



ALDRICH DENTAL CARE

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Pediatric Dentistry Educational Packet

A Child's First Visit to the Dentist

Getting Ready

A child's first visit to the dentist should be at a much earlier age than most parents think—and for a different reason. The first dental visit should occur in infancy, as teeth are beginning to erupt. During this visit, we will let you know how to care for your child's teeth and what preventive measures you should be taking for your infant at this early stage. Many dental problems can be intercepted when we have the opportunity to examine your child and visit with you in the early developmental stages.

The first cleaning for your child (pedodontic prophylaxis) should be done at about 2 to 2 ½ years of age, depending on the child's behavior. Importantly, this should not be the first time the child visits our office. Before this visit, we would like the child to come in with a parent who is getting a routine preventive prophylaxis. In this way, children come to know the dental office as a very pleasant, non-threatening experience. Hopefully, by the time they come for their own prophylaxis, they have been to the office several times. They know the dentist, the dental hygienist, and the way the office and dental equipment looks. They will have a good idea of what will be expected of them. They will have had only good experiences with all of these people at this location. Usually, children introduced to dentistry in this manner are very excited about having their own dental appointments.

It is important for parents to always talk positively about going to a dental appointment as well as after the dental appointment has occurred. Children are very smart. They may not know what some of the words mean, but they can understand how you feel about it. You should try not to use any words around them that might have an unpleasant connotation: toothache, drill, pull, hurt, pain, unhappy, etc. Always talk about how happy you are to go to the dentist and what a great experience it was. If your appointment wasn't great, talk about it in private where children cannot overhear. If necessary, and if your child asks, tell him or her about how glad you are that the dentist is making your mouth feel good again, without mentioning any of the discomfort.

It is also important that the children are not threatened by the dentist and to avoid making the dentist appear to be the "heavy." Don't tell children, for example, that if they eat candy, they will have to go to the dentist to get their teeth drilled and filled. Children will then think of the dentist's office as a place where you get punished for doing something bad. We want children to be completely comfortable and to not worry when it is time for a dental appointment.

The Visit

The first time the child has a dental procedure performed, at the age of 2 to 2 ½ years, it will usually be very simple, quick, and entirely painless. Of course, we assume you have been brushing the child's teeth, nothing in a night bottle but water, and so forth.

First, we will spend a little bit of time with the child in a show-and-tell mode. We will show the child the various instruments: polishers, mirrors, "Mr. Thirsty" (saliva ejector), the water gun (air/water syringe), and so on. The dental hygienist will also begin to instruct the child in proper brushing techniques. At this young age, children do not manipulate dental floss and a brush properly. This is a project for the parent. Since children admire and try to imitate their parents, your good example of brushing and flossing each day will help tremendously in this area. Children will see that it is something you do, which they will then try to imitate.

Also during this visit, the dentist will "count" the child's teeth, while looking for decay or other problems. Then the dental hygienist will "tickle" (clean and polish) the teeth. Stains and plaque that might have accumulated will be easily removed. It is very unusual for a child to have major periodontal problems.

If the child is prepared correctly, the first treatment visit at the dentist will be anticipated with no anxiety, proceed smoothly, and make the child excited about coming again. What you do at home in preparation for this first visit is most important to its success. Good luck!

Eruption Patterns of Teeth

Teeth begin forming in children very early in life, as early as the first month of the second trimester of pregnancy. That is why it is so important for pregnant women to follow a proper diet. It is not only to have a healthy baby, but to ensure the proper formation of the teeth. When the hard tissue (the future enamel) of the tooth is forming, minerals and nutrients are taken up by the

teeth and incorporated into the structure of the enamel. Good nutrition makes the teeth stronger. Poor nutrition can interfere with proper enamel formation. Eat wisely. Consult your physician about needed vitamin supplements and before taking any medications.

