

Preventative Dentistry

Oral Wellness Exams

Your oral health is tied directly to your overall well-being, with links being found between many types of illnesses and the health of your mouth. Studies have shown that people that enjoy good dental health live 7-10 years longer. For this, and other reasons, regular exams and cleanings are recommended by the American Dental Association to keep you healthy. Unless suggested otherwise by Dr. Orr or Dr. Wilson, you should have a routine cleaning and exam at a minimum of every six months.

Keeping Your Mouth Healthy

Oral problems aren't always immediately evident, with many conditions being relatively painless up until the point where they become very serious. Regular dental exams are important to spot any potential issues before they can cause damage and when they are easiest and less expensive to treat.

During your checkup, Dr. Orr or Dr. Wilson will be...

- Looking for signs of tooth decay
- Checking teeth for damage, such as chips, cracks, or signs of grinding
- Reviewing existing fillings and restorations for signs of damage
- Evaluating symptoms of gum disease
- Checking your bite and jaw function
- Evaluating you for any growths or tumors
- Evaluating the alignment of your teeth for function and esthetics
- Listening to your concerns and prioritizing them for treatment
- Checking the condition of any dentures, bridge, implants, retainers, or bite guards you may currently have and adjusting them if necessary

Keeping Your Whole Body Healthy

While keeping your smile beautiful and your mouth healthy is important, there's more to a dental checkup than just that. There are many other illnesses and disorders which display some of their first symptoms in the mouth—some of which are easiest to treat when detected early or may cause severe problems if left undetected for too long—making the dentist your first line of defense. Oral cancer is a chief concern, as it can have serious consequences while being treatable if diagnosed early.

Some other ailments that have symptoms that may be detected during a dental exam include:

- Diabetes
- Heart disease
- Kidney disease
- Leukemia

- Pancreatic cancer
- GERD (gastroesophageal reflux disease)
- Crohn's Disease
- Osteoporosis
- HIV
- Anemia
- Celiac Disease

Routine Exams at University Dental Associates Involve:

- Going over any of your oral health concerns
- Inspecting your teeth for cavities or other damage
- An oral cancer screening
- An orthodontic evaluation
- A cosmetic evaluation
- Periodic X-rays to identify problems that can not be spotted with a visual exam
- Checking for any problems with your jaw joints
- A personalized treatment plan to address your individual needs
- Evaluating any existing denture, bridge, implant, retainer, or bite guard

Dental Cleanings

Prophylaxis - A Professional Teeth Cleaning

Fifty thousand years ago, humans did not have gum disease or decay like we have today. We know this from the fossil record. It is believed that the coarseness of their diet at that time protected the gums by providing far more stimulation than our modern diet. Cavities were also not a concern because sugar or sweets were very limited. The best way to keep your teeth and gums healthy is to follow a paleolithic diet, hunting and gathering your meals as you walk through the forests and plains. That is what we were genetically designed to eat and do. Alas, this is not possible today. We have to rely on modern dentistry to maintain our health.

Prevention is the best strategy to keep your mouth healthy and free from disease and decay. This requires regular brushing and flossing/cleaning between the teeth on your part, but regular cleanings can help address areas you may have missed, or to eliminate tartar that can't be removed at home. We suggest having regular cleanings at our office twice a year.

Cleaning visits in our office will address two areas: The first is the actual removal of plaque, which is a sticky bacterial film that forms on your teeth, and the removal of calculus or tartar. This is a hardened form of plaque that can't be removed by brushing. Once the cleaning is complete, your hygienist will polish the surfaces of your teeth. This isn't just to make them sparkly—the smoother surface makes it more difficult for plaque to accumulate between visits. The second area we will address at each cleaning appointment is identifying where you are excelling at maintaining your health, and identifying where you need to pay more attention.

Think of a cleaning visit as a C.E. (Continuing Education) course, where we will review habits and strategies to help you to become an expert at maintaining your own health!

We recommend following these routine cleanings with an **Oral Wellness Exam** with Dr. Orr or Dr. Wilson to check the condition of your teeth and gums as well as inspect your mouth for signs of any possible issues.

Oral Cancer Screenings

There's more to a dental exam than just checking your teeth for cavities. Since many types of major illnesses first begin to show themselves in the mouth, Dr. Orr or Dr. Wilson will check yours for the warning signs of potential illness.

An especially important one to spot early is oral cancer. Oral cancer can be deadly, but can typically be treated successfully when discovered early. Since it can be painless at first, it can be hard to detect on your own.

