



ANANNIYA
Dental Clinic & Orthodontic Centre

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Oral Health, Good for Life

Most of us realize that diet and exercise play an important part in keeping us healthy. But did you know that a healthy mouth is also an important part of a healthy body?

Poor oral health can affect a person's quality of life. Oral pain, missing teeth or oral infections can influence the way a person speaks, eats and socializes. These oral health problems can reduce a person's quality of life by affecting their physical, mental and social well-being.

Oral disease, like any other disease, needs to be treated. A chronic infection, including one in the mouth, is a serious problem that should not be ignored. Yet bleeding or tender gums are often overlooked.

Research has shown there is an association between oral disease and other health problems such as diabetes, heart disease and stroke, as well as pre-term and low-birth-weight babies. Although researches are just beginning to understand this relationship, evidence shows that oral disease can aggravate other health problems and that keeping a healthy mouth is an important part of leading a healthy life.

As part of a healthy lifestyle and to help reduce the risk of oral disease, follow these 5 steps to good oral health.

1. See your dentist regularly

- Regular checkups and professional cleanings are the best way to prevent problems or to stop small problems from getting worse.
- Your dentist will look for signs of oral disease. Oral diseases often go unnoticed and may lead to or be a sign of serious health problems in other parts of the body.
- Only your dentist has the training, skill and expertise to diagnose and treat oral health diseases and to meet all your health care needs.

2. Practice good oral hygiene

- Using a soft-bristle toothbrush, brush your teeth and tongue at least twice a day with fluoride toothpaste to remove plaque and bacteria that cause cavities and periodontal disease (gum disease).
- Floss every day. If you don't floss, you are missing more than a third of your tooth surface

3. Eat a well-balanced diet

- Healthy food is good for your general health and your oral health. The nutrients that come from healthy foods help you to fight cavities and gum disease.
- Avoid excess sugar. It is one of the main causes of dental problems

4. Check your mouth regularly

- Look for warning signs of periodontal disease (gum disease) such as red, shiny, puffy, sore or sensitive gums; bleeding when you brush or floss; or bad breath that won't go away. Gum disease is one of the main reasons why adults lose their teeth.
- Look for warning signs of oral cancer. The 3 most common sites for oral cancer are the sides and bottom of your tongue and the floor of your mouth. The warning signs include bleeding that you can't explain,

open sores that don't heal within 7 to 10 days, white or red patches, numbness or tingling, small lumps and thickening on the sides or bottom of your tongue, the inside of your cheeks or on your gums.

- Report any of these warning signs to your dentist

5. Don't smoke or chew tobacco

- Smoking and chewing tobacco are dangerous to your oral health and your overall health.
- Tobacco use is a major cause of the tooth loss through gum disease and may lead to serious problems like oral cancer.
- Tobacco can cause heart disease and a variety of cancers

If you take care of your teeth and gums at home and visit your dentist regularly, your smile should last you a lifetime. You and your dentist are partners in keeping your oral health good for life.



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Do I need Dental check up?

Everyone needs regular dental checkups. The reason is simple: even if you brush and floss every day, only your dentist is trained to notice problems with your teeth, gums and mouth. During a check up, your dentist looks for gum disease, cavities, loose fillings, broken teeth, infection, early signs of oral cancer, and signs of other problems that could affect your general health.

Even if you have dental implants or wear dentures, your dentist will check if they are:

1. Wearing out anywhere
2. Fitting properly
3. Being properly cleaned

If you take medicine that makes your mouth dry, or causes your gums to swell, you need to have a dentist take a close look.

What is a dental check up?

A dental check up is a thorough examination of your teeth, gums, mouth and related areas around the mouth. The check up usually includes some or all of the following:

1. Medical history update

1. Smoke
2. Have any allergies
3. Wear a medical device like a pacemaker
4. Are pregnant
5. Are taking any over-the-counter, prescription or herbal medications (if so, give your dentist a list of your medications and dosage information).
6. Have changed medication since your last check up
7. Are being treated for a health problem a medical condition
8. Have any changes in your general health
9. Have had surgery

2. Dental history update

During the check up, tell your dentist about any problems or changes to your teeth, gums or mouth. Tell your dentist if:

1. Your teeth are loose, have changed color or have moved
2. Your teeth or gums are more sensitive to hot or cold temperatures or sweet foods or drinks
3. Your gums have changed color or if they are tender or bleed when you brush or floss
4. Floss catches on rough edges of your teeth
5. The skin on the inside of your mouth has changed color
6. You are clenching or grinding your teeth
7. You are nervous about visiting the dentist



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Dental examination and treatment

During the dental examination, your dentist looks closely at your teeth, gums and mouth. Your dentist is specially trained to spot any problems such as cavities, gum disease and infections. Many small problems may be caught and treated right away.

3. Consultation and advice

At this point, your dentist may discuss any concerns that he or she may have with your oral health and suggest an appropriate treatment plan. This is also a good time for you to ask questions.

4. Cleaning

A professional cleaning is the only way to remove tartar and plaque build-up from teeth. Plaque is an invisible film that occurs naturally in your mouth and sticks firmly to your teeth. It contains bacteria (germs) and forms on your teeth every day. If plaque is not removed daily by brushing and flossing, it hardens into tartar. If tartar is not removed, it builds up around your teeth and under your gum lines, making it impossible to properly clean your teeth of plaque. Over time, plaque build-up can eventually lead to gum disease. The main steps in a cleaning are scaling and polishing. Scaling removes tartar and plaque build-up from teeth. Polishing smooths and cleans the surfaces of the teeth.

How often should I have a dental check up?

How often you visit your dentist for checkups depends on:

1. How well you care for your teeth and gums
2. Whether there are any problems that need to be watched or that need treatment
3. How quickly tartar builds up on your teeth

After your check up, your dentist will be better able to suggest when to come back for your next visit. Regular visits to the dentist will help to catch small problems early before they become serious problems later.

Dental anxiety

Do you experience nervousness before or during a visit to your dentist? The feeling is called dental anxiety. Generally, the anxiety comes from the fear that you will feel pain during your visit. In some people, the fear is so bad that it keeps them away from dentist and puts their oral health in danger. However, new ways of doing things have made modern dentistry almost painless. If you are afraid of going to the dentist for any reason, don't hesitate to talk to your dentist about it.

Caring for Your Teeth and Gums

A healthy mouth is an important part of a healthy body. To keep your mouth healthy and free of disease, visit your dentist regularly. Between visits eat a well-balanced diet and practice a good oral health routine that includes proper brushing and flossing every day.

When you brush and floss, you are removing plaque. Plaque is an invisible and sticky film that forms on your teeth every day. It contains bacteria (germs) and is the main cause of cavities and gum disease. The only way to remove plaque is by brushing and flossing your teeth.

Brush your teeth and tongue twice a day and always before you go to bed to remove the bacteria that causes tooth decay. Tooth decay is a serious disease that starts just below the surface of the tooth. If left untreated, this disease can damage the structure of the tooth and eventually lead to a cavity (hole) in your tooth. Here's how: When sugars in the foods and drinks that you consume mix with the bacteria in plaque, causing tooth decay to slowly eat away at the enamel (hard outer layer of your tooth). Over time, the enamel gets soft and a cavity forms.

Floss your teeth every day. Flossing removes plaque and bacteria that you cannot reach with your tooth-brush. If you don't floss, you are missing more than one-third of your tooth surface. If plaque is not removed from around your gums, it hardens into tartar and can cause gum disease. Tartar can only be removed by professional cleaning by your dentist. It cannot be removed by brushing or flossing.

How to brush your teeth

Use a soft brush with rounded bristles. Choose a size and shape that will let you reach all the way to your back teeth. Replace your toothbrush every 3 to 6 months. If the bristles get bent or worn down, they will not do a good job and may hurt your gums.

1. Be sure to clean your hands before brushing
2. Use a small amount of fluoride toothpaste on your brush. Wet your brush before squeezing on the toothpaste.
3. Brush at a 45-degree angle to your teeth. Start by placing the bristles at the base of the tooth where your gums and teeth meet. Using gentle brush strokes move the brush to the top of the tooth. Do not scrub. Years of brushing too hard can make your gums recede (pulling away from your teeth)
4. Clean every surface of every tooth. This means you must brush the cheek side, the tongue side and the biting surface of each tooth. For the inside of the front teeth, use the "toe" or front part of the brush. Brush your tongue.

Problems brushing?

If holding your toothbrush is difficult due to arthritis or some other health condition, ask your dentist to recommend one of the larger-handled toothbrushes designed especially for persons with limited mobility in the hand, fingers and wrist. You can also try enlarging the handle of your toothbrush with a sponge, several layers of aluminum foil, or a bicycle handle grip. Many patients find a power-operated toothbrush helpful. Discuss this option with your dentist.

How to floss

1. Be sure to clean your hands before flossing
2. Take a piece of floss about as long as your arm. Wrap it around your middle fingers, leaving about 2 inches between your hands. Hold the floss tightly between your thumbs and index fingers.
3. Using your thumbs and index fingers, gently guide the floss between your teeth to the gum line. Wrap the floss into a “C” shape around the base of the tooth.
4. Wipe the tooth from the gum line to the top of the tooth 2 or 3 times in a gentle rubbing motion. Don't push too hard to get the floss between your teeth. This can snap the floss into the gums and hurt them.
5. Be sure to floss both sides of each tooth. Don't forget the backs of the last molars.
6. Move to a new part of the floss as you move from the tooth to tooth.
7. When you floss, bacteria from your mouth can spread to your hands, so be sure to wash your hands after flossing.

If you're not sure that you are flossing your teeth properly, ask your dentist for advice.

Problems flossing?

Gums sometimes bleed when you first begin to floss. This will most likely stop after a few days. If after a few days of flossing the bleeding does not stop, see your dentist.

Floss can shred if you snag it on an old filling or on the ragged edge of a tooth. If this continues to happen, try another type of floss or dental tape. Your dentist can recommend one. If your floss continues to shred, tell your dentist.

If flossing feels awkward, try using a plastic floss holder. Your dentist can recommend one. Dental tape may also be easier to use, as it is wider and easier to grasp than floss.

Some people find making a loop with the floss easier to use. To do this, take about 12 inches (30 cm) of floss and make a knot in it. You will have a circle or a loop that you can hold between your thumbs and index fingers. Use the same method to floss as described.

With regular dental visits, healthy lifestyle choices and a good oral health routine, you can be sure you are doing the very best for your oral health.

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Hidden Threats to your Oral Health

When you visit your dentist, part of your check up includes checking your mouth for any sign of gum disease, oral cancer and other oral health problems that may lead to or be a sign of serious health problems. Studies show a relationship between oral disease and other overall health problems such as diabetes, heart disease, and stroke. Your dentist knows your mouth best and has the expertise to diagnose, treat and otherwise take care of all your oral health needs. Between dental visits, you can check your mouth for any hidden threats to your oral health and report them to your dentist.

