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Dentistry for Infants, Children & Adolescents

Chlorhexidine gluconate 0.12% (CHX) rinse has been prescribed because the oral health assessment data placed your child in a level 3- or 4- risk category. Levels 3 and 4 are high-risk categories for gum problems and tooth decay. CHX is effective in reducing bacteria harmful to the teeth and gums. In combination with chewing gum or lozenges sweetened with 100% xylitol, studies have shown a tremendous reduction in these harmful bacteria over time.

What can your child expect when using CHX?

1. CHX may taste bitter to some patients and may affect how foods taste. Use CHX after meals. Avoid drinking water for 30 minutes after rinsing with CHX to lesson the aftertaste.
2. CHX may cause brown staining of plaque or tarter that is missed while brushing and flossing. This can be easily removed by your dentist. White filling materials have been known to stain but your dentist can also correct this.
3. To minimize staining, recommended brushing and flossing techniques need to be followed. Brush with a tarter prevention toothpaste while using CHX.
4. Rare hypersensitivity and generalized allergic reactions have been reported.

How is CHX used?

1. Thoroughly brush and floss thoroughly and **wait at least 60 minutes** after brushing before rinsing with CHX because the fluoride in the toothpaste will decrease the effectiveness of CHX. Note: Your child could use CHX before brushing as long as he/she waits 60 minutes before brushing.
2. Use ½ ounce, 1 time daily, for 1 week per month (for example, the first week of every month). Continue for 6 months at which time the need for continued use of CHX will be reassessed by the dentist.
3. Swish vigorously for 30 seconds being sure to cover all areas of the teeth. After 30 seconds, spit it out.
4. Do not rinse with water immediately after CHX treatment.

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