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1. Dental Bonding

Bonding is a procedure in which a tooth-colored resin is applied and hardened with a special light, ultimately "bonding" the material to the tooth to improve a person's smile. Among the easiest and least expensive of cosmetic dental procedures, bonding can repair chipped or cracked teeth, close gaps, change the shape of teeth, or be used as a cosmetic alternative to silver amalgam fillings.

Composite Fillings

Existing fillings sometimes need to be replaced due to wear, chipping, or cracking. Many people use this opportunity to replace their silver amalgam fillings with natural, tooth-colored composites. Their reasons may be aesthetic, or concern over the safety of amalgam fillings, which contain mercury. Composite fillings tend to wear out sooner than silver fillings in larger cavities, although they hold up as well in small cavities



2. Veneers

Veneers are wafer-thin, custom-made shells that cover the front surface of teeth. Bonded to the front of the teeth, changing their color, shape, size or length, veneers can be made from porcelain or resin

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tooth's color or shape compared to crowns,

3Crowns

A crown is a tooth-shaped "cap" that's placed over a weak or damaged tooth to improve its shape, size, strength, or appearance. Most crowns last ten to 15 years and can be made of metal, porcelain fused to metal, resin, or ceramic. Before a crown is seated, the existing tooth is filed down; then the crown is cemented over it, fully encasing the tooth. Onlays and three-quarter crowns cover the underlying tooth to a lesser extent.

4Gum Reshaping

Gum reshaping can improve a "gummy" smile in which teeth appear too short, or where the gum line appears uneven. A small amount of gum tissue -- and excess bone tissue if necessary -- is removed and contoured to expose more of the teeth. This procedure can be done to one tooth to even the gum line, or to several teeth to expose a natural, broad smile.

5 **5**Bridges (fixed partial dentures)

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A fixed (permanent) bridge replaces one or more teeth by placing crowns on the teeth either side of the gap, and attaching artificial teeth to them. The "bridge" is then cemented into place. A cantilever bridge is used when there are teeth on only one side of the open space.

Maryland bonded bridges have porcelain teeth supported by a framework.

6 Gum Grafts

Tooth roots that are exposed due to gum recession may be sensitive to hot and cold foods or liquids, and they make teeth appear long. Gum recession can put you at risk of developing a cavity on the tooth root, and may lead to bone loss, eventually resulting in tooth loss. Soft tissue grafts, which move healthy gum tissue from one part of the mouth to another, can stop gum recession and bone loss and improve the esthetics of the gum line

7 Smile Makeovers

A combination of dental techniques can be used to achieve a great smile. Here, porcelain veneers and crowns correct crooked teeth, an uneven gum line, and other chipped, worn, and discolored dentistry. Cosmetic dentists can make a dramatic difference in a person's smile and overall oral health.

8 How to Deal With a Bad Gag Reflex

Unlike the happy customer to the right, quite a few people have a sensitive gag reflex. This can be very upsetting when you want to have dental treatment. Gagging can be due to psychological factors, or physiological factors, or both. Gagging can also be a physical expression of panic, related to a feeling that some threat to breathing or swallowing is about to occur. This feeling of not being able to “catch your breath” may have its roots in the past – you may have had an experience where you actually suffocated, or were close to it.

Some people have such a bad gag reflex that it makes brushing their teeth almost impossible. You can find some tips here: [Problems with Brushing Teeth](#).

A bad gag reflex is so common that all dentists will have encountered this and should have developed ways of helping you cope. But to give you more of a choice, we’ve collected lots of tips from both dentists and people with a bad gag reflex here!

Tips for Dentists and Patients: Handling the Gag Reflex

- “Always have the patient breathe through their nose!”
- “Breathe. Breathe. Breathe. I say it 3 times because sometimes it is hard for me to breathe through my nose. I

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have to consciously force myself to take deep breaths and try not to get overwhelmed.”

