

18 Nutrition in Dentistry



- Sugar is bad for your teeth. The issue really is the frequency of eating sugar and the duration of its presence in your mouth. It is probably better for your teeth if you ate a lot of sugar over a relatively short period of time, and then cleaned your teeth, than if you just kept a few pieces of sugar candy in your mouth all day long.
- It is not usual to see patients who have been relatively cavity free for many years suddenly present with new cavities. An increase in sugar intake is almost always the cause.
- Fruit and fruit juice contain citric acid which, given the name, is highly acidic. Fruit juice may also contain sugar additives. Though fruit and fruit juice are excellent nutritionally they can also be a significant cause of cavities.

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Again, the issue is frequency of contact with the citric acid and the duration of its presence in your mouth.

- Drink all the juice and eat all the fruit you want but do so in a finite amount of time and then ideally, clean your teeth.
- Several glands in the mouth secrete saliva. They respond to many stimuli including acidity and dryness. Saliva helps to cleanse teeth, begins digestion of food and acts as a lubricant to the food we swallow.
- Drinking water is a convenient way to clean your teeth when you don't have access to a toothbrush, floss and/or mouthwash. It is also an extremely important part of daily nutrition. An average adult should drink about 50 ounces of water, or its equivalent, per day. You should drink even more water if you also consume significant amounts of caffeine or alcohol because these drinks cause dehydration. Water is the only liquid that should be kept bedside for those who get thirsty at night.

- **19 Halitosis** -- known as bad breath to most -- is an embarrassing condition that can affect anyone at anytime, and is caused by several factors. The most common causes of bad breath are preventable and easily

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treated, however certain medical conditions may also cause bad breath. Chronic halitosis may indicate an underlying medical concern that should be addressed by your dentist or medical doctor.

Learn about the most common reasons why you may experience bad breath, and when you should see a dentist for your halitosis.

Cause: The Food We Eat and Digestion

The food we eat can adversely affect our breath. Odors from garlic, onions, cabbage, and certain spices may result in halitosis when the suspected food is absorbed into the blood stream after digestion. When the blood has transferred to the lungs, the smell from the food is evident when you exhale.

With eating comes digestion, another cause of bad breath. Gasses produced during the digestive process may escape through your mouth, emanating the odor it produces.

Cause: Infrequent Brushing and Flossing

It may seem like an obvious factor, but when you examine how limited and neglected brushing and flossing habits contributes to bad breath, the cause hits you like a brick wall

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-- decaying food particles and bacteria trapped in your mouth.

When the food we eat is left behind either because it is trapped in hard to reach places such as the [wisdom teeth](#), the tiny hair-like follicles on the tongue, or simply because brushing and flossing is neglected, it begins to decay in your mouth. The human mouth is 98.6 F, an ideal temperature for food to begin to decompose. When you exhale, the odor from the decomposing food, bacteria, and [plaque](#) causes the offensive odor.

Cause: Oral Diseases and Infections

[Periodontal disease](#) is directly related to improper or neglected brushing and flossing. One major sign of this potentially irreversible oral disease is halitosis. The accumulation of [plaque](#), bacteria, and decomposing food particles contribute to bad breath as they destroy the delicate tissue that surrounds our teeth.

The same bacteria that cause gum disease, tooth decay, and [abscessed teeth](#) are also responsible for halitosis.

Cause: Dry Mouth

Xerostomia is a condition that causes a decrease in the production of saliva, resulting in a dry mouth. Several factors

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[cause](#) xerostomia, some of which may need to be treated by your doctor.

Saliva is necessary to provide lubrication the mouth to allow for proper chewing and swallowing. Saliva naturally cleanses the mouth and helps prevent cavities. If you are experiencing dry mouth, bad breath may occur because the food particles remain trapped in the mouth to rot and cause the unpleasant smell when you exhale.

Cause: Cigarette Smoking

The [effects of smoking](#) on our overall health and wellness are frightening. Over 4,000 chemicals have been identified in cigarettes, 200 of which are poisonous. [Lung cancer](#) and [COPD](#) are obvious diseases that come to mind when you consider the health risk associated with the habit. But did you know smoking is also a major cause of periodontal disease? How does this relate to halitosis you ask? The smoke produced from a cigarette is inhaled into the lungs, and then exhaled through the nose and mouth. This causes an immediate effect on your breath because the chemicals and residue from the smoke remain in your mouth and airways. Continued use of cigarettes contribute to gum disease, a major cause of bad breath.

Cause: Medical Conditions

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Unexplained or chronic bad breath may be an indication of an underlying medical condition or disease.

[Ketoacidosis](#) occurs in diabetics when there is insufficient glucose in the blood for the body to use as energy. An obvious sign of this is a fruity-smelling odor in the breath. People with eating disorders may experience halitosis, as well as frequent dieters. Breath that has a fishy smell or is reminiscent of urine or ammonia may be obvious in people with [chronic kidney failure](#). [Sinusitis](#) and lung infections also cause bad breath. Children with a foreign body trapped in their nose may experience halitosis. If suspected, see your doctor.

[Treating and Preventing Bad Breath](#)

In order to treat your bad breath, the root cause of [halitosis](#) needs to be identified. Visit your dentist if you experience chronic bad breath (in other words bad breath that never goes away).

Over-the-counter breath fresheners such as gum, mints, breath strips, breath sprays, and certain mouth rinses will only provide a temporary relief from bad breath. These general guidelines will assist you in managing, and hopefully eliminating, your experience with bad breath.

20 DENTAL EMERGENCIES As we all know,

accidents can and do happen. If you or someone you know has a dental emergency, don't panic. These tips will tell you what to do in case of a dental emergency.

1. Toothaches

Never put any pain killers, including aspirin, on the gum because it can burn the gum tissue. Clean your mouth out by rinsing thoroughly with warm water. Gently [floss](#) around the tooth to remove any food particles that may be caught there. If your tooth continues to hurt, you should call your dentist as soon as possible. A toothache can result from several [dental problems](#). Regular [dental check ups](#) and [dental cleanings](#) can help prevent toothaches.

2. Broken Tooth

If your tooth breaks, the first thing you should do is contact your dentist immediately. You should also clean your mouth out by rinsing thoroughly with warm water. Apply a cold compress to the area to minimize any swelling.

3. Possible Broken Jaw

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If you think that your jaw might be broken, apply a cold compress to the area to minimize any swelling. You will need to see your dentist immediately or go to the emergency room of a nearby hospital.

4. Knocked Out Tooth

If your tooth has been knocked out, rinse the tooth off very gently to make sure it is clean. Do not scrub the tooth or remove any tissue that is attached to it. Be sure to place a towel or wash cloth in the sink so that it does not go down the drain. If you can, gently place the tooth back into the socket. If this is not possible, place the tooth in a small container or cup of milk. You will need to take the tooth with you and get to your dentist immediately.

5. Bitten Tongue or Lip

If you have bitten your tongue or lip, gently wipe the area clean with a cloth. Apply a cold compress to the area to minimize any swelling. If the bleeding will not stop, you should go to the emergency room of a nearby hospital.

6. Something Caught Between Your Teeth

Gently insert a piece of dental floss or a dental [flosser](#). Be very careful not to cut the gum tissue. If you are unable to remove the object, contact your dentist. Never use a sharp

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object to try and remove something that is stuck in between your teeth.

