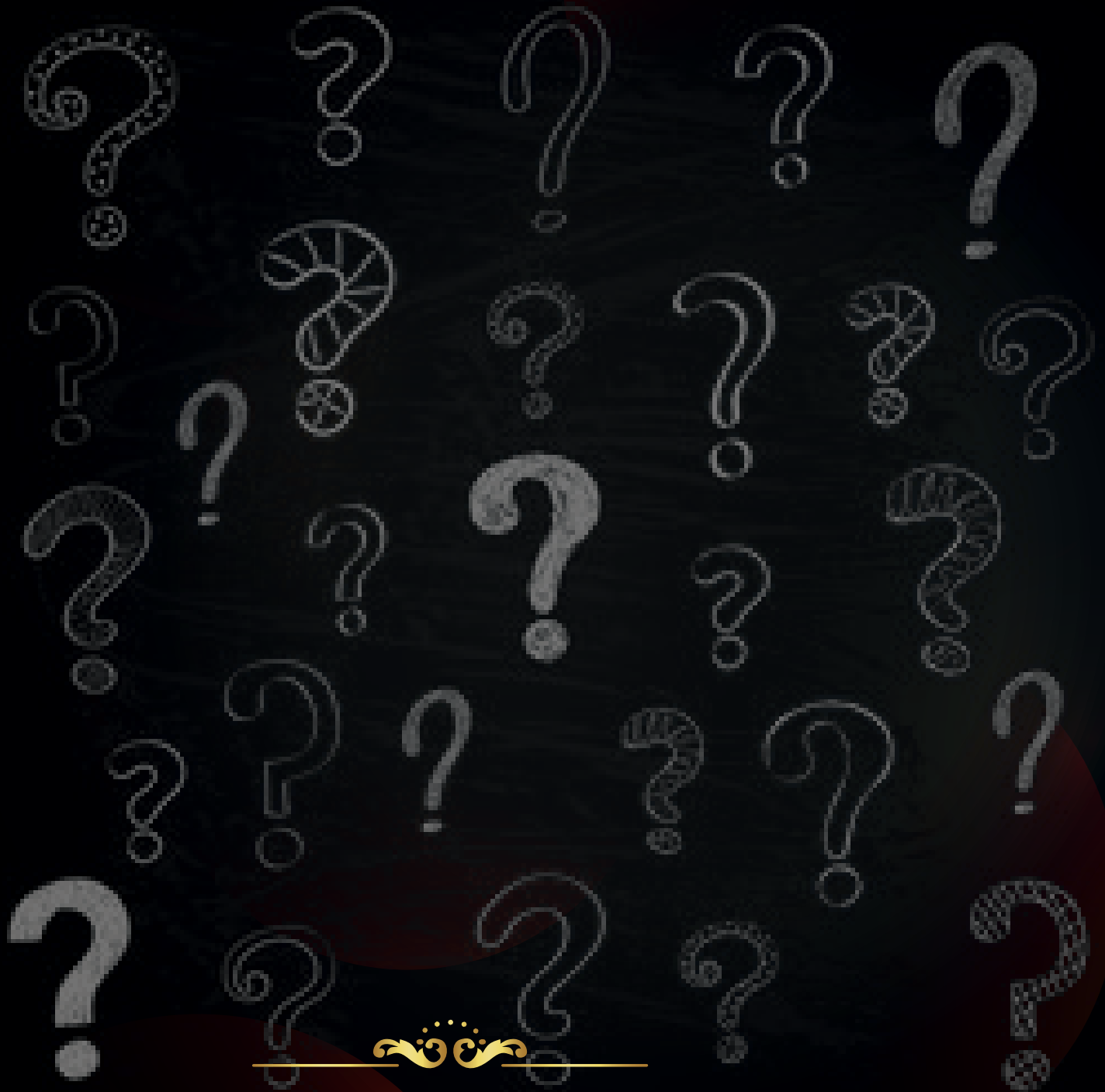




Indian Dentists Alliance in Kuwait

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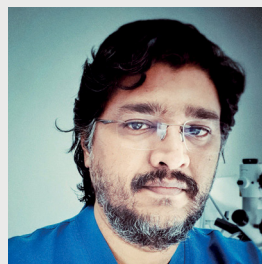
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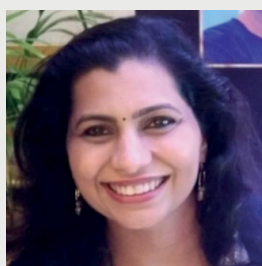
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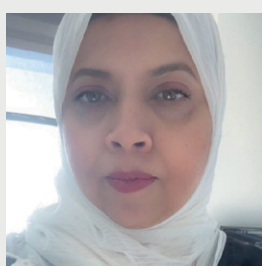
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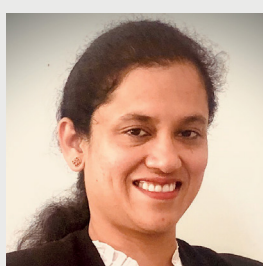
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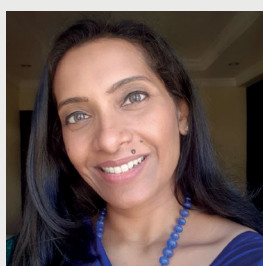
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STENTIONS

ORAL HEALTH TOPICS :

ORAL HYGIENE

BABY TEETH

CROOKED TEETH

ORAL DISEASES

DENTAL X-RAYS

CAVITIES & FILLINGS

ROOT CANAL TREATMENT

GUM PROBLEMS

TOOTH REMOVAL

TOOTH REPLACEMENT



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What type of toothbrush should I use?

- Toothbrushes with soft bristles should be preferred. Medium and firm ones can damage teeth and gums.
- Both powered and manual toothbrushes clean teeth well. Manual brushes with mixed bristle heights or angled bristles clean better than those with all flat, even bristles. Powered toothbrushes may be easier if you have trouble using your hands.
- Use soft pressure, for 2 minutes, two times a day.
- Set a reminder to replace your toothbrush every 3-4 months. Toss it sooner if the bristles look bent or splayed out. Bent bristles don't clean as well. (They're also a sign you may be brushing too hard.)



What type of toothpaste should I use?

- Most toothpastes will clear away bacterial growth and acids from food and drinks.
- Any fluoridated toothpaste will do. The brand is not as important as your brushing technique.
- If cold or hot food or drinks make you cringe, pick a toothpaste for sensitive teeth, and let your dentist know.



Do teeth need fluoride?

Fluoride helps make teeth strong and prevents decay. Kids should use fluoride toothpaste for brushing, taking care not to swallow it. Adults also benefit by using fluoride containing toothpastes.



To overcome toothache, there was a middle age custom to kiss the donkey. Don't do it now! Just visit your dentist.



Do I really need to floss?

Yes! You must floss your teeth daily with dental floss. It clears food and plaque from between teeth and under the gum line. If you don't, plaque hardens into tartar, which forms wedges and widens the space between teeth and gums, causing pockets. Over time, gums pull away and teeth loosen. Either waxed or unwaxed floss will do the job. Using floss picks or interdental brushes is another easy option.



Should I rinse my mouth after brushing?

Answer: NO! No rinsing is required! Spitting out and not rinsing leaves a protective layer of fluoride on your teeth.



TOOTHBRUSH PREFERENCE

Generally, people prefer blue toothbrush over red and white toothbrush.



Does a rinse or mouthwash help?

Mouthwashes for cavity protection, sensitivity, and fresh breath may help when you use them with regular brushing and flossing but not instead of daily cleanings. Your dentist can recommend the best type for you. Kids under 6 should NOT use mouthwash to avoid the chance of them swallowing it.



Why do I need regular dental visits?

Regular mouth examinations by dentists help spot trouble early to prevent bigger and more costly treatments later. You should get an exam every 6 months, or more often if your dentist recommends it. Regular dental visits will help your child overcome anxiety and fear at an early stage.



Are sweets and ice bad for my teeth?

Yes, sweets and foods with acid, like candy and soda, could stick to teeth and lead to cavities. While teeth are strong enough to chew ice and tear open packages, this can break them and stress your jaws. Gritting or grinding down on teeth when you're stressed may crack them.



What Is Tooth Sensitivity and Why Do I Have It?

Patients with tooth sensitivity feel pain when they consume foods or drinks that are hot or cold, sweet, or acidic. Sensitivity happens when tooth enamel, which usually protects the tooth's pulp and dentin, is thinned from repeated exposure to acidity and extreme temperatures. Sensitivity can also occur as a result of:

- Receding gums
- Teeth grinding during sleep
- Chipped or fractured teeth
- Teeth whitening
- Orthodontics and fillings



How can I improve my dental esthetics?

Caps and crowns are restorations which protect the existing tooth structure by surrounding them in a material that looks like a real tooth. Veneers and bonding improve your smile by sticking a layer of smoother and whiter materials like porcelain or resin to the natural tooth. Talk with your dentist about which fix is right for you.



When will my baby get his/her first tooth?

Teething is when your baby's teeth start to come through their gum line. When it comes to teething, all babies are different. Your baby will probably get their first tooth some time during their first year. Some babies are born with their first teeth. Others start teething before they are 4 months old and some after 12 months but most babies start teething at around 6 months.



Milk Teeth – Are they really important?

It is a general misconception that milk teeth are not important, as they are going to fall out anyway. Milk teeth are important. They allow the children to chew, eat a balanced diet, help in speech development and also maintain the space for the permanent teeth.



How can I prevent tooth decay from a bottle or breast feeding?

