

Facts you should know about Dental Treatment

This information leaflet provides an overview of what you need to know about different procedures commonly undertaken by dentists at the practice. Additional information is available in the patient folder in the waiting room. This leaflet should be read in conjunction with your specific plan that would have been discussed with you.

Examination

- This includes a check of the health of your teeth and gums. In addition, the examination may require a number of x-rays.

Local Anaesthetic

- Most of the procedures described below require an injection using a suitable anaesthetic agent e.g., Lidocaine.
- This will result in a sensation of numbness which is sometimes described as the area feeling 'thick, fat and funny' however; there will be no change in the appearance of the area.
- The effects wear off in approximately 2-3hours but will vary for each individual.
- During this period take care not to bite your cheek, avoid hot food and drink as you may harm yourself without being aware.

Fillings

For the back teeth direct (i.e., done chairside), fillings available are composites (white) or amalgam. The most appropriate filling material for the clinical situation will be chosen after discussion with you.

- Silver fillings (amalgam) – These are expected to last the longest of all directly applied fillings. They have a proven track record and have been used for over 100 years.
- White fillings (composite) – Newer materials used for cosmetic purposes. The latest evidence suggests that their success is comparable to that of silver fillings when the filling is small. In some cases, white fillings may be associated with more post operative sensitivity as yet not fully explained.
- There are other indirect (i.e., laboratory made) materials such as composite or ceramic or gold onlays. These are more expensive and generally more suitable for large restoration particularly where cusp protection (to prevent fracture) is required.
- Glass ionomer fillings – Most commonly used as a semi-permanent filling material in baby teeth and in some adult teeth particularly to restore necks of teeth and to reduce sensitivity due to gum recession/ tooth surface loss.

Root Canal Treatment (Endodontics)

- Aim is to remove the infection. During this, the nerve in the tooth is removed, the tooth cleaned, and a rubber type filling material put in its place.
- This treatment requires a number of longer visits and several x-rays will be required throughout the treatment.
- During the procedure a rubber mat may be placed on the tooth to protect the mouth and airway, and to increase the success of the treatment.
- During the procedure there is a risk of instrument separation. This will be removed where possible, if not it can be used as part of the sealant. Otherwise, specialist referral may be necessary at an additional cost.
- A dull ache and some discomfort are normal after the procedure.
- Once root canal treatment is complete, the vast majority of teeth will require a crown (cap) on top of the tooth.
- The success rate of normal root canal treatment is 80 – 90%. The success rate of treating a previously failed root canal treatment is 60-65%.

Caps (Crowns)

- These are bespoke restorations made by a technician in a laboratory and are used to protect teeth that have been structurally weakened.
- The most appropriate crown material for the clinical situation will be agreed with you if the option is not obvious
- There are several types which include; inlays, onlays, partial crowns and full coverage crowns.
- They are available in various materials including gold, all porcelain, and porcelain and metal combined.
- If a porcelain crown is chosen you may be required to assist in choosing the colour and shade of the crown. If this is not required the dentist will choose the closest shade to your other natural teeth. The shade of the crown cannot be changed once it is made.
- Preparation requires removal of some tooth tissue so that the crown can be fitted. It has been found that one in five crowned teeth require root canal treatment at some point in the future. In some cases, the crown may need to be replaced in due course.
- If the tooth is structurally compromised and the tooth very broken down, the tooth may need a root canal filling followed by a post crown. This is like a normal crown with a peg attached that helps support the crown.

Scaling (Periodontal Treatment)

- There are two main types of gum related problems.
- Gingivitis is a reversible process caused by the body's response to plaque and bacteria on the tooth.

- Periodontitis and periodontal disease, known more commonly as gum disease, is an irreversible process caused by the body's response to plaque and bacteria on the tooth. This is more severe and results in bone loss, wobbly teeth, permanent movement of teeth and an increased risk for tooth removal. Smoking and some medical conditions e.g., Diabetes increases the risk of periodontal disease.
- A detailed examination of the gums may be required which may be followed by cleaning underneath the gums using special instruments. This may or may not require local anaesthetic.

Cracked tooth

- Occasionally teeth may crack due to normal wear and tear.
- This can be very difficult to diagnose and treat and a period of monitoring the tooth may be required.
- Depending on the extent of the crack, the tooth may be restored with a crown.
- Sometimes the crack extends into the nerve and will require root canal treatment and crown to try and save the tooth.
- In some situations, the crack is so extensive that removal of the offending tooth is the only option.

Tooth Removal (Extractions)

- During tooth removal it is normal to experience pushing and pressure however, no pain should be felt.
- Normal tooth removal may result in some soreness, bleeding, bruising, swelling, infection and jaw ache.
- Some teeth may require an alternative approach whereby a small cut is made in the gum and bone may need to be removed. In this case stitches will be required and the symptoms afterwards may be more severe.
- Removal of certain teeth may result in temporary/permanent nerve damage or cause a hole from the mouth into the sinus. If your teeth are high risk (usually x ray will give some clue) this would have been discussed with you.

Bridges

- These are bespoke appliances that are used to replace one or more teeth. A fake tooth fits into the gap which is glued onto one or both teeth either side of the gap. They require on average 2-3 visits to the dentist. Bridges are only advisable if the adjacent teeth are able to support the extra load.
- There are two types known as 'conventional' and 'resin-retained' bridges. Conventional bridges are where teeth either side are prepared in the same way as a crown. Resin retained bridges are where the tooth next to the gap is trimmed and the bridge glued on using a strong cement.

Plates (Dentures)

- These are bespoke appliances that are used to replace one or usually more teeth particularly if there are large gaps between the teeth. They require on average 3-7 visits to the dentist.
- They can be made of different materials including plastic (acrylic), metal (chrome) or bendy materials (valplast).
- Immediate dentures are dentures that are fitted at the time of (or just after) extractions or implant placement. This is usually for cosmetic or functional reasons and can actually help with healing of the area. These dentures will loosen with time as the bone and gum shrinks underneath the denture and once this happens, a new denture may need to be made. This is usually in approximately 3-12 months.
- Replica dentures (copy dentures) can be used in circumstances where you are happy with some features of your existing denture and want to try and replicate these in your new denture. These will never be identical to your original dentures.
- It is common to have "teething problems" with new dentures. The acceptance and time scale of getting used to the dentures varies between individuals.

Implants

- Implants can be used in certain situations to fill gaps in between the teeth. They are basically a screw fixture similar to a *Raw* plug that is placed into the jaw onto which teeth are fitted.
- They can be used to replace single teeth, groups of teeth or all the teeth in the form of an implant retained crown, bridge and denture respectively.
- A consultation is required prior to treatment and the treatment will require a number of x-rays.
- A healing period of between 3-6months is usually required before teeth can be placed on the implant.
- Occasionally implants can fail due to infection or rejection by the body. In such cases these implants cannot be used and may need to be taken out.

Maintenance:

- You should bear in mind that the more complex the treatment, the more the maintenance required over the years. Hence you should be prepared to have the time and resources to maintain the restorations.
- We recommend 3- 6-month hygienist appointments for most patients (particular those with/ at risk of periodontal disease) and 6-24-month appointments for dentist depending on your risk profile. Your dentist will recommend this for you. You should maintain a diary.