



Dr. Suzy's Tooth Tips

Oral Hygiene

Children should brush their teeth for 2 minutes twice a day: After breakfast and before bedtime.

- Try singing a song while brushing or using a timer in the bathroom.
- Absolutely nothing to eat or drink except water after brushing at night!

Brush in a circular motion where the tooth and gums meet, gently massaging the gums. This is the most effective technique for removing plaque (sugar bugs).

- Plaque is the sticky yellow substance that forms on teeth after eating things like bread, raisins, cookies and cake and drinking juice or soda. Bacteria grows on the plaque and forms an acid that leads to tooth decay. It can get past the gums, damage the bone and destroy the root.

Parents should assist younger children with brushing. A general rule is if your child can tie their own shoe laces, they can brush on their own. If not, make sure to take a turn and help brush all the sugar bugs away!

Use a spin brush! Spin brushes are more effective in removing plaque from your teeth.

- Try using a spin brush with your child. There are many varieties of spin brushes, some with characters, lights, or even music. Most children find spin brushes fun!

Don't forget to brush your tongue!

Flossing is important for cleaning in between teeth that are touching. It removes food and plaque where the toothbrush cannot reach. Floss once a day! Floss sticks or traditional floss are equally effective.

Fluoride Toothpaste/Mouthrinses

Fluoride is safe and effective in preventing cavities.

- The ADA recommends that children begin using fluoride toothpaste at the age of 1 : Only a rice sized amount is needed.
- For children 2 years and up, a small pea size of toothpaste is recommended. Swallowing such a small amount of fluoride toothpaste is not harmful to your child.

Once your child is able to safely spit out toothpaste, try using a fluoride mouthwash, such as ACT anticavity fluoride rinse.

- Rinse after brushing teeth morning and night. Remember, no eating or drinking for 30 minutes after!

Diet Recommendations

Strive to eat a healthy diet of fruits, veggies, and whole grains.

Snacks should be limited to 2 snacks a day.

- Avoid sticky or sugary snacks such as fruit snacks, raisins, dried blueberries, cakes etc. which can stick in the grooves of children's teeth, causing cavities.

Drinking water is good for your body and your teeth! Water rinses your teeth every time you sip.

Limit the amount of drinks with added sugars, such as juice, Gatorade, chocolate milk, etc.

- No more than 4 oz. a day of sweet liquids.
- Try to limit sweet drinks to meal time only.
- Try to water down any sugary drinks or use a straw when drinking them.

Oral Habits

Prolonged oral habits such as thumb sucking and pacifiers can alter the growth of your child's palate causing dental and speech problems.

- Try to discontinue the habit by your child's 3rd birthday to avoid long term effects.
- Breaking the habit requires patience, love and encouragement. Ask Dr. Suzy for tips!

Wean your child from the bottle by age 1. If you do continue to use the bottle, make sure it doesn't contain juice, soda, or other sweet liquids.

Dental Trauma

Two injuries require an immediate trip to a pediatric dentist.

- If a tooth is knocked out, rinse it under warm water, gently push it back in the socket and hold it there or place it in a cup of milk or cool water. Remember to bring the tooth with you! Don't scrub the tooth or remove attached tissue.
- For a broken tooth, gently clean the injured area with warm water. Place cold compresses on the face to decrease swelling.

Always use helmets when riding bikes, mouthguards when playing sports, and appropriate car seats in car rides.

If your child experiences dental trauma, don't panic! Dr. Suzy is always available for you and your child.



Dental X rays For Children: *What Parents Should Know*



What are dental X rays?

X rays are invisible beams of energy that pass through the body to make black and white pictures of your child's teeth and bones. X rays are a form of radiation. When the x-ray picture is taken your child has to sit still for a couple of seconds. Sometimes you may be asked to help your child sit still while the x-ray picture is taken.

Some dentists take x-ray pictures using films that are placed in the mouth. These are then processed to make the picture. Other dentists use plastic sensors directly connected to a computer using a wire and you can instantly see the picture.