You can definitely play a role in decreasing your child's risk for baby bottle tooth decay.

- **Encourage your child to drink from a cup as he or she approaches the first birthday.**
- **Children should not fall asleep with a bottle containing anything but water.**
- **At-will nighttime breast-feeding should be avoided after the first primary (baby) teeth begin to erupt.**
- **Drinking juice from a bottle should be avoided. When juice is offered, it should be in a cup.**



How often should I brush my child's teeth?

After each feeding, wipe the baby's gums and teeth with a damp washcloth or gauze pad. The easiest way to do this is to sit down and hold the child in your lap. Gently run your index finger over your baby's gums and teeth. Children and adults should have their teeth brushed at least two times every day.





When should my child begin using toothpaste and how much should we use?

- Gently wipe your child's gum with a soft cloth to remove bacteria even before the tooth erupts.
- Parents should clean the child's teeth with water and a soft-bristled toothbrush until 2 years of age.
- Silicone finger brushes for babies who have started teething are recommended.
- Fluoridated toothpaste should be introduced when a child is two years of age.
- When toothpaste is used after age two, the child should be supervised to make sure he or she uses a smear of toothpaste, just enough to create foam on the toothbrush.
- After age three, a pea-sized amount should be used.



Toothbrush for 0 to 2 years



My baby is 1 yr. old and has no teeth, is it normal?

Yes. Some are late bloomers; such kids will have their first tooth erupt only after 15 months. If even after 16 months, the teeth have not erupted, then you have to consult a pediatric dentist.



My 2 yr. old child is bottle feeding. Is this ok??

Say bye-bye to bottle before your child is 18 months old. It's smart to switch to CUP at this age. Letting a baby go to sleep with bottle is even worse and can boost tooth decay. Prolonged use of bottle is linked to obesity. Kids who were still bottle-fed at age 2 are more likely to be obese by 6 yrs. of age.



My child has spaces in between his milk teeth. Should I be concerned?

It is normal to have spaces in between milk teeth. This reduces the chances of crowding or overlapping of permanent teeth when they erupt.

How often should I visit the dentist and how frequently should fluoride be applied?

A child's first dental visit should be on the child's 1st birthday followed by regular dental checkups every 6 months wherein the fluoride applications can also be done during this 6-month interval.



When will my child start getting his permanent teeth?

It varies from child to child, and within siblings too. So never compare. When in doubt, meet a pediatric dentist. If the child is a late bloomer his permanent teeth eruption will be delayed. In the clinical setting the erupting pattern can be ruled out by taking an X-ray (OPG).



Should my child use an electric /battery toothbrush or just use manual toothbrush?

Each has its own benefits. While using the electric tooth brush the kids are more focused and some brushes have a 2-minute built-in timer so the child will learn the 2-minute duration to brush his teeth. It also vibrates and rotates to help remove plaque buildup from teeth and gums. So, it's fun time for kids which in turn can help accomplish good oral cleaning and set healthy habits.



Even after I brush my child's teeth, why does she still get caries?

Child's enamel is thinner than adults and is easily worn down by plaque and acids. So, check on the following:

- > Frequent snacking and juices should be avoided**
- > Reduce the intake of sugar and shift to healthy diet**
- > Monitor and assist the child in brushing her teeth once daily by one of the parents and make sure she brushes her teeth after every meal.**
- > Check vitamin D levels. If it's below normal range, the tooth gets easily decayed because of the weak enamel.**



What do tooth sealants do?

Sealants protect against cavities that can form in the natural tiny holes and cracks on the outside of teeth. Kids from about 6 to 12 benefit from having sealants painted and hardened onto the chewing surfaces of their back teeth. Adults can get sealants as well to protect teeth that don't have fillings. Dentists or dental assistants put sealants on in an office visit, and it's painless. They last around 2-4 years.



My child has a decayed back tooth. His dentist is recommending nerve treatment. Why can't I get it removed?

If the decay is deep and has extended into the pulp (nerve) of the tooth, nerve treatment is recommended. After the nerve treatment, either tooth colored or stainless-steel crowns will be placed. The last baby tooth is not lost until approximately 12 years of age. The crown provides strength and protection so that the tooth can remain in place and provide space for the permanent teeth to erupt.



My dentist advised dental treatment for my child under "sedation". What is sedation?

Some children may require an extensive amount of dental work or have medical conditions that make multiple dental visits risky. In order to provide a safe and relaxed experience for the child, the dentist may recommend treatment under sedation. The most common form of sedation that is routinely used in office is nitrous oxide (laughing gas) given through a small breathing mask which is placed over the child's nose.



Why does my child grind the teeth in the night?

Few common causes:

Stress and anxiety: Kids respond to stress and anxiety by clenching their jaws and grinding their teeth in the night. So, ensure the child feels calm and relaxed before bedtime.

Bite problems: If your child has improperly aligned teeth, it can create jaw imbalances and contribute to teeth grinding.

Pain: If your child has earache or if he is teething, grinding the teeth may provide them with some relief from pain and discomfort.

The primary cause should be treated. If child continues to brux even after ruling out the above, night-guards can be made for the upper arch, so that direct tooth-to-tooth contact can be avoided, which in turn protects the child's teeth.



What should I do if my child sucks a thumb?

Majority of children suck their thumb or fingers as infants. Most grow out of it by the age of four without causing any permanent damage to teeth. After age 4, the habit should be discouraged. Persistence of a digit/ lip sucking habit can cause teeth to be pushed, create crowded, crooked teeth, or bite problems. Reward children when they refrain from sucking during difficult periods such as when being separated from their parents. If these approaches don't work, remind your child of their habit by bandaging the thumb or putting a sock on the hand at night. Though counseling helps, in many cases, some children may need a habit breaking appliance.



What if my child falls and causes injury to his baby tooth?

1. If the tooth hasn't moved position or is just chipped, check with a pedodontist for an evaluation.
2. If the tooth has moved position and is loose, try and gently reposition the tooth. This will allow the tooth to heal properly. You should visit the dentist to ensure that no other injuries have occurred to the neighboring teeth or jaw.
3. If the tooth is very loose or just barely attached to the gum, DO NOT reposition the tooth.
4. If the tooth completely comes out, DO NOT put tooth back in its socket.
5. Lastly, if you cannot find the tooth at all, two things may have occurred. The child has swallowed it (you will see the tooth in the stool) OR the tooth has been pushed back into the gums. All of these requires a visit to a pediatric dentist for X- rays which are extremely important.



What should I do if my child falls and knocks out a permanent tooth?

The most important thing to do is to remain calm. Then find the tooth. Hold it by the crown rather than the root and place the tooth in a container of milk or egg white or child's saliva. Take your child and the container with the tooth immediately to the pediatric dentist.



My child's teeth are crooked and have spaces. What should I do?

You should take your child to a dentist or an orthodontist.



By simply brushing and flossing your teeth you can help prevent heart disease.



Who is an orthodontist?

Orthodontics is a specialized area of dentistry that uses braces to improve the overall appearance by straightening the teeth. Orthodontic treatment aims to correct the abnormal teeth/jaw position, function. Treatment is carried out by an orthodontist.



Is it always necessary to receive orthodontic treatment?

Orthodontic treatment is not necessary in all cases. But many patients benefit a great deal from orthodontic treatment.



Why should I get my child's crooked teeth straightened?

Orthodontic treatment reduces the chance of injury by treating the protruding front teeth. It helps in improving appearance and maintenance of oral hygiene.



John has 32 Candy bars. Then he eats 18 candy bars.

What does John have now?

CAVITIES...

John has cavities.



At what age should I take my child to the orthodontist?

Ideally, a child should see an orthodontist at around 7-8 years of age to check on the growth and development of jaws. In some cases, orthodontic treatment may be started, if deemed a necessity.



What is the ideal age to start orthodontic treatment?

The most common time to start orthodontic treatment is around 11 to 14 years of age when most of the permanent teeth have come into the mouth.



Can adults get orthodontic treatment?

There is no age limit for orthodontics – it can be done at any time of life. You can never be too old to get treatment.



You brush at night to keep your teeth.

.....

You brush in the morning to keep your Friends.



Can my child get orthodontic treatment without tooth removal just like his friend?

While some patients can be treated without extraction, others might need tooth removal. Your orthodontist will decide the best course of treatment for your child.



What are the types of braces?

There are different types of braces:

1. Fixed braces are attached to the teeth and can be placed either on the front or the back of the teeth. Depending on the type of appliance, the brace can be made of stainless steel, ceramic (tooth colored) or even gold.
2. Functional appliances, usually made of acrylic, are used in children to correct position of the jaws.
3. Invisalign are clear removable aligners that gradually move your teeth until they have straightened into their final position.

Fixed Appliance



Functional Appliance





Can braces be invisible?

Yes, lingual braces are attached to the back of the tooth surface and cannot be seen. Clear braces (Invisalign) are sets of virtually invisible aligners that fit onto teeth without wires or brackets.



Can all cases be treated with invisible braces?

While many cases can be treated with invisible braces, some cases might still require traditional braces at present.



**What was the dentist doing in Panama?
Looking for...the Root Canals!**



How long does orthodontic treatment take?

The duration of treatment depends on the severity of the individual case. Treatment usually takes around 12-18 months; while some cases may last much longer.



My orthodontist says that I need surgery. What kind of surgery is he referring to?

A minor surgery might be needed in certain cases to expose the teeth buried inside the gums/jaws to bring them into alignment. Sometimes, your orthodontist may be referring to a procedure called orthognathic surgery that is performed to reposition the jaw/jaws to achieve proper bite.



