

Procedure FAQ

Cleaning/Exam/X-ray

A routine cleaning session involves scaling both above the gum line. Scaling uses a special dental instrument to clean the teeth, scraping the surfaces to remove stubborn plaque and calculus/tartar buildup. Once scaled, your teeth are polished to a smooth, bacteria-free surface which provides a favorable place of contact for gums and periodontal ligaments, discouraging future gum recession and gingivitis. All of which helps you maintain a healthy smile. You need to see your dentist or hygienist for a cleaning at least every 6 months.

Q: Why does a cleaning cost that much? Can I just get a cleaning without an exam?

A: You might be surprised to learn that a regular checkup serves some pretty important purposes. We use these sessions to monitor your overall oral health in at several key areas: checking for cavities; checking for oral cancer; assessing the overall health of your mouth and surrounding soft tissues; checking for lesions, sores and gum disease; and noting any oral symptoms that could point to systemic medical conditions such as diabetes, nutritional deficiencies, or hormone irregularities. The evaluation allows us to prevent tooth decay and gum disease, identify damaged teeth or maladjusted prostheses and take preventive steps against any other harmful conditions affecting your teeth and mouth. The examination done after the prophylaxis helps avoid dental problems before they get big by discovering them early. An ounce of prevention is worth a pound of cure!

Q: Why do I need so many x-rays?

A: The reason you need a full series of x-rays is for the doctor to comprehensively evaluate your whole mouth, not just your teeth. We need an FMX in order to detect cavities, infections, periodontal disease, bony lesions such as cysts, or any other abnormalities of the teeth or bone. Without the proper diagnostic tool, some things can go undetected and cause more severe problems if left untreated.

Q: I don't want all that radiation!

A: With our current digital radiography system, the amount of radiation you get is very minimal – almost 90% less than the standard. And the technology of the digital system allows for greater diagnostic quality. We also place a lead apron for protection. To ease your concern, you get more radiation from being out in the sun for an afternoon.

Fillings

Q: What is a cavity?

A: Tooth decay is a common dental ailment affecting humans. It can occur at any age. The first sign of a cavity formation may be a white spot on the tooth, which in time may turn brown or black. When it is a white spot, low concentrations of fluoride applied frequently can arrest further development. Otherwise further destruction of the outer enamel results in a small cavity. During this period you would experience food impaction in or between the teeth and sensitivity to extreme temperatures and to sweets. Plaque, a sticky almost invisible film of bacteria that is constantly forming on your teeth turns the food particles into acid, which attack the tooth enamel further, with repeated acid attacks, a large cavity is formed. If the cavity is not treated at the dentin stage, the decay spreads deeper into the pulp and cause toothache. Sometimes the infection spreads into the bone through the root tips and forms a gumboil [periapical infection].

Q: If my tooth doesn't hurt and my filling is still in place, why would the filling need to be replaced?

A: Constant pressure from chewing, grinding or clenching can cause dental fillings, or restorations, to wear away, chip or crack. Although you may not be able to tell that your filling is wearing down, your dentist can identify weaknesses in your restorations during a regular check-up.

If the seal between the tooth enamel and the restoration breaks down, food particles and decay-causing bacteria can work their way under the restoration. You then run the risk of developing additional decay in that tooth. Decay that is left untreated can progress to infect the dental pulp and may cause an abscess.

If the restoration is large or the recurrent decay is extensive, there may not be enough tooth structure remaining to support a replacement filling. In these cases, your dentist may need to replace the filling with a crown

Crowns

Crown: A crown is placed over a tooth to protect the tooth structure from further destruction. Once gross decay of tooth structure has occurred it may not be feasible to do a normal tooth filling, as there will not be adequate tooth structure to retain the filling.

