CARING FAMILY DENTISTRY & BRACES

# WORD OF MOUTH . . .

## BY DR. BRIAN BAILEY, D.D.S.

## Dental Implants

With dental implants becoming more and more common, I believe the public should know why they are becoming "the standard of care" for many situations.

First, a quick overview:

• Dental implants have been used very successfully for decades.

• They are basically a titanium replacement for a tooth root in the jawbone.

• The procedure is about as difficult as having a tooth removed. Once it has "taken" or integrated (bone has grown through or around it) its failure rate is very low.

• The procedure includes placing the implant, allowing it to "integrate," and then attaching a dental crown or bridge or a denture to the implant.

The following are some of the big advantages of dental implants. The implants:

1. can't have tooth decay.
2. are less susceptible to gum disease.
2. have no sensitivity.
3. preserve the breakdown of jaw bone.
4. prevent a "virgin tooth" from being "drilled down" to attach to.
5. keep dentures from moving around; vastly increasing stability of lower dentures.
6. feel very natural; you can't feel that they are there.
7. have a very high success rate (after integration 95 to 100 percent).
8. greatly increases chewing ability.
9. are inexpensive dollar-wise compared to most medical replacement procedures.
10. can be used for other restorative needs in the future.
11. preserve facial structure and promote a youthful appearance.
12. promote better speech than some other alternatives.

Implants are not bionic, but this technology can really add to the quality of life through stable, painless, decay-free teeth. Another blessing of modern medicine/dentistry!

Call or visit our web site if you have any questions or we can help!

**Any questions, visit our Website at www.drbebailey.com**

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### I brush my teeth, how could I have a cavity?

Dental tooth decay is called caries. A cavity is called a carious lesion. It is caused by bacteria called strep mutans that live in the white, sticky plaque that sticks on teeth.

Strep mutans: 1) eat carbohydrates, especially sugars, 2) digests them in about two minutes, 3) excrete an acid onto your tooth. 4) This bacterial acid rots the tooth. Next, your saliva then neutralizes the acid.

How can you help control tooth decay?

1) Keep the number of strep mutans as low as possible by proper oral hygiene (brushing and flossing), ideally with an electric toothbrush and a WaterPik™. Research shows two times the plaque removal with electric versus a manual brush.

2) Don't feed the strep mutans. The key is not how <u>much</u> sugar and carbs, but how <u>often</u>. An example: If you drink a whole-sugared soda all at once, the bacteria only excrete their acid once. If you sip a quarter of a soda in ten sips over a morning, the bacteria put out acid ten times. Thus, in this instance, even though less sugar is consumed and you get ten times more decay.

3) Topical fluoride. If you apply fluoride to the teeth, it can slow down the decay if it is very shallow or prevent new decay from occurring. We use prescription fluoride toothpaste on hundreds of patients and have significantly lowered their decay rate.

There are some parts of this "equation" that people have little control over. For example, genetically, your saliva may not neutralize the bacterial acid. For some people, the acid never hits the tooth. For others, it is still acidic 20 minutes later.

A low saliva flow, usually caused by certain medicines, really increases your chance of decay. A medicine called Salogen helps this immensely, as it increases saliva flow and eliminates dry mouth.

Another key factor is your mouth's bacterial makeup. If you have a high percentage of strep mutans, you can have clean teeth and low sugar intake but still have a high decay rate. If you have no strep mutans, you can have "dirty teeth" and high sugar intake but no decay.

In summary:

- Keep your teeth clean of sticky, bacterial plaque at home and by your dentist.
- Less bacteria, less acid, less decay.
- Keep the consumption of sugar to mealtimes . . . this keeps down the frequency.
- Keep fluoride use up.

If you still have a decay problem, then your saliva and bacterial makeup may be the cause.

PS. I would say from what I have seen over the last 25 years, the biggest cause of decay is how people clean their teeth at home. With some coaching on technique, the decay rate can go down.