Gum Disease

Gum disease, also known as periodontal disease, is one of the most common oral health problems adults face. It is often painless and happens slowly. Sometimes you may not notice any sign until the disease is serious and you are in danger of losing your teeth. The 2 main kinds of gum diseases are gingivitis and periodontitis.

Gingivitis is a term used to describe inflammation of the gums. It may or may not be painful. If you have gingivitis, your gums may be a bit red and bleed when you brush, but you may not notice anything. The good news is that gingivitis can be prevented, and if started, it can be reversed.

The warning signs of gingivitis may include:

1. Puffy gums.
2. Traces of blood on your toothbrush.
3. A change in the colour of your gums.

Periodontitis is one of the main reasons why adults lose their teeth. It is an infection of the gums that affects the bone holding your teeth. Without enough gum tissue and bone to hold your teeth in place, they can become loose and fall out. In its early stages, periodontitis is very hard to see. You may not know that you have a problem until you visit the dentist. Periodontitis is often painless and happens slowly. Like gingivitis, periodontitis can almost always be prevented with good oral hygiene and regular visits to the dentist. If started, periodontitis can be treated and even turned around in its early stages.

The warning signs of periodontitis may include:

1. A change in the colour of your gums.
2. Gums that are red around your teeth.
3. Gums that bleed when you brush or floss.
4. Gums that have receded (pulled away) from your teeth.
5. Bad breath that will not go away.
6. Shiny, puffy or sore gums.
7. Teeth that are sensitive for no reason.
8. A tooth that is loose.
9. Increasing space between your teeth.

Oral cancer

Oral cancer may occur anywhere in the mouth, including on the lips and the throat. Factors that can increase the risk of oral cancer are smoking, chewing tobacco and using snuff. Alcohol abuse may also contribute to oral cancer. To reduce the risk oral cancer, stop using all forms of tobacco and reduce or stop drinking alcohol.

Spotting oral cancer in its early stages is the key to successful treatment. Although oral cancer can appear on your lips or anywhere in your mouth, the 3 most common sites for oral cancer are the sides and bottom of your tongue and the floor of your mouth. The warning signs of oral cancer may include:

1. Bleeding that you can't explain.
2. Open sores that don't heal in 7 to 10 days.
3. White or red patches.
4. Numbness or tingling.
5. Small lumps.
6. Thickening on the sides or bottom of your tongue, the floor or roof of your mouth, the inside of your cheeks or on your gums.

Poorly fitted dentures may cause denture sores. These sores make oral cancer more difficult to spot. To stop denture sores, make sure your dentures fit properly.

Other oral health concerns

Besides gum diseases and oral cancer, other oral health concerns to report to your dentist are dry mouth, sore mouth, or burning mouth syndrome.

Dry mouth, also known as xerostomia, occurs when there is decreased flow of saliva in your mouth caused by medication, disease or medical treatments. Dry mouth can make swallowing difficult and can make other oral health problems worse. It may also be a sign of more serious problems in the body.

A sore mouth might be caused by false teeth that don't fit well. It could also be from leaving false teeth in your mouth overnight.

Burning mouth syndrome is a condition characterized by a burning or tingling sensation on the lips, tongue or entire mouth. It may be caused by a lack of certain nutrients in your diet.

Left unchecked, hidden threats to your oral health can lead to severe pain, loss of teeth and serious health implications. Between dental visits, check your mouth for warning signs and report them to your dentist. Only your dentist has the training, skill and expertise to identify and address all your oral health care needs.

Good food, healthy teeth

Healthy food is good for your general health and your oral health. The nutrients that come from healthy foods help you to fight cavities and gum disease.

Sugars in food

Sugar is one of the main causes of oral health problems and is found in many foods. Foods high in sugar include soft drinks, chocolate bars, pastries and baked goods. Ingredients such as corn syrup, dextrose, fructose-glucose, honey, maple syrup, molasses and sucrose are all different types of sugars. Many healthy foods such as milk, dried fruit, bread, cereal and pasta also contain some sugars. The sugars found in healthy foods give our bodies the energy we need to live. The problem is that all of these sugars can cause cavities and other oral health problems.

How sugars cause cavities

Cavities begin with plaque. Plaque is an invisible film that occurs naturally in your mouth and sticks firmly to your teeth. It contains bacteria (germs) and forms on your teeth every day. These bacteria are quite normal and mostly harmless. They become a problem when the plaque is not cleaned from your teeth by brushing and flossing and are allowed to build up on and between your teeth. Here's how. When sugars in the foods that you eat mix with the bacteria in the plaque, this makes a mild acid. The acid forms in the plaque and it eats away at the hard outer layer of your tooth, called the enamel. Over time, the enamel gets soft and a cavity forms.

The damage that sugars do depend on how much and how often they are eaten, when they are eaten and how long they stay in your mouth. The longer and more often sugars touch your teeth, the more damage they can do.

The good news is that the saliva in your mouth can help protect your teeth from this damaging acid. During a meal, your mouth produces a great deal of saliva. This saliva protects your teeth by neutralizing the acids produced by sugars. But between meals, your mouth does not produce as much saliva and the sugars stay on your teeth longer. So eating between meals without brushing can be damaging to your teeth.

Protecting your teeth from cavities

Brushing your teeth immediately after eating or drinking is the best way to protect your teeth, but this isn't always possible. Here are some tips to protect your teeth when you can't brush:

- Limit eating between meals, especially foods high in sugars.
- It is best to eat sweets at the end of mealtime while there is still plenty of saliva in your mouth. Saliva helps to wash away sugars and acids.
- Try to cut down on the amount of sugar you eat.
- Choose drinks that are low in sugar and acid. One can of soft drink contains 10 teaspoons of sugar and is high in acid. Even a diet or sugar-free soft drink can be harmful to your teeth because of its high level of acids. Water is the best drink to have between meals.
- Limit the number of times you eat during the day. The more often sugars touch your teeth, the more damage they can do.
- If you snack between meals, drink water. Water helps to wash away some of the sugars and acids.
- If you snack between meals, chew gum after-wards. Chewing gum helps to produce saliva, which helps to wash away sugars and acids.

- If you snack between meals, choose foods that have little or no sugars in them. These foods will not harm your teeth.

Acids in foods

The acid found in some foods and drinks can also be harmful to your teeth. This type of acid is different from the type that can cause cavities when the bacteria in your mouth mix with sugar from food. When we consume foods or drinks high in acid, the acids may play a part in causing dental erosion. Foods and drinks high in acid include carbonated soft drinks, sports drinks, citrus fruits and vinegary foods such as pickles.

Acids and dental erosion

Dental erosion is when the hard part of your tooth dissolves as a result of direct contact with acid. It is believed that some factors of dental erosion are internal. Dental erosion is seen in people who have eating disorders. In this case, acids from the stomach enter the mouth through vomiting. External factors of dental erosion happen when acids enter the mouth through eating or drinking foods high in acid. Diet alone may not always be the cause of dental erosion.

Preventing dental erosion

Here are some tips to protect your teeth from dental erosion:

- Choose drinks that are low in acid. Carbonated soft drinks are high in acid, which can harm your teeth.
- Do not swish or hold high acid drinks in your mouth for prolonged periods of time or suck on citrus fruits.
- It is best to consume foods and drinks high in acid at the end of mealtime while there is still plenty of saliva in your mouth. Saliva helps to wash away sugars and acids.

Foods that will not harm your teeth

Foods that have very little or no sugars in them and that are low in acid will not harm your teeth. Here is a list of foods that contain little or no sugars or acids:

- Plain yogurt
- Plain milk and buttermilk
- Cheese and cottage cheese
- Raw fruits and vegetables
- Hard-boiled eggs
- Nuts or seeds

Care After Minor Oral Surgery

Oral surgery is any procedure that involves cutting into or removing tissue from your mouth. It includes procedures like removing a tooth, gum surgery, and getting dental implants. Oral surgery also includes getting rid of diseased tissue from the mouth, correcting jaw problems, or repairing a cleft lip or palate.

Who does this procedure?

Your dentist may perform oral surgery or refer you to a specialist called an oral and maxillofacial surgeon. Oral and maxillofacial surgery is a specialty of dentistry that deals with the surgical treatment of disorders, diseases, injuries and defects of the hard and soft tissues of the oral and maxillofacial regions and related structures.

Sometimes, after a minor oral surgery, you may have pain, bleeding and swelling. Proper care after oral surgery will help your mouth heal quickly and cleanly. Here's what usually happens after oral surgery and how you can deal with it.

You have pain

Once the anesthetic (freezing) wears off, feeling some pain is normal. You might have the most pain in the first 24 to 48 hours after your surgery. Some soreness or discomfort at the site of the surgery may last for 3 to 5 days. The amount of discomfort is different from person to another and from one operation to another.

What to do

Your dentist or oral surgeon may prescribe medication. Tell your dentist or oral surgeon about any other prescription medicines or herbal supplements you are taking. Take the medication exactly as your dentist or oral surgeon have instructed.

It is important to rest. If you are up and about, you may feel more discomfort. Call your dentist or oral surgeon if the pain does not get any better within 48 hours or at any time if you think there is a problem.

What NOT to do

1. Do not take more medication than advised.
2. Do not drink alcohol when taking pain relief medication.
3. Do not drive or use machines if you are taking narcotic medication. A narcotic may cause you to feel drowsy. Your dentist, oral surgeon or pharmacist will tell you if your pain relief medication is a narcotic.

You have bleeding

You will probably bleed for the first hour or 2 after surgery. The area may continue to ooze for up to 24 hours. Blood and saliva mix together in your mouth and this can make it look like you are bleeding more than you really are. After 4 hours, if you cannot control the bleeding by pressing firmly on the area with a gauze pad, call your dentist or oral surgeon.

What to do

Your dentist or oral surgeon will use a gauze pad over the wound to cut down on the amount of bleeding while the blood clots. This gauze pad should be left in place for an hour no matter how soggy it becomes. Keep firm and constant pressure on the gauze pad by closing your teeth firmly on the pad. If you are still bleeding after 1

hour, put a new gauze pad on the area and continue to put firm and constant pressure on the pad for another hour.

Rest and keep your head raised. Rest slows down the circulation (flow) of blood. This helps stop the bleeding and helps you to heal faster. Brush and floss your teeth as usual, but stay away from the wound and use only a little bit of water. If you are still bleeding a lot and it has been 4 hours or longer since your surgery, call your dentist or oral surgeon.

A full day after surgery, rinse your mouth gently with warm water. Your dentist or oral surgeon may suggest that you add ½ teaspoon of salt to a cup of warm water each time you rinse. Rinse 4 or 5 times a day, for 3 or 4 days.