A RCT treated tooth is protected with a crown, because during RCT the vital structure of the tooth (pulp) is removed, making the tooth brittle and liable to fracture. A crown may also be used to restore fractured teeth, or cover badly shaped or discolored teeth. Thus a crown is a restoration that covers or "caps" a tooth to restore it to its normal shape and size, strengthening, and improving the appearance of a tooth.

Q: Why can't I just a fill the tooth? Doing a crown is so expensive.

A: You need to put a crown on the tooth because there is not enough tooth structure to hold a new filling once all of the old filling and decay is removed. If you just fill it again, the tooth will fracture or easily get recurrent decay and that will end up costing you more to fix. A crown is an investment now that will last you many years if you take care of it.

Q: I just had a root canal. The dentist told me I now need a crown. How long can I wait before getting one? Is it necessary?

A: You need to put a crown on that tooth as soon as possible. A root canal tooth loses all its' vascularity or moisture. The tooth becomes dried out or desiccated and brittle much the same way a branch dries out and can be easily snapped in half. By the time the average person has had a root canal, there are almost always other structurally compromising things going on with the tooth from fracture to decay. After a root canal, your tooth is extremely vulnerable to fracture and if you do not crown your tooth this will happen. Then you will have your tooth extracted, wasted your money on the root canal and have a much bigger problem with much greater expense.

Bridge

A dental bridge also known as a fixed bridge is used to replace one more missing teeth in your mouth. The bridge is usually made of porcelain or porcelain fused to metal. We use your existing teeth adjacent to the missing tooth/teeth as the support for the bridge. This procedure is used to replace one or more missing teeth. Fixed bridges cannot be taken out of your mouth as you do with removable partial dentures. Bridges can reduce your risk of gum disease, help correct some bite issues, even improve your speech, and create wonderful aesthetics for a beautiful smile. Bridges require your commitment to good oral hygiene, but can last as many ten

years or more.

Q: Why can't I just leave the space like that after I pull out my tooth? It cost too much and since the gap is not visible or painful, why bother?

A: Unfortunately there is a bad consequence for not replacing missing teeth in the jaw. Teeth need each other for support. When one in the series of teeth is taken out it can set up a domino effect which can lead to the eventual loss of other teeth as well. The teeth on either side can tilt into the gap. The tooth opposite the gap can erupt into the space as well. Over time spaces will develop between the affected teeth which can trap food and plaque leading to gum disease, decay, and even tooth loss if left untreated. The best way to prevent all this is to have the space filled with either a bridge or an implant.

Implant

Dental implants are fixtures of titanium which are surgically screwed into your jaw bone. The implant is an anchor for a naturally-appearing false tooth or a set of false teeth. The success rate of dental implants depends on where the implants are placed and their purpose. They are typically best placed in the front portion of your lower jaw. Implants are great for replacing missing teeth. It is important that you have enough bone in the area of the missing teeth for the implants to be attached to. Implants are not only used to replace one tooth, but rather people missing most, if not all, of their teeth benefit greatly as well. Implants are increasingly being used to replace certain types of bridges and removable partial dentures.

Q: What are the advantages of having an implant? How long do they last?

A: As our life span increases, a permanent dental replacement like implants is increasingly important as we get older. While dentures and removable bridges are usually loose and unstable, implants provide you with dental replacements that are both natural looking and very functional. Implants look much better, and feel better, than traditional removable bridges, and offer the same force for biting as bridges that are fixed in place. Implants will last your lifetime.

Root Canal Therapy

If your tooth's nerve chamber becomes infected by decay, root canal treatment is often the only way to save your tooth. Inside your tooth's hard outer shell is a nourishing pulp of blood vessels, lymph vessels and nerves. The root canals, which contain the pulp, extend to the bone. Deep tooth decay, or an injury, can cause serious damage and infection to the pulp's nerves and vessels. All of the diseased pulp in the tooth is removed, and the canal is cleaned out thoroughly with an antiseptic solution. This solution will clean all of the canals within the tooth. The canals are then filled with gutta percha, a sterile flexible plastic material. A temporary filling is then put on top of that. A crown or permanent filling will be done after there has been no sign of infection. Crowns are necessary since the root canal procedure weakens the tooth. It should be placed as soon as possible in order to avoid fractures or loss of tooth. Expect two to three days of soreness after the procedure, or longer if the infection in the root canal was severe.