This reference will help you know when baby teeth, also called *deciduous teeth*, are due to come in and eventually fall out, as the permanent teeth come in. Girls' teeth usually come in before boys' teeth. There is a 6 to 8 month leeway that is considered a normal variation on either side of the age the teeth come into the mouth. Some children might get teeth even earlier or later than that. It depends on their growth patterns. We hope to see teeth come in later, rather than earlier. If the teeth come in later, there is a good chance the mouth will be bigger so the teeth have the necessary room to come in straight. The older a child is when he gets a tooth, the more hand skill he will have for brushing and flossing the tooth to keep it clean and disease-free.

The normal child dentition will have 20 baby teeth. Adults typically have 32 teeth, although there is evidence that many adults do not have tooth buds for the 4 wisdom teeth.

Primary Teeth

Primary teeth start forming at 4 to 6 months in utero, the second trimester of pregnancy. After the baby is born, the teeth continue to grow and erupt into the mouth.

lower central incisors	6 months
lower lateral incisors	7 months
upper central incisors	7.5 months
upper lateral incisors	9 months
lower canines and eyeteeth	16 months
lower second molars	20 months
upper second molars	24 months

Permanent Teeth

The enamel of the permanent teeth actually begins forming at 3 to 4 months of age. If your water is not fluoridated, make sure your baby receives the necessary fluoride supplements. Permanent teeth come in under the baby teeth. Pressure from the upward movement of the permanent tooth causes a resorption of the root of the baby tooth. When the root disappears, the tooth gets loose and eventually falls out. If the permanent tooth does not come in directly under the baby tooth, the baby tooth root will not resorb and not loosen. The second tooth will come in either in front of or behind the baby tooth. This is common. When it happens, see the dentist to determine whether the baby tooth should be removed to permit the proper positioning of the permanent tooth.

lower central incisors	6-7 years
lower first molar	6-7 years
upper first molar	6-7 years
upper central incisors	7-8 years
lower lateral incisors	7-8 years
upper lateral incisors	8-9 years
lower canines	9-10 years
upper first premolars	10-11 years
lower first premolars	10-12 years
upper canines	11-12 years
lower second premolars	11-12 years
lower second molar	11-13 years
upper second molar	12-13 years
wisdom teeth	17-22 years

Be sure to remember the sealants for the molars and premolars!

Early Childhood Caries

What is early childhood caries?

Early childhood caries, which used to be called “baby bottle tooth decay” and “nursing caries,” is a severe form of dental decay found in very young children who presumably are put to sleep with any liquid other than water in a

bottle. Children who have experienced prolonged breastfeeding will have the same type of tooth decay patterns. Many times, the decay is very advanced before the parent notices the problem. This is another reason that we want to see your child for his or her first dental visit while those new teeth are still in the eruption phase.

How does early childhood caries develop?

The teeth most affected by early childhood caries are the upper front teeth. As the child falls asleep with a bottle containing any liquid other than water (or at the breast), pools of the sugared liquid collect against the tooth surfaces. These sugars feed the bacteria found in bacterial plaque to produce an acid, which starts the decay process. When the demineralization process is not stopped through proper prevention, the crowns of the teeth can be destroyed to the gumline; abscesses can develop, and the child can experience severe pain and discomfort.

What is the best prevention?

When oral bacteria are fed liquid sugar for a prolonged period of time, the resulting acid can be very damaging to tooth structure. Similarly, when oral bacteria are fed little bits of sugared liquid, nonstop, over a day's time, the results can be quite damaging to tooth structure.

We believe the best prevention for this type of problem begins with an understanding of the decay process, and how you can stop it before it even starts. We recommend that you bring your children to the dentist when they are in the infant stage so that we can perform an infant oral examination and discuss with the child's oral self-care, including:

- Children should not be put to sleep with a sugared liquid in a bottle. No milk. No juice. No soda. Plain water only.
- Children, including infants, require daily oral cleansing. If no teeth are present, the gums should be gently wiped with a wet cloth.
- When teeth are present they should be brushed with fluoridated toothpaste, but only with a *very small amount*—about the size of a pea, or less.
- Liquid sugars and other easily fermentable carbohydrates such as white bread, cakes, cookies, or crackers should be given with meals and not as “snacks.”
- The proper level of systemic fluoride should be in place by the time your child is 6 months of age. We will discuss with you the fluoride regimen specific to your location and the age of your children.

