south shore pediatric dentistry

COMMON PEDIATRIC DENTAL PROCEDURES

LOCAL ANESTHESIA

Your child's care required the use of a local anesthesia (numbing medicine). This medicine will wear off in 3-4 hours. Until then, please monitor your child very closely to prevent accidental lip, cheek or tongue biting. Let your child know their "Sleeping" mouth will wake up shortly and to limit eating/drinking until then.

KNEE-TO-KNEE EXAM

Knee-to-knee exam or lap-to-lap exam is generally done for very young children or children who lack cooperation due to medical conditions. The care giver/ parent/ legal guardian is invited and consent to hold their child arms and legs in order to have their teeth examined, cleaned, fluoride varnish placement, restoring small decays using ART (Atraumatic Restoration Technique).

PULPOTOMY (Nerve Therapy)

Due to the bacterial infection of the pulp (nerve) chamber of your child's decayed teeth, it was necessary to surgically remove the nerve in the pulp chamber and place a sterilizing medicine over the remainder of the nerve to try to prevent the tooth from abscessing. When the local anesthesia has worn off, your child may complain of pain. If this is not relieved within an hour by ibuprofen or acetaminophen (Tylenol) please contact the office. The pain should resolve over the next day or two.

The success of this pulpotomy depends on the severity of the infection and the body's reaction to the infection and the treatment provided. If the pulptomy is not successful and the tooth abscesses it must usually be extracted (removed), and a space maintainer placed to hold the space for the permanent tooth grow in when ready (usually a year or more later).



PULPECTOMY (Nerve/ Root Canal Therapy)

Due to the bacterial infection of the entire nerve chambers and the roots of your child's decayed teeth, it was necessary to surgically remove and clean the nerve chambers and the root canals. After the root canals are cleaned, there will be a medication placed to prevent infection. When the local anesthesia has worn off, your child may complain of pain. If this is not relieved within an hour by ibuprofen or acetaminophen please contact the office. The pain should resolve over the next day or two.

The success of this pulpectomy depends on the severity of the infection and the body's reaction to the infection and the treatment provided. If the pulpectomy is not successful and the tooth re-abscesses it must usually be extracted (removed), and a space maintainer placed to hold the space for the permanent tooth grow in when

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ready (usually a year or more later



STAINLESS STEEL CROWNS

When decay has destroyed a tooth to the extent that there is little support for a filling or a nerve treatment has to be performed, it is best to surround the tooth with a silver crown. Otherwise, the remaining portion of the severely weakened tooth may break or fracture and require an extraction. Stainless steel is used to fix back teeth and occasionally front teeth when a tooth colored material cannot be placed on the tooth.

To avoid the time and cost of replacement, please avoid sticky foods such as hard candy, caramel, taffy, Skittles, chewing gum, gummy bears, etc.

The crowned tooth will usually fall out normally when the permanent tooth is ready to come in.



DENTAL EXTRACTION OR ORAL SURGERY:

Dental extraction is the permanent, irreversible, removal of a primary (baby) or permanent (adult) tooth/teeth.

Common indications:

- pain, loss of function, decay, infected or abscessed tooth, non-restorable tooth, fractured tooth, orthodontic reasons (crowding), failure to erupt, ankylosis, ectopic eruption, pathological resorption, associated with dental cysts, impaction

Common procedures may be needed after tooth extraction:

- Space maintainers (for baby teeth)
- Orthodontic treatment (for mixed dentition, permanent dentition)
- Fixed prosthetic treatment (for adult teeth): implants, bridge (more tooth structure loss)

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SPACE MAINTAINERS

When a primary (baby) tooth in the back of the mouth is lost before the permanent tooth is ready to come in, it is necessary to place a metal appliance in the empty space to hold it open for a better alignment of the permanent teeth and adequate spacing. An impression of your child's existing teeth must be taken so the dental lab can fabricate this custom made appliance or sometimes an appliance can be made while your child is in the dental chair. This appliance should remain in your child's mouth until the permanent tooth is ready to grow in through the gums and should only be removed by the dentist once it is placed. Your child may need children ibuprofen or acetaminophen for the first day or two after the appliance is placed to help with soreness.

Your child must avoid sticky foods such as chewing gum, gummy bears, Skittles, etc. as long as the appliance is needed and you must obtain regular checkup visits to make sure the appliance is still functioning properly.



Space maintainer



An example of someone who lost baby teeth early and did not have a space maintainer

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NITROUS OXIDE (LAUGHING GAS)

It has been recommended that nitrous oxide be used during your child's visit. Nitrous oxide/oxygen analgesia (laughing gas) allows your child to breathe more oxygen and nitrous oxide than one can normally breathe from the air to enjoy a remarkable depth of relaxation in many cases.