- “To help with the gag reflex, I find that using a nasal decongestant before my appointment is very helpful in keeping the nasal passageways open to promote breathing through the nose.”
- A throat spray with numbing action, such as over-the-counter Vicks Ultra Chloraseptic Throat Spray, can relieve the gag reflex in gaggers or people with a cough or asthma. Dosage: 2 or 3 sprays right before treatment should last about an hour. This works really well for lots of people, so give it a try!
- “I had a patient a few months ago who came in with a broken tooth which needed crowning, I cringed at the thought of doing this crown because of his severe gag reflex. He told me not to worry because he had a cure for his gagging problem. Astonished as to the cure, I inquired. He told me he had been using the [snore relief spray from Breathe Right](#). We did the crown prep with no gag problems at all. I was amazed, so we have been using this on all patients with a gag reflex and I would

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say it works nearly 100% of the time. The worst pt I knew of was this beautiful 11 year old girl who would throw up almost everytime she had her teeth cleaned. She is now able to have x-rays, cleanings and such done without incidence.”

- “Talking with the dentist. This was probably the biggest thing that helped me. Establishing communication and letting him know my fears was a big step. For example, my dentist now places tools in my mouth at different angles than he did in the past. He lets his assistant know not to rest the sucking thing against my cheek. He also does not put so many things in my mouth at one time.”
- “Practice controlling the gag feeling by touching something like a toothbrush to your palate, you should be able to feel the urge to gag building but you can control it by concentrating on breathing deeply through your nose, initially you’ll only be able to manage a few seconds but you can build on this if you keep working at it. Mark the brush handle into segments and try to advance a bit further every week or two.

It does work but you need to put in the practice. “

- “Desensitization can also work well. Give patients various dental tools such as a mouth mirror and small impression trays. They can then take these home and introduce

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these instruments into their mouths themselves. They should keep a diary of how long they feel comfortable by timing it. Doing this a few times in a row twice a day, you will become less sensitive to the gag reflex. As a dentist, you can ask the person to practice until, for example, they feel comfortable sitting with the tray in place for 5 minutes.

“One pretty bomb proof tip for handling gaggers is the use of table salt on the tip of the tongue..get the patient to dip their moist finger into a dampen dish of salt and get them to dab it onto the tip of their tongue. Works 95% of the time.”

- “Yes, the salt trick works great for a lot of gaggers. It’s definitely got some physiological basis because I’ve used it on a girl with severe brain damage and it worked, so not just a placebo effect. Sprinkle a little paper packet of it on the back of the tongue. The wee ones you get in canteens are about right, say 1-2g, dosage isn’t critical. If possible having the patient rinse round for a few minutes with some Normasol (0.9% saline) is even better.”
- “Gagging can be caused by fear, address your fear with your doctor and staff members in order to overcome it.”
- “I feel like most gagging occurs from airway problems or anxiety in the dental office. When needing films, it seems

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that when the patient holds the film, they gag less – strange!! 😊”

- “For many people, there is a sense of loss of control in a dental chair during treatment and the tendency to gag is one representation of this. If you have this sense at all, then your dentist must reassure you that he or she will stop immediately if you want them to, whether it be to rinse, or just to catch your breath. If you have a trusting relationship, then your sense of control should increase. You may want to practice diaphragmatic breathing exercises through your nose to relax you in the chair. This info is readily available in any relaxation book.”
- “I do gaggers. They are so appreciative if you can just go for it. Just whatever dont show ANY sign of frustration. Just treat it like it’s nothing special and that will help the psychological factors. Nitrous, antianxiety meds, cetecaine spray the area before you get near it, small handpiece, and now breath rights spray. That should do it.”
- “I find the most important factor in dealing with gagging problems is a calm manner – if you get stressed by not being able to take an impression, your patient is only going to gag more. Acknowledge the problem and show that you are not phased by it.”