Typical symptoms of oral cancer may include:

- Unusual sores or bumps in the mouth
- A strange bump in the neck
- Bleeding tongue or cheeks (or gums, when gum disease is not present)
- Sore throat
- Mouth pain
- A strong pain in one ear
- Difficulty eating, swallowing, or moving the jaw
- Jaw numbness

While none of these symptoms necessarily mean you have oral cancer on their own, it's best to make us aware of any problems you notice. We recommend scheduling an exam with Dr. Orr or Dr. Wilson should you have any concerns.

Be sure not to wait for a problem to arise before making an appointment. Regular exams are key in spotting oral cancer early. We recommend two appointments a year unless otherwise specified.

Fluoride Treatment

No one wants to go to the dentist only to learn that they have cavities. Preventing them relies heavily on proper brushing and flossing at home, but fluoride treatments are also available to help provide extra protection against tooth decay.

Why is fluoride important?

Fluoride can make the surface of your teeth naturally resistant to acids that can harm your teeth and cause decay. It absorbs easily into teeth enamel (especially for children, whose teeth are still growing), and can strengthen the surface of teeth that are fully developed.

Our teeth go through regular periods of demineralization and remineralization throughout the day, during the very early stages of tooth decay when it is still reversible. If Fluoride is present when tooth surface is remineralizing, it becomes an integral part of and makes the surface of the tooth more resistant to decay than it was before.

Who should get fluoride treatments?

Fluoride treatments are especially beneficial for children, whose teeth are still forming and who may not have established good brushing habits, and aren't able to use toothpaste with fluoride yet. These treatments are safe, will only take a short time, and will help their teeth to be stronger and more decay-resistant.

Fluoride treatments can work for adults as well, as they can help the teeth to incorporate Fluoride into the surface of the teeth to hold onto calcium and phosphate that might have been lost from the very early stages of decay.

Sealants

Keeping teeth clear of the plaque that causes tooth decay can be challenging, especially given that the surfaces of molars often have tiny crevices where sugar or food can become trapped. A toothbrush can have trouble reaching these areas, making it a challenge for adults, much less children who have yet to master proper brushing technique.

There's a simple preventative measure our practice offers which can help: dental sealants.

Cavity prevention with Dental Sealants

Dental sealants are a thin coating that Dr. Orr or Dr. Wilson can apply to the surface of molars. This sealant fills in the small crevices where bacteria could otherwise become trapped and develop into tooth decay, and the sealant acts as a shield to protect the tooth by filling in the deep crevices and fissures that are likely to become cavities if not addressed.

It's a simple process where the material is brushed on at one appointment and typically lasts for many years before another application is necessary. It's safe, makes home care a bit easier, and provides extra defense against cavities.

At what age should children get sealants?

Your child's teeth are at risk for cavities as soon as they emerge. In the case of molars, this is usually at age six when the first set comes in, and around age 12 for the second. Having sealants applied as soon as these teeth erupt is recommended to keep them protected from early on.

Restorative Dentistry

Tooth-Colored Fillings

Dental fillings are familiar to most people. This is a common treatment for tooth decay/cavities that haven't yet severely damaged the tooth (but will, if left untreated).

In the past, most of these fillings were the silver-colored amalgam type, but modern composite fillings can actually resemble the color of the tooth enamel, making them far less noticeable. For those who have metal sensitivities, composite fillings may be a better choice as they are free of mercury. Composite fillings, unlike silver amalgam fillings, actually contribute to the strength of the tooth by bonding the tooth together.

One other consideration that should be noted: your insurance company wants us to use only silver fillings, but the Northeast Ohio Regional Sewer District won't let us flush the silver filling scraps down the drain. All or most dentists across the United States have special silver filling traps in their vacuum system which prevent the mercury in the fillings from being released into the environment.

When would I need a filling?

Dr. Orr or Dr. Wilson will check your teeth for signs of tooth decay during your regular dental checkups. Suspicious areas may be tested with a dental probe, and digital X-rays can reveal cavities in places that might not be visible otherwise.

Fillings are a relatively simple process. A local anesthetic will be used to ensure your comfort during the procedure, after which your dentist will clear away the decayed area of the tooth. Once free from decay, the composite material is placed and sculpted into shape. When your dentist is satisfied with the shape of the composite filling, he or she can harden it through the use of a special curing light. Once done, the filling will be securely bonded to your tooth.

How should I care for my tooth after a filling?

