS

The bacteria that cause periodontal disease recolonize the pockets within about 90 days. A six-month interval allows them to re-establish before the next cleaning.

- Maintenance appointments monitor pocket depths and catch changes early.
- Periodontal disease is managed, not cured. It can become active again.
- Returning to a six-month schedule is the most common reason treated disease relapses.
- Your dental plan may cover maintenance differently from a routine cleaning. Ask the treatment coordinator before your first maintenance visit.

Call us if: Call us if you have swelling that increases after 48 hours, a fever, bleeding that does not stop, or pain that worsens rather than improves.

FICTIONAL SPECIMEN. Bright Harbor Dental and this guide are invented for demonstration only. Pocket-depth interpretation, treatment planning, and maintenance intervals are clinical decisions made by your own dentist or periodontist after examining you. This is not dental advice.