Transforming Smiles... *Transforming Lives...*

A **Budget-Friendly** Cosmetic Option

Are you unhappy with gaps, stains, chips, or cracks involving your front teeth? Dental bonding may be the solution for you.

Dental bonding is a cosmetic procedure in which tooth-colored composite resin is applied to teeth in need of repair to improve their appearance. (Composite resin can also be used for inconspicuous dental fillings.)

The procedure requires a slight roughening of the tooth surface and then application of a conditioning gel to help the bonding material adhere to the tooth. Composite resin is then applied, and ultraviolet light is used to harden it. After a bit of shaping and polishing by your dentist, your tooth is ready for the world.

Here's how dental bonding stacks up with two other cosmetic procedures, veneers and crowns:

Dental bonding advantages— can frequently be completed in just one visit; typically does not require local anesthesia; less tooth surface is sacrificed; less expensive.

Dental bonding disadvantages— less stain resistant than veneers and crowns; not as durable.

After bonding, continue with a regular regimen of brushing and flossing. Your habits can compromise bonding durability. For example, excessive intake of coffee, tea, or red wine will hasten staining. Biting your fingernails won't do you any favors either.

If dental bonding strikes a chord with you, contact our office to find out more.

Medication Side Effects and Oral Health

Many medications have side effects affecting oral health. One of the most common is dry mouth (xerostomia), which raises the risk of cavities and gum disease due to reduced saliva flow. Oral medications, inhaled medications for asthma, and nasal sprays for allergies are all guilty parties.

Consistent use of inhaled medications can also lead to thrush, a fungal infection that appears as white spots in your mouth and can be quite painful.

Some medications, including calcium channel blockers prescribed for hypertension, can cause gingival enlargement, a condition in which gums become swollen and begin to grow over teeth. Left untreated, gingival enlargement heightens the risk of periodontal infection.

Oral contraceptives and hypertension medications have been linked to mouth sores and inflammation. It is also extremely important that we know if you're taking blood-thinning medication, particularly if you need to undergo a procedure that may cause bleeding (e.g., an extraction).

Many antidepressant medications have a side effect of dry mouth. Some can also lead to bruxism (grinding of teeth) and reduced platelet aggregation, which means your blood won't clot as effectively.

These are but a few examples highlighting why it's important that we know your medication regimen (and any changes to it). When we're up to speed, it will help you achieve optimum dental health!

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Produced for the patients of Karen O'Rourke, D.D.S., P.C.

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Thank you for all your referrals. We appreciate them!

Be Vigilant Against Gum Disease

It is estimated that 75 percent of Americans over age 35 have some degree of gum disease. Gum disease is the #1 cause of adult tooth loss and raises the risk for heart attacks and strokes. It's not a trivial matter.

Gum disease begins with plaque, the colorless, sticky film that forms on teeth and is a haven for harmful bacteria. When it's allowed to accumulate excessively, it causes gum inflammation. Eventually plaque hardens into tartar—which only a dental professional can remove. Tartar encourages increased plaque formation ever closer to a tooth's root. As inflammation progresses, the gum pulls away from the tooth, forming a gap (periodontal pocket).

Periodontal pockets provide an ideal place for harmful bacteria to set up shop and multiply above and beyond the norm. The bacteria release toxins that attack the connective tissue and bone that anchor the tooth, and cause infection. The body's immune system responds to the infection by releasing enzymes to fight it. The only problem is that these same enzymes also weaken connective tissue and bone. Over time, a tooth's foundation is compromised, the tooth loosens, and eventually falls out.

But there's good news! You can prevent gum disease by properly brushing your teeth twice per day, flossing daily, eating a healthy diet, quitting smoking, and seeing your dentist for regular checkups and cleanings. This same regimen can *reverse* early-stage gum disease.

Advanced gum disease can often be effectively treated with American Dental Association–approved mouthwashes and toothpastes, prescription medications (topical and oral), and various nonsurgical and surgical procedures. If a person waits too long, however, a tooth might not be salvageable.

Don't take gum disease lightly. If you are overdue for a dental checkup, contact our office today.

The Scoop on **Electric Toothbrushes**

Manual toothbrushes are excellent weapons in the battle against dental decay and gum disease—*when proper brushing guidelines are followed*. However, various studies indicate that electric toothbrushes have an edge in overall plaque-removing capacity.

An electric toothbrush is more thorough over the same amount of time. Those who use manual toothbrushes do roughly 300 strokes per minute. An electric toothbrush puts in thousands of strokes per minute.

Since electric toothbrushes do most of the work for you, they are beneficial for those dealing with carpal tunnel, arthritis, or developmental disabilities, or who otherwise have dexterity issues.

Electric toothbrushes can clean around orthodontic appliances more effectively than manual toothbrushes. Young children may be more eager to brush with an electric toothbrush (it's more interesting!).

Some electric toothbrushes have sensors that let you know when you're brushing too hard. Others have built-in timers that beep every 30 seconds for two minutes (30 seconds for each quadrant of the mouth) to keep a brusher on track. Those using manual toothbrushes sometimes cut brushing time short and forfeit cleaning quality.

Not surprisingly, electric toothbrushes are more expensive than manual ones. A manual toothbrush typically costs just a few bucks. An electric one can range from $40–$250. Brush heads for electric toothbrushes need to be changed every three to four months, too, so the expense can add up.

Whichever option works best for your circumstances, the key is to brush properly twice per day (and floss daily) to maintain good dental health.

A Dental Implant— *the Next Best Thing*

Maybe you lost a tooth due to injury, or maybe a heavily filled tooth broke and couldn't be repaired. Or, maybe you've struggled for years with dentures that just don't fit like your natural teeth once did. If you are facing one of these issues, dental implants may hold the answer.