21 Top 5 Reasons to Visit the Dentist

Visiting your [dentist](#) for regular check ups and [cleanings](#) can help prevent many dental problems as well as to help you maintain optimal oral health. Don't wait until you have a [toothache](#) before you call your dentist.

1. To Prevent Gum Disease

Gum disease is one of the leading causes of adult tooth loss. If diagnosed in its early stages ([gingivitis](#)), it can be treated and reversed. If treatment is not received, a more serious and advanced stage of [gum disease](#) called [periodontitis](#) may follow. Regular visits to the dentist for check ups and dental cleanings, [flossing](#) daily and [brushing](#) twice a day are key factors in preventing gum disease.

2. To Prevent Oral Cancer

According to The Oral Cancer Foundation, someone dies from [oral cancer](#), every hour of every day in the United States alone. When you go for your regular dental [check up](#) and

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cleaning, your [dentist](#) and hygienist are also screening you for oral cancer, which is highly curable if diagnosed early.

3. To Avoid Losing Your Teeth

Since [gum disease](#) is one of the leading causes of tooth loss in adults, visiting your [dentist](#) on a regular basis and maintaining good oral hygiene is crucial for avoiding [false teeth](#) and keeping your natural teeth.

4. To Prevent Dental Emergencies

Many toothaches and dental emergencies can be easily avoided just by regular visits to the dentist. Your dentist can detect any early signs of problems with your teeth or gums. Early detection of [cavities](#), broken fillings and [gum disease](#) are easily treatable. If these problems go untreated, [root canals](#), gum surgery and removal of teeth could become the only treatment options available.

5. To Help Maintain Good Overall Health

Gum disease has been linked to [heart disease](#), strokes, [pancreatic cancer](#) and more. Visiting your dentist for regular check ups can help you to avoid gum disease, thus promoting better overall health.

22 **Bruxism** is clenching or grinding your teeth. Most

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people are not even aware that they are doing this. In the United States, bruxism affects about 30 million to 40 million children and adults.

Some people grind their teeth only during sleep. This is called "nocturnal bruxism" or "sleep-related bruxism." Others grind or clench their teeth during the daytime as well. This is thought to be related to stress or anxiety. Stress can occur for many reasons, including sad and painful events such as the death of a loved one or the loss of a job. It can also occur from joyous events such as a new job or the birth of a baby.

Bruxism can have a variety of causes. Some experts view bruxism as nothing more than a habit. It also can be a result of the body's reaction when the teeth do not line up or come together properly. Bruxism also can be a symptom of certain rare diseases of the nerves and muscles in the face. In rare cases, bruxism may be a side effect of some medicines that treat depression. These include Prozac (fluoxetine), Zoloft (sertraline) and Paxil (paroxetine).

People with severe bruxism can break dental [fillings](#) or damage their teeth. Rubbing the teeth together can cause the outer layers of [enamel](#) to wear away, exposing [dentin](#). This can result in [tooth](#) sensitivity. Severe bruxism also has been blamed for:

- Some cases of jaw dysfunction, also called

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temporomandibular disorders (TMD)

- Headaches when you wake up in the morning
- Unexplained facial pain

Symptoms

You may be a bruxer if you experience any of the following:

- Rhythmic contractions of the jaw muscles
- A grinding sound at night, which may disturb the sleep of someone who shares a bedroom with you
- A dull morning headache
- Jaw muscles that are tight or painful – This can make it uncomfortable, even painful, to open your mouth wide, especially in the morning
- Long-lasting pain in the face
- Damaged teeth, broken dental fillings and injured [gums](#)
- Painful jaw joint
- Swelling (occasionally) on the side of your lower jaw caused by clenching. Chronic clenching exercises the jaw muscles. Like lifting weights, this makes the muscles grow larger. Once you stop clenching, the muscles will shrink and the swelling will go away.

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Diagnosis

If you experience any of these signs and symptoms, see your dentist. He or she can determine if you are a bruxer and how best to treat it.

Your dentist will ask about your general dental health, what sources of stress you have in your life, and what medicines you take. If you share your bedroom, the dentist also may want to talk to that person. The dentist will ask about your sleep habits, especially about any unusual grinding sounds heard during the night.

Your dentist will examine you, paying special attention to the muscles in and around your jaw. The dentist also will look at your teeth for evidence of grinding. During this examination, your dentist will check for tenderness in your jaw muscles and the jaw joint. He or she also will look for broken teeth, missing teeth and poor tooth alignment.

A more detailed exam may follow if your dentist suspects that your bruxism is related to dental problems. In addition to checking your "[bite](#)," (how your upper and lower teeth come together) the dentist will examine your teeth and gums for damage caused by bruxism. Your dentist might also take X-rays of your teeth and jaws.

About 30% of children grind or clench their teeth. The rate is

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highest in children under age 5. If your child grinds or clenches his or her teeth, discuss the problem with your family dentist. Most children eventually outgrow bruxism and suffer no permanent damage to their teeth.

Expected Duration

Of all children who brux between the ages of 3 and 10, more than half will stop on their own by age 13.

In teenagers and adults, how long bruxism lasts depends on its cause. For example, bruxism can last for many years if it is related to stress that doesn't go away. However, if bruxism is being caused by a dental problem, it should stop when the teeth are repaired and realigned. Often this occurs within a few dental visits.

Prevention

If your bruxism is related to stress, professional counseling may help. You also can try strategies to help you relax. It may help to cut down on stimulants such as tobacco and caffeine.

In both children and adults, tooth damage related to bruxism can be prevented. The usual method is to wear a night bite plate or a bite splint (a dental appliance worn at night to stop teeth grinding). Wearing a bite splint also can help relieve pressure on facial muscles and the jaw joint. Hot compresses on facial muscles may help relieve some of the muscle pain and tightness that bruxism can

cause.

Treatment

The treatment of bruxism varies depending on its cause:

- **Stress** — If your bruxism is stress-related, your dentist or physician may recommend professional counseling, psychotherapy, biofeedback exercises or other strategies to help you relax. Your dentist may prescribe a medicine such as diazepam (Valium). This will be for short-term use, usually one week or so. It should be taken at night before you go to bed to help reduce grinding at night. You also may receive a prescription muscle relaxant to temporarily ease the spasm in your jaw. You may also be fitted for a custom-made bite plate. If this does not help, your dentist may refer you to an oral surgeon or to a dentist who has advanced training in head and neck pain.
- **Dental problems** — If your bruxism is related to tooth problems, your dentist probably will correct tooth alignment. In severe cases, your dentist may need to use onlays or [crowns](#) to entirely reshape the biting surfaces of your teeth. The dentist also may make a mouth guard or bite splint that fits your mouth and teeth. This will help prevent further damage to the teeth. In some cases, it may help your teeth and muscles to realign.

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- **Medicines** — If you develop bruxism as a side effect of antidepressant medicines, you have a couple of options. Your doctor may switch you to a different drug or give you another medicine to counteract your bruxism.

When To Call a Professional

Call your physician or dentist if you have symptoms of bruxism, or if you are told that you grind your teeth while you sleep.

See your dentist right away if you break a tooth, lose a filling, or notice that your teeth are becoming loose.

Prognosis

Even without special treatment, more than half of young children with bruxism stop grinding their teeth by age 13. Meanwhile, your dentist can fit your child with a night bite plate to prevent excessive tooth wear. This device is effective in almost all children who use it as directed.

In teenagers and adults, the outlook is excellent if bruxism is treated properly and in a timely manner.

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What is [Bruxism](#)?