What NOT to do

1. Do not rinse your mouth within the first 24 hours, even if the bleeding and oozing leave a bad taste in your mouth.
2. Do not chew on the gauze pad or suck on the wound.
3. Do not strain yourself for 2 full days after your surgery.
4. Avoid hot liquids like coffee and tea. If you eat soup, let it cool first. Hot liquids increase the flow of blood and your wound can start to bleed again.
5. Avoid alcohol and tobacco for the first 2 weeks after surgery. They make it harder for the blood to clot and easier for an infection to start. Alcohol and tobacco will also delay healing.

You have swelling

Your face may swell in the first 24 hours after oral surgery. The swelling may last for 5 to 7 days. Once the swelling starts to go down, your face may bruise. The bruising could last for up to 10 days after your surgery.

What to do

On the **FIRST** day after surgery, put a cold compress on the swollen area. You can make a cold compress by wrapping ice cubes in a towel or you can use a bag of frozen vegetables. Keep the cold compress there for 10 minutes. Take it off for 10 minutes, and then put it back on for another 10 minutes. Do this over and over again within the first 24 hours after surgery, if possible.

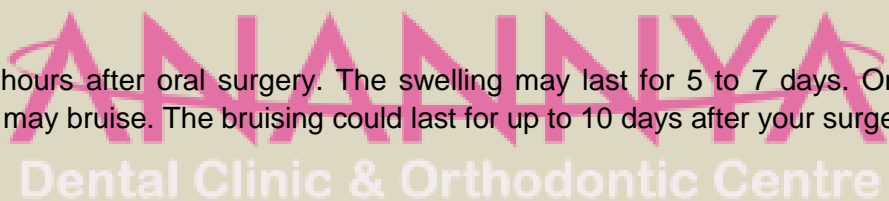
On the **SECOND** day after surgery, put something warm on the swollen area. You can make a warm compress by wrapping a hot water bottle or a heating pad in a towel. The warmth will increase blood flow or circulation and bring down the swelling. Do not use anything hot enough to burn your skin. Call your dentist or oral surgeon if the swelling continues to get worse 48 hours after the surgery, or if the swelling does not go down within 7 days after the surgery.

What NOT to do

1. Do not apply heat to the swollen area in the first 24 hours after surgery. This will only make the swelling worse.

Your jaw is sore

After surgery, your jaw muscles may be sore and it may be hard to open your mouth for up to 7 to 10 days. Your jaw muscles may have become stiff and sore from holding your mouth open during surgery.



What to do

If your jaw muscles are not too sore, massage them gently with warm, moist face cloth. Eat foods that are easy to chew such as eggs, pasta and bananas. Have drinks like milkshakes, milk, and juices. If after 7 to 10 days, your jaw muscles are still tender or your mouth is still hard to open, call your dentist or oral surgeon.

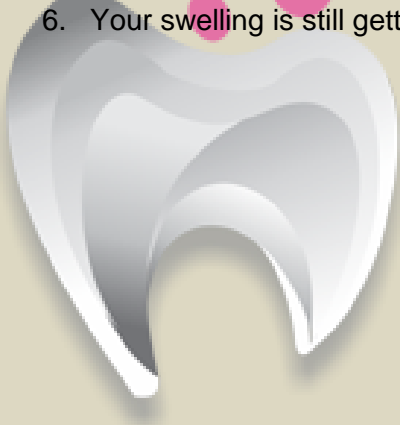
What NOT to do

1. Do not force your mouth open.
2. Do not chew gum or eat hard or chewy foods.

Warning signs

If you have any of the following problems after oral surgery, call your dentist or oral surgeon right away:

1. You are bleeding a lot and it has been 4 hours, or longer, since your surgery.
2. You have the feeling that you are going to throw up.
3. You are throwing up.
4. You have a fever
5. You have pain that does not get any better, and it has been 1 full day or longer since your surgery.
6. Your swelling is still getting worse, and it has been 2 days or longer since your surgery.



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Early Childhood Tooth Decay

Early childhood tooth decay is a serious disease found in the teeth of infants and toddlers from as young as 1 year of age. It begins by damaging the structure of a tooth and can lead to a cavity (hole) in the tooth. Once your child has teeth, he or she is at risk for tooth decay.

What causes early childhood tooth decay?

When your child's teeth are repeatedly exposed to sugars for a long period of time, this can cause tooth decay. Here's how. Plaque, an invisible film that sticks firmly to our teeth, contains bacteria (germs). When sugars found in breast milk, formula, cow's milk and juice mix with the bacteria in your child's mouth, this makes a mild acid. This acid forms in the plaque, causing tooth decay to eat away at the hard outer layer of your child's teeth (called the enamel). Over time, the enamel gets soft and cavities can form.

The good news is that the saliva in our mouth can help to protect our teeth from this damaging acid. During a meal, your child's mouth produces a great deal of saliva. This saliva protects the teeth by neutralizing the acids produced by sugars.

The bad news is that our swallowing and saliva production slow down when we fall asleep. If your child falls asleep with milk, juice, formula or any drink other than water in the mouth, it will pool around the teeth. Over time, this may cause tooth decay.

Our saliva production also slows down between meals. If your child drinks freely throughout the day from a bottle or sippy cup filled with drinks other than water, the front teeth are repeatedly coated with sugars. Over time, this may eventually cause tooth decay in the front teeth.

Signs of early childhood tooth decay

Early childhood tooth decay causes cavities that you can see on the front and back of the top 4 front teeth. In advanced cases, other teeth in the mouth are also affected. Once your child has teeth, check them once a week for any signs of tooth decay.

To do this, lay your child on your lap with his or her head tilted back. Lift the lips and look at the front and back of the top front teeth. If your child has molars (back teeth) check them as well. Here's what to look for:

1. Dull or chalking white spots or lines on the teeth. These spots or lines may also be on the part of the tooth next to the gums
2. Brown spots along the gum line of your child's teeth
3. Dark teeth

Another sign may be crying when your child eats cold, sweet or hard food. If you see any of these signs, go to the dentist right away. If your own dentist does not see very young children, ask his or her office for a referral to a pediatric dentist. Early childhood tooth decay must be treated quickly. If it is not treated right away, this disease can cause your child needless pain and infection.

Stopping early childhood tooth decay

The good news is that early childhood tooth decay is preventable. Here are ways to stop it:

1. Never put your child to bed with a bottle or sippy cup of milk, breast milk, formula, juice or any drink other than water
2. When bottle-feeding, remove the nipple when your child has finished feeding and is still awake. If your child falls asleep. Remove the nipple from your child's mouth and wipe the teeth with a cloth to remove the remaining milk.
3. ONLY put breast milk, formula or water in a baby bottle. Do not put milk, juice or any sweetened drink in a baby bottle.
4. Try to wean your baby from a bottle by age 1 by encouraging your child to drink from a cup.
5. Never give your child a pacifier (soother) dipped in sugar, honey corn syrup or other sweetened liquids.
6. Between meals, water is the best drink. Don't let your child drink freely throughout the day from a bottle or sippy cup of any drink other than water. Serve juice or milk in a cup at mealtimes.
7. Clean your child's gums and teeth every day. Wipe the gums with a clean cloth and brush your child's teeth with a soft-bristled toothbrush. Start cleaning your child's teeth as soon as the first tooth appears.
8. Bring your child to the dentist within 6 months of the arrival of the first tooth or by age 1.

Breaking the bedtime bottle habit

If you give your child a bottle at bedtime, stopping all at once will not be easy. To stop this habit, try putting water in the bottle. If this is turning down, try giving your child a clean soother. If your child cries, do not give up. Comfort your child and try again. It may take several nights to wean your child off the bottle. You may also want to try watering down your child's bottle over a week or 2, until there is only plain water left.

Why repair a baby tooth that is eventually going to fall out?

Your child's primary (baby) teeth are important and may be in your child's mouth until age 12 your child needs these teeth to eat and to learn to speak properly. The health of your child's primary teeth can affect the health of the permanent (adult) teeth. Primary teeth hold the space for permanent teeth and help guide them into the correct position. They also contribute to healthy jaw development. Broken or infected teeth can affect your child's self-image.

A dentist can treat early childhood tooth decay in a number of ways. The type of treatment depends on how badly the tooth is damaged. Treatments range from fluoride varnishes to dental fillings, crowns and tooth extractions (pulling out a tooth). Tooth extraction is needed when a tooth has been so badly damaged by decay that there is not enough of the tooth left to hold a dental filling.

If your young child needs dental treatment, your dentist may refer you to a pediatric dental specialist. Pediatric dentistry is a special of dentistry concerned with providing preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

By starting a good oral health routine with your child that includes cleaning your child's gums and teeth every day and regular visits to the dentist, you will teach your child how to keep a healthy smile for life.

Food and children's oral health

Although sugars are considered one of the main causes of oral health problems, any kind of food can be just as damaging as foods high in sugar if left in the mouth for a long period of time. Even many healthy foods such as juice, bread, cereal and pasta contain some sugars. Here are some examples of how oral health problems can happen in children:

- If you put your child to bed with a bottle or sippy cup of any drink other than water, the liquid stays in your child's mouth for a long time. Over time, the sugars in these drinks can cause teeth to weaken and may cause early childhood tooth decay. The same can also happen if you let your child fall asleep with milk in his/her mouth. Talk to your dentist about early childhood tooth decay and how it can be prevented.
- If your child often drinks anything other than water between meals, the teeth are being coated in sugars over and over again. Over time, this may cause teeth to weaken and cause tooth decay. Water is the best drink to have between meals.
- If foods like teething biscuits, crackers or bread stay in your child's mouth for a long time, or if your child snacks on these foods often through-out the day, the sugars in these foods will make the acid that can cause cavities.

Smart snacking for kids

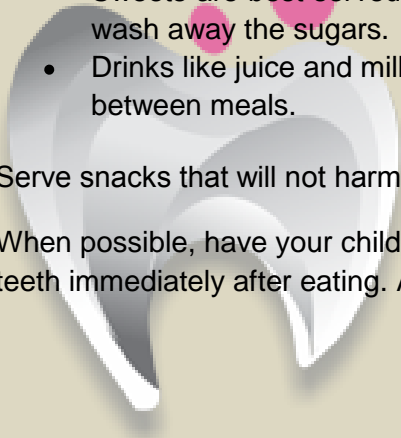
Snacking, between meals can cause oral health problems. However, growing children need healthy snacks to keep them going between meals. Here are some snack tips to help keep your child's teeth healthy:

- Limit the number of times a day your child eats or drinks sugars.
- Avoid sugary treats that stay in the mouth for a long time like hard candy or lollipops.
- Stay away from soft, sticky sweets that get stuck in your child's teeth.
- Sweets are best served at the end of mealtime while there is still plenty of saliva in your child's mouth to wash away the sugars.
- Drinks like juice and milk are best served during or at the end of mealtime. Water is the best drink to have between meals.

Serve snacks that will not harm your child's teeth, like vegetables, cheese, nuts or seeds.

When possible, have your child brush her teeth immediately after eating. Always have your child brush his/her teeth immediately after eating. Always have your child brush his/her teeth before going to bed.