How often should I brush my teeth while wearing braces?

It is recommended that you brush your teeth after each meal while wearing braces. Interdental brushes (small brushes to clean underneath the wire and around the braces) should be used every day. The success of your orthodontic treatment depends on maintenance of good oral hygiene.

Interdental Brushes





Can I still play sports?

Yes! You can continue to play sports as normal. An orthodontic mouth guard is recommended when playing contact sports to protect the tissues from injury.



Do I still need to visit the orthodontist while wearing braces?

Yes, it is very important to continue to visit the orthodontist regularly while wearing braces. The majority of patients see their orthodontist every 4-6 weeks, however appointments are scheduled according to the individual needs.



Will the duration of my treatment be prolonged in case I am unable to see my orthodontist on a regular basis?

It is very important that your orthodontist monitors the progress of your treatment. The duration of your treatment may be extended or prolonged if you are unable to see your orthodontist on a regular basis.



What measures can be taken in case of orthodontic emergency?

A) Pain/discomfort from braces:

It's normal to experience discomfort for a day or two after braces are put on or adjusted at future appointments. It's not an emergency, but it can be uncomfortable especially when trying to eat. Eating soft foods for a couple of days may help, including soups, stews, and cheese. Over-the-counter pain relievers like paracetamol or ibuprofen can help as well.



B) Irritation of lips and cheeks from braces:

It may take a little time for your mouth, cheek, lips, and tongue to get used to the feeling of having braces. To help alleviate some of the irritation, you can use orthodontic relief wax. Simply pinch off a small piece and roll it into a tiny ball. Flatten the ball and place it over the area of the braces that is causing the irritation. Dry the bracket with cotton before sticking the wax. If the wax falls off, use a piece of wet cotton wrapped around the offending attachment or even a small piece of an orange peel. You'll eat better, talk better, and feel better just by having a buffer between your braces and your cheek or lip. Fix an appointment with your orthodontist as soon as possible.



C) Mouth sores from braces:

Because of the brackets on traditional braces, you might experience a few mouth sores. These sores may appear inside the cheeks, or on the lips or tongue. They are common, and unfortunately may be rather uncomfortable. Applying a topical anaesthetic like Orabase or Ora-Gel will help you feel better, as well as help the sores heal. Reapply the anaesthetic as often as you need to and be sure to apply it with a cotton swab, so you don't introduce the area to possible infection.

Orthodontic Relief wax





D) Food caught behind braces

Getting food stuck in between your teeth and behind your braces can be a little uncomfortable and even a little embarrassing, but there's an easy fix. Simply tie a small knot in the middle of the floss to help remove the food as you push the floss behind the bracket. You could use a floss threader to make it easier. You can also use an interproximal brush or even a regular toothpick but be gentle as to not hurt your gums or damage the braces.



E) What to do if a bracket ligature comes off?

The ligature is either a tiny rubber band/ wire that's stretched around the bracket. If your rubber ligature comes off, try to put it back in place with sterile tweezers. If the wire ligature is sticking out into your lip but is not loose, you can try to bend it back with a cotton swab.



F) What to do if brackets/bands become loose?

Brackets hold the wire of the braces in place. The brackets can loosen if you bite on hard or sticky foods. The brackets can loosen or break as well if you play sports and get hit in the mouth. It is usually NOT an emergency and can be fixed in your next appointment. However, if it's bothersome, call your orthodontist's office to fix an appointment. Loose bands have the risk of being swallowed. If bands can be removed, remove it with hand or contact an orthodontist as soon as possible.



G) What to do if wires come loose?

The wire is secured to all the brackets and occasionally the end of a wire will work itself out and cause irritation. Gently use a cotton swab or pencil eraser to push the wire back so it's flat against your tooth. If you can't get the wire back to a comfortable position, cover it with relief wax to create a buffer between your braces and the area of your mouth that's irritated.

Foods to avoid	Foods to prefer
<ul style="list-style-type: none"> • Popcorn • Nuts • Sticky and hard candy • Gum • Ice • Banana/ Corn chips • Pretzels • Hard cookies or crackers • Sticky or hard chocolate 	<ul style="list-style-type: none"> • Hull-less popcorn • Yogurt • Bananas, grapes, oranges, strawberries, and other fruits without pits • Light crackers or cookies • Cheese • Mashed potatoes • Peanut butter and jelly • Pasta, cheese, and other noodle dishes

What is a retainer?

An appliance given at the end of orthodontic treatment to maintain the corrected position of teeth. It is definitely indicated in most cases. Some retainers are attached to the back side of teeth, while most are removable.





I have lost my retainer or aligner. Is it possible to get a new one made?

Yes, it is possible to get a new retainer. It is important to get in touch with your orthodontist as soon as possible.



As your Dentist, I must inform you that lying through your teeth does not count as flossing!



**How did the dentist break her mirror?
Acci-DENTAL-ly!**



What is an oral lesion?

An oral lesion is any damage or abnormal change in the mouth, usually caused by disease or injury (trauma).



**What Does the Dentist of the Year receive?
A little plaque**



What do oral lesions look like?

Oral lesions may present as lumps, bumps, little ulcers, or cuts inside or outside mouth and lips.



How can you perform a self-examination for oral lesions?

Examine the interior of your mouth with a magnifying mirror under bright light. To inspect the top, bottom, and sides, stick out your tongue. Examine the areas behind your last teeth and the roof of your mouth (palate). Examine the mouth, gums, and beneath the tongue for any redness, white spots, lacerations, or swellings.



Why are mouth ulcers painful?

Mouth ulcers are breaks in the inside surface of your mouth. Mouth ulcers can be quite painful because nerves are close to the surface of the mouth. This can make eating, drinking and oral care very uncomfortable.



What causes mouth ulcers?

Mouth ulcers are usually caused by:

- accidentally biting your tongue or inside of your cheek
- bumping the inside of the mouth with toothbrush
- a hot liquid/drink that burns the inside of your mouth
- ill-fitting dentures or a tooth with a rough edge
- a food allergy or intolerance
- a virus, such as the herpes simplex virus (cold sore)



How long do mouth ulcers last?

Most mouth ulcers get better on their own within 1 to 2 weeks. Ulcers that last for longer than 3 weeks should be checked by a dentist.



**Why Should You Be Nice to Your Dentist?
Because they have f (ee) lings too.**



I keep getting these painful mouth ulcers with a yellow surface and a reddish ring around it on the inside of my cheeks and sometimes inside my lips or tongue. What is the cure?

Aphthous ulcers, often known as "Canker sores," are the most common types of mouth ulcers, and they can appear alone or in clusters. In most cases, aphthous ulcers are recurring – a condition known as recurrent aphthous stomatitis (RAS) – with each episode lasting 7 to 10 days. Some of the causes include stress, hormonal fluctuations, and vitamin deficiencies. There is no cure, but therapeutic alternatives are available to alleviate pain. It is treated with vitamins, moderate pain relievers, and topical oral anesthetic gel application. It heals in 10–14 days without leaving a scar.





What can I do to help ease the pain?

- To prevent further damage, use a gentle toothbrush.
- Use a warm salt-water mouthwash to rinse your mouth.
- Avoid meals that aggravate the discomfort, such as spicy or acidic foods.
- Eat softer meals that are less likely to aggravate the ulcer.
- Drink cold (not hot) liquids with a straw to avoid touching ulcers (at the front of your mouth).



What medications are available to treat mouth ulcers?

Some of the drugs listed below are available over the counter and do not require a doctor's prescription.

- Antiseptic mouthwashes (such as chlorhexidine) are used to control infection by preventing bacteria buildup.
- Protective pastes (such as Orabase®) operate as a protective coating when applied to the ulcer.
- Local analgesics (pain relievers applied to the area) are available as a mouthwash, spray, gel, or ointment and can provide pain relief to the area in and around the ulcer.



Are mouth ulcers a sign of cancer?

A mouth ulcer that does not clear up is sometimes a sign of oral cancer. However, very few mouth ulcers are a sign of cancer. Mouth ulcers associated with cancer are generally single rather than in clusters and appear without any apparent cause. If a mouth ulcer persists longer than three weeks and/or does not respond to treatment, the affected person should see a doctor.



I noticed a white line that runs in the middle of the inside of my cheeks. Should I be concerned?

The whitish line is a common lesion that develops as a reaction to pressure or irritation of the soft tissue against the teeth. This readily identifiable lesion is termed linea alba (white line) and has no potential for cancer.





Is it possible for any oral lesion to turn out to be cancer?

The majority of mouth lesions are traumatic in nature and have no cancerous potential. However, certain oral lesions have an appearance that may cause the dentist to be suspicious. Many lesions are harmless and can be easily recognized and labeled based just on their appearance. Some lesions, however, are more difficult to recognize and may need further diagnostic procedures, such as a biopsy (removal of a portion of the lesion to examine under a microscope). Some of these lesions may be precancerous or even cancerous.



What are precancerous lesions?

Premalignant or precancerous oral lesions (potentially malignant) involve the reddish pink lining of the mouth (known as the epithelium) and may be at risk of developing (transforming into) an oral cancer, although it is impossible to predict which lesions will transform and how long it will take.



What should you consider as warning signs?

- A mouth sore that doesn't heal for more than two weeks
- Persistent pain and soreness in mouth
- A lump or thickening in the cheek
- A white or red patch or ulcers on the gums, tongue, tonsil or lining of the mouth that do not go away
- A sore throat or persistent feeling that something is caught in the throat
- Numbness of tongue or other areas of the mouth
- Difficulty in swallowing or chewing
- Limited mouth opening
- Pain in teeth or jaws
- Voice changes
- Loosening of teeth
- Jaw swellings that cause dentures to become loose



How is the diagnosis made?

