

# Dentistry for Kids

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## A Word From The Tooth Fairy<sup>2</sup>

Produced to improve your dental health and awareness

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### fromthedentists



Dentistry for Kids would like to thank everyone who gave us name suggestions for our new staff member, teaching aid and dog puppet. We received so many great names that it was very difficult for our secret panel of judges to pick just one name.

**AFTER MUCH  
DELIBERATION THE  
WINNER IS...**



**Skylar M.**

Our dog  
puppet's  
official name is

**Chewy!**

Chewy is looking forward to meeting all of you and to visiting your schools and daycare centers during Dental Health Month. Have your parents or teachers schedule a visit to meet him soon!

Thank you to all of our wonderful patients who helped name the newest member of our dental team. We knew we could count on you!

*Sincerely,*

*Drs. Kohn, Ballinger and our  
wonderful staff*

## Your Child's Dental Appointments

### How to schedule them appropriately

We make every effort to make your child's dental experience a positive one. For that reason, it is imperative for you to schedule their dental appointments appropriately. While we understand that it may be difficult for them to miss school or for you to miss work, there are many reasons why we schedule your children at certain times of the day.

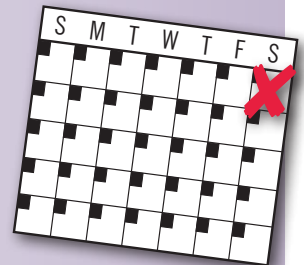
We find that young or anxious children often have a better experience in the dental environment during the morning hours. At this time of day, children are well rested, refreshed and more cooperative. In the afternoon, children are often tired and cranky which puts us and your child at a disadvantage from the start. Some younger children also nap - we ask you to take this into consideration when scheduling appointments and try not to schedule their appointments during nap-time.

For restorative dental visits (fillings, sealants, extractions, etc) we request you schedule your child's appointments during the morning hours for several reasons. As we already mentioned, most children are in better spirits in the morning hours as opposed to after a long day at school or play. Therefore, children are much more able to tolerate dental procedures. If your child is already exhausted from a long day, some more involved procedures will only be more difficult for them to endure. A number of children may even experience anxiety regarding their treatment. We find that anxiety increases as the day goes on because they have longer to think about "what is going to happen" and get themselves "worked up."

More importantly, many of our restorative protocols require children to be on an empty stomach for several hours prior to their appointment. It is easiest for parents to control this in the morning hours. Once children go to school, many parents have no way to monitor their child's food or drink intake. This could be potentially dangerous to your child if they need to have an empty stomach.

In many situations, your child will be able to return to school or day care after their appointment is completed. This will depend on the type of appointment, the amount of treatment completed and your child's ability to tolerate the procedure. There will be some types of treatment where we recommend that you do NOT send your child back to school or day care - they should be with a parent or another responsible adult.

We hope this helps you understand why we have certain scheduling policies and to realize that we genuinely have your child's best interest in mind. We know our policies may make it difficult on you as parents and caregivers but our goal is to help your child to have a more positive experience in the dental office. We always put safety, gentleness and kindness first - before convenience - when it comes to our very special patients.



*Ask us about the great dental products we sell in the office*

# PERMANENT Tooth Trauma

In our last issue we discussed baby/primary front tooth trauma. In this issue we will turn our attention to permanent/adult front tooth trauma. Unfortunately, this is a very common occurrence especially in summer months and during sport seasons. At the outset, we highly recommend that your children wear a mouthguard when participating in any type of contact sports. Wearing a mouthguard can prevent some of these injuries from happening or lessen the injury. But, kids don't usually wear them during normal everyday play activities where these injuries most commonly occur.

These injuries are very emotional for both the parent and the child and cause a lot of anxiety and sadness for all. To make matters more difficult, these injuries sometimes demand very complicated treatment needs. Tooth trauma can vary from a "minor" bump or concussion of the tooth, a fracture with or without nerve exposure, being bumped out of normal position or even avulsion (the tooth being "knocked-out" of the mouth completely.)