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[Your Child's Oral Health \(newborn to age 12\)](#)

Parents play a big role in the healthy development of their children's teeth and overall oral health. One of the best ways to keep your child's smile healthy for life is to start good oral health habits early. This booklet shows you how to look after your child's primary (baby) teeth and how to help your child properly care for his or her permanent (adult) teeth once they come in.

About primary teeth

Your child's primary teeth are important. They help your child eat and learn to speak properly. The health of your child's primary teeth can affect the health of the permanent teeth. Primary teeth hold the space for permanent teeth and help guide them into the correct position. They also contribute to healthy jaw development. Broken or infected teeth can affect your child's self-image.

Teething

Your baby begins teething when the first set of teeth erupts (breaks through) from the gums. Teething usually begins around 6 months of age; however, it can start any time between 3 months and 12 months of age. Some babies drool for weeks before their first tooth comes in. For others, teeth seem to come in without much fuss.

A total of 20 primary teeth come in, usually by the time your child is about 2 or 3 years of age. However, each child develops at his or her own pace. If you have questions about the development of your child's teeth, speak with your dentist.

Teething pain

Some babies have no discomfort from teething. However, if your child seems to be in pain, it is likely because of the soreness, swelling and tenderness around the gums of the erupting tooth. Your child may be cranky, may drool more and chew on things. These symptoms may begin about 3 to 5 days before a tooth erupts and should stop as soon as the tooth breaks the gum. To help relieve the pain:

- Gently rub the gums with a clean finger for about 2 minutes at a time.
- Gently rub the gums with a cool teething ring.
- Provide safe objects, like a clean teething ring, for your child to chew on.
- Wipe your baby's face with a clean damp cloth to remove the drool and prevent rashes.

If your child is still uncomfortable, your dentist can suggest an over-the-counter medicine to ease the pain. Here's what you should NOT do:

- Do NOT use a painkiller that can be rubbed on the gums, unless you have spoken to your dentist or doctor about it. Swallowing it could harm your child.
- Do NOT offer your baby a teething biscuit as it may contain sugar.

NEVER ignore a fever. Erupting teeth do not make babies sick or give them a fever. If your child has a fever, check with your child's doctor.

Seniors and Oral Health

Most of us realize that diet and exercise play an important part in keeping us healthy, particularly in our senior years. But did you know that your oral is also an important part of your general health and well-being? Research suggests that there may be a link between the health of your mouth and the health of your body.

To keep your mouth healthy, practice good oral hygiene, eat a well-balanced diet, check your mouth for warning signs of gum disease, don't smoke or chew tobacco and most importantly, have your mouth examined regularly by your dentist.

All of us need regular checkups. Even if you have dental implants or wear dentures, your dentist needs to check them out. If you take medicine that makes your mouth dry, or causes your gums to swell, your dentist needs to take a close look. During a check up, your dentist not only looks for cavities, he or she also looks for oral disease, infection, early signs of oral cancer, and signs of other problems that could affect your general health. Regular visits help to catch small problems before they become serious problems.

Caring for your teeth and gums

Brushing and flossing are the only way to remove plaque from your teeth. Plaque forms on your teeth every day and is the main cause of cavities and gum disease.

To clean your mouth, brush your teeth and tongue twice a day and always before you go to bed. Floss your teeth at least once a day. Flossing removes plaque and bacteria that you cannot reach with your toothbrush. If don't floss, you are missing more than one-third of your tooth surface.

How to brush your teeth

Use a soft brush with rounded bristles. Choose a size and shape that will let you reach all the way to your back teeth. Replace your toothbrush every 3 to 6 months. If the bristles get bent or worn down, they will not do a good job, and may hurt your gums. Be sure to clean your hands before brushing.

- Use a small amount of fluoride toothpaste on your brush. Wet the brush before squeezing on the toothpaste.
- Brush at a 45-degree angle to your teeth. Start by placing the bristles at the base of the tooth where your gums and teeth meet. Using a gentle brush strokes, move the brush to the top of the tooth. Do not scrub. Years of brushing too hard can make your gums recede (pull away from your teeth).
- Clean every surface of every tooth. This means you must brush the cheek side, the tongue side and the biting surface of each tooth.
- For the inside of the front teeth, use the "toe" or front part of the brush.
- Brush your tongue.
- Rinse your mouth with water.

A good brushing should take 2 to 3 minutes. If you are not sure that you are brushing properly, ask your dentist for advice.

Problems brushing?

If holding your toothbrush is difficult due to arthritis or some other health condition, ask your dentist to recommend one of the larger-handled toothbrushes, designed especially for people with limited mobility in the hand, fingers and wrist. You can also try enlarging the handle of your tooth brush with a sponge, several layers of aluminum foil, or a bicycle handle grip. Many patients find a power-operated toothbrush is helpful. Discuss this option with your dentist.

How to floss

- Be sure to clean your hands before flossing.
- Take a piece of floss about as long as your arm. Wrap it around your middle fingers, leaving a few inches between your hands.
- Hold the floss tightly between your thumbs and index fingers.
- Using your thumbs and index fingers, gently guide the floss between teeth and the gum line. Wrap the floss into a “C” shape around the base of the tooth.
- Wipe the tooth from top to bottom 2 or 3 times using a gentle rubbing motion. Be sure not to push too hard to get the floss between your teeth. This can snap the floss into the gums and hurt them.
- Be sure to floss both sides of each tooth. Don't forget the back of the last molars.
- Move to a new part of the floss as you move from tooth to tooth.
- When you floss, bacteria from your mouth can spread to your hands. So be sure to wash your hands after flossing.

If you are not sure that you are flossing your teeth properly, ask your dentist for advice.

Problems flossing?

Gums sometimes bleed when you first begin to floss. This will most likely stop after a few days. If after a few days of flossing the bleeding doesn't stop, see your dentist.

Floss can shred if you snag it on an old filling or on the ragged edge of a tooth. If this continues to happen, try another type of floss or dental tape. Your dentist can recommend one. If the floss continues to shred, see your dentist.

If flossing feels awkward, try using a plastic floss holder. Your dentist can recommend one. Dental tape may also be easier to use, as it is wider and easier to grasp than floss.

Caring for your dentures

Complete and partial dentures need to be cleaned every day just like natural teeth. Otherwise, plaque and tartar can build up on your dentures causing stains, bad breath and gum problems. Plaque from your dentures can also spread to your natural teeth and gums, causing gum disease and cavities.

To clean your dentures, remove them from your mouth and run them under water to rinse off any loose food particles. Then wet a denture brush or a regular soft-bristle toothbrush and apply denture cleaner or a mild soap. Household cleaners and regular toothpaste are too abrasive and should not be used for cleaning dentures. Gently brush all surfaces of the dentures including under the clasps where bacteria collect. Be careful not to damage the plastic or bend the attachments. Rinse your dentures well in clean water before placing them back in your mouth.

While your dentures are removed, be sure to clean and massage your gums. If your toothbrush hurts your gums, run it under warm water to make it soft or try using a finger wrapped in a clean, damp cloth. If you have partial dentures, brush your natural teeth with a soft-bristled toothbrush and floss.

Always remove your dentures overnight to give your mouth a chance to rest. Soak them in denture cleanser with lukewarm water or just warm water. If your dentures have metal clasps, use only warm water for soaking, as other soaking solutions could tarnish the metal. When you are not wearing your dentures, keep them in water to stop them from drying out or warping. Never use hot water for soaking.

Dentures can break if dropped or squeezed too tightly. When you are handling your dentures, stand over a folded towel or a sink of water just in case you accidentally drop them.

Look for cracks in your dentures. If you find any, take them to your dentist or specialist for repair. See your dentist regularly and at least once a year. Your mouth is always changing so your dentures will need adjusting or relining from time to time to make sure they fit well. Poorly fitted dentures may cause denture sores that make oral cancer more difficult to spot. At your check up, your dentist will also examine your gums for any signs of disease or oral cancer and any natural teeth you may have for signs of decay or infection.



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Tooth Decay, Cavities and Fillings

Tooth decay, also known as dental caries, is a disease that starts just below the surface of the tooth. If left untreated, it can damage the structure of the tooth and eventually lead to a cavity (a hole) in the tooth. A common treatment for a cavity is a dental filling.

Preventing tooth decay

In most cases, tooth decay can be prevented and even turned around in its early stages with good oral hygiene, well-balanced diet and regular dental visits. When you go for a dental check up, one of the things your dentist looks for is tooth decay. Using a dental instrument, your dentist looks for pits and grooves and feels for soft areas on your teeth. Sometimes the disease is visible to your dentist, but often x-rays are needed to see inside your teeth for signs of tooth decay. If signs of tooth decay are found, it is important to stop it from spreading. Depending on the stage of the disease, your dentist may try to heal it with fluoride applications. As well, your dentist may suggest making changes to your oral hygiene routine and may discuss changes to your diet.

When cavities happen

If tooth decay is left unchecked, it can spread and lead to a cavity. During your regular checkups, your dentist will find most cavities in their early stages. Treating a cavity in its early stage will stop decay from spreading to the point where there is a little structure left to your tooth. If you have a small cavity, your dentist may keep an eye on it or fill it right away with dental filling. If a large cavity is not treated, it can get bigger and cause pain. Eventually, the tooth may need root canal treatment or it may have to be removed.

How cavities form

Cavities begin with plaque. Plaque is an invisible film that occurs naturally in your mouth and sticks firmly to your teeth. It contains bacteria (germs) and forms on your teeth every day. These bacteria are quite normal and mostly harmless. They become a problem when the plaque is not cleaned from your teeth by brushing and flossing and are allowed to build up on and between your teeth.

Here's what happens. When sugars in the food that you eat mix with the bacteria in the plaque, this makes a mild acid. This acid forms in the plaque, causing tooth decay to slowly eat away at the enamel (hard outer layer of your tooth). Over time, the enamel gets soft and a cavity forms.

Kinds of cavities

Although cavities are more common during childhood, adults can get cavities too. There are 3 types of cavities:

1. **Coronal Cavities:** This type of cavity forms on the biting surface of your tooth, between your teeth or along your gum line. It is the most common type of cavity.
2. **Root cavities:** This type of cavity forms on the roots of the teeth. As we grow older, our gums recede or pull away from our teeth. Years of not brushing your teeth properly and clenching your teeth may also cause your gums to recede. When your gums pull away from your teeth, the roots of the teeth are exposed. Roots do not have enamel to protect them, so they are more likely to get cavities.
3. **Recurrent cavities:** This type of cavity forms around an existing filling. Fillings are not as smooth as natural teeth, so tiny bits of food and bacteria can get caught at the edge of a filling. This can cause a

cavity to form again on the tooth around the filling. Also, if a filling breaks, the part of the tooth that is no longer covered is more likely to get a cavity.