If you find yourself waking up with sore jaw muscles or a

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headache, you may be suffering from bruxism — the grinding and clenching of teeth. Bruxism can cause teeth to become painful or loose, and sometimes parts of the teeth are literally ground away. Eventually, bruxism can destroy the surrounding bone and gum tissue. It can also lead to problems involving the jaw joint, such as temporomandibular joint syndrome (TMJ).

How do I Know if I Have Bruxism?

For many people, bruxism is an unconscious habit. They may not even realize they're doing it until someone comments that they make a horrible grinding sound while sleeping. For others, a routine dental checkup is when they discover their teeth are worn or their [tooth enamel](#) is fractured.

Other potential signs of bruxism include aching in the face, head and neck. Your dentist can make an accurate diagnosis and determine if the source of facial pain is a result from bruxism.

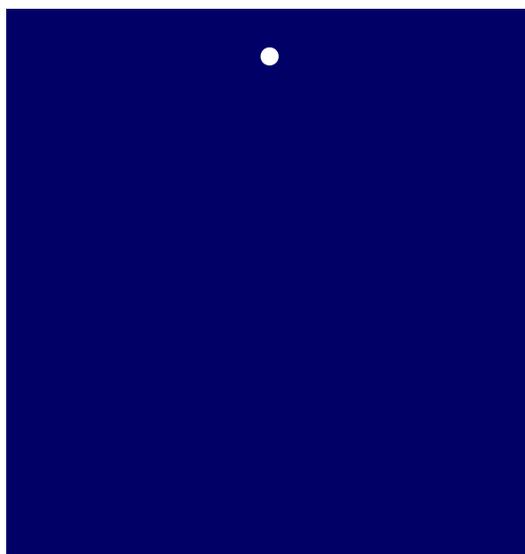
How is Bruxism Treated?

The appropriate treatment for you will depend on what is causing the problem. By asking careful questions and thoroughly examining your teeth, your dentist can help you determine the potential source of your bruxism. Based on the amount of tooth damage and its likely cause, your dentist may suggest:

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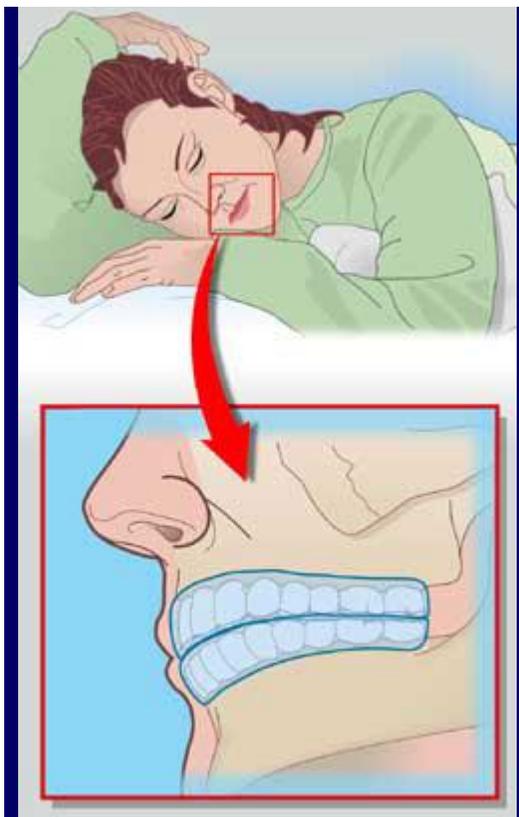
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- **Wearing an appliance while sleeping** — custom-made by your dentist to fit your teeth, the appliance slips over the upper teeth and protects them from grinding against the lower teeth. While an appliance is a good way to manage bruxism, it is not a cure.
- **Finding ways to relax** — Because everyday stress seems to be a major cause of bruxism, anything that reduces stress can help—listening to music, reading a book, taking a walk or a bath. It may help to seek counseling to learn effective ways for handling stressful situations. Also, applying a warm, wet washcloth to the side of your face can help relax muscles sore from clenching.
- **Reducing the "high spots" of one or more teeth** to even your [bite](#) — An abnormal bite, one in which teeth do not fit well together, may also be corrected with new [fillings](#), [crowns](#) or [orthodontics](#).



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An appliance worn while sleeping will protect your teeth, but is not a cure.

23 **Baby Teeth** - What Are Baby Teeth?

Many people often wonder "Why fuss over the baby teeth since they are just going to fall out anyway?"

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The habits we learn at an early age are more likely to carry on into adulthood. That being said, when children are encourage to brush and floss daily, they will most likely carry that habit on into adulthood.

The primary teeth are also important to provide:

- Proper chewing and biting
- Overall self-esteem
- Speech development
- Space for the larger adult teeth to erupt

Teeth that are decayed are not only unattractive, they are also painful and require treatment from a dentist. Fears and phobias are learned early on. If a child has pleasant experiences with healthy teeth and gums and can avoid painful dental problems and procedures, as he matures into an adult, his experiences at the dental office will be enjoyable and less fearful when facing dental procedures.

24 Root Canal Therapy

Root canal therapy can be preformed in single or multiple visits. Before the procedure, though, your dentist will advise you as to the number of appointments necessary to complete

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the canal. If you had an infection or abscess in the tooth, the dentist may choose to have you start antibiotics before completing the root canal. Your dentist will begin the appointment by giving you local anesthetic to "numb" the tooth that is being worked on.

After your tooth is "numb", you may expect the following procedures:

- A dental x-ray of the tooth, displaying the entire tooth in the film (called a "periapical x-ray"), is taken for the dentist to refer to during the procedure.
- The dentist will place a rubber dam over your mouth. This plastic shield, made from either latex or nonlatex materials, is used to keep the tooth isolated from your saliva and very dry before the final steps are taken to complete the procedure. The dentist will use different chemical solutions to disinfect the inside of the tooth. The rubber dam is helpful in keeping these solutions from entering your mouth.
- Next, the dentist will begin the procedure by drilling a small hole through the tooth in to the area known as the pulp chamber -- this is where the nerve of the tooth is located.
- Your dentist will begin using tiny files, which are designed to remove the nerve from the tooth and any infected tissue. Certain files can be used by hand; others are connected to a slower moving dental hand piece, called a

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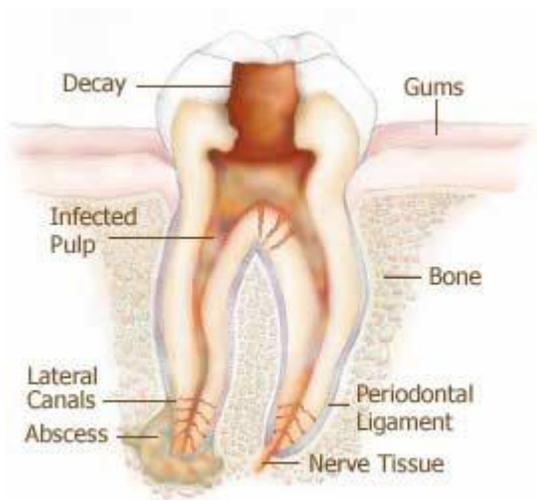
"rotary instrument." The dentist may require another x-ray at this point to determine the length of the root. It is critical that the entire nerve is removed to prevent toothaches after the procedure and re-infection of the tooth, which would result in the need for retreatment or extraction of the tooth. In order to prevent this, the dentist needs to get as close to the tip, or apex of the tooth, to remove all of the nerve. This is usually the longest part of the procedure.