Beginning with the permanent tooth avulsion or "knocked out" tooth. First and foremost, if this type of injury happens to your child, their CNS (central nervous system) status must be addressed! Often these injuries occur due to a fall, blow to the head or other accidents that may cause loss of consciousness, dizziness, disorientation and/or nausea. In this case the child must be evaluated for a concussion and/or any other head or body harm. This concern must take priority over the tooth. Time is of the essence, so even if you need a medical evaluation first, call your dentist on the way to plan an emergency visit. As far as the tooth is concerned, reimplantation (putting the tooth back into its original place) as soon as possible is vital to a better prognosis/future outcome, preferably within the first hour. Unfortunately, that may not always be possible with an ER or pediatrician's visit taking place first. If



Avulsed tooth.



Tooth re-implanted with splint within one hour of injury.



Tooth after one year, still being monitored closely.

you feel comfortable doing so, you can reimplant the tooth. DO NOT scrub or rinse or dry the tooth as this removes important regenerative cells still attached to the tooth – simply place it back into the original position as best you can. If you cannot do this, place the tooth in cold milk as soon as possible so we, the nearest dentist, pediatrician, or emergency room doctor can reimplant the tooth and stabilize it with a splint.

If the tooth is out of the mouth for longer than 1-2 hours before it is reimplanted, root canal treatment will likely be needed. In addition to seeing a pediatric dentist, a team approach to treating the tooth will likely be needed. Depending upon the time the tooth was out of the mouth and other testing and x-ray results, the tooth may require treatment from an endodontist (root canal specialist). An orthodontist, and possibly an oral surgeon and/or a periodontist (gum specialist) may also need to be consulted. With quick treatment and good follow-up the odds of saving the tooth are greatest. However, even with the best techniques and interventions, sometimes the child can still lose the tooth. But, with good care and planning for cosmetics, the future can still hold a good result with an implant when the child is fully grown.

Even small bumps and fractures to permanent teeth can cause problems such as a discolored tooth or the need for root canal treatment. However, timing of a dental visit after this type of injury is not as crucial. If no pulp/nerve exposure from a tooth fracture occurred, having your child seen by a dentist within 24-48 hours for an initial baseline evaluation of the injury is important. If a nerve was exposed (you can tell if you see red or blood coming from the tooth – not the gum) or your child is in a lot of pain due to sensitivity, they may need to be seen as soon as possible to begin a sedative treatment. Again the prognosis or outlook of these injured teeth is guarded and will need to be followed closely over the months and years to come.