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Dental X-rays

Dental x-rays, also known as dental radiographs, are pictures of the internal structure of your teeth and bones. X-rays are a form of energy that travels in waves. When these waves travel through solid objects, the object either absorbs the waves or they pass through the objects. Your teeth and bones are dense, so they absorb x-rays. Your gums are less dense, so x-rays continue to pass through. As a result, these pictures allow your dentist to see if you have any problems below the surface of your teeth and gums.

X-rays help your dentist see problems long before they get too serious. For example, x-rays can show:

1. Cavities between teeth and around old fillings
2. Bone loss caused by gum disease
3. Bone infections or abnormalities
4. Teeth that are trapped under the gums, such as a root canal
5. TMD (temporomandibular joint disorder)

Are dental x-rays safe?

Every day, you are exposed to very low levels of radiation. The amount of radiation from a dental x-rays is extremely small. Experts recommend that x-rays be used with caution to protect patients from unnecessary exposure to radiation. Also, advanced technology like the digital X rays (RVG) greatly reduce your exposure to radiation.

How often should I have dental x-rays taken?

Your dentist will only take x-rays if you need them. If you are a new patient, your dentist will probably want to take x-rays to get a more complete picture of your oral health. If you have recently had x-rays taken at a previous dental office, your new dentist may get these x-rays instead of taking new ones.

X-rays should never be taken on a routine basis. Some patients may need x-rays more regularly so that their dentist can keep an eye on the condition of their oral health. You may need x-rays regularly if you are going to have major dental treatment, if you are at high risk for cavities, if you have gum disease or if you have dry mouth from medications or disease. How often you get x-rays will depend on your medical and dental history and current condition.

X-rays and pregnancy

It is important to tell your dentist if you are pregnant so that he or she can make well-informed decisions on what is best for you and your baby.

If you are pregnant and have a dental emergency, your dentist may need to take x-rays to treat your problem. Many procedures, like root canal treatment, need the help of x-rays. A dental infection that isn't treated may be dangerous to your foetus. Therefore, dental treatment may be needed to keep you and your unborn child healthy.

To make sure you are exposed to the least amount of radiation, lead shields for your abdomen (belly) and thyroid (neck) areas are used during dental x-rays. With this shielding in place, your foetus will not be exposed to radiation.

Unless you need a dental x-ray, you and your dentist will probably agree not to take any until after your baby is born.



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Root Canal Treatment

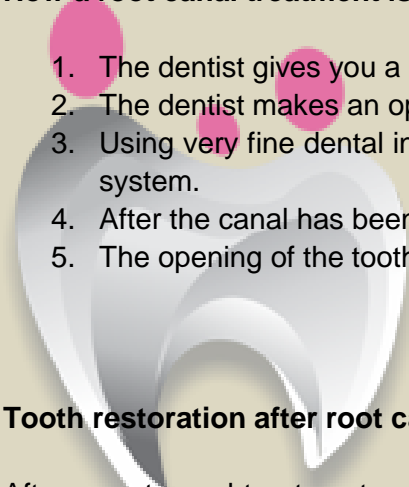
When the nerve of your tooth becomes infected, a successful root canal treatment lets you keep the tooth rather than having to pull it out. Keeping your tooth helps prevent your other teeth from drifting out of line and causing jaw problems. Saving a natural tooth avoids having to replace it with an artificial tooth.

What is root canal treatment?

Root canal treatment, also known as endodontic treatment, is the process of removing infected, injured or dead pulp from your tooth. The space inside the hard layers of each tooth is called the root canal system. This system is filled with soft dental pulp made up of nerves and blood vessels that help you tooth grow and develop. When bacteria (germs) enter your tooth through deep cavities, cracks, or flawed fillings, your tooth can become abscessed. An abscessed tooth is a tooth with an infection in the pulp. If pulp becomes infected, it needs to be removed. An abscessed tooth may cause pain and/or swelling. Your dentist may notice the infection from a dental x-ray or from other changes with the tooth. If left untreated, an abscessed tooth can cause serious oral health problems.

How a root canal treatment is done

1. The dentist gives you a local anesthetic (freezing).
2. The dentist makes an opening in the tooth to reach the root canal system and the damaged pulp.
3. Using very fine dental instruments, the dentist removes the pulp by cleaning and enlarging the root canal system.
4. After the canal has been cleaned, the dentist fills and seals the canal.
5. The opening of the tooth is then sealed with either a temporary or permanent filling.



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Tooth restoration after root canal treatment

After a root canal treatment, your tooth has to be restored (fixed) to look, feel and work as much like a natural tooth as possible. Your dentist may use a permanent filling or a crown to restore your tooth. The choice of restoration will depend on the strength of the part of the tooth that's left. A back tooth will likely need a crown because chewing puts a great deal of force on back teeth. If there is not enough of the tooth left, posts may be used to help support the crown.

Things to consider

Root canal treatment may be done in one, two or three appointments. After root canal treatment, your tooth may be tender for the first week or two. Bad pain or swelling is NOT common. If this happens, call your dentist. You can still get a cavity or gum disease after a root canal treatment. Root canal treatment does not protect your tooth from other types of damage. With proper care and regular dental visits, the tooth could last as long as your other teeth. Most of the time, a tooth that has had a root canal treatment can be saved. However, there are cases where everything possible has been done to save a tooth and still the tooth must be extracted (pulled).

Root canal retreatment

Most root canal treatments are successful. But in some rare cases, a second root canal treatment is needed. This is called retreatment. When retreating a tooth, the root canal filling material is taken out, and the canal is recleaned, reshaped and refilled.

Root canal surgery

Sometimes root canal surgery is needed when a regular root canal treatment cannot be done or when it has not worked. Surgery is done to:

- Check the end of the root for fractures (cracks).
- Remove parts of the root that could not be cleaned during regular root canal treatment.
- Clear up an infection that did not heal after regular treatment



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Gum Disease Causing Tooth Loss

Gum disease, also known as periodontal disease, is one of the most common dental problems adults face, yet it can begin at just about any age. It is often painless and happens slowly. Sometimes you may not notice any signs until the disease is serious and you are in danger of losing your teeth. The good news is that gum disease can be prevented with good oral hygiene and regular visits to your dentist. If started, gum disease can be treated and even turned around in its early stages. There are 2 types of gum disease: gingivitis and periodontitis.

Gingivitis

Gingivitis is a term used to describe inflammation of the gums. The warning signs of gingivitis may include:

1. Puffy gums
2. Traces of blood on your toothbrush
3. A change in the color of your gums

Periodontitis

Periodontitis is one of the main reasons why adults lose their teeth. It is an inflammation of the bone and soft tissue around your teeth. Without enough bone and soft tissue to hold your teeth in place, your teeth can become loose and fall out. In its early stages, periodontitis is very hard to see. You may not know that you have a problem until you visit your dentist. The warning signs of periodontitis may include:

1. A change in the color of your gums
2. Gums that are red around your teeth
3. Gums that bleed when you brush or floss
4. Bad breath that will not go away
5. Shiny, puffy or sore gums
6. Teeth that are sensitive for no reason
7. A tooth that is loose
8. Increasing space between your teeth
9. Receding gum line (gums separating from your teeth and exposing the root)

How gum disease happens

Healthy gums attach to teeth just below the edge of the gum. Gum disease affects the attachment between gums and teeth. Here's how:

1. Gum disease begins with plaque that forms where your teeth and gums meet. Plaque is an invisible sticky film that contains bacteria and forms on your teeth every day. If plaque is not removed every day by brushing and flossing, it hardens into tartar. Tartar can only be removed with a professional cleaning. If tartar is not removed, it builds up around your teeth and under your gum lines, making it impossible to properly clean your teeth of plaque.
2. If plaque is not removed, the bacteria within the plaque produce and release toxins that cause your gums to become inflamed. The inflammation breaks down attachment of your gums to your teeth, leaving pockets.

3. if gum disease is not treated, bacteria continue to grow in these pockets and their toxins make the inflammation worse. Eventually, the inflammation breaks down the gum and bone tissue supporting your teeth.
4. in advanced gum disease, the pockets extend and the bacteria move deeper until the bone that holds your teeth in place is destroyed. Your teeth may eventually become loose and fall out, or may need to be removed.

Preventing gum disease

To help prevent periodontal disease, follow these 5 steps to good oral health:

1. **See your dentist regularly.** During your visit, your teeth will be professionally cleaned to remove any tartar. Your dentist will check for signs of periodontal disease by using a dental instrument called a periodontal probe to measure where your gums attach to your teeth. Your dentist may also use x-rays to see how much bone is around your teeth. Your dentist has the training, skills and expertise to diagnose and treat gum disease.
2. **Practice good oral hygiene.** Using a soft-bristle toothbrush, brush your teeth and tongue twice a day with fluoride toothpaste and floss at least once a day to remove plaque.
3. **Eat a well-balanced diet.** The nutrients that come from healthy foods help you to fight cavities and gum disease.
4. **Check your mouth regularly.** Look for warning signs of gum disease and report them to your dentist.
5. **Don't smoke or chew tobacco.** Tobacco use is a major cause of tooth loss through gum disease.

Treating gum disease

When gum disease is more serious, your dentist may refer you to a dental specialist called a periodontist. A periodontist is a dentist who has completed a post-graduate specialty program that deals with the diagnosis and treatment of gum disease.

Treating gum disease will stop from spreading and will control the bacteria growth. If the disease is in its late stages, treatment will restore the gum and bone tissues that hold your teeth in place.

Depending on the stage of the disease, your dentist will determine if your treatment will require one or a combination of the following:

Scaling and root planning involves your dentist or specialist scraping away (scaling) the plaque and tartar from above and below the gum line and smoothing away any rough spots (planning) on the root of the tooth. This treatment removes bacteria and provides a clean surface for the gums to heal and reattach to the teeth.

Antibiotics are used to remove most of the bacteria linked with gum disease and can be used alone or in combination with surgery and other treatments.

Surgery is needed if the around your teeth is still unhealthy after scaling and root planning with or without medication. Most surgical treatments can be done in the dental office. The following are the most common treatments for gum disease:

- **Pocket reduction surgery** involves lifting back the gums and removing the tartar. In some cases, disease tissue is removed and the bone tissue is smoothed. The gums are then sewn back into place.

- **Bone and soft tissue grafts** restore damaged gums and strengthen damaged bones by replacing the gums and building up the bone with soft and hard tissue.

Tissue regeneration involves inserting a small piece of mesh between your bone and gum tissue. This stops the gum tissue from growing where it shouldn't and allows the bone tissue to strengthen.



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[Dental Implants Replacing Missing Teeth](#)

If one or more of your teeth are missing, there are a number of ways to replace them. An alternate to bridges, partials or complete dentures may be dental implants. Implants are used to replace missing roots and support artificial replacement teeth. They are comfortable and look like natural teeth.

What are dental implants?

A dental implant is an artificial root made of titanium metal. It is inserted into the jawbone to replace the root of the natural tooth. An artificial replacement tooth is attached to the implant. The implant acts as an anchor to hold the replacement tooth in place.

Who does this procedure?