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A very common question asked of me is, "Does dental bleaching cause harm to teeth?" Back in the '80s, when dental whitening started to become popular, some bleaches were not a neutral pH and did break down bonded tooth-colored fillings and in other ways cause long-term sensitivity.

The FDA took the bleaching products off the market for about two years to study this and concerns of ingesting a foreign material. The FDA came back with full approval of pH neutral products and the rest is history. Since this study, 10-, 15- and 20-year studies have come out (i.e., University of North Carolina) that show there is no detriment to the tooth.

In the whitening process, different percentages of carbamine and hydrogen peroxides are placed on the teeth by different means of application for varying times. The peroxides "bubble" the stained organic material out of the "pores" in your tooth and leave the needed inorganic matrix.

My staff and I supplement the process with prescription fluoride treatments. This helps to eliminate any short-term discomforts and helps fortify the teeth. We have done hundreds of successful cases.

Bleaching does cause some people to have sensitive gums or teeth, but it is always transient. I find this sensitivity is non-existent in some people and quite profound in others.

The biggest variable I find in whitening is how long a patient's teeth stays white. In some people it is years. In others, just months. That's why it is very important to do "touch-ups." Even if you are one of the few to get lesser results or a less long-lived result... you still will (with touch-ups) be whiter 20 years from now than someone who doesn't whiten.

Also, the longer you go without bleaching and the darker your teeth get, the harder it is to get them white. Please feel free to e-mail us if you have questions.

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### What is bonding?

Since the late '60s dentists have been etching tooth enamel with 37% phosphoric acid. Then they place a clear adhesive resin and cure it to the tooth with light energy (a bonding or curing light). The light was originally ultraviolet in nature, then halogen, and now LED, super halogen, PAC, or laser.

The tooth-colored filling material is then placed on the cured resin and also hardened with "the curing light."

This composite tooth-colored filling material (mixture of resin and glass), when used to change esthetics of front teeth, is called "bonding."

The bonding material has changed dramatically in the 25 years that I have used it. The biggest change was a few years ago when the glass particles in the material went from microns to nanosized. (1 nanometer = .0000000254 inches) This allows a lot more glass per weight of filling material.

This increased glass makes for:

- More shine
- More durability
- Less staining over time

My staff and I use bonded composite filling materials from one to twenty times per day, and with changes in adhesives, this is done without sensitivity to the teeth.

We have photos of twenty-year-old bondings that look like they could go for another twenty years. Before-and-after photos can be viewed on our website. If you have questions, please feel free to e-mail.

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I wish I had a dime for every time I've heard . . . "Am I too old for braces?" My answer is you are never too old for braces, but there are more limits as to what can be done.

I have done braces or clear plastic aligners on many people in their forties, fifties, and even sixties.

I personally have not done any "cases" on people in their seventies or eighties, but I am sure our gifted local orthodontic specialists probably have.

On some adult braces cases I explain ahead of time that my staff and I can help them get a very satisfying result but not always an ideal, textbook perfect bite and perfect alignment, result.

The main reason is that the amount of "remodeling" of the bone around the tooth is not as extensive as on a growing adolescent. What I call a "non-growing case" has more risk of recession and resorption than a growing person.

Recession is where the tooth is moved out of the arch of bone and the gum recedes. I have, through braces, corrected some areas of recession by moving a tooth into the arch of bone and the gum "un-recedes."

Resorption is where the cells allowing the tooth to move kind of go "haywire" and permanently dissolve the root rather than the tooth socket changing.

Another concern in adult aligning of teeth is retention or relapse. Moving the teeth is easy; having them stay there takes some long-term commitment. Teeth do want to move back or relapse, so long-term retention (possibly bonded retainers) is needed to keep a nice result.

So even though there are some concerns (the 3 Rs: recession, resorption, and relapse), adults tend to be very, very happy with their decision. The result always looks better and thus increases self-esteem.

I wish I had a dime for every time I heard from a completed adult braces case . . . "I love it! I only regret I waited so long to do it."

For a free evaluation, please call our office at 989-631-6075.

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