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- Let your dentist know what procedures or situations have triggered gagging in the past and see if alternative ones can be used.
- “For my patients that are gaggers, I put a little topical lidocaine on a cotton tip applicator and put it on the palate and the back of the tongue and it works great, and patients like the taste, I use watermelon. This works really well for x-rays, so it should also help for impressions etc.”

9 What is Tooth Decay?

Answer: Decay is the destruction of tooth structure. Decay occurs when [plaque](#), the sticky substance that forms on teeth, combines with the sugars and / or starches of the foods that we eat. This combination produces acids that attack tooth enamel. The best way to prevent tooth decay is by [brushing](#) twice a day and [flossing](#) daily.

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If decay reaches the [pulp](#) of the tooth, a [root canal](#) may be necessary to save the tooth.

Eating [healthy foods](#) and avoiding snacks and drinks that are high in sugar are also ways to prevent decay.

10 What is Fluoride?

Answer:

Fluoride, a naturally occurring mineral, is often added to drinking water and is commonly found in toothpaste. Research has shown that the rate of [cavities](#) decreases in areas where fluoride is added to the water supply. Health authorities, such as The American Dental Association and The World Health Organization, both advocate the addition of fluoride to drinking water, and recommend you use toothpaste that contains fluoride, if age appropriate.

If you do not have fluoride in your water, fluoride is also available in:

- Tablets
- Rinse
- Varnish

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- Foam

Speak with your dentist if you are concerned whether or not you are receiving enough, or too much fluoride daily. Fluoride treatments are also given at your dental office after a cleaning appointment every six months to one ye

11 **Poor Fitting Dentures**

With age, the gum ridges in our mouths can shrink, causing dentures to become loose. Bone can also shrink, causing jaws not to line up properly. Loose dentures can cause sore spots in your mouth as well as stomach problems from not being able to chew food properly. A loose denture could also cause changes in your facial features.

When do Dentures Need to be Replaced?

If your dentures are in a drawer because they just “don’t feel right”, they are loose or make sore spots in your mouth, you should see a dentist to have them evaluated and possibly adjusted, relined or remade. If the teeth in your dentures are

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considerably worn out, talk to your dentist about having some new ones made. It is also important to continue with regular dental visits to make sure your teeth are fitting properly as well as to be examined for any signs of [oral cancer](#). Your dentist can tell you how often you need to come in for check ups.

12 Temporomandibular joint

disorders are conditions in which the temporomandibular joint (the jaw) become damaged or the muscles become stressed, causing [jaw pain](#). The temporomandibular joint (TMJ) is the area directly in front of the ear on either side of the head where the upper jaw (maxilla) and lower jaw (mandible) meet. Within the temporomandibular joint there are moving parts that allow the upper jaw to close on the lower jaw (i.e. biting and chewing, talking and yawning). It is one of the most frequently used of all the joints in the body.

Temporomandibular joint disorders (TMD) are a group of complex problems related to the jaw joint. These conditions may be the result of a number of factors, such as an injury to the jaw or joint misalignment and may give rise to a variety

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of symptoms, most commonly jaw pain, but also face pain, [earaches](#), [secondary headaches](#) and pain in the neck muscles.

According to NIDCR, temporomandibular disorders fall into three main categories:

- **myofascial pain** most common, which is discomfort or pain in the muscles that control jaw function and the [neck](#) and [shoulder](#) muscles
- **internal derangement of the joint** meaning a dislocated jaw or displaced disc, or condyle injury
- **degenerative joint disease** such as [osteoarthritis](#) or [rheumatoid arthritis](#) in the jaw

A person may have one or more of these conditions at the same time.

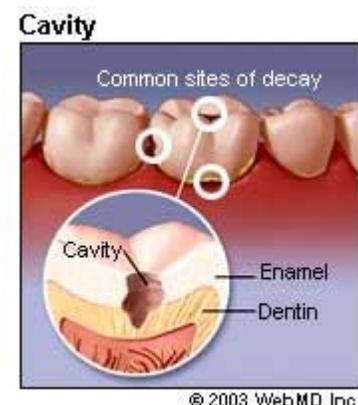
13 Steps in Filling a Tooth First, the dentist will numb the area around the tooth to be worked on with a local anesthetic. Next, a drill will be used to remove the decayed area. The choice of instrument depends on the individual dentist's comfort level, training, and investment in

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the particular piece of equipment as well as location and extent of the decay.