- Once the dentist is confident that the entire tooth has been cleaned out, the tooth is dried with tiny absorbent paper points. When completely dry, the dentist will place a material (called "gutta percha") in to the tooth. Gutta percha is a rubber material designed to seal the inside of the tooth. Your dentist will remove any remaining decay from the tooth and will decide to either put a temporary filling on to close the tooth or proceed with placing a permanent filling. If your root canal is performed by an endodontist; a dentist that specializes in root canals, he will place a temporary restoration and send you back to your general dentist for the restoration. Chances are, your dentist will recommend having a crown put on to the tooth. Since the nerve and blood supply to the tooth has been taken away, the tooth may become brittle over time, resulting in a cracked tooth. A crown is designed to prevent this from happening.

Root Canal Treatment -Start to Finish

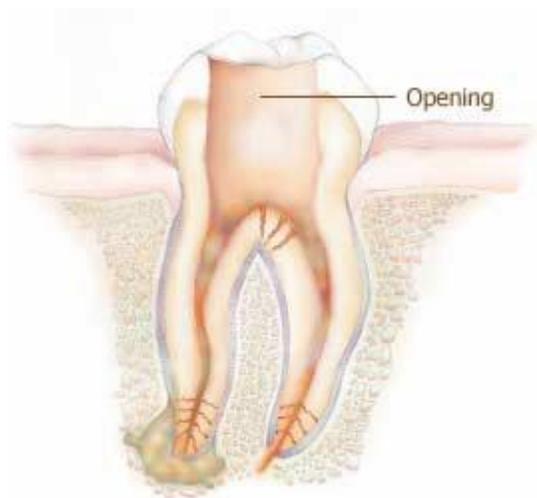
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1. A Deep Infection

Root canal treatment is needed when an injury or a large cavity damages the tooth's root. The root becomes infected or inflamed.



2. A Route to the Root

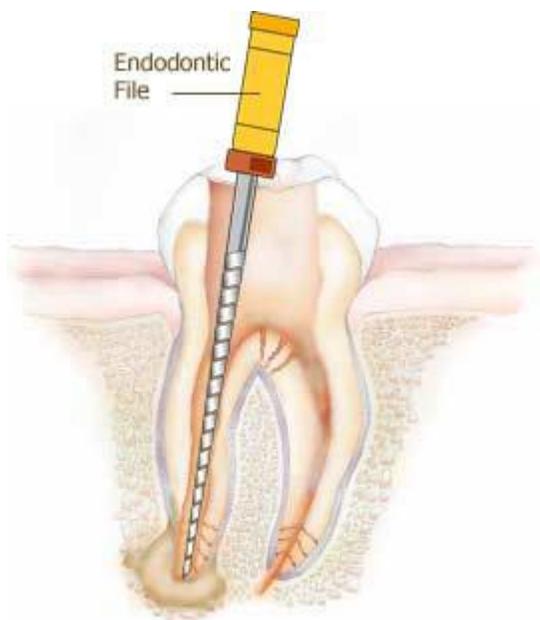
The dentist numbs the tooth. An opening is made through the

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crown of the tooth to the pulp chamber.

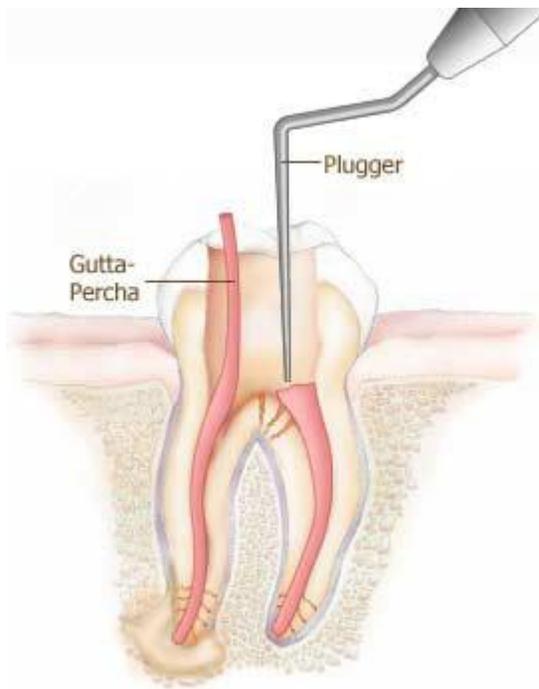


3. Removing the Infected/Inflamed Tissue

Special files are used to clean the infection and unhealthy pulp out of the canals. Then they shape the canals for the filling material. Irrigation is used to help clean the canals and remove debris.

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4. Filling the Canals

The canals are filled with a permanent material. Typically this is done with a material known as gutta-percha. This helps to keep the canals free of infection or contamination.

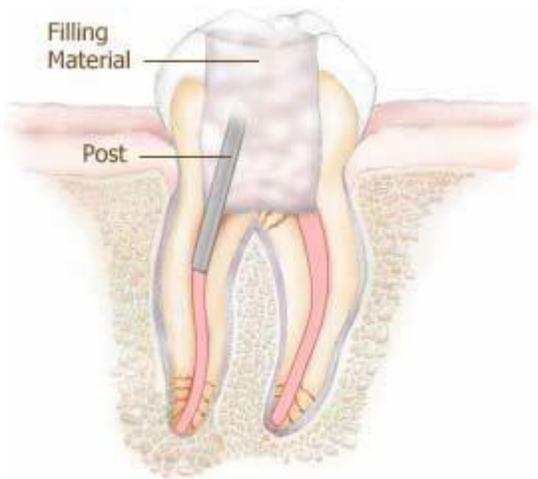
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5. Rebuilding the Tooth

A [temporary filling](#) material is placed on top of the gutta-percha to seal the opening. The filling remains until the tooth receives a permanent filling or a crown. A crown, sometimes called a [cap](#), looks like a natural tooth. It is placed over the top of the tooth.



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6. Extra Support

In some cases, a post is placed into the root next to the gutta-percha. This gives the crown more support.



7. The Crowning Touch

The crown is cemented into place.

25 how wisdom teeth are removed:

1. After the elected method of sedation has taken effect, the oral surgeon or dentist starts the procedure by numbing the tooth and tissues in the area of the mouth where the wisdom teeth are located, with a local

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anesthetic. You've probably already had an x-ray, known as a [panorex](#), taken of the wisdom teeth, but sometimes the dentist requires additional x-rays the day of the procedure. Any additional x-rays will be taken at this point in the procedure.

2. Once the patient is completely numb from the local anesthetic and the required x-rays have been taken, the dentist begins the surgical part of the procedure by removing the gum tissue that is covering the area where the wisdom tooth is located. If the wisdom tooth is [impacted](#), an incision is made in the gum tissue, in order to access the tooth. The gum tissue is then pushed out of the way with a surgical instrument until the tooth is visible. There is a good chance that an impacted wisdom tooth could be fully or partially covered in bone. If there is bone covering the wisdom teeth, a high-speed hand piece is used to drill through, and remove the bone covering the tooth. If the wisdom tooth has already erupted into your mouth, the dentist will loosen the connective tissue from around the wisdom tooth.
3. Once the impacted wisdom teeth are visible to the dentist, various surgical instruments are used to gently loosen the wisdom tooth from any connective tissue in the tooth's socket. The use of the high-speed hand piece may be used on and off throughout the extraction. The same procedure applies for a wisdom tooth that was already erupted. It may be necessary for the dentist to

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cut the tooth into sections before it is removed. This is done because the tooth is at risk for breaking while it is being removed from the socket.

