

# Facts on Flossing

**Floss and waterpicks:** Plaque is a sticky layer of material containing germs that accumulates on teeth, including places where toothbrushes can't reach. This can lead to gum disease. The best way to get rid of plaque is to brush and floss your teeth carefully every day. The toothbrush cleans the tops and sides of your teeth. Dental floss cleans in between them. Some people use waterpicks, but floss is the best choice.

## Should I floss?

Yes. Floss removes plaque and debris that adhere to teeth and gums in between teeth, polishes tooth surfaces, and controls bad breath. Floss is the single most important weapon against plaque, perhaps more important than the toothbrush. Many people just don't spend enough time flossing or brushing and many have never been taught to floss or brush properly. When you visit your dentist or hygienist, ask to be shown.

## Which type of floss should I use?

Dental floss comes in many forms: waxed and unwaxed, flavored and unflavored, wide and regular. Wide floss, or dental tape, may be helpful for people with a lot of bridgework. Tapes are usually recommended when the spaces between teeth are wide.

They all clean and remove plaque about the same. Waxed floss might be easier to slide between tight teeth or tight restorations. However, the unwaxed floss makes a squeaking sound to let you know your teeth are clean. Bonded unwaxed floss does not fray as easily as regular unwaxed floss, but does tear more than waxed floss.

## How should I floss?

There are two flossing methods: the spool method and the loop method. The spool method is suited for those with manual dexterity. Take an 18-inch piece of floss and wind the bulk of the floss lightly around the middle finger. (Don't cut off your finger's circulation!)

Wind the rest of the floss similarly around the same finger of the opposite hand. This finger takes up the floss as it becomes soiled or frayed. Maneuver the floss between teeth with your index fingers and thumbs. Don't pull it down hard against your gums or you will hurt them. Don't rub it side to side as if you're shining shoes.

Bring the floss up and down several times forming a "C" shape around the tooth being sure to go below the gum line.

The loop method is suited for children or adults with less nimble hands, poor muscular coordination or arthritis. Take an 18-inch piece of floss and make it into a circle. Tie it securely with three knots. Place all of the fingers, except the thumb, within the loop. Use your index fingers to guide the floss through the lower teeth, and use your thumbs to guide the floss through the upper teeth, going below the gumline forming a "C" on the side of the tooth.

**How often should I floss?** At least once a day. To give your teeth a good flossing, spend at least two or three minutes.

**What are floss holders?** You may prefer a prethreaded flosser or floss holder, which often looks like a little hacksaw. Flossers are handy for people with limited dexterity, for

those who are just beginning to floss, or for caretakers who are flossing someone else's teeth.

**Is it safe to use toothpicks?** In a pinch, toothpicks are effective at removing food between teeth, but for daily cleaning of plaque between teeth, floss is recommended. Toothpicks come round and flat, narrow and thick. When you use a toothpick, don't press too hard as you can break off the end and lodge it in your gums.

**Do I need a waterpick (irrigating device)?** Don't use waterpicks as a substitute for tooth brushing and flossing. But they are effective around orthodontic braces that retain food in areas a toothbrush cannot reach. However, they do not remove plaque.

Waterpicks are frequently recommended for persons with gum disease when recommended by your dentist. Solutions containing antibacterial agents like chlorhexidine or tetracycline, available through a dentist's prescription, can be added to the reservoir.

## Mouth rinses

### What are the differences in rinses?

Rinses are generally classified by the U.S. Food and Drug Administration (FDA) as either cosmetic or therapeutic, or a combination of the two. Cosmetic rinses are commercial over-the-counter (OTC) products that help remove oral debris before or after brushing, temporarily suppress bad breath, diminish bacteria in the mouth and refresh the mouth with a pleasant taste. Therapeutic rinses have the benefits of their cosmetic counterparts, but also contain an added active ingredient that helps protect against some oral diseases. Therapeutic rinses are regulated by the FDA and are voluntarily approved by the American Dental Association (ADA).

Therapeutic rinses also can be categorized into types according to use: antiplaque/antigingivitis rinses and anticavity fluoride rinses.

### Should I use a rinse?

That depends upon your needs. Most rinses are, at the very least, effective oral antiseptics that freshen the mouth and curb bad breath for up to three hours. Their success in preventing tooth decay, gingivitis (inflammation of the gingival gum tissue) and periodontal disease is limited however.

Rinses are not considered substitutes for regular dental examinations and proper home care. Dentists consider a regimen of brushing with fluoride toothpaste followed by flossing, along with routine trips to the dentist, sufficient in fighting tooth decay and periodontal disease.

### Which type should I use?

Again, that depends upon your needs. While further testing is needed, initial studies have shown that most over-the-counter antiplaque rinses and antiseptics aren't much more

effective against plaque and periodontal disease than rinsing with plain water. Most dentists are skeptical about the value of these antiplaque products, and studies point to only a 20 to 25 percent effectiveness, at best, in reducing the plaque that causes gingivitis.

Anticavity rinses with fluoride, however, have been clinically proven to fight up to 50 percent more of the bacteria that cause cavities. Nevertheless, many dentists consider the use of fluoride toothpaste alone to be more than adequate protection against cavities.

Dentists will prescribe certain rinses for patients with more severe oral problems such as caries, periodontal disease, gum inflammation and xerostomia (dry mouth). Patients who've recently undergone periodontal surgery are often prescribed these types of rinses. Likewise, many therapeutic rinses are strongly recommended for those who can't brush due to physical impairments or medical reasons.

### **When and how often should I rinse?**

If it's an anticavity rinse, dentists suggest the following steps, practiced after every meal: brush, floss, then rinse. Teeth should be as clean as possible before applying an anticavity rinse to reap the full preventive benefits of the liquid fluoride. The same steps can be followed for antiplaque rinses, although Plax brand recommends rinsing before brushing to loosen more plaque and debris, a measure which has not been clinically proven to be effective.

If ever in doubt, consult your dentist or follow the instructions on the bottle or container. Be sure to heed all precautions listed.

### **What is the proper way to rinse?**

First, take the proper amount of liquid as specified on the container or as instructed by your dentist into your mouth. Next, with the lips closed and the teeth kept slightly apart, swish the liquid around with as much force as possible using the tongue, lips, and sucking action of the cheeks. Be sure to swish the front and sides of the mouth equally. Many rinses suggest swishing for 30 seconds. Finally, rinse the liquid from your mouth thoroughly.

### **Are there any side effects to rinsing?**

Yes, and they vary depending on the type of rinse. Habitual use of antiseptic mouthwashes containing high levels of alcohol (ranging from 18 to 26 percent) may produce a burning sensation in the cheeks, teeth and gums.

Many prescribed rinses with more concentrated formulas can lead to ulcers, sodium retention, root sensitivity, stains, soreness, numbness, changes in taste sensation and painful mucosal erosions. Most anticavity rinses contain sodium fluoride, which if taken excessively or swallowed, can lead over time to fluoride toxicity. Because children tend to accidentally swallow mouthwash, they should only use rinses under adult supervision. If you experience any irritating or adverse reactions to a mouth rinse, discontinue its use immediately and consult your dentist.