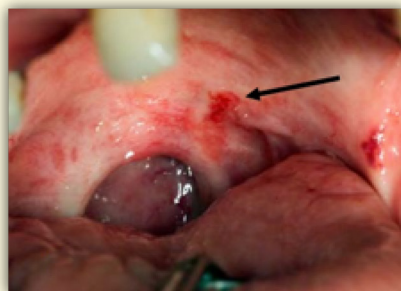
- **Biopsy:** A small piece of the lesion is removed under local anesthesia and submitted to a pathologist for microscopic examination.
- **Staining:** The area in your mouth around the lesion may be stained with a special dye. The dye binds to precancerous and cancerous cells, staining only these cells. After a few hours, the colour from the dye will disappear.
- **Cytology:** Your dental professional may scrape the surface of the lesion to obtain cells. The cells are then sent to a lab and checked for cancer.



Which oral lesions might raise suspicion?

Patches that are, red, white, or mixed red/white in color, or that may also be ulcerated (i.e., an area where the lining epithelium is lost), especially when found on “high-risk” sites such as the side, underside of the tongue, floor of mouth, or at the back of mouth/top of the throat.

A white patch that cannot be wiped off with gauze and for which an explanation is not obvious to the dentist, reddish patches with no obvious cause and mixed red and white areas. Lesions with a red component carry the highest potential for being premalignant or becoming malignant. Some dentists use extra diagnostic techniques to search for and define suspicious lesions (known as diagnostic adjuncts). It is critical to acquire an appropriate diagnosis for all suspicious lesions.





What will happen if I miss these lesions during my self-examination?

Routine oral screenings with a dentist are the only way to catch such lesions early and treat them. Oral screenings are a part of routine dental check-up and takes less than 10 minutes. It is important to get screenings done, at least twice a year.



If I quit smoking, will the lesions disappear?

Many lesions do improve and, in some cases, may even disappear. It is certainly desirable to stop smoking for many health reasons. Even after you stop smoking, you are still at risk for oral premalignant lesions, although your risk will decrease over time.



How to reduce the risk of oral cancer and pre-cancer?

- Quit tobacco. About 90% of people with oral cancer use tobacco (smoking or chewing), and their risk increases with the amount and length of time they use.
- Protect yourself against HPV.

There is a dramatic rise in oropharyngeal cancer, or cancer in the tonsil and base of tongue associated with the human papilloma virus (HPV). You can't see this area yourself, so finding it requires an exam from an ear, nose, and throat physician. HPV is a sexually transmitted disease and is preventable with a vaccine and/or appropriate safe sex precautions, depending on one's age.
- Drink alcohol in moderation. Though less a risk factor than those above, alcohol use can also increase your risk of oral cancers.
- Limit time in the sun. Protect your lips with sunscreen. Use sunscreen to protect your lips. You should wear a hat .
- Oral hygiene is important. In addition to getting your teeth checked twice a year, maintain proper oral hygiene at home by brushing twice a day and flossing once a day.
- Include a healthy diet: A diet rich in water, vegetables, whole grains, fruits, and lean protein.



My breath smells bad. What should I do?

Fresh breath is a sign of a healthy mouth, and a healthy mouth is often a good indication of your overall health. However, bad breath is a common complaint and could be due to several causes. These quick and easy steps can help fight bad breath. Remember to brush your teeth twice a day, floss daily, clean your tongue, incorporate an antibacterial mouthwash to your oral hygiene regimen for that extra fresh breath. Drink more water; it's good for your entire body too and try avoiding foods like raw onions and garlic that cause bad breath. If the bad breath persists, it is advisable to consult your dentist for further evaluation.



My mouth feels dry frequently no matter how much ever water I drink. What should I do?

Dry mouth, or xerostomia, refers to a condition in which the salivary glands in your mouth don't make enough saliva to keep your mouth wet. Dry mouth is often due to the side effect of certain medications or aging issues or because of radiation therapy for cancer. The best way to treat dry mouth depends on the cause. You can do some things to relieve dry mouth temporarily. But for the best long-term dry mouth remedy, you need to address its cause.

- Chew sugar-free gum or suck on sugar-free hard candies.
- Limit your caffeine intake.
- Avoid mouthwashes that contain alcohol.
- Stop all tobacco use if you smoke or chew tobacco.
- Sip water regularly.
- Try over-the-counter saliva substitutes - look for products containing xylitol, such as moisturizing mouth sprays.
- Try a mouthwash designed for dry mouth - especially one that contains xylitol.
- Avoid using over-the-counter antihistamines and decongestants because they can make your symptoms worse.
- Breathe through your nose, not your mouth.
- Add moisture to the air at night with a room humidifier.



Toddlers and school aged children demonstrate 1-2 days of fever and sore throat followed by outbreak of painful vesicles on the buccal mucosa and tongue. The vesicles are also found in the palms, soles, extremities, and buttocks area. Should the parents be worried?

Hand, Foot, and Mouth Disease is common in toddlers and school aged children. It usually resolves within 2-3 day without complication, treatment is supportive.

Image: Hand, foot, and mouth Disease



Long term smoker describes an abnormal dark furry painless coating on the surface of the tongue. Is it because of his habit?

This condition is described as hairy tongue. It occurs most often among heavy smokers, and it also may be associated with poor oral hygiene, oxidizing mouthwashes, Candida albicans—a common fungus that lives in the mouth, and certain medications. Like skin cells, the cells on your tongue called papillae have a life cycle that allows them to grow, serve their purpose, and then fall off. For people with hairy tongue, these cells grow longer instead of falling off. As they grow, they begin collecting debris like bacteria and food which could lead to discoloration as well. The elongated papillae begin to look like hair. Hairy tongue is often temporary and usually quite harmless. When predisposing variables are eliminated and frequent tongue cleaning with a soft toothbrush or tongue scraper is practiced, the majority of cases improve.



Image: Hairy tongue



An abnormally painless smooth, dark pink, or red flat area seen on the mid tongue associated with burning sensation while eating. Is it cancer?

Median rhomboid glossitis is a roughly symmetric, asymptomatic red lesion involving the midline of the upper surface of tongue. Median rhomboid glossitis is believed to be caused by a chronic fungal infection related to the candida group of microorganisms. The diagnosis is mainly based on clinical examination. However, if there is any suspicion, a biopsy may be recommended.



My child frequently gets a reddish-blue translucent bubble inside his lip. What could it be?

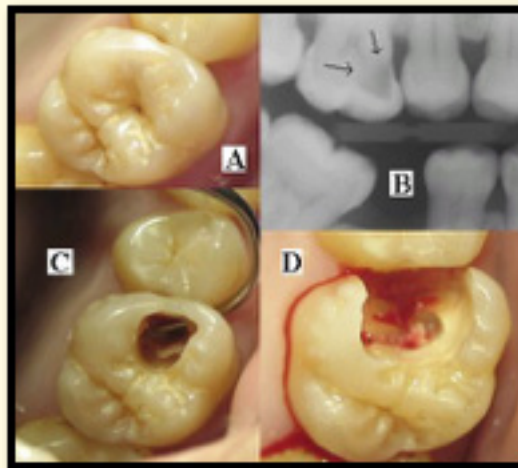
It is most probably a mucocoele. Mucocoeles show up on the inside of your lower lips, gums, the roof of mouth, or under tongue. They are movable and painless, soft, round, dome-shaped and blue in color. They mostly occur due to injury to the salivary ducts (tiny tubes that carry saliva from glands into your mouth). Mucous saliva seeps out, pools, becomes walled off, and causes the nodule. Mucocoeles often go away without treatment. But sometimes they enlarge. Do not try to open or treat it by yourself. Instead, visit your dentist for professional assistance.





Why do dentists need x-rays?

Dentists perform x-rays to check for problems with the teeth, mouth, and jaws. Problems can include tooth decay, impacted teeth, abscesses, cysts or tumors, bone damage within the jaw and injuries like broken roots. X-rays can find these problems early, possibly before symptoms are even present. Without x-rays, dentists can easily miss early stages of oral problems, including decay between the teeth.



This preoperative picture of tooth (A) shows no clinically visible decay, except for a little area on the chewing surface. An explorer, in fact, could not identify the decay.

However, radiographic examination (B) revealed a large area of demineralization inside the dentin (arrows).

When the enamel overlying the decay was removed, (C), a big depression was seen within the crown (at the side) large enough to enable the tip of the explorer to pass through, indicating the decay to be highly contagious.

After removing all of the decay, (D), the pulp was revealed, and the bulk of the crown was either missing or poorly supportive.



What are the different kinds of X-rays?

Bitewing x-rays: These x-rays are utilized during check-ups to look for tooth decay, bone loss, and severe gum disease since they show the upper and lower teeth in one view.

- **Panoramic x-rays:** This form of x-ray provides a comprehensive view of the upper and lower jaw. Panoramic x-rays are used to detect bone abnormalities, cysts, infections, fractures, and malignancies, and will include the jaw, teeth, and sinuses.
- **Periapical x-rays:** These x-rays detect abnormalities beneath the gum line, such as impacted teeth, cysts, tumors, and abscesses. A periapical x-ray will catch the whole tooth from the surface to below the root. These x-rays are routinely taken on a patient's initial visit.
- **Occlusal x-rays:** These pictures are larger than normal x-rays and provide an excellent view of the roof and floor of the mouth. They will aid in the detection of foreign objects, extra teeth, jaw fractures, and cleft palates.

