

# Chapter One

## *“Do I need to go to a dentist if nothing seems wrong?”*

Congratulations! The fact that nothing is bothering you is a good sign. If there is a problem, it has not developed to the point that it is a major problem or that very involved treatment is necessary.

If a tooth hurts, the nerve has been damaged and it may need a deep filling, root canal therapy or could even be lost. Sometimes only minor treatment is necessary, but it is better not to wait. Things only get worse.

Your best bet to minimize the treatment necessary now and going forward is to see the dentist regularly. How frequently an individual needs to visit the dentist depends on a person's unique dental history and personal oral health (despite what the insurance company says).

Most people should see the dentist twice a year. If you have not had much work done in the past, visiting your dentist once a year may be fine. About a third of the patients I see require a cleaning every three months to maintain or achieve periodontal (gum) health. Each person is unique and must be treated as such.

There are more bacteria in a person's mouth than anywhere else in the body.

Bleeding gums is a sign of an active infection. (You would worry of your fingers bleed when you wash your hands right?)

Bleeding gums show that professional cleaning is required to reduce the bacteria level and stop the active periodontal infection. If you find that your gums are bleeding, it is your body telling you that it is time to see the dentist. Bleeding gums are not ok. If your gums bleed it is because bacteria have damaged the gum tissue. Simultaneously as the gums bleed bacteria are also being pushed into the bloodstream and the rest of the body.

Numerous recent studies have shown a strong correlation between many major health issues and active periodontal disease. Included in the correlation are diabetes, arteriosclerosis, and low birth weight babies.

By dealing with the infections in the gums we are significantly helping our general health. The goal of dental cleanings and gum therapy is to reduce the volume of bacteria and their virulence (or strength) to levels that the body manages easily.

Remember, it is much easier and cheaper to take care of dental issues when they are small and it is even better not to allow them to occur than wait until they are major, more painful and more damaging.

## Chapter 2

### *“I’m Missing Teeth But I’m Doing Fine”*

Specific teeth are designed to function in certain ways. Types of teeth are very similar between all humans. Individual teeth are unique to an individual but generally humans should have 32 teeth. There are: 2 central incisors, 2 lateral incisors, 4 premolars and 6 molars in each arch (upper and lower). Each tooth has a specific function. Your lateral incisor may not look like your neighbors but it serves the same purpose. The front teeth (centrals, laterals and canines) are meant to tear food. The back teeth (premolars and molars) are for crushing and chewing.

When teeth are lost the remaining teeth around them may move to adapt to the open space. Sometimes a tooth may “super erupt”. Teeth tend to erupt into the open space. Teeth will move until they hit something like another tooth or the opposing gingiva (soft tissue). If a tooth is lost so is its function, so the remaining teeth are forced to do more. They can adapt and continue to work if only a few teeth have been lost but once enough teeth have been lost the remaining teeth can no longer handle the added responsibility and they will begin to break down. The point of failure is reached suddenly. You can be going along fine with several teeth lost and then you can’t any longer.

Please speak with your dentist about tooth replacement. You can do fine with a few lost teeth. Not all teeth need to be replaced. Third molars are removed on most people without consequences.

You do need adequate posterior support for your mouth and joints to function properly.

You like to eat don’t you?

# Chapter 3

## *Insurance questions and concerns*

- A. Do you take my plan?  
Why we don't join plans  
We do what the patient needs not what the insurance company suggests.
  
- B. I don't have insurance. How do I get some?  
Self-purchased insurance never pays back what you put in.  
Best insurance is going for regular check-ups and cleaning  
If there is something – get it while it is small.
  
- C. My benefits package offers many options.  
Which do I choose?  
PPO  
HMO  
Capitation
  
- D. Flex Spending

## Chapter 4

*“I hear a lot about implants, are they any good? “*

Like all treatment implants are not for everyone. Under the right circumstances implants are a great choice for tooth replacement.

An implant is a titanium screw that is surgically placed into your bone. You have to be healthy enough to receive the implant and there has to be enough good bone if an implant is going to be successful. Bad or inadequate bone can be made adequate through additional procedures.

