

COMPOSITE RESTORATION **(TOOTH COLORED/BONDED FILLING) INFORMATION**

We want all of our patients and their parents who have a tooth in which a composite restoration (tooth colored/bonded filling) has been placed, to have the right information on how to care for and what the benefits are of a composite restoration.

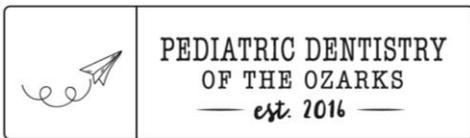
Local anesthesia is administered to your child for the majority of composite restorations. If local anesthesia has been administered, your child's mouth will be numb for 1 to 2 hours after you leave the office. Please watch your child to make sure they avoid chewing on their lips, cheeks, or tongue while they are still numb. If your child wants to eat immediately after the appointment, then give liquids or soft foods such as: yogurt, ice cream, milk shake, pudding, or mash potatoes to your child to eat until the numbness is gone.

The composite restoration must be maintained with effective removal of plaque by brushing & flossing daily and maintaining a proper diet to avoid cavities returning to the edges of the composite restoration.

Over time, all composite restorations will become darker. This change in color is due to the intake of stains into microscopic pores in composite restoration surface. These stains come from the foods and beverages that have natural or artificial pigments such as: coffee, tea, coke, Kool-Aid, grape juice, blueberries, chocolate, etc. To slow the change in color of your child's composite restoration, have them avoid intake of pigmented foods or drinks when possible.

In order to give your child's tooth with the composite restoration the longest possible life span, please have your child avoid the following foods: ice or ice cubes, hard candies, taffy, caramels, and jaw breakers.

If you have any questions or concerns about your child's composite restoration, please do not hesitate to ask our dental team.



CROWN (CAP) HOME CARE INSTRUCTIONS

At times the dental restoration of choice for children is a cap (crown). A crown restoration encircles and covers all surfaces of your child's tooth with the edges sitting just below the gum tissue. A crown is generally the strongest restoration that can be provided for your child. We are providing you with instructions on how to care for this type of dental restoration in order to maintain a functioning and healthy dentition for your child.

Local anesthesia is administered to your child for crown procedures. Your child's mouth will be numb for 1 to 2 hours after you leave the office. Please watch your child to make sure they avoid chewing on their lips, cheeks, or tongue while they are still numb. If your child wants to eat immediately after the appointment, then give liquids or soft foods such as: yogurt, ice cream, milk shake, pudding, or mashed potatoes to your child to eat until the numbness is gone.

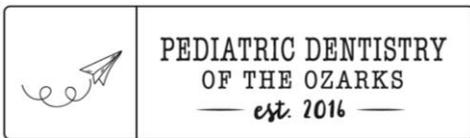
Expect your child's gums to be sore for a few days. Your child's gum tissue may bleed upon brushing for the next few days. To help with healing, keep the area clean by gently brushing 2-3 times a day and flossing.

All crowns are cemented onto the existing tooth. This cement is strong, but if hard, sticky, or chewy foods/candy are eaten, the crown may be dislodged. In order to prevent this from occurring, it is recommended to have your child avoid the following foods/candy: gummy bears, jolly ranchers, hard candies, salt water taffy, caramels, suckers, fruit roll-ups, corn nuts, beef jerky, raw carrots, or ice.

Baby (primary) teeth with crown restorations will be lost in the same way that other baby teeth are lost when the permanent tooth replacing them dissolves the root enough for them to be lost. There are no special concerns if the baby tooth with a crown is lost due to the eruption of a permanent tooth.

If your child grinds his/her teeth excessively, a hole can be worn through a crown which could lead to decay and /or the loss of the crown. If you notice a hole in your child's crown, bring it to the dentist's attention.

If your child's crown is loose or has come off, call the office immediately. Many times, a loose crown can be recemented, if your child is treated immediately. If your child's crown is off, store it in a plastic baggy and bring it into the office immediately. Delay in seeking treatment could lead to need for a new crown, decay, or loss of a tooth.