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Topical Fluoride: At Home and in the Dental Office

Why Topical Fluoride?

Most of us are familiar with the dental advantages of fluoride supplements systemically administered to children while their teeth are forming. Research on this type of fluoride treatment shows a 35% reduction in tooth decay. The use of fluoride to reduce and eliminate decay is one of the most highly studied and documented public health measures yet. In our office, we recommend a tray-type fluoride treatment at least twice a year, usually after a periodic dental hygiene recare appointment. We have found that this type of preventive aid does four things:

- Reduces the solubility of enamel to acid attack, making the teeth more resistant to decay.
- Aids in remineralizing the tooth enamel where decay has just begun.
- With long-term daily use, reduces tooth sensitivity to temperature changes.
- Reduces the surface tension of the enamel so that plaque does not easily adhere to the tooth.

Recent research has also shown that you can benefit from nonprescription topical fluoride rinses, especially if you use them faithfully every day. You can expect an additional reduction in decay when we also apply a topical fluoride in the office. It is applied four times each year. Decay reduction can be as high as 30%! If you have had recent active decay, no matter what your age, we will recommend this fluoride routine for you.

Special Fluoride Applications

Another option for topical fluoride is available to patients who experience tooth or root sensitivity, higher and/or chronic decay levels, root surface decay, or dry mouth syndrome (xerostomia). If you have been diagnosed with any of these dental problems, we will make custom fluoride trays for you. We will then either prescribe or dispense a high-concentration fluoride gel product for you to use nightly in the tray.

Sealants

Why Sealants?

Decay on back teeth, premolars, and molars usually begins in the grooves and fissures that normally exist on the biting surfaces of the back teeth. Dental sealants, available since the 1960s, are clear plastic coatings that can be placed on the biting and grinding surfaces of posterior teeth. These sealants prevent the formation of decay on the treated surfaces. Sealants can even be placed on teeth with small areas of decay known as *incipient carious lesions*. The sealants will stop the customary progress of tooth destruction. It can remain on the tooth from 3 to more than 20 years, depending on the tooth, type of sealant used, and the eating habits of the patient. It can only be placed on teeth that have not been previously restored.

The sealant is placed on the tooth through a chemical/mechanical bonding procedure. There is no drilling or local

anesthesia required for the sealant application procedure. It is entirely painless.

We, at this office, are dedicated to the prevention of oral disease. It is clear that if the initial decay is prevented from beginning or is small enough to use a sealant, there is a great savings in time, money, discomfort, and tooth structure. Decayed teeth must have the decay removed by drilling, then they must be filled. This drill and fill may have to be done several times over the patient's lifetime as the filling ages and needs replacement. We strongly suggest that patients who have teeth that can be successfully protected with a sealant material consider having this procedure performed as soon as possible.

Sealants and Prevention

We especially advise that children have the sealant applied to their teeth as soon as the teeth break through the gum and the biting surfaces of the teeth are no longer covered with gum tissue. If the teeth cannot be totally isolated from the moisture in the mouth during the bonding process, it is likely that the sealant will not remain on the tooth for as long a period of time as expected. The sealant is most often applied to permanent teeth, but sometimes a situation arises in which it would be beneficial to have the sealant applied to a primary tooth.

A study completed in 1991 found that one application of sealant reduced biting surface decay 52% over a 15-year period. Another study, completed in 1990, showed that decay on biting surfaces could be reduced 95% over 10 years if 2% to 4% of the sealants were routinely repaired each year. We expect sealants to last many years. Replacing or repairing sealants, as needed, on an ongoing basis will give the best protection.