Implant can occasionally be place in one day. I am sure you have heard about this in advertising. It is only possible in certain limited cases. Usually an implant requires several months of healing after placement and before it can be restored. Along with this come several visits.

The cost of an implant can vary greatly based on the materials chosen and the procedures required.

The big benefit of implants is that they can replace a tooth or teeth with a “permanent” restoration. This can be treated like the original natural tooth. Other tooth replacement options require the preparation of adjacent teeth or removable appliances. Removables can be bulky and must be removed regularly for cleaning.

## Chapter 5

*“I am afraid of going to the dentist. It is going to hurt. The dentist is going to think badly of me. He is going to yell at me.”*

If you wait to go to the dentist until you have pain or you yourself recognized a problem then there probably is a problem.

Unfortunately dental problems rarely fix themselves. Your best insurance is to go regularly to the dentist. If the dentist finds issues in people who do get regular care, they are usually small and not complicated, uncomfortable or costly.

If you present with pain or a problem it might be more of an uncomfortable visit. Not going creates reasons to be more fearful. Usually this includes multiple visits, costs and involved dental work. The dentist is not going to be mad at you for not going, although he/she might try and convince you to come more frequently.

I don't know of any dentist who would yell at his patients. We really want our patients to do well. I know that I practice by the credo, “If you (my patient) have a problem then I have a problem.”

I do recommend obtaining a second opinion for any complex or involved work.

## Chapter 6

*“I am too old. It’s not worth it.”*

Age is a determinant in care. Ignoring dental problems is a big mistake. As discussed earlier dental problems get worse with time and do not go away on their own.

As we age there is less and less that we can physically do. The proportion and importance of what we can do with our mouth increases dramatically as we get older. We may not run as well as we had but we still eat, smile, talk and socialize. We need to keep our teeth and mouth in good health and function.

When we go to the dentist he/she is looking at our insides. A lot can be told about our general health by this visit. A dentist is often the first to see if a serious problem is brewing and can help diagnose and deliver a patient to the proper care.

People can live longer healthier lives these days. Our oral health is a major contributor to this.

Several years ago a new patient came to me saying “Doc I have given myself a treat. I stopped going to the dentist 6 years ago but now I have holes, my teeth hurt and are moving. I don’t want to spend a lot for my dental work and am afraid it’s going to hurt. Plus I am 100 years old”. Well how can you argue with that? With a lot of luck we were able to patch things up. When she was 102 we did have to extract several teeth and make dentures, but she came every three months until we lost her at 106.

From day one of our relationship (even at 100 years of age) she was capable, articulate fully aware person. At 102 she used a walker, at 104 she came with an aid. We scheduled her appointments around her meals for they were very important both socially and for the pure enjoyment of eating. This true story is one representing the need to care for our teeth and oral health until our last days, and you never know when that will be.

# Chapter 7

*“I never had cavities before, why would I have them now?”*

Cavities and periodontal disease (gum problems) are site specific infections. Like all bacterial infections they require two main things. First is the right combination of bacteria in large enough quantities and second is a susceptible host.

Bacteria can be transmitted or transferred. We often see spikes in cavities in college age kids. Good oral hygiene and regular professional cleaning break the colonies of bacteria and don't let them mature to the point that they are problematic.

A susceptible host is largely your genetics. Some people have teeth that have been termed “softer” than others. It is actually the microscopic design of the individuals teeth that determine how “soft” a tooth is and there are individualized characteristics.

Secondly are things that affect our immune response to the particular infection. This immune response is affected by medications, stress, hormones, diet, habits and oral hygiene.

Our body's immune system in our mouths is in the saliva. Certain medications can reduce saliva and can reduce our defenses against cavities. Medications like prednisone also reduce our ability to fight cavities and gum disease. Certainly extra care is required and cavities are often experienced in patients undergoing cancer therapy.

Pregnant and lactating women are more prone to oral problems because of the hormone surge.

As life changes so do your oral needs. Visit your dentist. Ask questions. It's not as scary or bad as it may seem.