POST-EXTRACTION INSTRUCTIONS

After extractions of teeth many patients have questions concerning care after the procedure. The following information will give you general guidelines for after-extraction care.

Bleeding- Bleeding was controlled before we discharged your child, but some occasional oozing (pink or blood-tinged saliva) may occur. Hold gauze with firm pressure against the surgical site until oozing has stopped. You may need to change the gauze or repeat this step. If your child experiences prolonged bleeding or you are concerned about the amount of bleeding, please contact our office.

Pain- Some patients may have pain with dental extractions. If and how much pain your child may have depends on several factors. All patients who have a dental extraction will have the extraction area numbed with local anesthetic before the extraction. This local anesthetic will last 1 to 2 hours after the tooth extraction. Watch to see that your child does not bite, scratch, or injure the cheek, lips or tongue during this time. To help with the potential pain, each child should have an age/weight appropriate dose of Tylenol, Motrin before the numbness wears off. Follow the instructions on the bottle for dosing based upon your child's age/weight. Once the numbness wears off, the Tylenol/Motrin should be continued for the next 24 to 48 hours as needed for pain. Do NOT give your child Aspirin.

Diet- After all bleeding has stopped, the patient may drink cool non-carbonated liquids, but should NOT use a straw for 24 hours. Encourage fluids to help avoid dehydration. Cold soft foods are best during the first day. Consistency of foods can progress as tolerated. Until healing is more established, avoid foods such as nuts, sunflower seeds, chips, popcorn, or other foods with small pieces that may get lodged in the surgical areas.

Oral Hygiene- Keeping the mouth clean is essential for proper healing. Therefore, brushing and flossing are encouraged. The day of the extraction, teeth may be brushed and flossed gently, but avoid stimulating the surgical site. Soreness may not permit vigorous brushing of all areas, but please make every effort to clean the teeth within the bounds of comfort.

Surgical site Care - Do not disturb the surgical site the day of the extraction. Do not stretch the lips or cheeks to look at the area. Do not rinse vigorously, use mouthwash, or probe the area with fingers or other objects. Beginning tomorrow, your child may rinse with warm salt water (1/2 teaspoon salt with 1 cup water) after meals.

Stitches/Healing- Occasionally, stitches are needed at an extraction site. Dr. Taylor will inform you if these have been placed. If stitches are placed, your child may need to return to have them removed. Within 14 days almost all patients will be healed from extractions. Depending on your child's symptoms/condition, antibiotics are usually not needed after an extraction, even when the patient has had a preexisting dental infection. If, however, your child is already taking a prescribed antibiotic, finish the antibiotic regimen as prescribed.

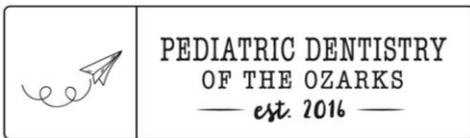
Watch for:

Swelling: Slight swelling and inflammation may occur for the next 2 days. If swelling occurs, ice packs may be used for the first 24 hours (10 minutes on then 10 minutes off) to decrease swelling and/or bruising. If swelling persists after 24 hours, warm/moist compresses (10 minutes on then 10 minutes off) may help. If swelling occurs after 48 hours, call our office.

Fever: A slight fever (temperature up to 100.5 degrees F) is not uncommon the first 48 hours after surgery. If a higher fever develops or the fever persists, call our office.

Dry Socket: Premature dissolving or loss of a blood clot following removal of a permanent tooth may result in a "dry socket." This typically occurs on the third to fifth day after the extraction, with a persistent throbbing pain in the jaw. Call our office if this occurs.

Questions or concerns - If you have any questions or concerns about dental extractions, please do not hesitate to call (573)-368-7336.



PULPOTOMY (NERVE TREATMENT) INFORMATION

We want all of our patients and their parents who have a tooth in which a pulpotomy (nerve treatment) has been performed, to have the right information on how to care for and what the benefits are of a pulpotomy.