Q: Do root canals hurt?

A: There should be little or no pain during the procedure. The procedure is not for cosmetics, but rather your health. The infection will only get worse with time if left untreated. The root canal procedure is successful over 92 percent of the time. The biggest advantage is that the tooth will not need to be extracted in the future. Saving your own natural tooth is always better than getting a

replacement tooth.

Veneers

Porcelain veneers are placed over the front teeth (usually the front 6 to 8) to change the color and shape of the teeth. Veneers are ideal for teeth that are too small, too big, or have uneven surfaces. It is very common for people to have imperfect teeth, either oddly shaped teeth, chipped teeth, crooked teeth, teeth with small holes in them, or an inappropriate sized tooth or teeth that have an odd appearance. Veneers solve such irregularities and create a durable and pleasing smile. Veneers allow you to attain the smile that you've always wanted.

Q: What are the advantages of veneers and how long do they last? Are they hard to maintain? Will they discolor over time?

A: Porcelain veneers are common in creating new smiles and smile makeovers. With porcelain veneers, you can have the smile of your dreams in a very short period of time. Typically veneers are difficult to stain, making veneers a very popular solution for many people seeking that perfect smile. Strong and very durable, veneers last at least ten to fifteen years, and come in colors that will brighten dark teeth without the worry of them changing color. Veneers are typically done in only two appointments, and can actually strengthen your tooth. There is no additional maintenance, other than proper brushing and flossing on a daily basis and a regular 6 month visit to your dentist. Finally, a whiter smile gives people to whom you are speaking a place to focus on and gives you a friendlier appearance. It will give you more confidence when you speak to others.

Dentures

Dentures are removable replacements for missing teeth typically made out of an acrylic resin. If you properly maintain your dentures they will appear natural and provide a perfect smile. Additionally, dentures help strengthen muscles controlling your expressions that require the support of your teeth, rid you of pronunciation problems caused by missing teeth and aid with chewing. Dentures definitely provide a great smile with a very natural appearance. They're made of very durable materials and last very long when properly taken care of. Typically dentures last from five to ten years. They also correct several problems, from speech to chewing, for many patients.

Q: What are the different types of dentures?

A:

Complete Dentures: These replace all of your teeth, upper or lower. Their comfort depends on muscle, bones, tongue, and saliva. Patients begin wearing conventional dentures after healing the teeth that were pulled.

Immediate Dentures: Immediate Dentures are placed all at once, and may require additional adjustments after the healing process. It usually takes 6 months to a year for your bone and tissue to stabilize after tooth extractions. During this time your denture will become looser over time and may need to be relined in order for them to be more comfortable.

Q: Are dentures comfortable?

There's no doubt that dentures take a little getting used to. It will take some time for adjustment to the denture in terms of speech, comfort, and eating. There is maintenance involved, and initial speech issues to overcome (these are temporary and last only a couple of days). Mouth irritation or sores may occur. It is common that your mouth change over the life of your dentures, so even though they last long, they may need to be replaced to achieve a better fit before they are worn out.

With a denture a person typically chews at only 15-23% efficiency compared to a person chewing with their natural teeth. In the case of a full upper denture, the upper palate is covered which can reduce taste of foods you're chewing. Upper dentures are more stable than lower dentures because you have the retention from the suction of the palate. Lower dentures usually take a lot of time to get used to because they 'float' on your lower jaw/gums. The best way for lower dentures to stay in place is to place implants that allow the dentures to 'snap' onto.

Q: Will my dentures need to be replaced?