Fillings address the damage caused by tooth decay, but they don't make the tooth immune to additional decay, or cavities in other parts of the tooth. For this reason, the need for good oral hygiene doesn't stop once you've had a filling. To prevent further tooth decay and keep the rest of the tooth free from cavities, be sure to brush twice a day for two minutes and floss. Use a fluoride toothpaste for extra protection against cavities. Some patients can have short-term sensitivity from having a new filling placed in the tooth. Make sure to let Dr. Orr or Dr. Wilson know if your tooth is sensitive after the filling, if the bite feels strange (this can easily be adjusted), or if you notice any rough edges to the filling. Since most often our patients have had anesthetic, they can't reliably evaluate how the tooth feels with their tongue until the anesthetic wears off. You can text or call Dr. Orr's cell if you notice any thing that doesn't feel "quite right." We often recommend our patients use a desensitizing toothpaste (like Sensodyne) or temporarily taking Motrin/Aleve/Aspirin/Tylenol to eliminate any sensitivity.

Dental Crowns

A dental crown, sometimes referred to as a "cap," is a complete covering for a tooth that is used to restore functionality to a tooth that has suffered damage.

When is a crown needed?

Crowns are one of many options available for restoring teeth and may be an option when bonding or other more conservative treatments are not an option. This includes cases where a tooth has extensive tooth decay, a crack that threatens the structural integrity of the tooth, or after root canal therapy has been performed.

Crowns cover the entirety of the exposed portion of the tooth. They are made from porcelain and fashioned to look just like the top of a natural tooth.

What does getting a crown involve?

Traditional porcelain crowns may take more than one visit to complete. Dr. Orr or Dr. Wilson mostly do single-visit crowns, as we are using CEREC in our office. (See below.) If the decision is made to make your bridge or multiple crowns or veneers in the traditional way, we will first prepare the teeth in question to be able to receive a bridge, crowns or veneers. After

this, an impression of the teeth will be made, allowing the creation of a bridge, crowns, or veneers that will be a perfect match for your tooth.

This impression will be sent to a dental lab where the bridge, crowns, or veneers will be created in a shade that will match well with your other teeth. While waiting for the new porcelain restorations to be created, you will be fitted with a temporary restoration to protect your tooth until your next visit, at which point your final bridge, crowns, or veneers will be bonded into place.

How do I care for my crown?

The lifespan of your crown can depend on how well you take care of it. Remember: the crown is still protecting a living tooth that needs the same care as the rest of your teeth. Be sure to continue to brush twice a day and floss in order to eliminate plaque from the area where the crown meets your gums and prevent gum disease. It is especially important to clean between the teeth when you have a crown. The number one way that crowns are lost is by having cavities develop between the teeth at the edge (margin) of the crown. It is therefore critical that you have the crowns checked regularly by examination and x-rays, and to review effective methods to keep these areas free from plaque and cavity-causing bacteria.

It's best to avoid biting into hard food or other objects which might damage your crown (such as fingernails). Let Dr. Orr or Dr. Wilson know if you have a habit of grinding your teeth, as this should be addressed to help protect, not only your crown, but all of your teeth from damage.

Same-Day Crowns

Crowns in a single appointment with CEREC (Chairside Economical Restoration of Esthetic Ceramics)

Can I really get a same-day crown?

Traditional crowns have usually required more than one visit, as the crowns are manufactured in a dental laboratory after the first appointment where an impression is taken of the patient's tooth.

With CEREC technology, your new crown can be made in our office in about an hour!

How does CEREC work?

Much like with a traditional crown, Dr. Orr or Dr. Wilson will first prepare your tooth to receive the crown. Then we will use a camera attached to a computer to capture an optical impression. If you've ever had a problem with gagging at the dentist, a CEREC crown will be so much easier for you to tolerate! No goopy stuff in your mouth! This optical impression creates a cybermodel, a virtual model of your teeth, allowing for the computer-aided design of your new crown.

CEREC involves a milling machine at our practice which can take a block of ceramic and sculpt it into the crown from the digital design in approximately 15 minutes. This crown can then be polished and glazed until it takes on the

life-like appearance of a natural tooth. Once completed, the new crown is checked to ensure the proper fit and then cemented into place. No temporary crown is necessary.

The entire process usually takes from an hour to an hour and a half to complete, allowing you to get a new crown in just one appointment.

Dentures

Those who suffer from missing teeth may find that they have more difficulty speaking or eating, have discomfort from the shifting of the remaining teeth, or may find that the gaps in their smile are affecting their self-esteem.

University Dental Associates can help you find the best solution for your needs, which may include dentures that replace a few or several teeth (partial denture or bridge) and dentures that replace all of the teeth (complete or full dentures.) The recommendation for what type of denture replacement you will receive will be made by Dr. Orr and/or Dr. Wilson, based on the condition of any remaining teeth, and patient preferences. Keep in mind that keeping even a few teeth can have a tremendous impact on how comfortable and secure (staying in place) any type of denture can feel!