If you are having an implant, your dentist may refer you to a dental specialist (periodontist or oral maxillofacial surgeons). Specialist who places crowns, bridges and dentures on implants is called Prosthodontist.

Who can get dental implants?

If you are in a good health, have healthy gums and have enough bone in the jaw to hold an implant, dental implants might be right for you. If your jawbone has shrunk or if it has not developed normally, you may be able to have a bone graft to build up the bone. A bone graft is a way of adding new bone to your jawbone. A bone graft is a way of adding new bone to your jawbone. Your dentist or dental specialist will tell you if bone grafting can be done.

How dental implants are done

1. Your dentist or specialist will carefully examine your mouth and take x-rays of your head, jaw and teeth to find out if dental implants are right for you.
2. During the first stage of surgery, your dentist or specialist will put a dental implant into your jawbone beneath the gum tissue. The gum tissue is then stitched back into place. As the tissue heals, the implant will bond with the bone and attach to the gum. It can take several months to heal.
3. During the second stage of surgery and once the tissue is healed, your dentist or specialist will attach an abutment to the implant. An abutment is a post that connects the replacement tooth to the implant. In some cases, the first and second stage of implant surgery may be done in one single stage.
4. An artificial replacement tooth is made and your dentist or specialist attaches it to the abutment. It may take several appointments to properly fit the replacement tooth to the abutment.
5. When replacing several teeth or all of your teeth, a fixed bridge is anchored to your dental implants. A bridge is a dental restoration that replaces one or more missing teeth by spanning an area that has no teeth. The bridge is held firmly in place by dental implants on each side of the missing tooth or teeth.

Caring for my dental implant(s)

Because dental implants are placed in the jawbone, artificial replacement teeth attached to implants look and act much like natural teeth. Like natural teeth, implants need to be kept clean using a toothbrush and floss. Your dentist will show you the proper cleaning procedure for implants. Regular dental checkups are important so your dentist can make sure that your bite is right and that your implants are not loose.

What else should I know?

- Several visits to your dentist or dental specialist may be needed until the process is done.
- Checkups will be scheduled during the following year so your dentist can be sure your implants are working properly.
- You will need to take very good care of your implants
- Implants can cost more than other kinds of replacement teeth, but in most cases this is a one-time cost, unlike other kinds of tooth replacement procedures.

Although rare, possible complications due to dental implants include bleeding, infection, numbness or injury to nearby muscles or the sinus cavity. In some cases, the implant may not be successful because it didn't bond to the bone.



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Crowns Restoring Damaged Teeth

If your tooth is damaged but not lost, a crown can be used to restore its shape, appearance and function. You may need a crown if you have a root canal, a large filling in a tooth or a broken tooth.

What is a crown?

A crown, also called a cap, is a hollow, artificial tooth used to cover a damaged or decayed tooth. The crown restores the tooth and protects it from further damage. Crowns can also be used to cover a discolored or misshapen tooth. A tooth that has been fixed with a crown, looks and works almost like a natural tooth.

How a crown is done?

1. Your dentist gives you a local anesthetic.
2. To make room for the crown, your dentist files down the tooth that needs to be restored.
3. An impression of the filed-down tooth and nearby teeth is taken. This impression is used to custom make your final crown. The crown is built using restorative material (material used for fillings) based on the impression. The final crown will be the right shape for your mouth.
4. Until your final crown is ready. Your dentist places a temporary crown over the tooth that needs to be restored. The temporary crown is made from an impression of your tooth before it was filed down. It protects your tooth until the final crown is ready. A temporary crown may not have the same shape and colour as a final crown.
5. On your next visit, your dentist takes off the temporary crown and puts on the final one. Your dentist checks to make sure the crown is the right fit, shape, colour and bite. If it is, your dentist cements the crown into place.

These are the steps dentists most often follow in making a crown, but your tooth may need special care. You may need orthodontic treatment, gum treatment or root canal treatment. It may take more than 2 visits to your dentist, or your visits may last longer.

Different types of crowns

Crowns are made from various types of materials. Depending on which tooth needs a crown, your dentist will suggest a material, or combination of materials, that is right for you.

Metal crowns are made of Base metal alloy (Cobalt chrome, Nickel Chrome) or gold alloy. They generally last a long time and won't chip or break. They tend not to wear down your opposing natural teeth. However, the gold or silver colour does not look natural, particularly on front teeth.

Composite/Acrylic crowns look natural. They won't chip as easily as porcelain crowns, but they tend to wear more quickly from chewing. Tooth brushing tends to remove the highly polished surface of composite crowns and this causes them to stain more easily.

All Porcelain crowns look the most natural and best choice for front teeth. They are more brittle than metal or composite and may chip more easily. Because of this, they are not usually placed on back teeth.

Porcelain-fused-to-metal crowns look natural and are stronger than porcelain or composite crowns. They won't chip as easily as porcelain or ceramic crowns. However, depending on their design, the metal may show if your gums are thin or shrink.

What else should I know?

Crowns are strong and generally last for about 10 years or longer if you take good care of them. Brush and floss your crown, just like you clean your natural teeth. Crowns may not be as strong as your natural teeth. So like your natural teeth, remember not to bite down on hard objects or use your teeth to open or cut things.



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Bridges and Dentures replacing missing Teeth

The best teeth are your own natural teeth. But sometimes, a tooth is badly damaged or lost. If a tooth is lost, it is important to replace it with an artificial tooth as soon as possible. This will prevent the teeth that are left from drifting out of line and possibly causing jaw problems. Teeth that are out of line are harder to clean and are more likely to get periodontal disease (gum disease) and cavities. If one or more of your teeth are missing, your dentist may suggest replacing your missing teeth with a bridge or denture.

Bridges

A bridge, also called a “fixed bridge” or a “fixed dental prosthesis,” is a dental restoration that replaces one or more missing teeth. It extends across an area that has no teeth and is typically made up of an artificial tooth fused between 2 crowns. (A crown is a hollow, artificial tooth that fits over a natural tooth or a dental implant.) The bridge is held firmly in place by your own teeth on each side of the missing one(s) or by dental implants. A bridge is permanent and cannot be removed.

How a bridge is done

1. If you have healthy teeth on each side of a missing tooth (or teeth), your dentist files down the 2 healthy teeth to prepare them for bridge. If you don't have healthy teeth or enough teeth to support a bridge, then dental implants may be surgically placed. A dental implant is an artificial root made of titanium metal that is inserted into the jawbone to replace the root of the natural tooth. The implant acts as an anchor to hold an artificial tooth or bridge in place.
2. Next, your dentist makes a model of your teeth by taking impressions (moulds). The model is used to custom-make the artificial tooth (or teeth) and 2 crowns as one piece. This piece is called a bridge.
3. Meanwhile your dentist places a temporary bridge in your mouth to protect the exposed teeth and gums.
4. During your second visit, your dentist removes the temporary bridge and places the custom-made bridge in your mouth. The crowns are either cemented to your 2 healthy teeth or attached to your dental implants on each side of the missing tooth (or teeth).

Dentures

Dentures are artificial replacements for your natural teeth and gums. If an accident, a disease or poor oral health care has left you with only a few healthy teeth or none at all, your dentist or Prosthodontist might suggest dentures to replace your missing teeth. There are 2 types of dentures; partial and complete. For both types of dentures your dentist or specialist makes a model of your teeth by taking impressions. The models are used to custom-make your dentures.

Partial dentures are also called “removable partial dentures prostheses” or partials.” They may be used when nearby teeth are not strong enough to hold a bridge, or when more than just a few teeth are missing. Partial dentures are made up of one or more artificial teeth held in place by clasps that fit onto nearby natural teeth. You can take the partial denture out yourself for cleaning and at night.

Complete dentures are what we most often refer to as “false teeth.” They are also called “full dentures” and are used when all your natural teeth are missing. Complete dentures are removable as they are held in place by suction. They can cause soreness at first and take some time to get used to. There are 2 types of complete dentures: immediate dentures and conventional dentures.

Caring for your dentures

Complete and partial dentures need to be cleaned every day just like natural teeth. Otherwise, plaque and tartar can build up on your dentures causing stains, bad breath and gum problems. Plaque from your dentures can also spread to your natural teeth and gums, causing gum disease and cavities.

To clean your dentures, remove them from your mouth and run them under water to rinse off any loose food particles. Then wet a denture brush or a regular soft-bristle toothbrush and apply denture cleaner or a mild soap. Household cleaners and regular toothpaste are too abrasive and should not be used for cleaning dentures. Gently brush all surfaces of the dentures including under the clasps (wires) where bacteria collect. Be careful not to damage the plastic or bend the wires / attachments. Rinse your dentures well in clean water before placing them back in your mouth.

While your dentures are removed, be sure to clean and massage your gums. If your toothbrush hurts your gums, run it under warm water to make it soft or try using a finger wrapped in a clean, damp cloth. If you have partial dentures, brush your natural teeth with a soft-bristled toothbrush.

Always remove your dentures overnight to give your mouth a chance to rest. Soak them in denture cleanser with lukewarm water or just warm water. If your dentures have metal clasps, use only warm water for soaking, as other soaking solutions could tarnish the metal. When you are not wearing your dentures, keep them in water to stop them from drying out or warping. Never use hot water for soaking.

Dentures can break if dropped or squeezed too tightly. When you are handling your dentures, stand over a folded towel or a sink of water just in case you accidentally drop them.

Look for cracks in your dentures. If you find any, take them to your dentist for repair. See your dentist regularly and at least once a year. Your mouth is always changing so your dentures will need adjusting or relining from time to time to make sure they fit well. Poorly fitted dentures may cause denture sores that make oral cancer more difficult to spot. At your check up, your dentist will also examine your gums for any signs of disease or oral cancer and any natural teeth you may have for signs of decay or infection.

Bonding and Veneers

The benefits of bonding and veneers- Repairing broken, chipped, cracked, widely spaced or discolored teeth. Types of veneers - composite resin and porcelain veneers.

Dental treatments like dental bonding and veneers are not only used to fix cavities or broken teeth but can also be used to improve the look of healthy teeth. Veneers are applied to the entire front surface of the tooth, whereas bonding is applied to a smaller portion of the tooth. Bonding is applied to a smaller portion of the tooth. Bonding and veneers make your teeth look better by changing their color, shape, angle or spacing. Your dentist can fix teeth that are broken, chipped or cracked, that have spaced between them or that are discolored. Cosmetic dental treatment can improve your smile and give you more confidence.

What are veneers?

Veneers are very thin shells that are attached to the front part of teeth. They are often made of porcelain or composite resin. Porcelain veneers are stronger than composite resin veneers and do not change color or stain. Generally, porcelain veneers take at least 2 dental visits to apply and composite resin veneers can be done in 1 visit. Porcelain veneers generally last longer than composite resin veneers.