What are the different types of dental X rays?

Bitewings – the x-ray film or plastic sensor has a little tab

in the middle that the patient bites on with their back teeth. These x-ray pictures help look for cavities between the back teeth.

Periapicals – these x-ray pictures are used to look at the roots of front or back teeth. Each periapical x-ray picture can only look at two or three teeth.

Panoramic x ray – a machine that rotates around the outside of the head takes this picture. It can show all the jaw bones and all the teeth.

Cone Beam CT – this is like a medical CT scan but it uses less x rays. However, the cone beam CT uses more x rays than bitewing, periapical or panoramic x rays. It helps make three-dimensional (3D) pictures. It is used infrequently compared to the other types of dental x rays.

How much radiation is used in dental X rays?

The dentist will use only enough radiation to see what he or she needs to care for your child. We all are exposed to small amounts of radiation daily from the sun, soil, rocks, buildings, air and water. This type of natural radiation is called background radiation. The radiation used in x rays has been compared to the amount of background radiation a person gets daily to help you understand how much radiation your child is getting during their x-ray exam.

Radiation Source*	Days of Background Radiation
Background	1 day
Airline Passenger (4 hour flight)	1 day
2 Dental Bitewing X rays	1 day
1 Dental Panoramic X ray	1 day
1 Dental Cone Beam CT	2- 20 days
1 Head CT	243 days

What are the risks from radiation?

The risk from a single dental x-ray picture is very small. However, some studies do show a slight increase in cancer risk, even at low levels of radiation exposure, particularly in children. To be safe, we should act as if low doses of radiation may cause harm.

How can we reduce the radiation to my child?

The amount of radiation from one dental x-ray picture is very small. Still, it is important to keep the radiation amount as low as possible. Your dentist will balance the benefit of the x-ray picture and the potential small risks of using x rays. Different x-ray pictures are chosen based on the dental care needed.

There are ways to make sure your child is exposed to the lowest amount of radiation possible during an x-ray picture. The Image Gently campaign suggests making sure that your dentist uses the following:

- X-ray pictures based specifically on your child's needs, not merely as a routine test
 - Up to date equipment and techniques
 - Thyroid collars to protect the thyroid gland from radiation (it is particularly sensitive to radiation) and protective shields as needed for other parts of the body
 - Child-size exposure times
 - Cone-beam CT only when necessary
- Who should I talk to if I still have concerns about dental x rays for my child?

You should first talk to your child's dentist and you can share the information in this brochure.

Second, you can visit the Image Gently website at:

www.imagegently.org.

There is information on this website for everyone who plays a role in the child's dental health including: parents, technologists, medical physicists, and dentists. There are also additional links to other helpful websites.