A sealant is not meant as a substitute for proper brushing and flossing habits. The effectiveness of the sealant is reduced if oral self-care is neglected. Also, cavities can still form on untreated surfaces. Therefore, a topical fluoride treatment remains an essential and necessary preventive aid.

In both 1984 and 1994 sealants have been recommended by the US Public Health Service and the Surgeon General of the United States, among others. We know that sealants are one of the most important treatments available for prevention of dental decay.

Gingivitis

Almost everyone knows what a cavity is, but by 2004 thanks to the far-reaching benefits of advertising by toothpaste and oral rinse manufacturers almost everyone had heard of **gingivitis**. What may not be quite clear to you, however, is exactly what gingivitis is. You may recognize it as a problem but not know why and how serious it might be. You may even know that it is a type of gum (periodontal) disease. You may also know that it is somehow related to plaque and tartar (calculus) on teeth. But why should you be concerned about having it?

Gingivitis is an infection of the gum tissues surrounding the teeth. It is a very common infection and affects almost 95% of the world's population. This infection can be characterized by redness, swelling, and bleeding of the gums around the teeth. This gum infection absolutely needs to be treated as soon as possible. Gum infections are almost always preventable with sound daily oral self-care.

Gingivitis is the mildest form of periodontal disease and is reversible. By definition, there is no loss of bone that supports the tooth. If treated early, gingivitis can be eliminated. If left untreated, it can progress into the more serious form of periodontal disease called *periodontitis*. In its more serious form, the bone and gum tissues can be permanently affected. Bleeding gums, one of the signs of gingivitis, are a sign of infection in the mouth. Your gum tissues should never bleed. It is not normal for blood to appear on your toothbrush when you have finished brushing. Gingivitis does not generally hurt, so you may not even know that you have it. It can be localized (around a few teeth) or generalized (around most or all of the teeth). Gingivitis is seen most often in patients who do not brush and floss well daily, but it can also be related to medication. Bad breath can be another sign of gingivitis. If you are using a mouthwash to get rid of bad breath, you may need dental attention. While bad breath can be related to some medical problems, most often it is just debris that is not cleaned properly from your teeth, gums, and tongue that is decomposing in the dark, warm, and moist environment of your mouth—a perfect place to breed germs.

If you have bleeding gums, you should be concerned. Healthy tissue anywhere in our bodies does not bleed. So what can you do to stop the bleeding?

We can help you eliminate the gingivitis. It involves a good professional cleaning and good oral self-care habits. Plaque (soft debris made up of bacteria) and tartar (calculus or hardened debris) must be removed before the gum tissues can heal and the infection can be eliminated. If it has been some time since you had your teeth cleaned properly, it may take more than one appointment to get you back into shape.

Get your teeth and gums cleaned on a regular basis. Keep them clean with daily brushing and flossing. The infection you have will be eliminated. If you keep your teeth and gums clean, they can be healthy and trouble-free for your whole life.

Prophylaxis

There is nothing more important to your dental health than maintaining a clean mouth. Prevention or absence of infection optimizes our general health. A clean mouth will be disease-, infection-, and trouble-free. A clean mouth will not be predisposed to developing either decay or periodontal (gum) disease. One of our very important functions in dentistry is to teach you how to properly maintain your teeth and gums, and to regularly remove anything that you are unable to remove yourself.

The theory and practice of preventive dentistry have undergone revolutionary changes in recent years. We now know that the preventive needs of every individual differ. The adage of “see your dentist regularly; get your teeth cleaned twice a year” has changed too.

Your Personal Plan

The recare and examination interval that we have recommended for you is designed for your unique situation. And it, too, can change. The interval between regular prophylaxis (cleaning) appointments that is established for you is a function of many things.

These include:

- general health
- dexterity and hand/eye coordination
- age
- diet
- stress levels
- oral habits
- position and alignment of the teeth
- number, type, size, and location of restorations
- restorative materials used
- periodontal history
- location of bone and periodontal tissues

Simply stated, the more complex your dental situation and the more your tooth position and alignment deviate from the normal, the harder you will find it to keep your teeth clean and your gums healthy.