4. Once the wisdom tooth is loose, or it had been completely sectioned, it is ready to be removed. The dentist will remove the wisdom tooth with a selection of surgical instruments that are designed to remove the tooth from the tooth's socket.
5. Now that the wisdom teeth are gone, it may be necessary for the dentist to use stitches to close the area where the teeth were. This is done for surgically removed impacted wisdom teeth and in cases where the dentist feels the patient will heal better with stitches in place.
6. The dentist will give you some post-operative instructions to follow, along with a small amount of gauze for you to bite down on.

Wisdom tooth removal, albeit a nerve-racking thought, is a very common dental procedure. Wisdom teeth may be removed in your dental office or in a surgical office.

- **26** **Xerostomia** is the clinical term for having a dry mouth.

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- Why is a dry mouth considered to be a diagnosable dental condition? A decrease in saliva is known to cause some very uncomfortable symptoms. Along with the uncomfortable symptoms of xerostomia, a dry mouth is also known to cause many other serious dental problems, such as bad breath and tooth decay.
- It is advisable for you to see your dentist or physician if you suspect that you may have xerostomia. In order to determine the cause of your xerostomia, your dentist or physician will need to evaluate your oral and overall health. Once a potential cause has been determined, learning about the common treatments and remedies used to treat xerostomia will help you regain a sense of zen in your mouth.

27 Tooth Sensitivity

Tooth sensitivity is due to the exposure of dentin, the part of the tooth which covers the nerve, either through loss of the enamel layer or recession of the gums. Temperature changes and certain

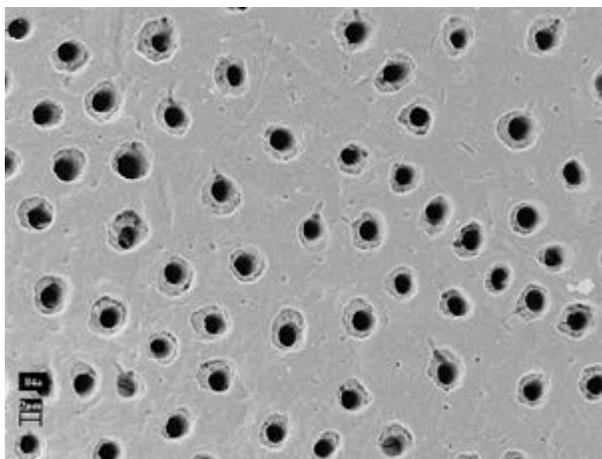
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foods (acidic or sweet) can cause the tooth or teeth to be painful. The pain usually subsides after a short period of time.

The dentin contains a large numbers of pores or tubes that run from the outside of the tooth to the nerve in the center. When the dentin is exposed, these tubes can be stimulated by changes in temperature or certain foods. Here is an image of what the dentin tubes look like under the microscope:

The dentin contains a large numbers of pores or tubes that run from the outside of the tooth to the nerve in the center. When the dentin is exposed, these tubes can be stimulated by changes in temperature or certain foods. Here is an image of what the dentin tubes look like under the microscope:



The best way to find out why a tooth is sensitive is to have dental professional examine you. They can look for the signs of dentin exposure, and run tests to determine what the true cause of the

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sensitivity is. Sometimes, the sensitivity is due to a cavity or [gum disease](#) – these can be treated to address the sensitivity. Other times, the cause of the sensitivity is because the enamel has been lost through abrasion or [erosion](#), or the gums have receded, causing the roots to be exposed.

What Can Be Done?

If the sensitivity is due to a cavity, a restoration can be placed. If gum disease is the cause, the dental professional can perform a thorough [cleaning](#) of the area.

However, if the cause is from dentin being exposed, then there are a number of professional and at home treatments that can be used to reduce the sensitivity.

• In Office Procedures:

- [Fluoride](#) varnish can be applied to exposed areas, strengthening the enamel and dentin
- Fluoride foam or gel can be placed into a mouth tray; you then sit with this in your mouth for 3-5 minutes, providing the teeth with a high concentration of fluoride to strengthen the areas
- [Bonding](#) agent, the material used to stick tooth colored restorations to teeth, can be used to seal the dentin

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surface and provide a barrier to the stimuli that cause sensitivity

• **At Home:**

- Use a very soft bristle tooth [brush](#), with low abrasive tooth paste
- Brush correctly and do not over brush
- Use a tooth paste specially formulated to soothe the nerve endings in the tooth
- Use a high concentration fluoride toothpaste (given to you by the dental professional) to strengthen the tooth surface

There are a number of treatments available, and your dental professional can help you find those that will work best, depending on your situation. Always seek a dental professional's help – do not try to diagnose this problem yourself. It may be the sign of something more serious, and only a dental professional can tell you what it really is.

28 Dental plaque risk and cancer

If you have persistent dental [plaque](#), it may be associated with an increased risk of dying early from cancer.

That's according to an observational study published June 11 in the online journal, BMJ Open. It doesn't necessarily mean that dental plaque causes cancer, say the authors, but controlling bacteria in the oral cavity may boost one's health by reducing a source of inflammation.

Dental plaque is made up of a film of bacteria that covers the surfaces of the teeth, including the gaps between the teeth and [gums](#). It leads to [tooth decay](#) and gum inflammation, with the potential for [tooth](#) loss, and has been implicated in systemic health problems.

For the study, researchers wanted to find out if plaque might be a risk factor for early death from cancer due to infection and inflammation, both of which are thought to have a role in up to one in five cancers. To accomplish this, they tracked the health of almost 1,400 randomly selected Swedish adults from Stockholm for 24 years (1985-2009). Participants were in their 30s and 40s at the start of the monitoring period, and were all quizzed about

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factors likely to increase their cancer risk, such as smoking and levels of affluence.

Participants' mouth hygiene was also assessed to investigate their levels of dental plaque, [tartar](#), [gum disease](#) and tooth loss. While they had no overt gum disease, participants did have substantial levels of plaque on the tooth surface.

By 2009, 58 people had died of cancer—around a third of whom were women (35.6 percent). The average age of death was 61 for the women and 60 for the men. The women would have been expected to live around 13 years longer, and the men an additional 8.5 years, so their deaths could be considered premature, say the authors of the study, “The Association of Dental Plaque With Cancer Mortality in Sweden: A Longitudinal Study.”

Deaths among the women were predominantly caused by breast cancer while those among the men were attributed to a range of different cancers. The dental plaque index in those who died was higher than those who had survived, with values of 0.84 to 0.91—indicating that the gum area of the teeth had been covered with plaque. The values among the survivors were consistently lower (0.66 to 0.67)—indicating that the gum area was only partially covered with plaque.

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When all the risk factors were considered, age almost doubled the risk of a cancer death. Male gender increased the odds by 90 percent.

After the other potential risk factors known to be associated with premature death—such as lower educational attainment, smoking, frequency of dental visits, and lower income—were accounted for, the associations observed between age, male gender, amount of dental plaque and premature death remained strong.

Dental plaque was associated with a significantly (79 percent) increased risk of premature death, although the absolute risk of premature death was low, with only 58 out of 1,390 participants dying after 24 years.

However, the authors caution that their findings do not prove that dental plaque causes or definitely contributes to cancer.