How composite resin veneers are done

Much like bonding, your dentist puts a mild chemical on the front surface of the tooth to be veneered to make it a little rough. This helps the composite resin to stick to the enamel of the tooth. The composite resin that matches the color of your natural teeth is chosen so that the veneer blends in with your teeth. Your dentist then puts the composite resin on your tooth in layers. A bright light is used to harden each layer of the composite resin. After the last layer of composite resin is hardened, your dentist shapes and polishes it to form your tooth. The finished tooth looks natural and smooth.

How porcelain veneers are done

With porcelain veneers, your dentist may give you a local anesthetic (freezing). Your dentist then removes a thin layer of enamel from your teeth to make room for the veneers. Then your dentist makes a mould of your teeth. This mould is used to custom-make your porcelain veneers. In the mean-time, your dentist may place temporary veneers to replace the portion of the tooth that was removed. These are worn until your porcelain veneers are ready. The temporary veneers are very fragile and need to be treated gently during eating and cleaning as they come loose very easily.

Who can get veneers?

Not everyone is a good candidate for veneers. Here are some reasons why your dentist may suggest treatments other than veneers:

- If a tooth has decay or is in an area that has periodontal disease (gum disease). These problems must be treated first.
- If a tooth has decay or is in an area that has periodontal disease (gum disease). These problems must be treated first.
- If a tooth has little enamel left, a veneer will not stick to it properly.
- If too much of the tooth is missing, a crown may be another option.

- If a person grinds or clenches his or her teeth. This habit is called bruxism and can chip or break porcelain veneers.

What else should I know?

- Just like your natural teeth, your veneered tooth needs to be brushed and flosses daily.
- If the veneers are not fully placed or sealed onto your tooth, stains or cavities can form under the veneer
- Once you have veneers, you cannot reverse the treatment because part of your enamel has been removed
- If a veneer chips or peels off, or if a cavity forms under a veneer, the veneer must be redone. The other option is to put a crown on the tooth.
- Constantly grinding or clenching your teeth may case your bonding or veneers to chip or break.
- Porcelain veneers and bonded teeth can be chipped if you are not careful when biting or tearing into hard or chewy foods. Do not bite hard objects like ice cubes or fingernails.



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[TMD \(Temperomandibular Joint Disorder\)](#)

Do you or someone you know suffer from chronic pain in the jaw, face, head, neck or shoulders? This pain may be caused by a Temperomandibular Joint Disorder (TMD)

What is a TMD?

The Temperomandibular Joint (TMJ) is the name of the joint located on either side of your head, just in front of your ears. These joints connect your mandible (jawbone) to your temporal bone (skull). The TMJ, which can rotate and move forward, backward and side to side, is considered one of the most complex joints in the body. This joint, in combination with other muscles and ligaments, lets you chew, swallow, speak and yawn. When you have a problem with the muscle, bone or other tissue in the area in and around the TMJ, you may have TMD.

Symptoms of TMDs

Signs or symptoms of TMDs include pain and tenderness in or around the ear, the jaw joint, or the muscles of the jaw, face or temples. Other symptoms are problems opening or closing your mouth, and a clicking, popping, crunching or grinding noise when you chew, yawn or open your mouth. TMDs may be linked with neck pain and headaches. If you have any of these symptoms, tell your dentist and your doctor.

Cause and effect

In most cases, TMDs are caused by a combination of factors like jaw injuries and joint disease, such as arthritis. It is believed that bruxism (tooth clenching or grinding) and head or neck muscles tension may make TMD symptoms worse. Stress is also a possible factor. However, it is not clear if stress causes TMDs or is a result of them.

Other things that may lead to TMDs are partial or full dentures that are not the right fit and certain habits such as fingernail biting and pen or pencil biting.

Treating TMDs

Most patients with TMDs get better by themselves without any treatment. To help ease sore jaw muscles, place a cold or warm compress to your jaw and gently massage your jaw muscles. Eat a soft diet, cut food into small pieces and avoid hard, chewy or sticky foods. Try not to open your mouth too wide, even when you yawn. And most importantly, relax your jaw muscles.

When you are relaxed, your teeth should be slightly apart and your tongue should rest on the floor of your mouth with your lips barely touching or slightly apart. There should be a slight space between your upper and lower teeth except during chewing, speaking or swallowing.

How your dentist can help

After a thorough examination and, if needed, appropriate x-rays, your dentist may suggest a plan to treat your TMD. This treatment plan may include relaxation techniques, a referral to a physiotherapist, a chiropractor or a behavioral therapist to help you ease muscle pain. Other treatment options may include medicine for pain,

inflammation or tense muscles. If getting a good night's sleep is a problem, a number of approaches to improve sleep may be used.

Your dentist may suggest wearing a night guard, also called an Occlusal splint. It is made of clear plastic and fits over the biting surfaces of the teeth of one jaw so that you bite against the splint rather than your teeth. This often helps your jaw joints and muscles to relax.

If your pain continues, your dentist may also refer you to a dental specialist with extra training in TMDs. This could be a specialist in oral medicine or orofacial pain, an oral surgeon, an orthodontist, a periodontist or a Prosthodontist. If your dentist refers you to a dental specialist, he or she will explain what that specialist does.

Surgery is rarely used to treat TMDs. However, if none of the other treatments have worked, or if it is very hard to open your jaw, you may need surgery. If you need surgery, your dentist will refer you to an oral and maxillofacial surgeon with expertise in Temporomandibular joint surgery.



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[Orthodontic Treatment \(Treatment of irregular and protruding teeth and jaws\)](#)

People of any age can benefit from orthodontic treatment. Teeth that are crooked, crowded or that stick out affect the way your teeth look and work. Orthodontic treatment not only improves the look of your smile but your health as well. Straight teeth are easier to clean and less likely to get tooth decay or injured. If you are not happy with the way your teeth look or work, orthodontic treatment may help.

What is orthodontic treatment?

Orthodontic treatment straightens your teeth so they look and work better. Braces or other appliances are used to put gentle pressure on your teeth. Over a number of months or years this pressure can move your teeth into the right position.

Why you may need orthodontic treatment?

The position of your teeth and jaws has an effect on your bite. Your bite is how your top and bottom teeth come together. When your top and bottom teeth do not fit together properly, this is called a malocclusion or a bad bite. Problems like missing, crooked, crowded or protruding teeth can contribute to a bad bite. Thumb or finger sucking may also affect your bite.

A bad bite can make it hard to chew some foods and may cause some teeth to wear down. It can also cause muscle tension and pain. Teeth that stick out are more easily chipped or broken. Crowded and crooked teeth are harder to clean and may be more likely to get cavities and gum disease. Fixing a bad bite improves your smile and your health. Different types of bad bites include an Overbite, a Crossbite, an Overjet and an Open bite.

Who does this procedure?

Your dentist may do basic orthodontic treatment or refer you to an orthodontist who deals with preventing and correcting malocclusions.

Who can get orthodontic treatment?

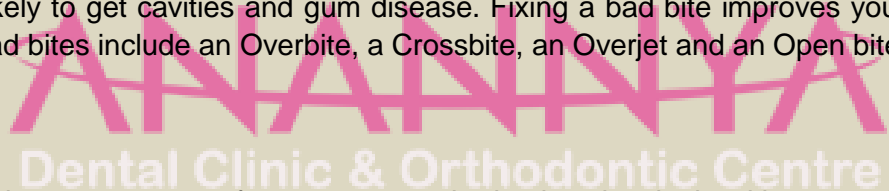
Orthodontic treatment isn't just for teens, as teeth can be moved at any age. In fact, more and more adults are having orthodontic treatment to improve the look and health of their smile. Your dentist or orthodontist can evaluate if orthodontic treatment is right for you.

In some cases it is helpful to start orthodontic treatment before all the permanent (adult) teeth come in. This is called interceptive orthodontic screening to find out if your child will need orthodontic treatment to correct a bad bite. Interceptive orthodontics allows your dentist or orthodontist to treat or stop a problem as it is developing.

How long does treatment take?

Orthodontic treatment takes time. The amount of time depends on your age, the seriousness of your problem and the treatment technique used. Treatment generally involves a visit to your dentist or orthodontist on a regular basis over a period of months to years. In general, it takes longer to treat adults than children or teenagers. Most people wear braces for about 2 years.

Orthodontic treatments



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Depending on the extent of your bad bite, your dentist or orthodontist may suggest one or a combination of the following orthodontic treatments to correct your bite.

1. Braces
2. Headgear
3. Removable appliances
4. Retainers
5. Oral surgery
6. Orthodontic Trainers
7. Myobrace appliances/ Invisalign aligners

Braces

The most common type of orthodontic treatment used by dentists or orthodontists is braces.

How braces are done

To apply braces, your dentist or orthodontist attaches brackets (or bands) to each tooth with glue. Arch wires are fitted into all the brackets and are usually held in place with rubber or wire ties.

You may feel some discomfort for a while when your braces are first put on and when they are adjusted. It will take a little time to get used to your braces and they can bother your lips and cheeks. If this happens, a relief wax can be applied to your braces. To make eating easier after an adjustment soft foods are recommended.

Choices in braces

Today's braces are smaller and less noticeable. Besides the traditional metal braces, there are tooth-colored ceramic braces that are less noticeable. Clear aligners are also available for adults. Braces and elastics can also be multicolored. Speak to your dentist or orthodontist about all your choices.

Headgear

This treatment uses an appliance that fits around the head or neck. It guides the direction of tooth movement and jaw growth in someone who is still growing. There are different types of headgear and they may be worn during any part of the orthodontic treatment. Your orthodontist or dentist will show you how to put on the headgear and tell you how long to wear it each day. In most cases it is worn during the evening and at night.

Removable appliances

Although removable appliances are not as precise as braces, they can move a tooth or a group of teeth. They are fitted by your dentist or orthodontist. Removable appliances can be worn before braces are applied, while braces are worn, or on their own to treat specific problems.

Retainers

Once your braces have been removed, a retainer can be used to keep your teeth in the right place. Retainers are fixed (attached to the teeth) or removable. They may need to be worn all the time or part of the time.

Trainers

The trainer system consists of single size prefabricated dental appliance that helps in correction of abnormal habits and tooth positioning.

Myobrace appliances/ Invisalign Aligners

This appliance system helps in aligning teeth without braces and also assists in correction of abnormal habits.

Oral surgery in orthodontics

Tooth removal may be needed if you teeth are crowded or if a tooth is badly out of position. Jaw surgery (or orthognathic surgery) may be needed when there are major differences in the size or position of the upper and lower jaws. If your orthodontist thinks you will need jaw surgery, he or she will refer you to an oral and maxillofacial surgeon.



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Living With Braces

How do braces feel?

Most people have some discomfort after their braces are first put on or when adjusted during treatment. After the braces are on, teeth may become sore and may be tender to biting pressures for three to five days. Patients can usually manage this discomfort well with whatever pain medication they might commonly take for a headache. The orthodontist will advise patients and/or their parents what, if any, pain relievers to take. The lips, cheeks and tongue may also become irritated for one to two weeks as they toughen and become accustomed to the surface of the braces. Orthodontic wax applied to an offending bracket will help relieve discomfort. Overall, orthodontic discomfort is short-lived and easily managed. Once patients have become accustomed to their braces, they may even forget they have them on.