Recent studies have identified many of the microorganisms that cause gum disease and decay. They can be controlled with your help and with ours. These studies also show that a “cleaning” every 6 months may not be adequate for some patients. In order to prevent destructive oral disease, prophylaxis appointments in intervals of anywhere from 2 months to a year may be recommended. Periodontal (gum) disease can happen anywhere in your mouth at any time.

You don’t have to let it happen to you! We are here to be your guide to good health.

How to Brush! How to Floss!

An old humorous expression says, “You don’t have to brush all your teeth every day. Only the ones you want to keep!” And while we laugh at these words, the message could not be more correct. To maintain good oral health, teeth must be thoroughly cleaned each and every day. One good method of brushing is called the *modified Bass technique*. It is easy and quite effective. We can instruct you on how to brush properly. It is certainly easier to see it done than to read and imagine. But this will help you get started.

Use a multitufted, soft, nylon-bristled toothbrush. Hard-bristled toothbrushes can easily damage your teeth and gums.

Soft-bristled toothbrushes last about 3 months before they need to be replaced. Don't keep a toothbrush for an extended period of time. When the toothbrush bristles become worn, they will not give you the best possible performance. Medium and hard brushes will last longer, but almost everyone brushes too hard to use these brushes. If you use medium and hard brushes or brush improperly with any toothbrush, you can cause permanent damage to your gum tissue, causing it to wear away. This can also wear notches into the tooth itself, exposing the dentin. In both cases, severe tooth sensitivity could develop.

The Bass Method

- The bristles of the brush should be angled toward the area where the tooth meets the gum, approximately a 45-degree angle.
- The bristles of the brush should be able to gently slide under the gum tissue. Gently move the brush back and forth so that there is a vibrating motion, **not a scrubbing motion**. The brush head should be able to cover and clean about two teeth at a time.
- Brush each area for about 10 seconds, and then roll the bristles to the biting surface. Move the brush head so that it overlaps a small portion of the tooth just brushed and the next teeth. Repeat until all teeth are brushed.

Brush all teeth. Start on the cheek side of the back teeth, at one corner of your mouth, brushing as you move across to the opposite corner. Then switch to the inside (tongue or palate side) and again brush from one corner to the other. Brush both upper and lower teeth using the vibrating back-and-forth motion.

Some areas will require you to switch the brush to a different angle such as the inside (tongue and palate side) of the top and bottom front teeth. Using the tip or small end of the brush will help brush around this curved area. Use the same type of vibrating motion with the brush, moving up and down against the tooth.

Brushing the biting surfaces of the teeth is easy. Place the bristles on the biting surface of the teeth into the grooves and brush back and forth. Be sure to brush the biting surfaces of left side and right side, upper and lower teeth.

Use of Dental Floss

Start with a 14- to 16-inch piece of floss. Any type of floss is okay to use. Nonshredding is easiest to use. It's thinner and most people find it easier to use. Lightly wrap the floss around the forefingers of each hand until there is a length of about 1 to 1.5 inches available between the fingers. Don't wrap it so tightly that you cut off circulation and your fingers turn blue! Using your thumbs and forefingers, position the floss over the spot where two teeth meet. With a **gentle** buffing motion, back and forth, move the floss between the teeth and slide it first under the gum around one of the teeth in a U shape. Move the floss up and down a few times, then reverse the U and floss the other tooth. The floss needs to get under the gum. Then remove the floss and place it between the next two teeth. Holding the floss taut between your fingers will give you more control, and flossing will be easier.

When you are able to perform these daily procedures effectively, you will significantly reduce your risk of gum disease and decay, and the associated expenses of treatment. There are other flossing aids available if you have problems using your hands. Let us know about these problems. Electric or mechanical toothbrushes can also be used. Again, talk to us about these devices. Keeping your teeth healthy for the rest of your life can be accomplished—one day at a time.

If you have any questions about sealants, please feel free to ask us.