29 Healing after Extractions and Oral Surgery

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After one or more teeth have been removed, you will want to do all the right things for the area to heal quickly and smoothly. This requires that a blood clot is formed. The blood clot covers the extraction site and allows the area to heal. A lot of the tips below help the blood clot to form properly and not become dislodged.

Do's:

- It is normal for the area to be tender for the first few days, and in most cases simple over-the-counter pain relief is enough to ease any discomfort. **Start taking painkillers immediately afterwards – don't wait until pain sets in!** It's far easier to prevent pain than to make it go away. The usual painkillers of choice are ibuprofen or ketoprofen (some products have codeine added for extra pain relief). Check with your dentist or another health care provider that you can take these (for example, asthma sufferers shouldn't). If you can't, your dentist will be able to recommend an alternative. *Avoid disprin* (aspirin) as this thins the blood and can make your mouth bleed. Check with your dentist or pharmacist if you feel you need something stronger.
- Go home, *take it easy* for the rest of the day, and don't exercise for at least 12 to 24 hours. If you want to lie down, and for the first night following surgery, *keep your*

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head up with pillows if possible. Do not bend over or do heavy lifting for 2-3 days.

- If you still feel numb 6 hours later, call your dentist or oral surgeon! If you get back in within 24 hours, your oral surgeon can inject some steroids into the nerve area, which can help reduce swelling and may help speed recovery. Prolongued numbness can also be due to a longer-lasting local anaesthetic (marcaine) – in this case, the effect is intentional, but your oral surgeon should have specifically told you that they've used this.
- Your dentist should let you know how to *control any bleeding*. Usually, a gauze pad will be placed on the area, and you should try and keep firm pressure on it. You should change this dressing about every 30 to 45 minutes, depending on the amount of bleeding. **WARNING:** Some people are freaked out by the amount of blood. Relax – a small amount of blood is mixed with a larger amount of saliva (or “spit” in dentist speak), which can make it look a lot more dramatic than it is! Many dentists will give you a package of gauze to take home with you, but you may want to buy some gauze beforehand. If you need to use it, fold the clean gauze into a pad, thick enough to bite on, then moisten it and place it directly on the extraction site. Hold the gauze firmly in place, by biting down on the pad or using finger

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pressure, for about half an hour to an hour. If this doesn't stop the bleeding, moisten a tea bag with water and fold it in half and bite down on it for 30 minutes (the tannic acid in black tea helps stop bleeding). Some slight bleeding for the first day or so is normal. But if you still bleed more heavily after an hour or two, contact your dentist.

- While you shouldn't rinse for the first 24 hours, after this initial period you should gently *rinse 4 times a day using warm salt water* (1 teaspoon of salt in a glass of warm water). Do not spit out forcefully! Rinse after every meal and snack, making sure that the water removes any bits of food around the area where the tooth is missing.
- Your dentist may also advise you to use *chlorhexidine mouth rinse* (Corsodyl in the UK, available in pharmacies, Peridex in the US, prescription-only) for 10 days or so following surgery. This kills bacteria.
- Be careful not to dislodge the blood clot when *brushing* near the extraction site for 3-4 days. You can carefully *wipe* the area with a clean, wet gauze pad. If you can't get a toothbrush into your mouth due to swelling or discomfort (after wisdom tooth removal), chlorhexidine mouthwash (see above) is a handy adjunct.

- Stick to a *liquid or soft food* diet for the first day or two. Examples include soups, yoghurts, fruit milkshakes, smoothies, mashed potatoes, etc. A *Vitamin C supplement* may also be helpful. Avoid spicy foods, hot drinks and sodas for 3-4 days, to prevent irritation and burns. Tips for soft foods can be found here: [Soft Food Suggestions](#)
- If you've been prescribed *antibiotics*, follow the instructions and make sure you finish the course.
- *Swelling* and sometimes bruising can occur after surgery, esp. with so-called "wisdom teeth" (short for wizzies). The worst swelling, pain and jaw stiffness normally occurs 2 or 3 days after surgery. On the day of the surgery, apply *ice packs* for 15 minutes on then 15 minutes off until bedtime. This will keep swelling to a minimum. Also keep your head elevated until bedtime. *Moist heat* after 36 hours may help jaw soreness. *Arnica* (a homeopathic treatment available from pharmacies and health stores) can be taken orally and/or as a cream to help with the swelling.
- After wizzie removal, try to *gently* keep *stretching your mouth open* to get it moving again. It can be tempting just to not open it wide at all, but that can lead to permanent limited opening ("trismus"). Don't overdo it, though!

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- If you can get hold of it in time, *chlorine dioxide gel* is great for post-op healing after extractions and anything which might leave your gums a bit sore. It's also great for oral ulcers and burns. Unfortunately, it's not sold in shops, so unless your dentist sells it, Oxyfresh Dental Gel is only available by mail order.

Don'ts:

- Don't be tempted to rinse the area *for 24 hours* after tooth removal.
- Avoid hot food or drinks until the numbing wears off. You cannot feel pain while you're numb and may burn your mouth. Also take care not to accidentally chew your cheek!
- *Don't poke at the extraction site!* – keep your fingers and tongue away from this area.
- *Avoid sucking* (ahem... through straws and stuff), *spitting, and blowing your nose* (unless you have to). This is because positive or negative pressure could dislodge the blood clot. If you have a cold or allergies or anything that will want you blow your nose or sneeze, take appropriate medications to treat these.
- Try not to *smoke* for as long as possible afterwards, but at the very least for the rest of the day. Smoking can

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interfere with the healing process, and also the sucking motion could dislodge the blood clot.

- Avoid *alcohol* for 24 hours, as it could delay the healing process.

The Healing Process:

It usually takes gum tissue about 3-4 weeks to heal. The bone can take up to 6 months to heal completely. However, pain should be lessening by the second day. But it varies from person to person, and also depends on how easy or difficult the tooth removal was.

“There’s a piece of bone coming out where the tooth has been pulled!”

You may feel the sharp edge of the socket with your tongue and sometimes, little bits of bone may make their way to the surface and work their way out. This is perfectly normal and harmless. If a small bit of bone is annoying you and you don’t want to wait until it comes out by itself, you can ask your dentist to remove it for you.

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“I’m still in pain. What should I do?”

Pain that lasts for up to a week or so but is gradually getting better is normal. You could ask your dentist or pharmacist for stronger painkillers.

Pain that starts to get worse after two days is considered abnormal and you may want to see your dentist. This could be a sign of “dry socket”.

Dry Socket

A dry socket occurs when the blood clot for healing becomes dislodged or doesn’t form. In that case, the bone and fine nerve endings are not protected and exposed to air, food, and liquids. Dry socket delays the healing process and can be very painful.

If you suspect dry socket, see your dentist. S/he will place a medicated dressing in the socket which will almost instantly relieve pain. If the area is infected, your dentist may also prescribe a course of antibiotics. The medicated dressing should be changed every day or two at the start, and then at longer intervals. Though some dressings are designed to stay in and dissolve by themselves.

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If you follow the “do’s” and “don’ts” above, you’ll minimize your chances of getting dry socket.

“My dissolvable stitches aren’t dissolving!”

This is a common problem with dissolving stitches. You can get your dentist to remove them if they don’t come out by themselves. Many people are worried about the removal of the stitches (whether dissolvable or not) but it is an entirely painless process and you don’t need any numbing for it:

“I had them removed after 10 days so needed to cut them to take them out – cut is the wrong word it was more of a ‘snip’, I had about 6 to 8 ‘snips’ altogether for 13 extraction sites – then gently using a pair of tiny tweezers pulled them out with barely any feeling at all, kind of a little tug – please note there was NO PAIN what so ever and it took seconds.”