A: Over time, dentures will need to be relined, remade or rebased due to normal wear. To make a rebased denture, the dentist uses the existing denture teeth and makes a new denture base. Dentures may need to be replaced because a mouth naturally changes with age. Bone and gum ridges can recede or shrink, causing jaws to align differently. Shrinking ridges can cause dentures to fit less securely. Loose dentures can cause health problems, including sores and infections. A loose denture also makes chewing more difficult and may change your facial features. It's important to replace worn or poorly-fitting dentures before they cause problems.

Partials

Designed to correct the gaps in your smile when only some of your teeth are missing. Metal attachments anchor the dentures to your natural teeth. Partial Dentures maintain tooth alignment by preventing your remaining teeth from shifting.

Periodontal Disease and Deep Scaling/Root Planing

If your gums are swollen and tender or bleed easily when you brush your teeth, you may have gum disease. Gum disease, or "Periodontal" disease is an infection of the tissues surrounding and supporting the teeth that affects four out of every five adults. In fact, it is one of the leading causes of tooth loss in adults. With detection in early stages, we can successfully treat gum disease. Of course, the severity of the problem will determine the extent of treatment and treatment options available.

Treatment for gum disease: Phase I therapy

Prophylaxis is the general cleaning above the gum line and is meant to preserve the existing state of health of the teeth and gums. This treatment is for patients who have healthy gums or mild symptoms of gum disease. Prophylaxis is not effective treatment in the presence of gum pocketing or bone loss. Scaling and root planing is performed to clean below the gum line, reduce the level of disease-producing bacteria on the root surface and smooth the root surface to promote healing. This is typically completed over the course of two appointments, with a follow-up appointment to evaluate progress. More severe gum pocketing may not be totally resolved solely by scaling and root planing and may require additional therapy.

Osseous 'Gum' Surgery

(a.k.a. Pocket Depth Reduction, flap surgery)

After deep scaling and root planing, gum pocketing may still exist. In order to eliminate these pockets, osseous surgery is often recommended. Your bone and gum tissue should fit snugly around your teeth like a turtleneck around your neck. When you have periodontal disease, this supporting tissue and bone is destroyed, forming "pockets" around the teeth.

Over time, these pockets become deeper, providing a larger space for bacteria to live. As bacteria develop around the teeth, they can accumulate and advance under the gum tissue. These deep pockets collect even more bacteria, resulting in further bone and tissue loss. Eventually, if too much bone is lost, the teeth will need to be extracted. Osseous surgery creates an environment

that will make it easier to keep your gums healthy.

During this procedure, your periodontist folds back the gum tissue and removes the disease-causing bacteria before securing the tissue into place. In some cases, irregular surfaces of the damaged bone are smoothed to limit areas where disease-causing bacteria can hide. This allows the gum tissue to better reattach to healthy bone.

Q: What are the benefits of having gum surgery?

Reducing pocket depth and eliminating existing bacteria are important to prevent damage caused by the progression of periodontal disease and to help you maintain a healthy smile. Eliminating bacteria alone may not be sufficient to prevent disease recurrence. Deeper pockets are more difficult for you and your dental care professional to clean, so it's important for you to reduce them. Reduced pockets and a combination of daily oral hygiene and professional maintenance care increase your chances of keeping your natural teeth – and decrease the chance of serious health problems associated with periodontal disease.

Q: Gum surgery sounds really painful. Does it hurt?

A: You will completely numb for this procedure. The procedure itself takes about 1 ½ hours with the specialist. Most likely, you will be able to return to work the next day. Your periodontist can further answer any questions you may have.

Q: I didn't know I have gum disease. How come I don't feel anything?

A: Gum disease is a 'silent' disease. You don't know you have it until it's too late when your teeth start becoming loose and you end up having to extract it. That's why it's very important that you treat the gum disease in it's early stages to prevent future damage.

Bone Grafting

Bone grafting is the replacement or augmentation of the bone around the teeth.