- Next, your dentist will probe or test the area during the decay removal process to determine if all the decay has been removed. Once the decay has been removed, your dentist will prepare the space for the filling by cleaning the cavity of bacteria and debris. If the decay is near the root, your dentist may first put in a liner made of glass ionomer, composite resin, or other material to protect the nerve. Generally, after the filling is in, your dentist will finish and polish it.
- Several additional steps are required for tooth-colored fillings and are as follows. After your dentist has removed the decay and cleaned the area, the tooth-colored material is applied in layers. Next, a special light that "cures" or hardens each layer is applied. When the multilayering process is completed, your dentist will



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shape the composite material to the desired result, trim off any excess material and polish the final restoration

14 Gum

Therapy treats bad breath, swollen and/or bleeding gums and a bad taste in the mouth that is caused by bacterial infection.

Many patients are mistaken in their belief that dental cleanings are trivial .A combination of early gum disease diagnosis, early preventive therapy and bacterial cultures with species-specific antibiotic regimens should dramatically reduce the need for gum surgery in a premium, conservative periodontal practice

- **Scaling & Root Planing: Halitosis, Bleeding, Swollen Gums**
- There are three broad classes of periodontal (gum) therapy for treatment of gum disease:

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1. Dental cleaning (prophylaxis or prophy)
 2. Scaling & Root planing (SRP)
 3. Periodontal (gum) surgery
- A **dental cleaning** is what one typically receives at a six-month check-up. It is appropriate for those who maintain excellent home oral hygiene and have minimal gum pocket depths around their teeth. Patients should be aware that calling to schedule a 'check-up' doesn't necessarily mean that one desires a cleaning. A check-up could mean just x-rays and exam.
 - **Scaling & root planing (S&P/RP)** is usually recommended when one needs more work than a typical cleaning. This may be due to lack of adequate home oral hygiene, high sugar diet, deeper gum pocket depths around teeth or more extensive dental work that might inhibit access for a regular cleaning. Root planing & scaling is usually divided into two to four office visits. Novocain is frequently used since this cleaning will attempt to get to the full depth of the deeper gum pockets. This procedure usually involves minimal pain and one should expect to resume social and professional activities later that same night and certainly the next day. Most people feel a tremendous difference in how much cleaner their mouth feels and how much fresher is their breath. The benefit can be quite profound and immediate.

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- Three to six months after completing the RP the dentist would perform a reevaluation examination and would usually recommend one of the following:
 - 1) Go back to regular cleanings but at a frequency of every three, not every six months,
 - 2) Repeat the scaling & root planing, or,
 - 3) Periodontal surgery is indicated for either the whole mouth or just refractory sections.

Periodontal surgery is similar to that performed during root planing & scaling except that the periodontist actually cuts the gum and moves it out of the way during the procedure. This allows him or her direct vision to really see the problem and direct mechanical access to attempt to clean and repair the diseased tissue

GUM DISEASE

- **Gingivitis** is a reversible form of gum disease. Affecting only the [attached](#) and free gingival tissue that surrounds your teeth, bacteria that invades the area below your gumline, known as the sulcus or periodontal pocket, causes gingivitis to develop and eventually manifest into periodontitis, if left untreated.
- The early warning signs of gingivitis are often mistaken as normal occurrences one should expect when it comes to the mouth. Symptoms of gingivitis include

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Prevention

- Maintain good control over your blood sugar levels.
- [Do not smoke.](#)
- Good oral hygiene and regular [dental check ups](#) are essential in preventing gum disease.
- Eat a [healthy](#) and well-balanced diet.