It helps eliminate the apprehension, nervousness and tension associated with dental procedures and it can help your child more easily cooperate with the required treatment. It usually includes a feeling of warmth and security, as well as a pleasant "floating" or "tingling" sensation.

It helps a patient tolerate the needed injections of local anesthesia (numbing medicine) with less discomfort and often times with deeper levels of numbness.

It may eliminate the need for local anesthetic (numbing medicine) when treating small to moderate sized cavities

Nitrous oxide/oxygen analgesia does not make your child fall asleep and the effects of the gases wear off before your child gets up from the dental chair. Sometimes at the end of nitrous/oxygen analgesia, some children may get upset and cry. In rare cases, the patient may experience nausea and vomiting.

SEALANTS

Sealants help protect permanent teeth from cavities. They are a tough, plastic material designed to stick to the enamel of the tooth in the grooves where food collects. The tooth is prepared with a special cleanser that is quickly applied then rinsed with water. The sealant material is brushed onto the surface of the tooth and dried with a special curing light to make it hard. The process is very similar to applying nail polish to a fingernail and the teeth do not need to be numb. Sealants reduce the risk of cavities forming in these grooves that can be difficult to keep clean. The sealants do not last forever and will need to be replaced as they wear away from the tooth surface. Not all teeth are good candidates for sealants and the doctors will determine which teeth could receive the most benefit from the application.



Tooth before Sealant

Tooth after Sealant

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COMMON PEDIATRIC DENTAL PROCEDURES

FILLINGS

A **composite resin filling** is a tooth colored material used to fill small cavities on front and back teeth. They require minimal tooth preparation, so less of the healthy tooth structure is removed. It also does not contain mercury. Therefore, South Shore Pediatric Dentistry, LLC only offers composite fillings. These fillings do require more careful attention to home care (diet and hygiene, particularly flossing) than silver (amalgam) fillings or stainless steel crowns (silver caps). Many insurance companies do not pay for the increased cost of these fillings and the parent will be responsible for an increased expense.

An **amalgam filling** is the restorative material that dentistry has relied on for many years. These fillings are quite durable and provide an excellent choice in restorative procedures. The disadvantages include the silver color, mercury content that some argue can be harmful to overall health (although no research has reliably confirmed this) and the need to remove slightly more tooth structure than for a composite filling. It also can bleed color making the tooth appear gray/black aesthetically not pleasing.

PRESCRIPTION TOOTHPASTE

Your doctor has prescribed prescription strength toothpaste for daily use. IT IS EXTREMELY IMPORTANT THAT THIS TOOTHPASTE BE KEPT OUT OF REACH OF YOUNG CHILDREN. IF THE TUBE IS ACCIDENTALLY INGESTED, ANY CHILD UNDER THE AGE OF 8 SHOULD BE RUSHED TO THE EMERGENCY ROOM FOR TREATMENT.

This toothpaste does not foam up like other toothpastes. It is missing the ingredient (sodium lauryl sulfate) that makes other toothpastes, soaps and shampoos foamy. It will still effectively clean your teeth. It also does not have a fresh, minty flavor like many toothpastes. If you would like a minty feeling, please rinse with mouth wash PRIOR to brushing with this toothpaste or brush using your regular toothpaste then follow with this prescription toothpaste.

Directions: Use a pea size amount twice daily. Do not rinse with water, eat or drink for at least 30 minutes after brushing. If desired, rinse with mouthwash or brush with regular toothpaste prior to brushing with prescription toothpaste. Floss immediately after brushing.

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A TOOTH HAS BEEN TAKEN OUT, HERE'S WHAT TO DO:

1. Keep the gauze on the extraction site with pressure for 30 to 45 minutes. DO NOT keep checking under the gauze or changing the gauze. This will prolong the bleeding.
2. DO NOT spit, drink from a straw, exercise, eat anything hot for 24-48 hours
3. If the extraction site is still pooling blood after the first 30-45 minutes, then replace with new gauze and maintain pressure for another 30-45 minutes. Repeat a third time if needed.
4. If you cannot stop the bleeding contact the dentist office for help.
5. Maintain fluid intake, but DO NOT use a drinking straw the first 24 hours.
6. Begin with soft foods and soup. Regular foods as tolerated thereafter.
7. DO NOT rinse or brush the teeth the first night after the extractions.
8. DO start brushing and rinsing the next day.
9. Take the children Tylenol as needed for pain

***Monitor your child closely for the next 1 ½ to 2 hours.**
Younger children have a tendency to "chew" on their lip while it is numb. This can result in significant swelling and discomfort for days.

Please contact us if the patient has any problems! 781.340.5437 (KIDS)