

your dentist

Newsletter of Westfund Dental Centre

WESTFUND DENTAL CENTRE

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DENTISTS

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Dr Helen Lee, BMSc, BDent
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Dr Gabrielle Cusack, BDSc

HYGIENIST

Mr Gavin Cusack, Hygienist & Prosthetist

HOURS

Mon to Fri 8.30am to 5.30pm
Sat By Appointment
Sun Closed

LOCATION

We are located in the heart of Main Street Lithgow directly next door to the Railway Station.

PARKING

Parking is available on Main Street for limited times. Parking facilities are available on Railway Parade and Mort Street, which are adjacent to either side of the Main Street.

SERVICES

Westfund Dental Centre aims to provide quality preventive dental care to all Members at competitive prices.

Westfund Dental Centre offers a full range of treatment including:

- Composite restorations;
- Dentures;
- Crowns;
- Bridges;
- Veneers;
- Cosmetic whitening; and
- Custom-made mouth guards.

FEES

To attend Westfund Dental Centre you must be a financial Member and all treatment requiring payment must be finalised on the day of treatment.

EDITION 1

Getting that whiter smile

A cost-effective, safe and efficient way of getting a whiter smile is through cosmetic bleaching.

Enamel stains or discolourations, trauma to baby teeth which has stained permanent teeth, and a general discoloured pattern in teeth can all benefit from bleaching. Bleaching can also be the next step prior to cosmetic treatment to provide a uniform appearance.

A technique involving bleaching by your dentist at the practice combined with subsequent patient-applied bleaching can provide faster results for those wanting instant improvements.

Carbamide peroxide is a clear, sticky and sometimes flavoured bleaching solution. The most popular concentration is 10%, but the concentration ranges from 10% to 22%.

The 10% to 16% concentration requires a minimum of four hours of wear a day, while the 22% concentration should be limited to one hour a day. Your dentist will assess your individual needs and record the health of your gums to prescribe the correct concentration of carbamide peroxide for your treatment.

It may be necessary for you to have some preventive and restorative dental care before

beginning a bleaching treatment. The length of the treatment may vary between 1 and 6 weeks, with an average treatment lasting between 7 and 14 days.

There can also be some side effects from bleaching, including gum irritation, sensitivity of the teeth while using the carbamide peroxide and penetration of the carbamide peroxide in the pulp (nerve centre) of the tooth. It is important that your treatment is closely monitored by your dentist.

The carbamide peroxide is applied to the teeth by a stent (a thin plastic flexible mouthguard) so the teeth are bathed for the time the carbamide peroxide has been applied.

An impression of your teeth is taken to make a stent specially to fit your mouth. The stent is trimmed to match the contour of your teeth with the border just below the gum line.

Your dentist will instruct you on how much carbamide peroxide to place in the stent and the amount of time you must wear it each day.

Bleaching should be limited to the treatment of problems with tooth enamel rather than used repeatedly to keep ahead of the results of stain-causing habits like smoking.



Before



After

SAVE THAT TOOTH!

Managing knocked-out teeth

About a quarter of all children will damage their permanent teeth by 14 years of age, while a third will do some damage to their primary (baby) teeth.

As might be expected, twice as many boys damage their teeth. Having prominent (buck) teeth further increases the risk depending on how far forward the front teeth are positioned.

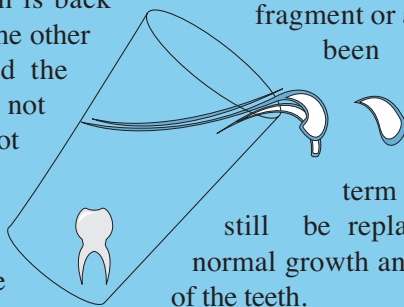
Dentists today are seeing fewer children with dental injuries, as most children who play contact sports are now required to wear mouthguards. The other main cause of injuries are non-contact leisure activities such as bike riding, skateboarding, in-line skating, swimming, etc.

Permanent teeth that have been knocked-out can be saved but it is vital that you act quickly:

First-aid treatment

1. Find the tooth. Search around the scene of the accident as teeth can be thrown a surprising distance. Check the person's clothing for teeth that are thought to be lost. Remain calm. The injury often looks worse than it actually is.

2. If the tooth is clean, replant immediately into the socket. The best place for the tooth is back inside the socket. Use the other teeth as a guide. Hold the tooth by the crown. Do not touch any part of the root of the tooth as this can damage the delicate cells on the surface. Push the tooth into the socket. This should be done quickly and the tooth will normally click back into position.



3. If the tooth is dirty, then rinse in milk or saline and then replant.

4. If the tooth cannot be replanted, store the tooth in milk. The tooth must be kept moist, but DO NOT USE WATER. Milk is the best fluid in which to store the tooth before seeing your dentist. It is readily available, is cold, generally sterile and will keep the cells on the outside of the root alive. If milk is unavailable then use saline (for contact lenses); plastic cling wrap; or place the tooth under the tongue or between the person's lip and gums.