Be sure to tell your dentist and hygienist that you have diabetes so that he can [detect](#) any signs of early gum disease.

There are two major stages of [periodontal disease](#), gingivitis and periodontitis. People with diabetes tend to develop gum disease more frequently than others. However, if it is diagnosed in the early stage ([gingivitis](#)), it can be treated and reversed. If treatment is not received, a more serious and advanced stage (periodontitis) may follow which includes bone loss and is irreversible.

Signs of Gum Disease Include:

- Red, bleeding, and/or swollen gums
- [Bad breath](#)
- Mobility of the teeth

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- Tooth sensitivity caused by receding gums
- Abscessed teeth
- Tooth loss

Recent studies suggest gum disease may contribute to or be warning signs of potentially life threatening conditions such as:

- **Heart Disease and Stroke** - Studies suggest gingivitis may increase the risk of heart disease and stroke because of the high levels of bacteria found in infected areas of the mouth. As the level of periodontal disease increases, the risk of cardiovascular disease may increase with it. Other studies have suggested that the inflammation in the gums may create a chronic inflammation response in other parts of the body which has also been implicated in increasing the risk of heart disease and stroke.

Diabetes - People with diabetes often have some form of gum disease, likely caused by high blood glucose, according to the CDC. People with diabetes need to take extra care to ensure proper brushing and flossing techniques are used to prevent the advancement of the gum disease. Regular check-ups and cleanings with your dental hygienist should be followed. **Factors That Link Diabetes to Gum Disease**

- Studies show that people with insufficient [blood sugar](#) control seem to develop gum disease more frequently and

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more severely than people who have good management over their diabetes.

- Diabetes slows circulation, which can also make the gum tissues more susceptible to infections.
- Diabetes reduces the body's resistance to infection, which increases the probability of the gums becoming infected.
- High glucose levels in saliva promotes growth of bacteria that cause gum disease.
- People with diabetes who [smoke](#) are far more likely to develop gum disease than people who smoke and do not have diabetes.
- Poor [oral hygiene](#) is a major factor in gum disease for everyone, but it is even more so for a person with diabetes

• GUM DISEASE



Healthy Gums -
healthy gums
are firm and
don't bleed.
They fit snugly
around the
teeth.



Gingivitis -
gums are mildly
inflamed, may
appear red or
swollen and

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may bleed
during
brushing.

Periodontitis -
gums begin to
separate and
recede from the
teeth. This
allows plaque
to move toward
the roots,
supporting
fibers and bone.



Advanced
Periodontitis -
supporting
fibers and bone
are destroyed.
Teeth become
loose and may
need to be
removed.



There are three stages of gum disease:

Gingivitis: this is the earliest stage of gum disease, an inflammation of the gums caused by plaque buildup at the gumline. If daily brushing and flossing do not remove the plaque, it produces toxins (poisons) that can irritate the gum tissue, causing gingivitis. You may notice some bleeding during brushing and

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flossing. At this early stage in gum disease, damage can be reversed, since the bone and connective tissue that hold the teeth in place are not yet affected.

- **Periodontitis**: at this stage, the supporting bone and fibers that hold your teeth in place are irreversibly damaged. Your gums may begin to form a pocket below the gumline, which traps food and plaque. Proper dental treatment and improved home care can usually help prevent further damage.
- **Advanced Periodontitis**: in this final stage of gum disease, the fibers and bone supporting your teeth are destroyed, which can cause your teeth to shift or loosen. This can affect your **bite** and, if aggressive treatment can't save them, teeth may need to be removed.

How do I Know if I Have Gum Disease?

Gum disease can occur at any age, but it is most common among adults. If detected in its early stages, gum disease can be reversed so see your dentist if you notice any of the following symptoms:

- Gums that are red, puffy or swollen, or tender
- Gums that bleed during brushing or flossing
- Teeth that look longer because your gums have receded

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- Gums that have separated, or pulled away, from your teeth, creating a pocket
- Changes in the way your teeth fit together when you bite
- Pus coming from between your teeth and gums
- Constant [bad breath](#) or a bad taste in your mouth

How is Gum Disease Treated?