“just a small pinch and that was it”

“everyone was right, it wasn’t painful, just felt like a tug”

“I just felt a tiny bit of tugging”

30 Whitening - What Causes tooth Discoloration?

While people have different colors of skin and hair, they also have genetic differences in tooth color. Some teeth are more yellow, while others yellow with aging. Natural tooth color can be discolored by a number of causes. The surface of the teeth can be stained by tobacco, coffee, tea, berries and other foods as well as by deposits of calculus (which is better known as tartar).

Discoloration of the tooth internally can also result from aging, injuries, excessive fluoride, certain illnesses and taking antibiotic tetracycline during early childhood. Although bleaching successfully lightens most discolorations, certain types (like those caused by tetracycline) are more difficult to remove.

Chairside Bleaching

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There are two types of bleaching procedures. Bleaching may be done completely in the dental office (known as “chairside bleaching”) or a system may be dispensed by the dentist to use at home (called “in-home bleaching”).

Chairside bleaching takes from 30 minutes to one hour per visit. It is not uncommon for the teeth to become slightly sensitive following bleaching treatments. To protect the mouth, a gel-like substance is applied to the gums and a rubber “shield” is placed around the necks of the teeth. A chemical solution, the oxidizing agent, is painted onto the teeth. A special light may be used to activate the agent.

**Before****After**

To achieve the best results, teeth may be bleached a shade lighter than the desired since they will tend to darken slightly with time. Generally two to ten visits may be necessary to complete the

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process of chairside bleaching.

In-home Bleaching

With in-home bleaching, the dentist makes an impression for a model of the teeth, fabricates a custom-fitted tray and prescribes a bleaching agent that comes in the form of a bleaching gel. The gel is placed in the custom-fitted tray and worn up to two hours daily or at night for about two weeks. The amount of time the custom-fitted tray is worn and the duration may vary according to a person's individual need and the recommendations of the dentist. The dentist will monitor the entire process of in-home bleaching to assure its effectiveness and safety.

Over the counter products that are self-administered are not recommended, although they may appear to cost less. Bleaching treatment should be done under the supervision of a dentist following a proper exam and diagnosis. Whiteners with the ADA Seal of Acceptance have proven to be safe and effective.

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Teeth whitening has become so popular that it seems like everyone is doing it. If you want to obtain a bright and white smile, teeth whitening may be just what you are looking for. Not only is teeth whitening effective, it can also drastically change your smile and improve your self-esteem at the same time.

The peroxide ingredient in most teeth whitening products is what actually bleaches the [enamel](#) and makes your teeth whiter. The strength of the whitening treatment typically depends on the strength of the peroxide contained in the whitening product. The current percentages of peroxide in teeth whitening products are 10%, 16% and 22%.

If you are considering teeth whitening, be sure to review the [facts about teeth whitening](#) with your dentist first. Only your dentist can tell you if your teeth and gums are healthy enough to go through a whitening process.

If your dentist has determined that you are a candidate to have your teeth whitened, you will need to decide which teeth whitening method to choose from.

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Teeth Whitening Options

- **In-Office Bleaching** -- In-office teeth whitening offers excellent results. This procedure is performed in the dental office and can be done quickly, usually in a little over an hour. [In-office bleaching](#) is expensive, but the time that you save by having immediate results can make this option appealing.
- **Teeth Whitening Trays and Gels** -- Teeth whitening trays and gels are effective, but the desired results take longer to achieve than with in-office bleaching. Depending on the strength of peroxide in the gel, these clear trays are usually worn a couple of hours a day or overnight and could take anywhere from 3 days to a couple of weeks before any results are noticed. There are basically two types of teeth whitening trays and gels: Those purchased from your dentist and those purchased over the counter. While they will both whiten your teeth, the two have noted differences.

Teeth whitening kits from the dentist produce faster and more effective results because they contain a stronger peroxide-bleaching agent than whitening kits purchased over the counter. Another benefit of trays and gels from the dentist is that the trays are custom made and fit your teeth exactly. Over-the-counter trays are generic sized

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and could allow the bleaching agent to come into contact with your gums, causing irritation.

- **Teeth Whitening Strips** -- Teeth whitening strips are popping up in every drug store across the nation. These whitening strips sold over the counter are fairly inexpensive, easy to use and most of them really work. Teeth whitening strips may take longer to produce the desired results depending on the strength of peroxide that they contain. Good Housekeeping did an [interesting study](#) about which whitening strips work the best.
- **Teeth Whitening Toothpastes** -- Teeth whitening toothpastes contain mild abrasives to remove surface stains. Some whitening toothpastes may have additional polishing agents and special chemicals that are more effective against stains than regular toothpastes, but [teeth whitening](#) toothpastes are not designed to actually "bleach" your teeth.
- **Other Teeth Whitening Products** -- New teeth whitening products are always popping up including whitening chewing gum, dental floss and mouthwashes. While these products are relatively new, not much research has been done to prove or disprove the effectiveness of these whitening products. I have actually tried all three and I am sad to say that while they tasted good or worked well, I didn't see any whitening results.

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If you are still unsure, ask your dentist to recommend a teeth whitening treatment for you. If you live in the United States, be sure to look for the American Dental Association (ADA) seal of acceptance on over-the-counter teeth whitening products.

How is Professional In-Office Teeth Whitening Done?

Professional teeth whitening delivers optimum whitening results in a short amount of time. Available under the supervision of a dentist, this method of tooth whitening is gaining popularity, despite the fact that it is considered the most expensive method of chemically whitening your teeth.

Answer:

You may expect the following during your professional in-office teeth whitening appointment, but not limited to:

- Teeth are polished with pumice, a grainy material used to remove any plaque on the surface of the tooth.
- Your mouth will be isolated with gauze to keep your teeth dry during the procedure. Retractors may also be used to

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keep your cheeks, lips and tongue away from the whitening solution.

- A barrier is placed along your gumline to protect it from the whitening solution.
- The teeth are then coated with the whitening solution on the front surface of the tooth. Your office may choose to use either [hydrogen peroxide](#) or [carbamide peroxide](#) as the bleaching agent. Many whitening products require a curing light or laser to be used to add heat to the solution to activate the peroxide. It will then be left on the teeth for 30 to 60 minutes, or reapplied in specific increments of time for up to one hour, depending on the brand.
- Once the optimum shade has been reached, or the maximum application time has passed, the teeth are rinsed with water and a fluoride application may be used to help ease the sensitivity some people experience with tooth whitening.
- You will be instructed to avoid foods and beverages that have a high level of pigment, such as coffee, tomato sauce or juice, yellow mustard, or red wine, and tobacco use for 24 hours after the procedure to allow the enamel pores to close to prevent re-staining.

With a variety of tooth whitening methods available, whitening your teeth has never been more accessible. Are you dreaming of a white smile? Before considering whitening

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your teeth, book an appointment for a check-up and cleaning with your dentist. Surface stains will need to be removed before whitening to achieve optimum results. Your dentist will then determine if you are a candidate for tooth whitening.

Are You a Candidate for Tooth Whitening?

Not everyone can use tooth whitening solution.