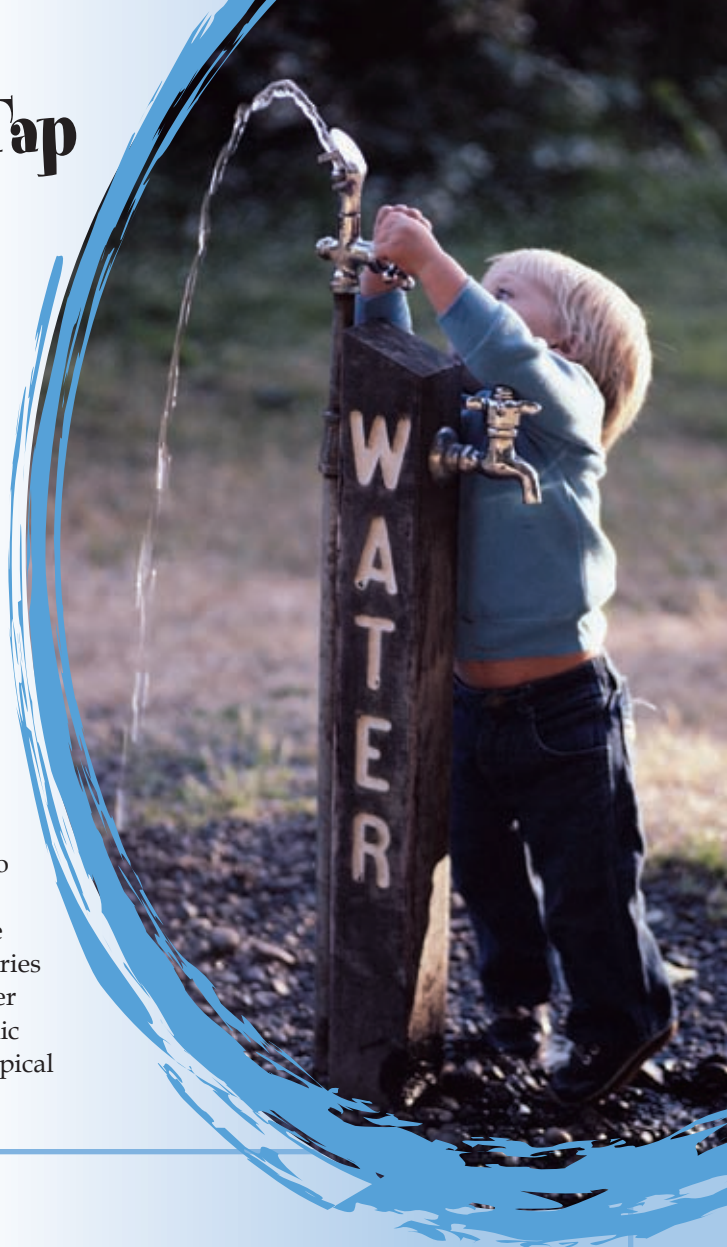
# Turning Away From The Tap

## Bottled water may reduce fluoride and increase cavities

The connection between healthy teeth and fluoride has been carefully studied and researched. People who have used fluoridated water since birth have 60-70% fewer cavities and a lot less decay in their permanent teeth. Although most of us view bottled water as a healthy alternative to chemically treated water from municipal reservoirs, we could be losing a major source of fluoride. Fluoride is added to the water supply of many communities and has been proven to be safe and effective in preventing tooth decay. Fluoride becomes incorporated into the enamel of growing teeth, making them far less prone to dental decay, and helps reduce cavities in adult teeth by making the tooth structure stronger.

While fluoride levels in tap water are carefully monitored, suppliers of bottled water are not required to list the amount of fluoride contained in their product. Some brands contain no fluoride, some have fluoride occurring naturally, and other bottlers add unspecified amounts of fluoride to their water. The optimum level of fluoride in water in a moderate climate is 1 part per million (ppm). In warmer or colder climates, the amount can be adjusted from 0.6 ppm to 1.2 ppm.

If your children drink bottled water frequently, their fluoride intake could be compromised particularly if they are at high risk for dental caries (cavities). Please let us know if this is the case. We may want to consider specifically buying bottled water that contains fluoride or other systemic (ingested) sources of fluoride such as prescription fluoride tablets or topical forms such as rinses, prescription toothpastes or gels.



## Fluoride Rinses

At *Dentistry for Kids*, we keep several types of fluoride products in our office as a convenience to our patients. Since we purchase them in bulk we are usually able to sell these products at a lower cost than retail.

For those patients who do not have fluoride in their drinking water we offer systemic prescription fluoride tablets and drops in our office for your convenience. In addition, we carry Just For Kids, a prescription fluoride gel only available through a dentist, with stannous fluoride as the active ingredient. Just For Kids is more potent than over-the-counter toothpaste and helps reduce gum inflammation. Not every child needs this type of product, but some children can benefit from an additional topical fluoride. We strongly recommend that all patients undergoing orthodontic treatment be on some type of fluoride rinse or gel.

We also carry two different rinses: *Colgate® Phos Flur® Rinse* and *PerioMed™*. Phos Flur Rinse is primarily used for children with orthodontic appliances (braces). It is similar to the over-the-counter (OTC) *ACT®* rinse, however, the fluoride concentration is higher.

PerioMed is also a stannous fluoride product that is used to prevent decay and/or decrease gum inflammation. It also has a much higher fluoride content than an OTC product. This is mainly used for older children/teens, and is dispensed on a very selective basis. These products are all safe for children.