- The early stages of gum disease can often be reversed with proper brushing and flossing. Good oral health will help keep plaque from building up.
- A professional [cleaning](#) by your dentist or [hygienist](#) is the only way to remove plaque that has built up and hardened into [tartar](#). Your dentist or hygienist will clean or "scale" your teeth to remove the tartar above and below the gumline. If your condition is more severe, a [root planing](#) procedure may be performed. [Root](#) planing helps to smooth irregularities on the roots of the teeth making it more difficult for plaque to deposit there.

By scheduling regular checkups, early stage gum disease can be treated before it leads to a much more serious condition. If your condition is more advanced, treatment in the dental office will be required.

• 15 Orthodontic Teeth Braces:

- Orthodontics is the dental specialty associated with straightening crooked, rotated or malpositioned teeth in children and adults with fixed or removable braces. An Orthodontist is the dental specialist who usually performs this procedure.
- Orthodontics physically moves teeth with braces into their proper position by pushing them through bone. When the proper amount of pressure is exerted on teeth (with the use of wires and springs) bone will disappear (resorption) in the area where the tooth is being pushed and will reappear (deposition) in the area where the tooth was originally.
- It is usually healthier to treat crooked teeth with braces rather than cosmetically (without braces) because orthodontics actually corrects the problem while non-orthodontic methods cosmetically hides the problem. The drawback to orthodontics is that treatment can typically involve six months to two years of annoying

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braces while non-orthodontic cosmetic treatment can frequently be completed in one to two weeks.

- Traditional fixed (non-removable) braces have brackets that can be clear (white) or metal. Premium cosmetic orthodontic practices typically only offer clear (white) brackets. Fixed braces are typically used to treat more complex orthodontic problems. They can be used to correct rotations and can cause bodily movement of teeth through bone.
- Removable braces (spring-loaded or Invisalign type) look much like a retainer or bite plate but they aren't the same since they are used to actually move teeth. Removable braces are typically used to treat less severe orthodontic problems where teeth may be crowded out of the dental arch, in either direction to the tongue or lip, but where the teeth are not rotated. Though these braces are removable the patient must have the dedication to wear them close to 23 hours a day during active treatment to physically move the teeth. This is in contrast to wearing a retainer only at night to hold teeth in position following active treatment. The lower front teeth of most people bite against the inside of the upper front teeth. As one (or more) lower front teeth begin to be pushed out of the

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dental arch they typically hit harder against their opposing tooth in the upper arch.

Over time this upper tooth (or teeth) will also begin to be pushed forward resulting in an unattractive smile that is more susceptible to gum disease. Notice this happening to many of your friends and family who are over the age of 50. Proper diagnosis and early careful treatment by an Orthodontist can help prevent this because these problems get increasingly difficult to treat as the years of damage increase.

16 Wisdom Teeth impaction & extraction

Wisdom teeth can cause significant damage to surrounding healthy teeth and gums. The flap of gum tissue that covers a partially submerged wisdom tooth also provides a great breeding ground for bacteria that can cause long-term gum problems around adjacent teeth. This type of gum infection can sometimes flare-up quickly and painfully without much advance warning.

A partially submerged wisdom tooth also frequently presses against the adjacent molar in front of it; this can cause a cavity in the healthy tooth. This can occur without symptoms!

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These are some reasons why patients inevitably remove their wisdom teeth. Don't wait for the damage to occur or for emergency pain before you seek treatment.

17 Dental Implants

There are many advantages to dental implants, including:

- **Improved appearance.** Dental implants look and feel like your own teeth. And because they are designed to fuse with bone, they become permanent.
- **Improved speech.** With poor-fitting dentures, the teeth can slip within the mouth causing you to mumble or slur your words. Dental implants allow you to speak without the worry that your teeth might slip.
- **Improved comfort.** Because they become part of you, implants eliminate the discomfort of removable dentures.
- **Easier eating.** Sliding dentures can make chewing difficult. Dental implants function like your own teeth, allowing you to eat your favorite foods with confidence and without pain.