Q: Why is a bone graft needed?

A: Bone grafting is performed to reverse the bone loss / destruction caused by periodontal disease, trauma, or ill fitting removable dentures. It is also used to augment bone to permit implant placement, such as augmenting bone in the sinus area for implant placement, or augmenting bone to enhance the fit and comfort of removable prostheses, or to enhance esthetics of a missing tooth site in the smile zone. When one loses a tooth, as in an extraction, the surrounding bone collapses. To preserve this bone for future implant placement or for esthetics, a bone graft is used.

Gum Recession/Gingival Grafts

When gum tissue recedes and the root of the tooth is exposed, the inner hard material called dentine is also exposed to the outside environment. If we looked at dentine through the microscope we would see tiny tubes which extend all the way to the cells which make up the dentine and signals the nerve to what is going on. As cold temperatures or sweets touch the outside of these tubes the stimulus is extended to the nerve and you perceive it has pain. Sometimes it is helpful to use a desensitizing toothpaste or to have a coating placed over these areas to block or fill the outside entrance to the dentinal tubules.

Q: What causes gum recession?

- Aggressive brushing - potentially? Some people believe that aggressive brushing with a

hard bristled brush may be a co-factor in recession or erosion of the neck of the tooth

- Excessive biting forces - clenching and/or grinding? This can result in bending / flexing of teeth, which will often result in fracture of a small portion of tooth structure at the gum line (abfractions) and consequently bone and gum recession
- Maloccluded and misaligned teeth? Teeth that positioned outside the normal arch form of the jaw are subject to having abnormal forces placed on them causing recession

Q: What can be done if I have receding gums?

A: You can first try a desensitizing toothpaste. Your dentist may also try to place bonding directly on the exposed tooth structure to reduce the sensitivity. In addition, you can get a gingival graft. A gum (gingival) graft is used to replace missing and / or receded gum tissue.

Q : Why is a gum graft needed?

A: Soft tissue grafts are used to replace missing thick tissue (keratinized gingiva), which has worn away from the necks of the teeth for a variety of reasons. The purpose of gum grafting is to minimize and/or arrest the progression of recession. Unfortunately associated with every type of recession, there is bone loss, because the bone resides just beneath the gums. Therefore, if the gums have receded, then the bone too has receded. The purpose of gum grafting is to arrest the progression of recession and thereby halt the bone loss as well, by restoring a thick zone of protective tissue around the neck of the tooth / teeth which exhibits an absence of this thick keratinized gum tissue. In certain instances it is not only possible to restore the missing keratinized (thick / protective) gum tissue, but also to cover the exposed root surface of the tooth / teeth in question.

Bleaching

Q: I would like to have my teeth whitened. There are so many products and ads for whiteners that it is hard to decide which is best. What do you recommend?

A: You are correct. There are many products and techniques available. Some work great and some don't work at all. The various over the counter products give the least predictable results. To get a really great result you should use one of the products sold through the dental offices which utilize custom made trays for home application of a bleaching gel. You get a tray that fits your teeth specifically and can be used over and over again – all you need to do is do a touch-up every 2 years or so. If you're interested, we can take some easy impressions and you can pick up your custom trays in usually less than 2 days later. It's very easy to use. You just wear the trays from 1 ½- 2 hours a day for 7-10 days or you can wear it overnight. Besides giving a great result, this product has overcome the sensitivity problem seen with some of the other products.

Q: Is it safe to bleach my teeth? Can I overbleach?

A: Most products whether they be whitening toothpastes, over the counter products, or professionally dispensed whitening agents contain varying concentrations of carbamide peroxide. The chemistry is safe in all of these and many studies have shown that there is no harm to your teeth. A patient cannot over bleach their teeth. By repeated applications of different products, they can however achieve a result that is so white as to look artificial. Otherwise, there is no downside to maintaining a gleaming white, friendly smile.