5. See your dentist immediately. The tooth will need to be held in place with a splint for about two weeks. After this time the pulp (nerve) needs to be removed and a root canal therapy performed. It is essential that a root canal therapy (RCT) is started within two weeks, otherwise the tooth may be rejected by the body.

Even if all the above points are followed, the tooth may still be lost. The prognosis is determined by the amount of time out of the mouth; the damage to the root surface of the tooth; and whether or not the tooth was kept moist.

Never throw away a broken tooth fragment or a tooth that has been knocked-out. Even those teeth with a poor long-term prognosis can still be replanted to guide normal growth and development of the teeth.

In summary, replant the tooth as soon as possible or store in milk, and see your dentist quickly.

If in pain.... do something about it

A dental survey found that one million days of work were lost each year and more than three million days were disrupted due to oral dental disease.

Most people who experience dental pain don't take the day off work. However, a toothache or sore gums affects quality of life. Mild symptoms can persist for long periods of time if not treated.

These problems can be avoided by a visit to your dentist to fix the problem. Regular visits to your dentist combined with proper care can avoid problems all together.

Time for a denture check

Dentists recommend that dentures require maintenance procedures on a regular basis. When you attend for your six month check up, your dentist will advise you if your dentures require any modifications such as relining.

Dentures which do not fit correctly and go unchecked can cause serious problems to the wearer. These include damage to the underlying gums, as well as teeth, in the case of partial dentures. The latter could even result in the loss of teeth due to unforeseen forces arising from the ill fitting denture.

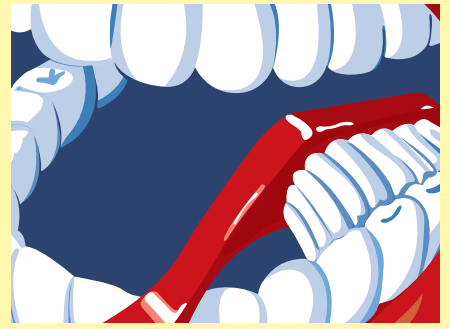
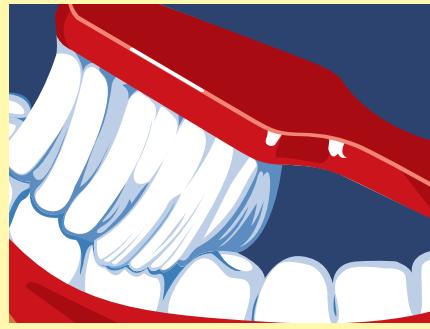
Regular maintenance of your dentures as recommended by your dentist will avoid these problems.

A dentist can help you...

- Make your teeth whiter and brighter
- Straighten crooked teeth
- Get rid of bad breath
- Fit a mouthguard
- Remove plaque
- Give advice on better brushing and oral care

<http://www.dentist.com.au>

You can find all the info from your dentist on the internet at the above address.



Brushing tips courtesy of Colgate Oral Care

Brush up on better brushing

To avoid plaque build up, it is important to thoroughly clean your teeth and gums at least twice a day. Remember, each tooth has five surfaces - a front, a back, two sides and a top. The only one sure way to prevent dental disease is to clean every surface. It is often helpful to use a disclosing solution to identify areas where plaque is being missed. There are

many different tooth-brushing techniques available and it is best to ask your dentist to advise you of the one that is right for you.

The following instructions can be used as a guide:

- Always use a soft toothbrush and begin by placing the bristles at a 45 degree angle to the gumline of your

upper teeth. Gently jiggle the brush or move it in tiny circles over the tooth and gum. It is important to spend about 10 seconds on each tooth. Move the brush systematically around the mouth brushing all outside and inside surfaces this way.

- For the chewing surfaces, use a light back and forth motion.

Teeth and the aging factor

Tooth wear caused by factors other than dental decay can be part of the normal aging process of our teeth.

Tooth wear can also occur in excess and cause rapid loss of tooth tissue in young people. Its diagnosis and early management is very important to the long term future of our teeth.

Tooth wear is made up of three processes:

- Dental erosion - Dental erosion is caused by the presence of acids in the mouth which dissolve teeth.
- Attrition - Loss of tooth tissue as a result of tooth to tooth contact, such as is seen in people who grind their teeth.
- Abrasion - Physical wear of the tooth produced by something other than tooth to tooth contact, eg. over zealous, inappropriate or abrasive tooth brushing.

Here are some commonly asked questions about tooth wear:

Q: What causes dental erosion?

A: Essentially erosion is the action of acids on teeth causing them to dissolve. It differs from dental

decay which requires the presence of sugar and bacteria - neither of which are necessary for erosion to occur. The source of these acids can be either extrinsic (something taken into the mouth from outside) or intrinsic (something brought into the mouth from the stomach).

Q: How common is tooth wear?

A: We don't really know. However, it is thought that between 25% and 50% of children and adults have signs of significant tooth wear.

