

Maintaining a Healthy Smile: The Importance of Dental Hygiene

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Description

Dental hygiene refers to the practice of maintaining oral health through regular cleaning of the teeth and gums, along with adopting healthy oral care habits. It involves various techniques and practices that help prevent dental problems and promote overall oral well-being. Here are some important points about dental hygiene. Brushing the teeth at least twice a day using a soft-bristled toothbrush and fluoride toothpaste is a fundamental dental hygiene practice. It helps remove plaque, bacteria, and food particles from the teeth surfaces. Daily flossing is crucial for cleaning the areas between the teeth and along the gumline that a toothbrush cannot reach. It helps remove plaque and debris, preventing gum disease and tooth decay. Using an antimicrobial mouthwash or rinse can help reduce bacteria in the mouth, freshen breath, and promote overall oral hygiene. It should be used as directed by a dental professional. Adopting the correct brushing and flossing techniques is important for effective cleaning. Dentists or dental hygienists can provide guidance on proper brushing and flossing methods.

A balanced diet plays a significant role in dental hygiene. Limiting sugary and acidic foods and beverages helps prevent tooth decay. Consuming a variety of nutrient-rich foods promotes overall oral health. Routine dental check-ups and professional cleanings are essential for maintaining dental hygiene. Dentists and dental hygienists can identify and address any oral health issues, provide professional cleaning, and offer personalized oral care recommendations. Dental hygienists play a vital role in oral health education. They provide information on proper brushing and flossing techniques, oral hygiene products, and individualized recommendations for maintaining oral health.

Dental Hygienists

Dental hygienists perform professional cleanings to remove plaque and tartar (hardened plaque) that cannot be eliminated through regular brushing and flossing. This helps prevent gum disease and tooth decay. Dental hygienists assess the overall oral health, including the condition of the gums, teeth, and soft tissues. They check for signs of gum disease, cavities, oral cancer, and other oral health issues. Dental hygienists work closely with individuals to create personalized oral care plans. They consider factors such as oral health status, lifestyle habits, and individual needs to develop customized recommendations

for optimal dental hygiene. Maintaining proper dental hygiene practices is essential for preventing dental problems, promoting fresh breath, and maintaining a healthy smile. Regular dental visits and collaborating with dental professionals ensure comprehensive care and support for long-term oral health. Effective dental hygiene techniques are essential for maintaining good oral health and preventing dental problems. Here are some key techniques to ensure effective dental hygiene.

The provision of mouth care on the general surgical ward and intensive care setting has recently gained momentum as an important aspect of patient care. Oropharyngeal morbidity can cause pain and disordered swallowing leading to reluctance in commencing or maintaining an adequate dietary intake. On the intensive care unit, aside from patient discomfort and general well-being, oral hygiene is integral to the prevention of ventilator-associated pneumonia. Chlorhexidine (0.2%) is widely used to decrease oral bacterial loading, dental bacterial plaque and gingivitis. Pineapple juice has gained favour as a salivary stimulant in those with a dry mouth or coated tongue. Tooth brushing is the ideal method of promoting oral hygiene. Brushing is feasible in the vast majority, although access is problematic in ventilated patients. Surgical patients undergoing palliative treatment are particularly prone to oral morbidity that may require specific but simple remedies. Neglect of basic aspects of patient care, typified by poor oral hygiene, can be detrimental to surgical outcome. Surgeons encounter issues regarding oral hygiene and mouth care in three broad settings: Ward patients unable to tolerate oral fluids or diet; ventilated or sedated patients on the intensive care unit or those requiring palliative care. However, many surgical patients have poor oral hygiene exacerbated by debility, xerostomia, chemotherapy and dehydration.

Oral Candidiasis

Oropharyngeal morbidity can cause pain, altered taste or disordered swallowing that can lead to reluctance in commencing or maintaining an adequate dietary intake. Tooth brushing is the ideal method of promoting oral hygiene. Most patients will be able to perform the task adequately with the minority requiring encouragement or relying on clinical staff to brush for them. On the surgical ward, simple antiseptic mouthwashes such as 0.2% chlorhexidine are widely used as an adjunct to promote a decrease in oral bacterial loading, dental bacterial plaque and gingivitis. Physical inability to rinse the

mouth should not preclude tooth brushing. Pink dressing sponges can be soaked with water or chlorhexidine and apposed against the teeth to effect delivery and aid mechanical removal of oral debris. Fruit juices, namely pineapple has gained favour as a salivary stimulant in those with a dry mouth or coated tongue. Pineapple probably exerts its effects via a non-specific increase in salivary flow rather than the specific action of the contained proteolytic enzyme ananase.⁴ However, caution is required as such acidic substance can rapidly precipitate dental caries in those with xerostomia, especially if used for any length of time. Indeed, many would strongly discourage fruit juices in favour of regular sips of water in those deemed nil by mouth. Other effective salivary stimulants include sugar free chewing gum and mints.

Oral candidiasis is usually pseudomembranous with creamy white curd-like patches which can be removed with a swab.

Occasionally candidiasis is evidenced by erythematous plaques or angular cheilitis. Nystatin suspension is widely prescribed, however, more refractory cases of multifactorial origin, are notoriously difficult to remedy and may require fluconazole 50 mg or guidance from an expert on oral medicine. Aphthous ulcers are commonly encountered and can be soothed with topical corticosteroids (betamethasone 0.5 mg in 5 ml water as mouthwash or triamcinolone/carmellose paste) or tetracycline mouthwash (250 mg-contents of one capsule dissolved in 5 ml water every 8 h) although these must be used with caution as they can promote oral candidiasis. Pain from persistent ulceration or mucositis may be eased by coating agents (sucralfate suspension or carmellose paste) or a topical anaesthetic (benzylamine mouthwash or lidocaine lozenges).