Circumstances that may prevent the use of tooth whitening product are:

- Teeth that have [restorations](#) , such as [veneers](#) or having been bonded with white fillings, cannot be whitened with [hydrogen](#) or [carbamide](#) peroxide. These materials do not whiten past the color they were originally made. The color of these types of restorations were determined by the surrounding teeth. If the surrounding teeth are whitened, the restorations will stand out and look artificial. Replacing old or discolored [restorations](#) will allow you to change their appearance.
- Teeth that have internal staining, discoloration from developmental conditions or have been [root canalled](#) may not be affected by the typical whitening process. Internal tooth whitening or permanent restorations may be an option to consider.

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- Natural tooth colors that are brown or gray in hue may not produce desired results. Typically, teeth with a yellow hue will produce the best results.
- Pregnant or nursing mothers should avoid whitening their teeth as there is not enough research to determine the safety of tooth whitening products during pregnancy or lactation.
- People with [hypersensitive](#) teeth should avoid tooth whitening, because this process may enhance the level of sensitivity they experience.

How Are Teeth Whitened?

[Enamel](#), the first layer of tooth surface, is actually semi-translucent, or clear. The layer underneath the enamel, known as [dentin](#), is typically yellow, but may be gray, brown or black. This hue is what is seen penetrating through the [enamel](#). In order to whiten the dentin, a peroxide solution is placed on the enamel. This process opens the pores of the enamel, allowing the solution to reach the layer of dentin. The solution will then begin to lighten the dentin, resulting in the appearance of whiter teeth.

Several brands of tooth-whitening products are on the market that all promise one thing -- noticeable results. [Professional in-office whitening](#), [professional take-home whitening](#) and

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[over-the-counter](#) whitening products remain the most common ways to whiten your teeth.

It is important to have realistic expectations when evaluating your final results; it may take several treatments to achieve a whiter smile. Whitening results may not be permanent, as your teeth will naturally pick up stain from foods or beverages or from tobacco use. Remember to [brush](#) and [floss](#) daily, and visit your dentist for regular cleanings and examinations. Tooth whitening results will vary from person to person, so chose an option that will suit your specific need and budget.

31 Different Types of Cosmetic Dental

Procedures

There is no doubt that cosmetic dentistry is on the rise. Even a few reality shows have given us an inside view of how a dentist can transform almost anyone's smile into the beautiful bright smile that most of us have always dreamed about.

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There are several choices available for [cosmetic dental work](#) and your dentist will be able to help you determine which one will work the best in transforming your smile.

Teeth Whitening - Also called "teeth bleaching" can brighten and whiten your teeth from discoloration and / or staining. This procedure can be done in the [dental office](#) or at home. Not everyone's teeth can be bleached, so it is very important to check with your dentist first.

Veneers - Veneers are a thin shell made out of porcelain or composite material. They are custom made and cemented to the front side of the tooth. A veneer can be used to treat dental conditions such as a slightly crooked tooth, discolored teeth, chipped teeth or even to cover spaces in between the teeth.

Implants - A dental implant is a metal device designed to replace [missing teeth](#). The device is usually made out of titanium and is surgically placed into the jawbone where the tooth is missing. Unlike a [dental bridge](#), an implant is permanent. A dental implant is designed to act as the tooth

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root and can anchor an artificial tooth or teeth such as a crown, bridge or [denture](#).

Crowns - Crowns, also referred to as caps, are custom made to fit over your whole tooth after the dentist has prepared it. They are usually made out of acrylic or porcelain that has been fused to metal, to withstand biting pressure. Crowns can be used in cosmetic dentistry to treat teeth that are poorly shaped, badly [decayed](#), broken or chipped, have had large [fillings](#) and to cover spaces in between teeth.

Shaping - Also referred to as "enamel shaping" is the process in which the dentist can reshape the tooth by filing or removing some of the enamel. This process is usually not painful and can produce immediate effects.

Bonding - bonding is the process in which tooth colored materials are adhered (bonded) to the tooth. This is a procedure that can be used to repair or improve the appearance of a tooth that has been badly [stained](#), broken or chipped.

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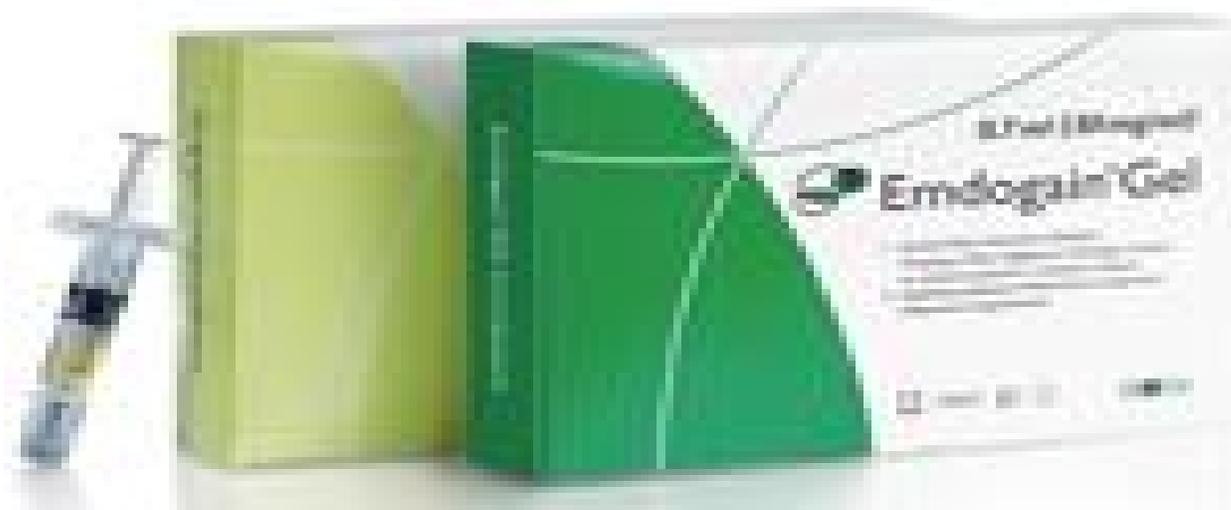
Orthodontic Treatment - Orthodontics are not just for kids. More and more adults are seeking treatment from [orthodontists](#) for cosmetic purposes. If you have buck teeth or crooked teeth, ask your dentist if an orthodontist can help you.

32 What is Emdogain?

Emdogain is an enamel matrix complex of native proteins that play a key role in the development of tooth supporting tissues. Emdogain mediates the formation of cementum on the root of a developing tooth providing a foundation for necessary tissues by mimicking the biological processes of natural tooth development. Basically, ***it's a growth factor that can help your natural regenerative processes in repairing tooth structure, bone and tissue where it has been used.***

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33 What is bone grafting & GBR?

Bone grafting is a surgical procedure that replaces missing bone with a material called a bone graft[bio oss]. This material not only replaces missing bone, but also helps your body regrow lost bone. This new bone growth strengthens the grafted area by forming a bridge between your existing bone and the graft. Over time the newly formed bone will replace much of the grafted material. GBR is a procedure in which a membrane is placed over the bone graft site. This membrane further encourages new bone to grow and also prevents the growth of scar tissue into the grafted site.

Bio-Oss is completely safe. Since it is highly purified bone, no allergic reactions or infections have been observed following its use. Every batch of Bio-Oss goes through highly controlled processing and sterilization procedures which remove all

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impurities. At the end of these procedures, every batch of Bio-Oss must pass rigorous tests for purity and sterility, assuring the total safety of materials

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