We get many questions about OTC products, such as *Listerine®*. Listerine is **NOT** recommended for children. If gum inflammation/bleeding while brushing is a concern, please ask the dentist or hygienist to recommend a product that is safe and effective for children. We will be glad to speak with you about your questions or concerns, and would much rather you inquire than use something ineffective or harmful.



Protect Your Teeth!

# Past The Point Of Remineralization

**Demineralized white spot lesions that have become cavities in an 18 month old child**



Intact tooth enamel prevents cavity-causing bacteria from getting into teeth. That's why it's so important to combat demineralization, the loss of essential minerals from tooth enamel. The earliest visible signs are white spots, and later brown spots, then finally, cavities. The enemy is called *Streptococcus mutans*, an oral bacteria that feeds on sugars left in our mouths after eating. Once formed into plaque it produces the acids which demineralize tooth enamel.

Aids to this process include powerful natural acids contained in lemons and other citrus fruits that dissolve the protective covering on your teeth over time. Also, phosphoric acids that are found in many soft drinks and sports drinks are strong enough to dissolve an iron nail!

Saliva naturally buffers and neutralizes some of the acid produced by bacteria, and restocks our mouth with calcium and phosphate, enabling the remineralization (adding back essential minerals) of tooth enamel. It flushes away some of the bacterial acids and it's naturally rich in calcium and phosphate. That means saliva can remineralize teeth, putting those minerals back into enamel where they belong.

When fluoride is added to saliva, the new structure formed on your teeth is actually stronger than calcium and phosphate alone, and is more resistant to future acid attacks. If your water isn't fluoridated, let us know. We can prescribe fluoride gels, mouth rinses, drops, or tablets that will keep your child's teeth strong and resistant to decay.

## Dentistry for Kids

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### Office Hours

Mon-Fri 8:00 am – 5:00 pm\*

Saturday 8:00 am – 1:00 pm\*

\* by appointment

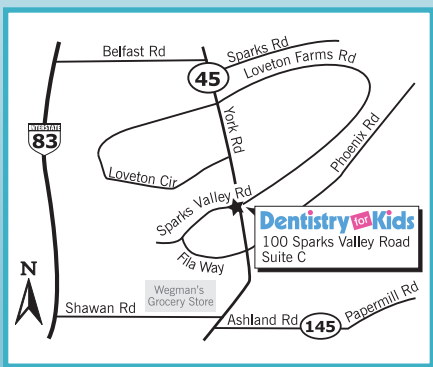
### Contact Information

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## The Cavity Fighter

### Say cheese!

Here's one food that's good for your teeth. It's cheese. If you have a nibble on a nice aged Cheddar or Monterey Jack within the first few minutes of a sugary snack, it can actually protect your teeth from cavities. After eating sweets, the acidity in the mouth begins to rise, making tooth enamel dissolve faster than your body can replenish it. Over time this can lead to cavities!

Eating cheese can slow this cavity-making process. The cheese can actually lower the acid levels in the mouth. It also causes your mouth to water or salivate. Your saliva contains special buffers that neutralize acids to protect teeth from attack. The calcium in a cheesy snack may also help keep tooth enamel strong. So next time your child snacks ... say "cheese!"



## BROWN BAG IT!

**Avoid sticky fruit snacks and dried fruits**



This photo was taken 1 1/2 hours after a fruit snack was eaten!

It seems we're always saying "it's time to get back on track" with exercise, routine, and especially nutritious foods. Give your kids' dental health a big boost by limiting their trips to cafeteria vending machines!

A recent national survey found that 70% of drinks and 80% of snacks in school vending machines were super-sugary and non-nutritional. As well as contributing to obesity, these school snacks are leading to an increase in cavities among children.

You can help give your kids all they need by speaking to school administrators about providing healthy, tooth-friendly snacks. You can also help by packing nutritious lunches and break snacks, and teaching your kids how to choose snacks that will keep their smiles bright. And then, of course, there's always brushing and flossing...