Bitewing x-ray



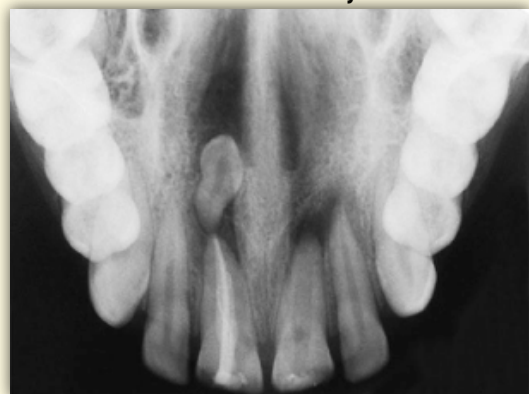
Panoramic x-ray



Periapical x-ray



Occlusal x-ray





Are dental X-rays safe and necessary?

Medical and dental specialists have investigated the usage of X-rays and established safety guidelines. Your dentist should only take as many as required.

X-rays are often done as part of a standard initial appointment after a period of not visiting a dentist. This aids in the examination of tooth and gum health. If you have gum disease, your dentist may want to see you every 6 months for follow-up radiographs. Regular check-ups are recommended every two years, depending on your dentist's plan.

Because children's teeth are changing and they develop cavities more easily, they require more X-rays than adults.



Should I Be Worried About Radiation?

This is a concern for many patients, although the amount of radiation involved in dental x-rays is minimal and patients are provided with appropriate protections, including a lead-lined apron to cover regions of the body that could be subjected to x-rays. Plus, you'll only receive x-rays when absolutely necessary.



How much radiation is in dental x-rays?

Until date, dental X-rays has been one of the minimum radiation-dose procedures performed in modern medicine. A routine exam with four bitewings transmits about 0.005 millisieverts (mSv), which is very similar to the amount of radiation a person would be exposed to during a plane flight of one to two hours.

On average, your body is exposed to 3.1 mSv of natural radiation alone per year. At 0.005 mSv, the radiation you receive from the dental x-ray is less than 1.6% of your daily background radiation exposure. You are exposed to the same level of radiation just from sunlight each day.



How many dental x-rays are safe per year?

While there's no magic number of how many X-rays are safe in each year, the American College of Radiology recommends limiting lifetime diagnostic radiation exposure to 100 mSv, which is the equivalent to about 10,000 chest X-rays, but only 25 chest CT scans.



How should I be prepared for dental X-rays?

Dental X-rays require no special preparation. The only thing you'll want to do is brush your teeth before your appointment. That creates a more hygienic environment for those working inside your mouth. X-rays are usually done before cleanings. At the dentist's office, you'll sit in a chair with a lead vest across your chest and lap. The X-ray machine is placed next to your head to capture images of your mouth.



Who should hold the film during dental radiography?

A member of the dental staff should not hold the film in their hands. It should be held by the patient if required, but only if it cannot be kept in position otherwise.



The case of the Pizza Palate.

There is an actual term for the effect that happens when you eat hot foods and burn the roof of your mouth.



Who may be present in the room during radiographic exposure?

Only the dental radiology technician and the patient are present in the x-ray room to minimize unwanted exposure. Dentists / dental radiographers / assisting person who are present should wear a protective lead apron and be situated behind a shield that allows them to see the patient; if not, they should stay at least 2 meters away from the patient to avoid getting exposed to scattered radiation (i.e., the patients head).



Should patients and caregivers wear personal protective devices during a dental radiographic procedure?

1. Thyroid collars should be worn during any examination in which the thyroid may be subjected to x-rays.
2. There is no need for the patient to wear lead aprons in dental radiology if the equipment and procedures are well-designed and optimized.
3. Lead aprons may offer some protection, particularly in a pregnant or possibly pregnant patient.
4. A lead apron must be worn by anybody who is required to support a patient throughout the radiography operation. Adults in this situation should be positioned such that no part of their body is in the principal x-ray beam.



Recent advancements

Your dentist may be utilizing or will soon be using a modern dental X-ray method. It's known as digital imaging. Instead of processing X-ray film in a dark room, the X-rays are delivered immediately to a computer and may be seen on screen, saved, or printed out. There are various advantages to employing this new technology:

- The procedure utilizes less radiation than traditional X-rays and there is no waiting period for the X-rays to form.
- The image captured, for example, of a tooth, may be improved and magnified several times its true size on the computer screen, making it simpler for your dentist to show you where and what the problem is.
- If necessary, photos can be electronically shared to another dentist or specialist – for example, for a second opinion on a dental condition – to assess whether a specialist is required, or to a new dentist (if you move).
- In a method known as subtraction radiography, software installed on a computer can assist dentists in digitally comparing current photos to prior ones. Using this approach, everything that is the same between two images is "subtracted" from the image, leaving just the area that is different. This allows dentists to quickly detect even the smallest alterations that would otherwise go unnoticed by the naked eye.





What are the recommendations and safety measures for children undergoing dental radiography?

Many actions are like those recommended in adult procedures. Although radiation exposure arising from dental radiology is low, a child may undergo repeated procedures during childhood and adolescence. Therefore, the accumulated effect of the radiation exposure should be taken into consideration. The salivary and the thyroid glands are among the organs at risk in dental radiology. Since the thyroid is one of the most radiosensitive organs in children, it is necessary to shield it from ionizing radiation.



Is it a good idea to monitor the dental development of children using a panoramic radiograph?

No, there is no justification for this routine practice. Radiography may be required when a clinical examination suggests the presence of an abnormality, or when interceptive and active orthodontic treatment is being considered.



Are there any specific conditions which I need to inform the dentist before a dental x-ray?

Dental professionals abide by strict safety guidelines to minimize a patient's exposure to radiation. That said, if you have a pre-existing medical condition or are undergoing cancer treatment, tell your dentist before your exam.



I think I might be pregnant. Should I inform the dentist before a dental x-ray?

Research has affirmed that dental X-rays are safe for pregnant women and their fetuses. Before having an X-ray, tell your doctor if you are or might be pregnant. Depending on the circumstances, it might be possible to postpone the X-ray or modify it to reduce the amount of radiation. Furthermore, if you have a child who requires an X-ray, do not hold your child during the treatment if you are or may be pregnant. Speak with your health care practitioner if you received a diagnostic X-ray before discovering you were pregnant.



What is a cavity?

A cavity develops when a tooth decays or breaks down. Cavities are caused by the bacteria that live in your mouth. These bacteria take the sugars in your food and turn it into acid. Over time, the acid works its way through your tooth's protective enamel and creates holes. A cavity is a hole that can grow bigger and deeper over time. Cavities are also called dental caries .

If you have a cavity, it's important to get it repaired by the dentist as soon as possible.



How can I tell if I have a cavity?

Some of the most common signs of tooth decay include:

- Sensitivity to hot and cold food
- Lingering sensitivity to sweets
- Toothache
- Noticeable pits or holes in teeth
- Black, brown or white spots on teeth
- Pain when biting or chewing on a certain tooth
- Food getting stuck in certain areas of teeth
- Floss that keeps getting shredded in between certain teeth
- An X-ray showing decay under the surface of a tooth



Is dental decay hereditary?

It is a common misconception that tooth decay is hereditary. Usually, lifestyle habits, including dental habits are passed down from parents to children. If a parent has suffered a lot of tooth decay, this is most likely to be due to lifestyle factors such as a diet that's high in sugar. Therefore, their children are more likely to also eat a high-sugar diet and then suffer tooth decay themselves.



How can I prevent tooth decay?

- Visit your dentist every 6 months for regular cleaning and examination.
- Brush your teeth twice a day.
- Regular flossing
- Limit sugary foods & drinks.
- Invest in Dental Sealants.



How can a tooth decay be treated?

The type of treatment for a patient who is diagnosed with a tooth decay depends on the extent and depth of the cavity within the tooth. For example, a smaller cavity, often, only requires the removal of the decayed area and placement of a dental filling to restore the tooth. If the patient has a larger cavity, all of the decay will be removed, and then a stronger restoration option will be used such as onlays or dental crowns (ceramic). If the cavity has spread into the pulp of the tooth, it will be necessary to perform a root canal treatment (RCT) in order to save the tooth.



How are dental fillings done?

If the cavity is not deep, a dental filling is a simple and straightforward procedure.

- You will be given a local anesthetic to numb your tooth.
- Then the decayed tooth material is removed from your tooth.
- Then the dentist will place the filling material.



Are dental fillings safe?

All filling materials must be approved by the FDA in order to be used as a restorative product.



An average person spends 38.5 days brushing their teeth over their lifetime



What are the most common types of dental fillings?

- Composite (Tooth colored) filling
- Dental amalgam filling
- Ceramic filling
- Glass ionomer filling
- Gold filling



What are dental amalgam (silver) fillings?

Dental amalgam is an alloy, a blend of different metals that include silver, tin, copper and liquid mercury. Dental amalgam (Silver) is the most commonly used filling material and has been used by dentists extensively since the early 1800s.



Are tooth-colored fillings safer than silver fillings?

No! Both are considered safe based on the most reliable and latest scientific evidence. However, tooth-colored fillings require less removal of healthy tooth structure as opposed to silver fillings. This is because, in order to fill a tooth with amalgam, it is necessary to create indentations in the tooth called 'undercuts' to hold the amalgam in and therefore requires more removal of healthy tooth structure. But, in case of a tooth-colored filling, only the decayed part of the tooth needs to be removed to place the filling.