Are there less noticeable braces?

Today's braces are generally less noticeable than those of the past. The brackets are smaller and are bonded directly to the teeth, minimizing the "tin grin." Brackets can be metal or clear depending on the patient's preference. In some cases, brackets may be bonded behind the teeth (lingual braces). Some of today's wires are made of "space age" materials that exert a steady, gentle pressure on the teeth, so that the tooth-moving process may be faster and more comfortable for patients. A type of clear orthodontic wire is currently in an experimental stage. Another option may be the use of a series of plastic tray aligners instead of traditional braces to correct some problems. Your orthodontist will advise which type of orthodontic appliance will best correct your problem.

Do teeth with braces need special care?

Yes. Patients with braces must be careful to avoid hard, sticky, chewy and crunchy foods. They must not chew on pens, pencils or fingernails because chewing on hard things can damage the braces. Damaged braces will almost always cause treatment to take longer, and will require extra trips to the orthodontist's office.

Keeping the teeth and braces clean requires more precision and time, and must be done every day if the teeth and gums are to be healthy during and after orthodontic treatment. Patients who do not keep their teeth clean may require more frequent visits to the dentist for a professional cleaning. The orthodontist and staff will teach patients how to care for their teeth, gums and braces during treatment. The orthodontist will tell patients (and/or their parents) how often to brush, how often to floss, and, if necessary, suggest other cleaning aids that might help the patient maintain good dental health.

A good reason to keep teeth, gums and braces clean during orthodontic treatment is that clean, healthy teeth move more quickly! This will help keep treatment time as short as possible.

Patients who are active in contact sports, whether in organized programs or just games in the neighborhood, should wear a mouth guard. Talk with your orthodontist about the kind of mouth guard to use while braces are on.

What is patient cooperation and how important is it during orthodontic treatment?

Good "patient cooperation" means that the patient not only follows the orthodontist's instructions on oral hygiene and diet, but is also an active partner in orthodontic treatment.

Successful orthodontic treatment is a "two-way street" that requires a consistent, cooperative effort by both the orthodontist and patient. To successfully complete the treatment plan, the patient must carefully clean his or her teeth, wear rubber bands, headgear or other appliances as prescribed by the orthodontist, avoid foods that might

damage braces and keep appointments as scheduled. Damaged appliances can lengthen the treatment time and may undesirably affect the outcome of treatment. The teeth and jaws can only move toward their desired positions if the patient consistently wears the forces to the teeth, such as rubber bands, as prescribed. Patients who do their part consistently make themselves look good and their orthodontist look smart.

To keep teeth and gums healthy, regular visits to the family dentist must continue during orthodontic treatment.

How long does treatment take?

Although every case is different, generally speaking, Patients wear braces from one to three years. Treatment times vary with factors that include the severity of the problem, patient growth, gum and bone response to tooth moving forces and how well the patient follows the orthodontists' instructions on dental hygiene, diet and appliance wear (patient cooperation). Patients who brush and floss thoroughly and regularly; avoid hard, sticky, crunchy and sticky foods; wear their rubber bands and/or headgear as instructed; and keep their appointments usually finish treatment on time with good results. After the braces are removed, most patients wear a retainer for some time to keep or "retain" the teeth in their new positions. The orthodontist will determine how long the retainer needs to be worn. Most patients remain under the orthodontist's supervision during the retention phase to ensure that the teeth stay properly aligned.

Why are retainers needed after orthodontic treatment?

After braces are removed, the teeth can shift out of position if they are not stabilized. Retainers are designed to hold teeth in their corrected, ideal positions until the bones and gums adapt to the treatment changes. Wearing retainers exactly as instructed is the best insurance that the treatment improvements last longer. It is normal for teeth to change with increasing age.

Will tooth alignment change later?

Studies have shown that as people age, their teeth may shift. This variable pattern of gradual shifting, called maturational change, probably slows down after the early 20s, but still continues to a degree throughout a lifetime for most people. Even children whose teeth developed into ideal alignment and bite without treatment may develop orthodontic problems as adults. The most common maturational change is crowding of the lower incisor (front) teeth. Wearing retainers as instructed after orthodontic treatment will stabilize the correction and can prevent most of this change.

What about the wisdom teeth (third molars) - should they be removed?

Research suggests that wisdom teeth do not necessarily cause teeth to shift. In most cases, removal of wisdom teeth is done for general dental health reasons rather than for orthodontic health. Your orthodontist, in consultation with your family dentist, can provide guidance regarding removal of wisdom teeth.

What happens to teeth and gums if they are not kept clean during orthodontic treatment?

Teeth can develop white spots, called “decalcification,” when an individual’s teeth are susceptible or when oral hygiene has been poor. If plaque is not regularly removed, the patient can develop gum disease. This is why the orthodontist, orthodontic staff, the dentist and dental hygienist stress dental hygiene—for the good of the patient’s dental health. (see photos of decalcification and gum disease at right)

What can I do to get my braces off sooner?

Follow the instructions your orthodontist gives you with regards to oral hygiene (keeping your teeth and gums clean) and wearing your appliances (e.g.: elastics, headgear, etc.) Your cooperation may help speed up your treatment.

What will I look like with braces on?

Much will depend on the kind of braces used for your treatment. Many patients have silver-colored brackets and wires while others may have tooth-colored brackets or clear plastic aligners. Braces are much less noticeable today than they were when each tooth had a metal band around it. These are photos of a patient the day his braces were placed.

Do you have any suggestions on what foods I CAN eat?

Choose foods that are softer. Right after you get braces or whenever they are adjusted, you may want foods that require little or no chewing such as soup and macaroni and cheese. Cut or tear sandwiches and pizza rather than biting into them.

What happens if something breaks?

If a portion of the appliance breaks, let your orthodontist know so that arrangements can be made for repairs.



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Dental Safety and Emergencies

Preventing dental injuries is as important to good oral health as regular visits to your dentist and personal dental care such as brushing and flossing. By taking simple precautions, you can avoid most common dental injuries.

Prevention for adults

Common sense can help prevent many adult dental emergencies. Here are some tips for avoiding the most common dental injuries:

1. Do not chew hard objects that can crack your teeth such as ice, popcorn kernels or hard candy.
2. Use scissors to cut tape and threads, not your teeth.
3. Wear a mouth guard if you are participating in sports or recreational activities to reduce the chances of damage to your teeth, lips, cheek and tongue.

Prevention for children

Parents play a big role in keeping their children's teeth healthy and clean. Good eating habits and daily oral hygiene help to prevent cavities. Here are some tips for preventing dental injuries:

1. When driving in the car, always use infant car seats and properly adjusted seat belts for older children.
2. Babies will chew on almost anything. Keep them away from hard things that could crack their teeth.
3. Children fall a lot when they are learning to walk. Check for missing teeth, breaks, cracks or loose teeth and take your child to the dentist if you see any of these signs.
4. If your child plays sports, ask your child's dentist about a mouth protector or mouth guard to help prevent dental injuries. A mouth guard also acts as a cushion. If you encourage your child to wear a mouth guard, it will become a good safety habit, like wearing a seat belt in the car or a helmet when riding a bicycle.

More about mouth guards

There are 3 basic types of mouth guards. Your dentist can explain the difference in cost and comfort, and how well they can protect you or your child.

1. **Stock mouth guards** are inexpensive and come pre-formed, ready to wear. They can be bulky and can make breathing and talking difficult.
2. **Boil and bite mouth guards** are available at many sporting goods stores. They can offer a better fit than stock mouth protectors and are softened in warm or hot water, according to manufacturer's instructions. By softening the mouth guard, it can more easily take to the shape of your mouth.
3. **Custom-fitted mouth guards** are made especially for you by your dentist. They are more expensive than the other types, but they offer a better fit. Your dentist can make a mouth guard that's a perfect fit for your mouth.

When accidents happen

Accidents do happen, and knowing what to do can mean the difference between saving and losing a tooth. When you or a member of your family has a serious problem with a tooth, you need help fast. Here's what to do from some of the most common dental injuries.

Knocked- out tooth

If the knocked-out tooth is a permanent (adult) tooth, your dentist may be able to put it back. You must act quickly. If the tooth is completely knocked out, rinse it with water but DO NOT scrub it, and try to put it back into the opening. Be careful to hold the tooth by the crown (top), not the root, so you do not damage the ligaments.

If you cannot put the tooth back into its opening, or if there's a chance that the tooth might be swallowed, put it in a container of cold milk and take it with you to your dentist (or to the nearest dentist) right away. If you see bleeding from the opening, rinse the mouth out with water. Place a wad of tissue or gauze on the opening and bite down on it. The pressure applied will usually stop the bleeding. If you can get help within 10 minutes, there is a fair chance that the tooth will take root again.

Chipped or broken tooth

Broken teeth can almost always be saved. Call your dentist, explain what happened and ask to see him or her right away. If possible, bring in any pieces of the chipped or broken tooth to your dentist. If the break is small, your dentist is serious, a root canal may be needed. Your tooth may also need a crown.

Badly bitten tongue or lip

If there is bleeding, apply pressure to the part of the mouth that is bleeding. Use a clean cloth to do this. If the lip is swollen, use an ice pack to keep the swelling down. If the bleeding does not stop, go to a hospital emergency room right away.

Possible broken jaw

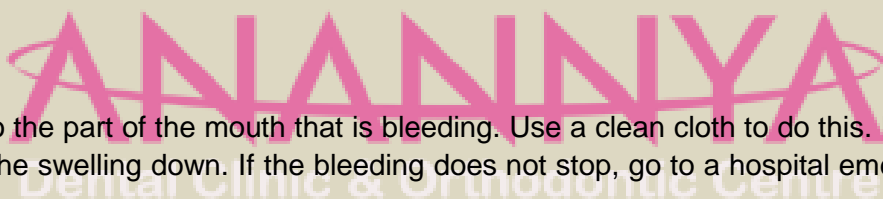
Go to your dentist or a hospital emergency room immediately. On your way, apply ice to the jaw to help control the swelling.

Objects caught between teeth

Gently try to remove the object with dental floss. If you're not successful, go to your dentist. Do not try to remove the object with a sharp or pointed instrument; it can cut your gums or scratch the surface of the teeth.

Toothache

Toothache or tooth pain is caused when the nerve root of tooth is irritated. Tooth infection, decay, injury or loss of a tooth are the most common causes of dental pain. Call your dentist. Explain your symptoms and ask to be seen as soon as possible. Explain your symptoms and ask to be seen as soon as possible. Ease the pain with medicine that works for you. Never put medication directly against the gums near an aching tooth because it



may burn gum tissue. Hold an ice pack against your face at the spot of the sore tooth. Never use a heating pad, hot water bottle or any other source of heat on your jaw. Heat will make things worse instead of better.



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