Q: Is one process more common than any of the others?

A: It is likely that all three wear processes occur simultaneously in any one person. However, erosion is increasingly being identified in many cases of tooth wear, particularly in young people.

Q: What does dental erosion look like?

A: Depending on the primary cause of tooth wear, the appearance varies. Dental erosion has a very characteristic appearance. The

teeth appear smooth and shiny, there is loss of surface characteristics and the outer surface or enamel becomes very thin. Sometimes the whole of the enamel surface is worn away and the underneath layer of dentine becomes exposed. Dentine has a deeper yellowish colour and in about half of cases the teeth become sensitive to hot and cold stimuli. Commonly the upper front incisor teeth start to chip as they become thinner and occasionally they can become discoloured.

Q: What can I do about it?

A: If you think your teeth are wearing, consult your dentist. Your dentist will establish the cause and instigate preventative strategies. This may include a change of diet, use of mouth rinses or fluoride sprays to neutralise acid exposure and use of a soft toothbrush. Your dentist can also protect vulnerable tooth surfaces, restore lost tooth tissue and monitor and review ongoing tooth tissue loss.

By Gum! Why are my gums sore and red?

The answer is probably Gingivitis. Gingivitis, also known as inflammation of the gums, is a disease of the soft tissues surrounding and supporting the teeth.

It is a bacterial infection caused by microbes in plaque which is allowed to settle and grow around the gum edges.

One of the most significant signs of gingivitis is bleeding from the gums. This is not normal, and is an inevitable indication of disease. It might be noticed on the toothbrush following brushing, in the toothpaste on spitting out, or even on biting into some fibrous foods, eg. apples. In severe cases, the gums might bleed spontaneously, particularly during the night when blood may be found on the pillow.

Most gingivitis is of the chronic type: it is generally painless, has slow onset and is most easily detected by bleeding. Most gums are pink in colour, although they are sometimes pigmented, especially in dark skinned people.

When diseased, the gums look red and may be swollen and loose at the margin where the tooth emerges. There may even be some tenderness if the inflammation is severe.

Who is susceptible to gingivitis? Almost anyone, particularly if their cleaning is inadequate. In between the teeth is a very common area for gingivitis to occur if dental floss is not used daily, and also on the tongue side of the teeth because this is a harder area to reach with the toothbrush.

Some people are unusually susceptible: eg. during hormonal changes as in young people during puberty - the so-called "puberty gingivitis", and during pregnancy. Smoking makes people more prone to gum infection from plaque. Other risk factors are stress and general disease, particularly poorly-controlled diabetes.

Gingivitis can occur in acute form. The best known is ANUG (Acute Necrotising Ulcerative Gingivitis) for-



Severe Gingivitis

merly known as "Vincent's Infection".

This condition is extremely painful, is identified by ulcers at the gum edge, mostly in the peak of the gum between teeth. There is a strong, characteristic smell from the mouth. ANUG happens because of poor oral hygiene, smoking, stress, poor eating habits or a combination of a number of these factors.

ANUG can be effectively treated by mouthwashes and/or antibiotics, but is likely to return if the same conditions continue. ANUG is most commonly seen today in association with HIV (AIDS) infection.

The other acute form of gingivitis that is reasonably common is Acute Herpetic Gingivostomatitis (AHGS). This is a primary form of infection by the Herpes Simplex virus.

It is essentially an oral infection although there is some crossover between this infection and HSV-2 which is associated with genital herpes. AHGS usually occurs in young children, but can happen in adults.

It is acutely painful and there may be ulceration in all areas of the gums, palate, cheek lining, tongue and throat. The infection is self-limiting, lasting between 10 days and 2 weeks, but the pain can be relieved by analgesics. Dehydration must be avoided by frequent fluid intake.

It is likely to be followed intermittently by the secondary form, cold

sores on the lips. In some people the primary form occurs without symptoms, so that cold sores are the only known signs.

If left untreated, Gingivitis may progress to Periodontitis, in which the disease spreads along and around the root of the tooth, destroying the bone attachment, and eventually leading to tooth loosening and loss.

Early age dental care

It is very important that children brush their teeth three times a day and avoid excessive consumption of soft drinks and sweet foods. If they don't, decay will result which leads to fillings in their teeth and even tooth loss.

Dental health care starts as soon as babies get their first teeth. Babies' teeth should be cleaned with a clean cloth as soon as they show through gums. Parents should avoid putting sweet liquids in baby bottles, especially before bed. If a baby needs a bottle at night only water should be used.

Junior toothpaste is recommended until children begin school and they should not rinse toothpaste off.

A well balanced diet is very important in stopping tooth decay so processed snack foods and soft drinks should be avoided unless children can clean their teeth directly after eating.

And, don't forget to make sure your child has regular dental check-ups.

Don't forget your NEW toothbrush

You should replace your toothbrush every three months. Worn out or shaggy toothbrushes are not effective in removing plaque from your teeth and gums. For best results, use a toothbrush with a small head and soft bristles.