## Chapter 8

### **“I have silver mercury fillings. Should I have them removed?”**

It is true that there is a mercury component to silver fillings. Silver fillings have been used for over 100 years. Although we know that mercury is bad for you, there has never been scientifically proven evidence that silver fillings cause any health problems. We rarely use silver these days. Composite, (tooth colored fillings) are the state of the art and they are what we use for filling teeth. 98% of the time. Occasionally though, we will still use an amalgam filling for those rare circumstances where we cannot secure a totally dry field (which is required for a composite filling to be successful).

Silver fillings, are an amalgam or combination of several types of metal fillings. These metals include: silver, copper, and zinc are held together by a small amount of mercury. In the finished state a silver filling is insoluble. Only with the highest level of sensitivity with exceptionally fine instruments can you detect mercury vapor from an existing amalgam restoration. A patient is exposed to the greatest levels of mercury during the placement of, and removal of fillings. When they are cut and aerosolized.

If there was a true health concern with amalgam fillings, you would imagine that dentist would have health issues relating to the mercury exposure; since they are involved with the two events (placement and removal) where the exposure is highest. I am not aware of this to be the case.

Many insurance companies still only pay for silver fillings on back teeth.

## Chapter 9

### Tooth Bleaching

#### "I want white teeth"

Tooth Bleaching can be great. Sometimes it doesn't work. There are some negative though. Often it makes teeth very sensitive. Sometimes it doesn't last a long time. It never lasts indefinitely. It can cost a lot.

If a tooth is made to be sensitive the nerve has been damaged. Healthy teeth do not hurt. There are hundreds of bleaching products sold by dentist and over the counter in stores and on the internet. Almost all of these are different percentages of the same basic product (hydrogen or carbomide peroxide). There is very little difference between the products. At higher concentrations bleaching agents can be applied by the dentist. The higher concentration "In Office" bleaching solutions work faster but can also chemically freeze the gums and make teeth sensitive. Great care is taken to isolate teeth. The process usually takes about 2 hrs. This includes one hour of chair time (3 twenty minute applications), and also a half hour of set up and a half hour of break down.

At lower concentrations the bleaching gel can be applied at home by patients in trays designed to hold the solution in the proper position against the teeth. Using trays at home usually requires application for 7-10 days.

Teeth are porous and absorb things like tea, coffee, red wine and cigarette smoke. The bleaching gel gets into the porosities of the teeth and clean them out.

In an attempt to reduce the negative problems of bleaching, I have been working on "Dental Detailing". A totally different approach to deep cleaning the porosities of the teeth. I use a completely different chemistry and call it Brightening instead of bleaching. Teeth are cleaned to their original color and in only 15 minutes without any sensitivity. It is not Bleaching and may not result in as "white" as Bleaching but is gentler, inexpensive, quick and not damaging. You should give it a try.

## Chapter 10

### Home Care

**“I am not that good at brushing . I am tired at the end of the day and just fall asleep”.**

You should brush at least two times a day. The first time should be when you awake. The brushing removes the plaque and bacteria that accumulates overnight. At night your saliva decreases, and without saliva the bacteria grow and multiply. They use the food and sugar left on the teeth to strengthen and they then damage the teeth and gums.

The second brushing of the day should be the last thing you do at night before going to sleep. With this brushing we try to reduce the amount of food for the bacteria’s “night party”. It would be ideal to brush after each meal.

The dentists’ goal with deep cleaning as well as all periodontal therapies is to create a situation where you can maintain the health of your at home by yourself.

There are many tools and techniques that can be used at home to improve home care. Your dentist can and should create a home care routine specifically for your needs customizing special tools and techniques.

Ultrasonic tooth brushes like Sonicare and Braun are very effective if used properly. The problem is that they usually are not. Too often people feel that by putting this power brush in their mouths that it is doing the job. Unfortunately, it takes technique and effort to work properly. If it is used properly a power brush will do a better job than manual tooth brushing. For most people I find a manual hand held brush works better. If you tend to get cavities the addition of a fluoride rinse is a great idea.