Conventional Complete Dentures

Complete dentures use replacement teeth that are fitted into a plastic base, which is crafted to closely resemble the look of your gums. You are a good candidate for complete dentures if you have no teeth left, or if any remaining teeth are in poor health and need to be extracted.

For conventional dentures, you can be fitted once any necessary tooth extractions have been performed and your mouth has fully healed.

An upper denture includes the teeth and a plastic base that resembles your gums. They cover the roof of your mouth (palate) as well. These form a seal with your gums and palate to help hold them in place.

The lower denture, on the other hand, has a horseshoe shape in order to allow room for your tongue.

Implant-Supported Complete Dentures

A modern variant of complete dentures, implant-supported dentures use a minimal number of dental implants to allow the dentures to snap into place securely and allow you to chew like you once did with natural teeth. These have the benefit of making the denture more stable and secure, and the implants will help prevent some additional bone loss.

As dental implants need to be anchored into your jawbone, just as your natural teeth would be, you will need to have enough bone to fit an implant to have an implant-retained denture. Dr. Orr and Dr. Wilson can take a 3-D x-ray of your mouth (Cone Beam, or CBCT) to very accurately measure how much bone you have, and to allow for planning of where the implants can go.

Immediate Dentures

For patients who cannot function socially without teeth and need dentures right away, immediate dentures are an option. From impressions of your upper and lower teeth and bite measurements, immediate dentures are fabricated in a dental lab before your remaining teeth have been removed. When you come in to have your teeth removed, the dentures are ready and will be placed right away (immediately.) This means you won't be without teeth during the time when your mouth is healing.

Keep in mind that your mouth will change during the healing process. The gum tissue where the teeth are extracted typically shrinks quite a bit within the first 9-12 months after the teeth are removed. As the gum shrinks, the denture can become looser, and food debris can accumulate under the denture. We recommend that most immediate dentures be relined to improve the fit about 12 months after the extractions are done. Relining a denture means that pink plastic material is added to the inside of the denture where it fits against the gums so it will fit better. Before relining, a denture can feel like a size 12 shoe on a size 9 foot. Relining gets the denture to fit as well as possible. In some cases, we can add a soft-lining material that can make the denture fit better until you are ready for the relining. Occasionally Dr. Orr or Dr. Wilson may recommend a new denture entirely.

Dental Bridges and Partials

Tooth loss can occur due to many reasons, be it the result of untreated periodontal disease or tooth decay. When a tooth is missing, it can often lead to problems. These can include changes in occlusion (your bite), shifting of the surrounding teeth, and a higher risk of additional issues such as gum disease, tooth decay, and TMD (temporomandibular joint disorder).

In cases where only one or a few teeth are missing, Dr. Orr or Dr. Wilson may suggest removable partial dentures or a fixed bridge as a restoration option.

Bridges

What is a dental bridge?

A porcelain fixed bridge will place one or more artificial teeth, known as pontics, in the gap created by the missing tooth/teeth. These pontics will be held in place by dental crowns placed on the teeth adjacent to the gap.

What is involved in getting a bridge?

Getting a fixed bridge will take more than one appointment. Your mouth will first be assessed by one of the dentists to ensure that it is healthy enough for the procedure, and any outstanding issues, like decay or gum disease, will be addressed. X-rays will be taken, the surrounding teeth will be prepared, and an impression will be made of your teeth, from which the bridge will be designed. You will be provided a temporary bridge while the final one is being manufactured.

Once the dental lab has created your final bridge, you will need to return to our office to have the bridge placed.

How do I care for a fixed bridge?

Your dental restoration should last for years, provided you take proper care of it. We will provide you with care instructions on how best to take care of your bridge. Brushing twice a day and flossing, as always, is necessary. In order to floss around the pontic, you will likely need a special floss threader. Feel free to speak with our team to go over the proper oral hygiene techniques.

Partials

What are partial dentures?

A partial denture is a type of removable dental prosthesis typically made of replacement teeth attached to a gum-colored base, designed to attach to the remaining natural teeth. Different types of attachments are possible, but all will allow the partials to be removed at night while you sleep, and after each and EVERY time you eat, to allow cleaning of teeth and removal of food debris.

Caring for your partial dentures

Your partial dentures will need to be cleaned on a regular basis. You can use your toothbrush to clear away any food deposits from the denture daily. It is recommended that you hold your partial denture over a folded towel while cleaning, to prevent it from being damaged in the event that it is dropped.