Are there any concerns regarding the use of dental amalgam?

- Majority of evidence shows exposure to mercury from dental amalgam does not lead to negative health effects in general population.
- But if you fall into any of the high-risk population listed below, FDA advises the use of non-amalgam fillings.
 - Pregnant women
 - Kids lesser than 6 years
 - Those with preexisting neurological disorders.
 - Those with impaired kidney function.
 - Those who have allergy to mercury or other components of dental amalgam.



Should I replace the existing amalgam restorations in my mouth?

- FDA does not recommend anyone to remove or replace existing amalgam fillings in good condition unless it is considered medically necessary.
- Removing intact amalgam fillings result in unnecessary loss of tooth structure and a temporary increase in exposure due to additional mercury vapors released during the process of removal of the filling.



Can the composite fillings discolor with time?

- Composite fillings can get rougher and the edges can become more noticeable over time.
- They don't stain easily but, with time, staining foods and drinks can make them stand out.



Does it hurt while doing dental fillings?

During the procedure you will be given a local anesthetic to numb the tooth and the surrounding area. Hence, no pain is expected during the procedure.



Does it hurt after a dental filling?

- **Tooth pain or sensitivity after a filling is expected. A tooth that has just had a filling will be more sensitive to hot and cold temperatures as well as the pressure of biting and chewing. This type of pain should resolve itself within a week or two after the filling. If the pain or discomfort does not go away in a reasonable amount of time, contact your dentist. In the meantime, be aware and be gentle with your tooth as it heals.**
- **Pain can also be caused by a filling that is not fitting properly or if it has developed cracks. If you suspect this could be happening, contact the dentist as soon as possible.**



Do dental fillings need to be replaced?

Dental fillings are expected to last many years. Over time, pressure from constant chewing and biting can cause a filling to chip, crack or begin to wear away allowing bacteria to enter the small spaces between the filling and the tooth. If you notice that any filling appears to be worn out or cracked, or if you experience pain or sensitivity around a filling, let your dentist know. He will decide if your filling needs to be replaced.



How long will the dental fillings last?

Fillings can last for five to ten years or longer before they need to be replaced.



Giraffes have 32 teeth, the same number as humans!



Can a chipped tooth be repaired with a filling material?

Yes! A chipped tooth can be saved using crowns, composites or veneers



How can chipped tooth be restored with composites?

Composite bonding involves applying a tooth-colored composite resin material to the surface of the teeth and molding it to look like natural teeth.



What are dental veneers?

Dental veneers are wafer-thin tooth colored porcelain shells that are bonded on the surface of the teeth to hide flaws like chipped teeth



What are dental crowns?

Crowns fit like a cap over your existing tooth and become your tooth's outer surface.



My teeth are yellowish & I want to whiten them? What is teeth whitening?

Teeth Whitening systems are specially formulated step-by-step processes for whitening your teeth that can be done in the comfort of your home or done professionally by your dentist in their clinic. Each system has its own unique sequence of steps to perform and apply to your teeth to get whiter teeth. There are a number of recognized brands in teeth whitening systems. Depending on your individual need, your dentist may be able to advise you on the risks and benefits of each one.



What are my options for teeth whitening?

There are various ways to whiten your teeth, beginning with whitening toothpastes that can remove surface stains as they occur from food to coffee to smoking and ending with light-activated teeth whitening techniques conducted at the dental clinic which can produce dramatic improvements.

Tooth whitening work either through bleaching or non-bleaching methods:

- Teeth bleaching changes the natural tooth color with bleaches that contain, most often, hydrogen peroxide or carbamide peroxide in concentrations of between 10 to 20 per cent. These bleaches remove both surface and deep stains on your teeth.
- Non-bleaching teeth whitening methods use physical action to remove stains. You may be surprised to know that whitening toothpastes fall into this category. These whitening toothpastes have polishing agents (abrasives) that lift/scrub the stains from teeth.

The professional cleaning performed by your dentist also uses polishing and abrasion to remove most stains caused by tobacco and food.



How can I whiten my teeth with bleaching products?

You can whiten your teeth at home with teeth bleaching products that you can buy from the pharmacy. These products range from a boil and bite tray that helps immerse the teeth in the bleach, to a whitening gel you can apply with a brush or whitening strips you stick to your teeth. Another type of home bleaching is to get a custom mouthpiece molded by your dentist, which you either wear for a couple of hours a day or overnight for a prescribed period (usually two weeks). As with all bleaching approaches, the stains will likely reappear. When you notice the stains beginning to appear again, you simply use the mouthpiece for a night or two to get the stains off.

Another option available is done at the dental clinic where a light-activated whitening session produces dramatically whiter teeth. This approach is the most effective, if suitable for your teeth. You might have to repeat the procedure after a year or so.



What is root canal treatment?

When a tooth is extensively decayed and the damage involves the pulp (nerves and blood vessels) deep within the tooth, root canal treatment needs to be performed to save the tooth structure.

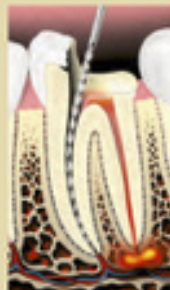
- During root canal treatment, local anesthesia is given to numb the tooth. The dentist drills into the tooth and removes the necrotic (dead) or diseased tissue and bacteria inside the root of the tooth. This procedure is called pulpectomy.
- The next step is cleaning and shaping of the root canals.
- The space left after cleaning is filled with an inert filling material in order to prevent future leakage of bacteria into the void from saliva.
- After cleaning and filling, a new filling and crown will be placed.

Endodontic (Root Canal) Treatment

STEPS OF ROOT CANAL TREATMENT



Tooth decay can cause an abscess (infection).



The decay is removed and an opening is made through the crown of the tooth into the pulp chamber.



The pulp is removed, and the root canals are cleaned and shaped.



The root canals and pulp chamber are filled.



A metal or plastic rod or post may be placed in the root canal to help retain the core (filling) material, which supports the restoration (crown).



The crown of the tooth is then restored. If bone is lost due to infection at the root tip, this will heal over several months after the root canal is cleaned and sealed.



Is root canal treatment painful during or after treatment?

This is probably the biggest misconception about root canal treatment. With modern tools and approaches to dentistry, this procedure need not be a nightmare you imagine it to be. It is infinitely preferable to save and keep a tooth than to lose the same. Local anesthetic effectively numbs the tooth so that the treatment may be completed painlessly. After treatment, patient may experience mild to moderate pain for a few days, which can be well managed with help of painkillers.



Can root canal treatment be initiated at any age?

Root canal treatment can be initiated at any age depending on whether the tooth is salvageable or not.



Saliva prevents tooth decay! We produce 100,000 gallons of saliva in a lifetime which helps us prevent tooth decay.



Is a crown mandatory for all root canal-treated teeth?

After a root canal treatment, the tooth becomes weakened and needs to be protected. This is why it's necessary, especially for your back teeth, to have a dental crown placed on the treated tooth, preferably within a month.



Can I go to school or work after getting a root canal treatment?

Although you will most likely be numb for 2-4 hours following the procedure, most patients are able to return to school or work directly following a root canal treatment. However, it is advised against eating until the numbness is completely gone.



Can I brush my teeth after the root canal treatment?

Brushing and flossing should not be avoided after a root canal treatment; this could lead to further dental issues. However, you should be careful while brushing and flossing after RCT, to avoid irritating your tooth. Make sure that you do not exert excess pressure on your tooth while brushing. You should also be careful not to dislodge the temporary filling, which would have been placed in your tooth after the RCT prior to the crown.



Will a root canal-treated tooth perform the same as a normal tooth?

After having a root canal, it is extremely important to make a follow-up appointment with your dentist to have the tooth permanently restored. After the pulp of the tooth has been removed, the tooth can become very dry and brittle. Having a permanent restoration will help protect your tooth from fracturing.

Once the tooth is properly restored it is vital to maintain good oral hygiene and visit your dentist for regular checkups.

With proper care, even teeth that have had root canal treatment can last a lifetime.



Can all teeth be root canal treated?

Most teeth can be treated. Occasionally, a tooth can't be saved because the root canals are not accessible, the root is severely fractured, the tooth doesn't have adequate bone support, or the tooth cannot be restored.



Can a root canal treatment fail?

Root canal treatments can fail for a variety of reasons, improper cleaning of canals to begin with, a breakdown of the crown or its inner sealant, or essentially anything that allows the tooth, that previously had a root canal treatment, to become infected.



Does root canal treatment cause cancer?

There is absolutely no evidence that a root canal treatment can cause cancer. In fact, a root canal treatment is the only way to remove an infection from a tooth that could spread and cause serious disease or illness. All claims that root canal treatment can cause cancer or other illnesses are complete myths.



How many visits does a root canal treatment take?

Most root canals can be done in one to two appointments. The first appointment is the procedure itself when the infected pulp is removed. The second (and maybe third) appointment is when the root canal gets cleaned and filled with a crown or other filling to prevent infections. Each appointment lasts roughly 90 minutes each.



Will a tooth turn black after a root canal treatment?

Sometimes after a root canal, the tooth can become slightly discolored or develop spots called intrinsic stains. Luckily, the tooth can be whitened afterward through internal (non-vital) bleaching.