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- **Improved self-esteem.** Dental implants can give you back your smile, and help you feel better about yourself.
- **Improved oral health.** Dental implants don't require reducing other teeth, as a tooth-supported bridge does. Because nearby teeth are not altered to support the implant, more of your own teeth are left intact, improving your long-term oral health. Individual implants also allow easier access between teeth, improving oral hygiene.
- **Durability.** Implants are very durable and will last many years. With good care, many implants last a lifetime.
- **Convenience.** Removable dentures are just that; removable. Dental implants eliminate the embarrassing inconvenience of removing your dentures, as well as the need for messy adhesives to keep your dentures in place.

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Implants for single-tooth gaps – naturally invisible!

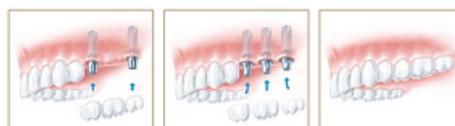


A missing tooth, e.g. due to a sports accident.

The inserted implant with the new crown.

A naturally complete row of teeth.

Implants for large tooth gaps – the next best thing to natural teeth!



Three missing teeth – one bridge on two implants.

Three single-teeth on three implants.

Natural aesthetics, natural function.

Implants for the toothless jaw – life with more “bite”!



Lower jaw prosthesis on four implants.

The prosthesis is firmly secured.

In the upper jaw: a bridge on at least six implants.



Dental implants serve as anchors for teeth that don't move when you speak or chew! Dental implants may be thought of as artificial tooth roots which allow the fabricated teeth to be firmly attached to the mouth. They may be used to replace all teeth missing in a jaw or just to replace one or several missing teeth. The treatment choices can vary tremendously.

Most dental implants are made from commercially pure titanium, a very biocompatible metal. This metal is so biocompatible it is used with heart pacemakers. A dental implant could, however, develop an infection around it

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similar to a tooth, and this could lead to a need to remove it. Titanium is also very strong.

- To understand how dental implants work one may consider the jawbone as a piece of wood and a dental implant as a screw. There needs to be enough length, width and depth of wood to contain a screw of a given size without the wood fracturing during insertion. In addition, a longer and wider screw in dense wood will hold better than a shorter, narrower screw in soft wood. The anatomy of the individual patient determines the amount of bone (length, width and depth) that is available for dental implants. This can vary greatly in different areas in the same jaw or in the opposing jaw. This anatomical variation may be due to osteoporosis, traumatic loss of a tooth or teeth, infection around a tooth destroying jaw bone, prolonged cigarette smoking, and the presence of normal anatomic landmarks like nasal sinuses and facial nerves that travel through the areas involved. Lastly, the upper jaw may generally be consider to be a soft wood like balsa while the lower jaw may be considered a hard wood like oak. The most common type of implant technique involves a dental implant screw that is made in two pieces:
 - 1) The first piece is about 10 millimeters long and at its top there is an internal female screw threading.
 - 2) The second piece is about 5 millimeters long and at its bottom there is a male external screw threading. The first piece of the

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dental implant screw is placed and left to heal in the jawbone under the gum, unseen and undisturbed, for 3 to 6 months. After 3 to 6 months the gum is minimally surgically opened and the second piece is screwed into the first piece. The gum is sewn back and this second implant piece now protrudes through the gum and a crown (cap) can now be made to cement to it.

- There are other types of dental implants; some also go into the bone like that described above but have very different shapes.. The type of implant chosen for each patient depends upon a complex interaction between functional and cosmetic needs, available bone, quality and quantity of remaining teeth, medical health, emotional temperament, treatment time and finances.
- The treatment options available for patients are frequently quite varied and are better discussed in the office on an individualized basis.