Dental implants are the next best thing to your own teeth. Utilizing titanium posts, implants are anchored to the jaw in a process called osseointegration, which means "combines with bone." Titanium posts are implanted into the jaw, and the bone slowly heals around them, providing a solid foundation for the artificial tooth or teeth. In some cases, this process can take several months.

In the case of a single implant, a custom tooth can be created that will closely match your own tooth color so that you can laugh or smile with ease.

Patients who have diabetes or certain cancers may not be good candidates for implants because these diseases can interfere with healing. Tobacco use can slow the healing process as well.

If you are wondering if you are a candidate for an implant, please ask us! We will be happy to evaluate your personal situation and give you an opinion.

Oral Piercings Are *Bad News* for the Mouth

Oral piercings are a popular form of "body art" and self-expression in today's culture. But the American Dental Association strongly advises against getting one.

Because the mouth is a warm, moist environment and home to millions of bacteria, a piercing site—most commonly the tongue—is prime territory for infection. Infections are serious business. If they enter the bloodstream, they can travel to the heart and other parts of the body and further jeopardize a person's health.

Some people bite down on or click the jewelry, which can lead to gum damage, cracked or sensitive teeth, and weakened fillings. Jewelry might accidentally come loose and be swallowed. Their metals can cause allergic reactions.

Piercings may also prompt a swollen tongue, potentially blocking a person's airway. They can cause nerve damage that may affect one's sense of taste and mouth movements. Damaged blood vessels and excessive saliva production are other possible side effects.

Oral piercings can interfere with speech, chewing, and swallowing. Never wear mouth jewelry while playing sports or sleeping.

Following an oral piercing, the recipient should monitor their mouth for signs of infection (e.g., swelling, pain, tenderness, or discharge). If you have any concerns, don't hesitate to call our office.

Pacemakers, Implantable Defibrillators, and Dental Visits

Individuals with heart arrhythmias may have a pacemaker or implantable defibrillator—also known as cardiovascular implantable electronic devices (CIEDs)—embedded in their chest to regulate (or restart) their heartbeat. CIEDs utilize electronic impulses to maintain proper heart rhythm.

However, there has been a history of everyday electronic gadgets occasionally interfering with CIED function due to electromagnetic interference—dependent on their distance from a CIED. Common items such as headphones, cell phones, and tablets have been culprits.

Electronic dental instruments have the potential to cause the same problem. Older models of CIEDs are more vulnerable since they're not as well protected or shielded from electromagnetic interference. Newer CIEDs, however, have been designed specifically with electromagnetic interference in mind.

It should be noted that when researchers test dental devices' effect on CIEDs, most of the cases of electromagnetic interference were recorded in laboratory settings (in vitro). When live people were part of the testing (in vivo), the incidence of electromagnetic interference was rare. It's possible that human tissue adds further shielding from interference.

If you have a CIED, it is highly improbable that you would have any problems at a dental visit—but it's theoretically possible. **Please inform us of your situation.** We can take simple precautionary measures and/or alter your treatment plan. In some circumstances, we might consult with your cardiologist before proceeding.

The Benefits of **Sugarless Gum**

A few simple actions can help you maintain good oral health: brush twice a day, floss daily, visit the dentist on a regular schedule, and limit your sugar intake. Chewing sugarless gum complements that regimen nicely, providing oral-health benefits beyond the absence of sugar.

The act of chewing spurs saliva production. Saliva helps to neutralize or wash away acids on a tooth's surface, as well as food particles, reducing the risk of tooth decay. Bacteria feed on sugars and carbohydrates found in tooth plaque, then release acids. These acids attack the enamel of the teeth and need to be neutralized/removed. Chewing sugarless gum for 20 minutes following a meal is beneficial.

Whitening treatments can cause tooth sensitivity. Increased saliva flow from chewing sugarless gum seems to lessen its intensity, according to research published in the *British Dental Journal,* although the reasons for this aren't fully understood.

The sweetener in some sugarless gums, xylitol, reduces the number of acid-producing bacteria in the mouth and makes it more difficult for them to stick to teeth, keeping tooth enamel strong. Some sugarless gums contain calcium and phosphate, which fortify a tooth's enamel.

Enjoy a stick of sugarless gum! Your oral health stands to benefit.

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RETURN SERVICE REQUESTED

Dentists Haven't Used Novocain in Over 30 Years!

It's true. Here's a brief look at the rise and fall of Novocain in dentistry.

The first widely used local anesthetic in dentistry was … cocaine. It was introduced to the dental world in 1884. Some general anesthetic products were entering the scene concurrently (e.g., nitrous oxide). A few shots of whiskey counted as anesthesia in some areas.

Cocaine was an effective pain-numbing agent, but with hindsight we know the downsides: its addictive nature and negative effect on cardiovascular health. In 1905, procaine was synthesized to replace cocaine and was branded as Novocain. Novocain was effective, safer, and became a dental mainstay for a good chunk of the 20th century.

Over time, however, it was noted that some Novocain recipients suffered allergic reactions. New local anesthetics were developed in the 1940s that lowered the incidence of allergic reactions but maintained excellent pain-numbing qualities. They became commercially available in the 1950s and began pushing Novocain to the side. By the mid-1980s, dental usage of Novocain in this country ended unceremoniously. Today, lidocaine rules the roost, although other options are available.

However, the word "novocaine" (generic usage, with an "e") has survived in the nondental lexicon as a blanket term referring to all injectable local anesthetics used in dentistry—akin to referring to all facial tissue as "Kleenex."