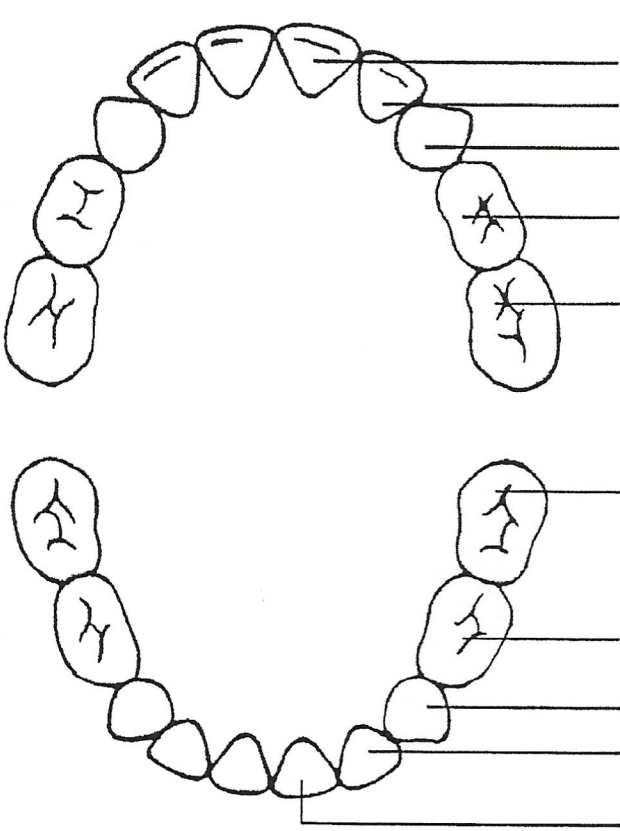


image
gently®



*Data taken from The Essential Physics of Medical Imaging, Bushberg et al, 3rd Edition, 2012 and radiologyinfo.org