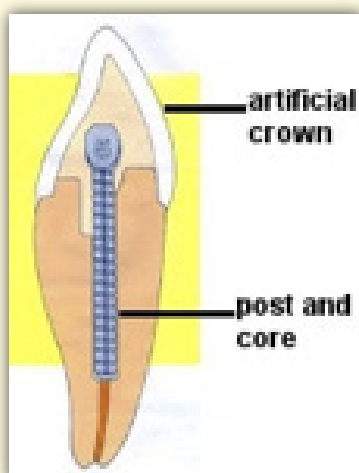
Will I lose my tooth even after proper root canal treatment?

Only a small number of root canals fail. The procedure has a success rate of 86% to 98%, which means only 2-14% fail. With proper oral care, the tooth that is root canal treated can last a lifetime. It is normal to have some discomfort for a few days after your root canal treatment. Although, if you have severe pain that lingers, or if your tooth feels better and later starts hurting again, it may indicate a root canal treatment failure and you may require retreatment of the tooth. This need not indicate that the dentist is at fault.



Do I need a post and crown after the root canal treatment?

After a root canal treatment, your tooth may need to be restored with a crown, after which it will continue to function like a normal tooth. This is advisable because it will help protect your tooth and prevent any future problems like fracture of the tooth or the filling. Sometimes the remaining tooth structure may be already weakened by extensive decay or fractures; in these cases, we may need to place a post inside the root canal and a core material over it to strengthen the remaining tooth and to hold the permanent filling and the crown. Post and core are not required for all the cases, and the choice of material for the post also varies from case to case.





Why do my gums bleed?

Your gums are most likely infected; you need to see a dentist soon, who will clean your teeth and gums, take x-rays, and look for bone loss. The longer you wait, the greater are the chances of your tooth becoming painful and maybe even loose.



I have an odd taste in my mouth since the past few days and my gum feels uncomfortable.

This could be due to many reasons; it could be that food is getting stuck between your teeth and gums because of the way you chew. Sometimes, your gum is infected and there is a space between the tooth and gum which you can't clean with a regular toothbrush. It may have been a long time since you had complete cleaning for your teeth and the plaque has hardened into calculus and needs to be removed by the dentist.



Is food getting stuck between teeth and gums normal?

No, it is not normal if food is getting trapped regularly, especially in deeper areas of your gums or teeth, where floss can't reach. If food stuck in such areas can only be removed with force and is painful, it is time to see a gum specialist /Periodontist.



What can I use instead of toothpicks?

Toothpick is not considered as a tooth cleaning aid, so it should not be used. It can cause more injury to the underlying supporting structures around teeth when forcefully wedged between teeth to remove the food particles. It can even cause vertical /angular type bone loss which can result in increased space between teeth and gums with more food entrapment. Improper use can cause damage to tooth enamel and tooth roots. Periodontists /gum specialists recommend interdental cleaning aids.





What are the different interdental cleaning aids available for oral hygiene home care?

Interdental cleaning helps remove debris and interproximal dental plaque, from these hard-to-reach tooth surfaces and reduce the likelihood of gum disease and tooth decay.

1. Dental Floss

2. Pre-threaded flossers,

3. Interdental brushes are small-headed toothbrushes that are available in a range of different sizes to match the space between teeth.

These interdental aids will be prescribed by your Gum specialist /Periodontist based on the tooth space between teeth.



INTERDENTAL BRUSHES



Why does my tooth look longer than it used to be?

You are most likely suffering from periodontitis, which is a full-blown infection of the gums and the bone surrounding the teeth. Do see a dentist at the earliest, who may recommend cleaning and surgery to remove and or stop the infection from spreading further.



After my dental scaling, it hurts when I drink water or have ice-cream.

Yes, unfortunately it is possible that you have sensitivity after cleaning. But the good news is that it normally goes away after a few days. You could use a desensitizing toothpaste for a few weeks to help it heal faster.

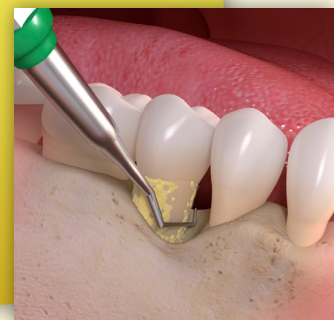


What's the difference between normal teeth cleaning (scaling) and deep cleaning?

While regular cleaning focuses more on the gum line to scale and polish the teeth's outer surface, deep cleaning teeth involves removing bacterial colonies and tartar from the roots of the teeth.

Warning signs that you need deep scaling:

- Bleeding or red gums
- Puffy and tender gums
- Halitosis (persistent bad breath)
- Unpleasant taste in your mouth
- Receding gums





When do we need gum disease related surgery?

After the initial gum treatment like deep scaling which includes subgingival cleaning and root planing, your periodontist will assess the periodontal health parameters like pocket depth and clinical attachment level along with radiographs. When deep periodontal pockets along with alveolar bone loss are detected radiographically, advanced gum treatment like pocket elimination procedures which are considered as minor surgical procedures will be performed.



I have small teeth; can you make it longer?

It depends on many factors, including the actual size and shape of your teeth, the position of your teeth and lips, etc. If the doctor thinks it is possible, then it is a minor surgical procedure, but may need multiple visits.



**I am healthy otherwise, but I have one or two loose teeth.
I smoke a few cigarettes daily.**

Many faulty habits can cause periodontal disease that will lead to bone loss around the tooth. Studies have shown that smokers have an 85% chance of developing periodontal infections compared to a nonsmoker. It is advisable to stop the habit and visit your dentist soon to get treatment.



I was recently diagnosed as diabetic. My doctor asked me to get teeth cleaning done. Why is that?

Many chronic diseases such as diabetes, hypertension, cardiac diseases are risk factors for you to develop gum infections. In diabetic patients, it has been noticed that if the oral hygiene is maintained, then it is easier for the patient to maintain better blood sugar levels. So, it is a win - win situation, healthier teeth, and gums and a healthier you.



What is the procedure for tooth removal?

1. Local Anesthesia is administered to numb the area of the tooth, so that patient doesn't feel any pain during the procedure, however patient might feel some pressure.
2. Depending on the tooth to be removed different instruments are used, sometimes the gums need to be opened and the bone must be trimmed.
3. Stitches: most of the times stitches may not be needed after extraction. In some cases (if needed) the doctor would decide and secure the wound with stitches. Some stitches need to be removed after a week or 10 days and some dissolve by themselves.



Do I need to be under anesthesia for tooth removal?

Yes, any procedure that requires surgery requires anesthesia to ensure a painless experience.



The average human produces 25,000 quarts of saliva in their lifetime. That's enough to fill 2 swimming pools.



How long does the effect of anesthetic injection last?

The effect is generally around 1.5 to 2 hours. Once the anesthesia wears out, one might start experiencing pain, therefore it is important to take the pain killers and antibiotics prescribed by the doctor within half an hour of the procedure.



Should I take antibiotics before wisdom tooth removal?

If the tooth is not infected, and you are medically fit and healthy, you may not have to take antibiotics.



Will the dentist place sutures after tooth removal and if so, how many sutures may be needed?

Depending on the nature of tooth removal as well as the length and width of incisions made, the doctor may or may not place sutures on the site of tooth removal.



Should I come back for suture removal or for a review later on?

You need to visit the dentist again for suture removal only if the stitches are annoying. Mostly, absorbable sutures are used. If you are healing well without pain, you need not visit the doctor regarding the same tooth. However, if you feel the wound is not healing properly, you can review this with the dentist.



Should I come fasting for the tooth removal procedure?

You need to have a proper meal at least one hour prior to the procedure.



Shine BRIGHT Like a Diamond!

About 2500 years ago the Mayans showed their deep understanding of dentistry and even bejeweled their teeth using early drills.



When can I eat, drink or smoke after the tooth removal?

You may eat or drink after 2 hours or once the effect of the anesthesia has completely faded away. Avoid anything hot and spicy for the day and restrict yourself to soft diet. Kindly avoid smoking for at least 24hours.



Can I drive back alone after the procedure?

There is no contraindication for driving home after tooth removal under local anesthesia.



If you don't floss your teeth you miss cleaning 35% of your tooth surface.



What should be done in post-surgical care of the wound?

- **A gauze is kept in the place of tooth extracted and the patient is asked to bite on the gauze to help stop the bleeding fast. It is important to keep the gauze in place and remove it slowly after half an hour.**
- **It is important to not keep spitting, or washing the mouth, or removing the blood clot as this increases bleeding.**
- **It is recommended that the patient eat something cold and soft on the other side of the mouth.**
- **The patient shouldn't gargle or smoke for at least 24 hours.**



What should be done if there is excessive bleeding after tooth removal?

If excessive bleeding is noticed, the doctor should be consulted. Many times, there might be only minimal bleeding, but when it gets mixed with the saliva, the patient feels there is excessive blood and panics. In this situation, place a gauze/cotton on the wound and check if it absorbs blood or just blood-tinged saliva – check for the color of the blood, if it is diluted with saliva, then there is nothing of concern, however if it is a solid color and continuously bleeding then the doctor must be consulted.



Will I have swelling after tooth removal?

In many cases, especially wisdom teeth removal, swelling is inevitable. It may start after 6 to 8 hours of extraction and lasts up to 24 to 72 hours (1 to 3 days) after which it usually starts to reduce slowly. The patient should be normal by end of one week or 10 days.



How long will it take to heal after tooth removal/extraction?

If you ensure that you follow the instructions given by your doctor carefully, you should be completely fine by 6 to 8 days. On the other hand, failure to adhere to the instructions or a coexisting medical condition will delay the healing. The total healing of the extraction socket takes 3 to 4 weeks. Closure of the socket with gums and bone healing takes around 3 months, depending on the type and site of extraction.



What is dry socket?