Even more important is to make sure that the remaining teeth are kept meticulously clean. It is imperative that the partial denture be removed after each meal to remove food debris. Failure to do so WILL result in severe damage to teeth adjacent to the denture, and potential loss of

additional teeth! Keeping your natural teeth clean will allow you to keep your remaining teeth and you will be able to use the partial denture for years of good service.

Dentures should be kept in a soaking solution or water to keep them moist, as they could lose their shape if allowed to dry out. Even when properly cared for, periodic adjustments will be necessary due to natural changes in your mouth. Be sure to inform your dentist if your denture ever becomes loose and make sure you continue to return for your regular exams. Dr. Orr and Dr. Wilson can check the denture when you come in for checkups.

Full-Mouth Reconstruction

Full-mouth reconstruction is one of the terms used to refer to the process of restoring all of the teeth in both the upper and lower jaws.

Who is a candidate for full-mouth reconstruction?

The process of restoring all of the teeth in the mouth, and potentially addressing other oral structures, is for those who require comprehensive treatment for both functional and esthetic reasons. These can be patients who have lost many teeth due to injury or decay, have many teeth that have become badly worn due to teeth grinding or erosion (from acidic foods or acid reflux), have suffered damage due to oral cancer, or other causes. Full-mouth reconstruction can also help address patients who have jaw and headache pain due to issues with their bite (known as occlusion).

What does full-mouth reconstruction involve?

There is no universal process for full-mouth reconstruction, as every patient's circumstances are different. A comprehensive examination by Dr. Orr or Dr. Wilson will be needed first, in order to diagnose what problems the patient is suffering from and to determine the best treatment options.

Important areas to address include:

- The condition of the teeth and existing dental restorations.
- The health of the gum tissues and the state of periodontal disease, if present.
- Problems with occlusion, or the way the teeth fit together when the mouth is closed.
- The Temporomandibular joints and whether or not any TMJ disorders are present.
- The cosmetic aspect of the teeth, including enamel color, size, and shape of teeth.
- The number and location of missing teeth, if any

Again, the details of treatment will vary based on which conditions are present and the treatment goals decided on by the patient and Dr. Orr or Dr. Wilson. Some typical treatments for full-mouth reconstruction include:

- Teeth cleaning
 - Placement of temporary and permanent restorations (crowns/bridges/veneers)
 - Orthodontics to adjust bite
 - Placement of dental implants
 - Gum and bone grafts to improve the stability of teeth or implants
 - Crown lengthening
 - Gum contouring
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Root Canal Therapy

What is root canal therapy?

Sometimes a tooth may suffer significant damage or have a cavity that has reached the center of the tooth, resulting in a serious infection. In order to save the tooth, Dr. Orr or Dr. Wilson may recommend root canal therapy.

The pulp, which is the deepest interior part of the tooth, has blood vessels and nerves which support the tooth. Cavities, cracks, or other injuries that reach this deep into the tooth can result in an infection. These infections in the interior of the tooth may result in the formation of an abscess. The abscess can cause pain and infection can spread to the surrounding bone and tissue, possibly causing tooth loss if left untreated.

Root canal therapy is a treatment that clears out the infected tissue in the center of the tooth, preserving the rest of the root and as much of the natural tooth as is possible. A simple way to visualize what a root canal treatment is, is to picture the nerve of a tooth as a candle wick inside a candle. When we do a root canal, we remove the candle wick, disinfect the space that's left behind, and seal that space off so the "candle" can't burn anymore!

Do root canals hurt?

It's a popular misconception that root canals are a painful experience. Fortunately, this isn't the case. Thanks to modern dental techniques and effective anesthetics, the procedure is pretty much pain-free. Even the subsequent recovery phase takes a shorter time now than it has in the past.

What does getting a root canal involve?

It will usually require one to two visits to complete root canal therapy. First, X-rays will be taken in order for your dentist to have a clear idea of what is happening with the tooth and surrounding bone. The area will be numbed by use of a local anesthesia, so there will be minimal pain during the procedure itself.

To access the infected tissue, Dr. Orr or Dr. Wilson will create an opening in the top of the tooth. From there, they will clean out all infected material from the inside of the tooth and then replace it with a rubber-like material such as gutta-percha, which will protect the interior of the tooth from another infection. The tooth will then receive a temporary filling.

With the root canal therapy complete, the next step is to restore your tooth. As the tooth is often left weaker than before the infection, this will usually involve the placement of a crown, which you can learn more about **here**.

Think you may need a root canal? Give us a call so we can take a look and provide treatment options.