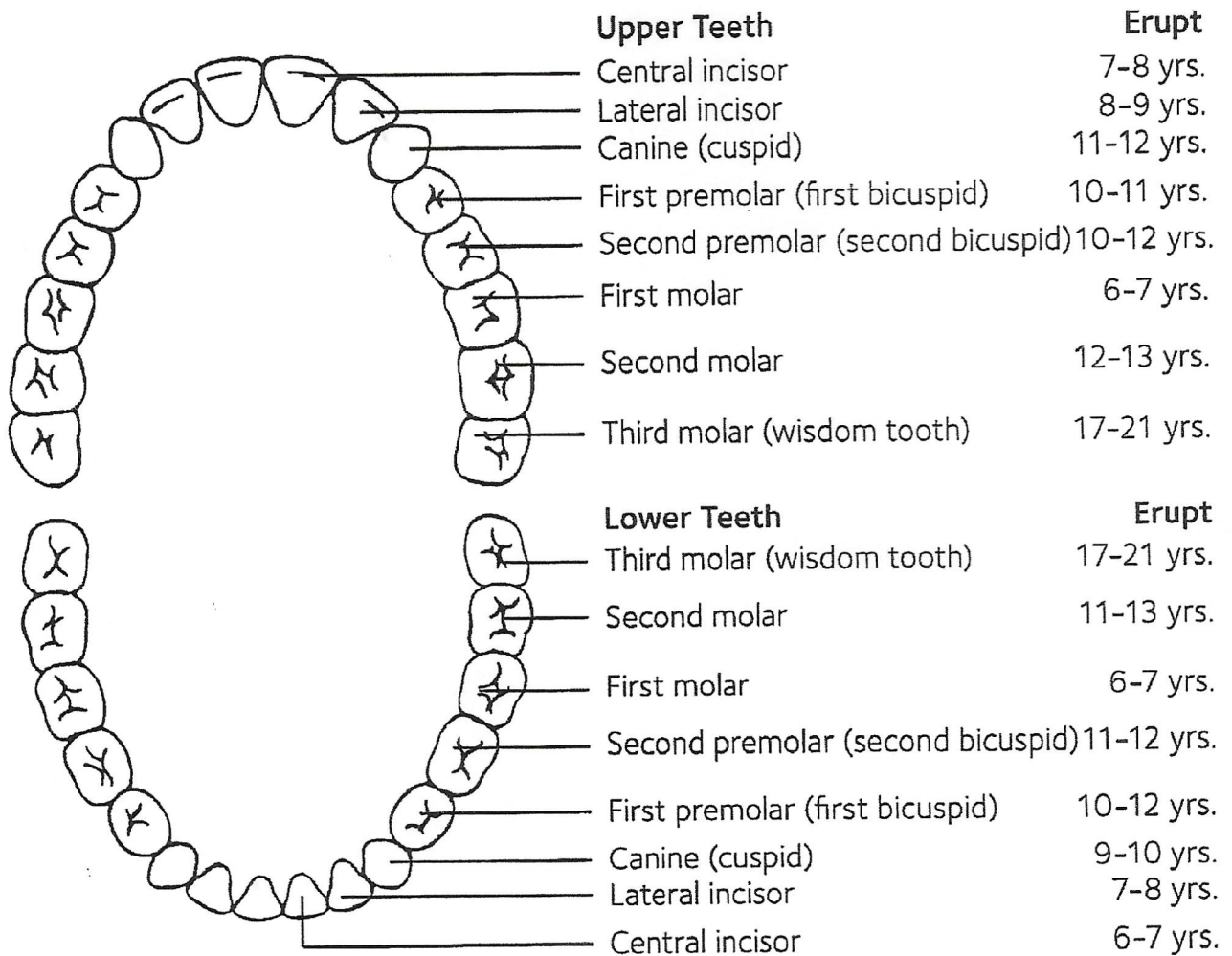
Primary Tooth Development



The diagram illustrates the primary teeth in the upper and lower arches. Lines connect specific teeth to their corresponding entries in the table. The upper teeth are shown in the top arch, and the lower teeth are shown in the bottom arch. The table provides the eruption and shedding schedules for each tooth type.

Upper Teeth		Erupt	Shed
Central incisor		8-12 mos.	6-7 yrs.
Lateral incisor		9-13 mos.	7-8 yrs.
Canine (cuspid)		16-22 mos.	10-12 yrs.
First molar		13-19 mos.	9-11 yrs.
Second molar		25-33 mos.	10-12 yrs.
Lower Teeth		Erupt	Shed
Second molar		23-31 mos.	10-12 yrs.
First molar		14-18 mos.	9-11 yrs.
Canine (cuspid)		17-23 mos.	9-12 yrs.
Lateral incisor		10-16 mos.	7-8 yrs.
Central incisor		6-10 mos.	6-7 yrs.

Permanent Tooth Development



SEALANTS

What are sealants?

Sealants protect the surfaces of teeth with grooves and pits, especially the chewing surfaces of back teeth where most cavities are found. Made of shaded, tooth colored material, sealants are applied to the teeth to help keep them cavity-free.

How do sealants work?

Even if your child brushes and flosses carefully, it is difficult - sometimes impossible - to clean the tiny grooves and pits on certain teeth. Toothbrush bristles are just too thick to reach into the pits and fissures. Food and bacteria build up in these depressions, placing your child in danger of tooth decay. Sealants "seal out" food and plaque, thus reducing the risk for decay.

How long do sealants last?

Research shows that sealants can last for many years. So, your child will be protected throughout the most cavity prone years. If your child has good oral hygiene and avoids biting hard objects like ice cubes, crunchy candy or sticky foods, sealants will last longer. We can easily replace or repair a lost or damaged sealant.

What is the treatment like?

A sealant can be applied quickly and comfortably! It only takes one visit. The tooth is first conditioned and dried and then the sealant is painted on and hardened with a blue light. It's that easy!

Which teeth should be sealed?

The teeth most at risk of decay – and therefore most in need of sealants – are the six-year and twelve-year molars. But any tooth with grooves or pits may benefit from the protection of sealants.

If my child has sealants, are brushing and flossing still important?

Absolutely! Sealants are only one step in the plan to keep your child cavity-free for a lifetime. Brushing, flossing and regular dental visits are still essential to a bright, healthy smile!

FLUORIDE VARNISH

We are pleased to offer a new and improved method of decay prevention to our patients. We are now using a **varnish** to apply fluoride to children's teeth in our clinic.

- The varnish is *as effective and safe* as the fluoride gel used for many years.
- Application is *quicker and easier*, and the fluoride varnish does not have the gel taste unpopular with some children.

When your child leaves our clinic, the teeth will be coated with the varnish and will not look bright and shiny as usual after being cleaned and treated with fluoride gel. They will look nice tomorrow when the varnish has had time to have its *maximum effect* and has worn off.

To retain the varnish on the teeth for as long as possible and to achieve the best result:

- Your child should eat a soft, nonabrasive diet for the rest of the day.
- Teeth should not be flossed and brushed until tomorrow morning, at which time a regular schedule of careful oral hygiene should be resumed.