Dry Socket is the inflammation of the bone in the socket, after extraction of teeth and usually occurs when the blood clot fails to form or gets lost in the socket. About 2 to 5% of the people develop this after tooth removal. Dry socket can be prevented by adhering to the instructions given by the doctor regarding post-extraction care.



How do I know I have dry socket?

In the site of tooth removal, there should normally be a dark blood clot as opposed to the whitish bone observed in dry socket cases. Also, aching, and throbbing pain in the area of the socket, pain near the ear, eye, temple and neck, bad breath, bad taste in the mouth after tooth removal are indicative of dry socket. Smoking, poor oral hygiene and not adhering to post-surgical care given by the doctor are some of the factors which can promote development of dry socket.



What should I do if I develop dry socket?

Consult a dentist for the management of the dry socket. Treatment usually includes a combination of cleaning and packing the infected area with a medication. Some patients may also need antibiotics as a preventive measure. The pain should then decrease about 4-5 days after and is typically healed in less than two weeks.



What are the different medical conditions which require special caution during dental extraction?

The medical conditions of the patient and the treatment taken for the following conditions should be revealed to the consulting doctor prior to commencing the procedure. Medical diseases which have important implications on dental treatment are and not limited to the following-

- Cardiac diseases
- Liver diseases
- Immunocompromised patients
- Renal diseases
- Diabetes
- Cancer patients, who have undergone / are currently undergoing chemotherapy or radiation treatments.
- Blood diseases like thalassemia, sickle cell anemia, G-6-PD, hemolytic anemia, Von Willebrand disease (VWD)
- Asthma
- Epilepsy



What are the implications of Kidney Disorders in dental treatment?

These patients may be taking steroids or other immunosuppression drugs for chronic renal failure. This can make medical management difficult for these patients. Though there are many potential problems, the main concern is the bleeding tendency.



What are the implications of Liver Diseases in dental treatment?

Liver Disorders are important to dentists due to potential bleeding tendency, intolerance to some drugs and the possibility of underlying infective causes for the liver dysfunction. Severe bleeding can occur after dental extractions in patients with long term liver disease.



What are the dental implications of diabetes?

The main hazard during dental care is hypoglycemia (low blood sugar), which can be fatal if not recognized and treated in time. Early morning appointments are preferred to minimize the risk of stress-induced hypoglycemia. Patients must have a proper meal and their medicine prior to attending the dental clinic.



What are the advantages of lasers in dentistry?

As opposed to traditional dental treatments, using lasers results in less bleeding from your gums and almost no need for sutures. Both these situations allow your mouth to heal quicker. Less trauma caused to your teeth and gums means a reduced chance of infection.



What are the uses of laser in dentistry?

A wide array of procedures can be performed with the use of a laser such as:

- Gum disease treatment to remove inflamed tissue.
- Regenerating damaged nerves.
- Removal of a frenum muscle (the fold of tissue connecting your gums to your lips) attachment.
- Benign tumour removal.



Whom should I consult if I lose my tooth and want to replace it?

A prosthodontist specializes in restoring missing teeth and reconstructing damaged jaw structures. Prosthodontics is a branch of dentistry that's concerned with artificial replacements for teeth and other parts of your mouth. They're the experts in fitting and maintaining permanent tooth replacement solutions that include crowns, bridges, dental implants, and dentures.



Why do we lose our teeth?

There can be multiple causes-

- Progressive tooth decay
- Accidental tooth fracture
- Inflammation of tooth supporting tissues (gums)
- Congenitally missing teeth
- Systemic diseases



Why should I replace missing teeth?

The absence of teeth leads to the following consequences-

- **Bone loss**
- **Drifting of teeth**
- **Difficulty in chewing**
- **Aesthetically unpleasant appearance**
- **Speech difficulty**
- **TM joint problems**



What are the options available to replace missing teeth?

- **Removable partial dentures**
- **Fixed partial dentures**
- **Complete dentures**
- **Crown**
- **Bridge**
- **Implants**
- **Implant supported dentures**



What is Complete Denture?

A dental prosthesis which replaces the entire set of teeth and associated structures of the upper and lower jaw.



What is the function of a Complete Denture?

It helps to restore the beauty, proper chewing, and proper speech.



What are the types of Complete Dentures?

There are two types—removable and fixed (with implants).



**Why is it sometimes necessary to get a second opinion from a dentist?
Because each dentist has their own FLOSS-OPHY.**



What is Removable Partial Denture?

The replacement of one or more missing teeth and supporting structures which can be easily removed by the denture wearer.



What are the commonly used Removable Partial Dentures?

Acrylic Partial Dentures, Cast Partial Dentures (made with Metal and Acrylic) and Flexible Partial Dentures (Valplast).



What precautions should be taken while using Removable Complete/ Partial Dentures?

The denture wearer should avoid night wear of the complete dentures. Denture should be stored in water or any dilute chemical solution at night. If the patient continues to wear it during sleep, the constant irritation of the mucosa would lead to bone loss. The denture wearer should be on regular recall with dentist once in 3 to 6 months, to check for any tissue reactions.



How to maintain the Removable Complete / Partial Dentures?

The dentures should be cleaned by a denture cleaning brush and toothpaste/soap water or any denture cleansing tablets. Chemical cleansers are dilute solutions of chlorhexidine, sodium perborate or Nystatin solutions used to store the dentures.



What is Fixed Partial Denture?

A partial denture which is attached by a cementing medium to natural teeth / roots. These are often called bridges.



What is a Crown?

Crown is an artificial replacement of missing tooth structure with a material such as metal, ceramic or zirconia.



Patient: Here is a piece of tooth that fell out, can you glue it in?

Dentist: Umm... That is a piece of calculus.

Patient: I don't know math. I just want my tooth fixed.



What is a Bridge?

A bridge is one or more crowns linked together to create one single unit that is fixed on two healthy teeth to fill the gap of the missing tooth. This ensures that there are no gaps or missing teeth and you can now eat properly and look pretty too.



What are the advantages of Crown and Bridges?

These are fixed partial dentures that need not be removed intermittently like the removable type which will improve the patient confidence and easy maintenance.



How to Maintain Crown and Bridges?

Regular brushing and gargling procedures with special attention to use floss and interdental brushes at concerned areas and regular visits to the dentist for checkup and cleaning are recommended.



What are Implants?

Implants are one of the best methods to totally restore a tooth and its function. Implants are basically made of titanium bone posts and a false porcelain tooth. The titanium post is fixed into your jaw bone. Then, after it fuses completely, the false tooth is crowned on top of the tooth. This means that you have totally replaced this missing tooth for a really long time.



What is the time duration for implant treatment?

From the preliminary examination to the insertion of prosthesis, the duration of implant treatment can vary from 4-12 months.



What is the difference between implant and bridge?

An implant treatment does not require the support of neighboring teeth, whereas a bridge draws support from the neighboring teeth and tooth structures. A bridge does not transfer chewing force to the bone, whereas an implant does.



How do dental implants help if I have full dentures or partial dentures?

Actually, implants are most popularly used in patients who wear full dentures or partial dentures. Dental implants can be used to provide retention and support for a removable implant over-denture, which basically snaps on the implants. Therefore the partial or full denture does not move. Dental implants can be used for a fixed denture, where a patient's dentures are fixed/bolted to the implants through titanium components. Only the dentist can remove this from the mouth.



Are there any contraindications for the insertion of implants?

In most of the cases, dental implants are preferred; however, there are certain risk factors to be considered

General contraindications

Patients too young

Poor general state of health

Difficult healing

Pregnancy

Severe bruxism

Immunocompromised patients

Local contraindications

Insufficient volume of bone

Poor bone quality

Presence of anatomical obstacles such as sinus or nerve close to site of implant.



Is smoking a contraindication in insertion of dental implant?

- Smoking is a relative contraindication. It is highly recommended to stop smoking to ensure treatment success.
- Smoking delays the healing of tissues and may compromise the bone consolidation around implants.
- Smoking might decrease the success rate of dental implants.



Until what age implants can be used?

There is no age limit. Any elderly person can receive a dental implant if there are no risk factors. Young patients, whose jaws are not fully developed, cannot receive implants.



What are the success factors for dental implants?

- **Competence and expertise of the practitioner**
- **Patient compliance in maintaining the oral hygiene**
- **Follow up and regular check up by the practitioner.**



**What are dental x-rays called?
Tooth-pics.**



What is the success rate of dental implants?

A success rate of 90% -95% over 10 years has been reported.



**WHAT TIME DID THE MAN GO TO THE DENTIST?
TOOTH HURT-Y**



Will implants influence future MRI scans or checking at the airports?

Implants do not hinder the above procedures in any manner.



Can I eat normally with dentures or implants?

Dentures and dental implants both require some getting used to at first, but patients should be able to enjoy most if not all of their favourite foods once again. It's a good idea to start out with soft foods first, and once you are comfortable with that, start cutting up tougher food and chewing it with your back teeth. Eventually, you shouldn't have to think twice about eating.



Are dentures painful?

It's completely normal to experience some soreness and discomfort as you get used to wearing dentures, especially if you had any teeth extracted. You can try rinsing with a warm saltwater solution, taking pain medication, and giving your gums frequent breaks during this time. Make sure you are cleaning your dentures properly, and if you're still in pain after a few weeks, consult your prosthodontist.



What is Maxillofacial Prosthesis?

The artificial prosthesis that replaces the lost orofacial structures like palate, nose, eye, ear, maxilla, mandible etc., due to congenital defects, malignancies or by accident, in order to restore the normal physiological form and function.