When decay enters the nerve of the primary (baby) tooth, a pulpotomy procedure may be necessary to save the tooth. A pulpotomy is the removal of the nerve tissue and blood vessels inside the crown portion of a primary tooth. Once the decay and tissue have been removed, a medication filling is placed in the space previously occupied by the nerve tissue and blood vessels.

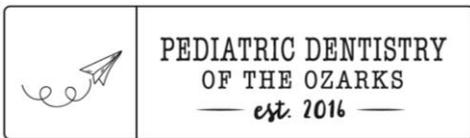
While serving in a capacity similar to a root canal, a pulpotomy is not a root canal. Primary teeth with pulpotomies will be lost in the same way that other baby teeth are lost when the permanent tooth replacing them dissolves the root enough for them to be lost. There are no special concerns if the baby tooth with a pulpotomy is lost due to the eruption of a permanent tooth.

With few exceptions, all teeth that have had a pulpotomy will need a stainless-steel crown (cap) to prevent breakdown of the tooth.

Pulpotomies have been shown to have an 85% to 90% clinical success rate in primary teeth. It must be noted however, that some pulpotomies will fail unpredictably and the primary tooth may need to be removed in the future.

In order to give your child's tooth with the pulpotomy the longest possible life span, please have your child avoid the following foods: ice or ice cubes, hard candies, taffy, caramels, and jaw breakers.

If you have any questions or concerns about pulpotomies, please do not hesitate to ask our team.



PIT AND FISSURE SEALANT INFORMATION

We want all of our patients and their parents who receive dental sealants to have the right information on how to care for dental sealants and what the benefits are of dental sealants.

Sealants are a plastic resin that is flowed into and bonded to the natural grooves that occur on the chewing surfaces of the back primary and permanent teeth. Sealing the grooves of a back tooth is a procedure to help prevent dental decay from occurring in the pits and fissures in the chewing surface of a back tooth.

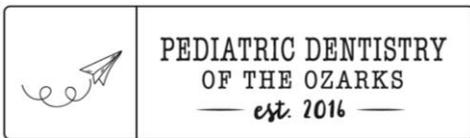
Sealants do not protect the smooth surfaces of teeth including the surfaces between teeth. Flossing is the only way to clean between the teeth and to prevent tooth decay between teeth.

If decay occurs on one of our patient's tooth surfaces where a sealant had been placed, a restoration will be needed.

In order to give your child's sealant the longest possible life span, please have your child avoid the following foods: ice or ice cubes, hard candies, taffy, caramels, and jaw breakers.

Your child's sealants will be evaluated at each re-care visit to make sure that they are intact and in no need of repair.

If you have any questions or concerns about sealants, please do not hesitate to ask our team.



SPACE MAINTAINER INSTRUCTIONS

We have recommended and placed a space maintainer(s) in your child's mouth to either maintain the space for erupting permanent teeth or to maintain the current position of already erupted permanent teeth. Without this space maintainer, your child's teeth may have difficulty in erupting or staying in their proper position. We want to provide you with some information which will allow you to care for your child's space maintainer in the best manner possible.

Diet- All of our space maintainers are cemented with strong dental cement; however, the space maintainer still can be dislodged if the wrong types of food are eaten. We recommend soft food only on the day of placement. For the duration of the time that the space maintainer is in place, we do not recommend that your child eat any of the following: caramels, taffy, hard candy, chewing gum (any type), gummy bears, jolly ranchers, ice cubes, hard crunchy foods, or any sticky, chewy foods. Sugary food should be kept to a minimum.

Oral Hygiene- While almost all of our space maintainer designs are easy to clean, your child must have above average oral hygiene. Space maintainers will catch extra food debris and plaque so your child will have to make an extra effort in brushing and flossing to maintain healthy gums and teeth.

Periodic Evaluation- Patients with space maintainers should be seen by the dentist at a minimum of every 6 months for routine examination for evaluation of the bite, fit of the bands, and tooth eruption. Failure to return for follow-up visits can lead to gum problems, cavities, and crooked teeth. Once the space maintainer is ready for removal, the dentist will remove it.

Patient Cooperation- Do not “flip” or push the appliance with the tongue, because it may loosen the fit. Do not pick at the wires or bands with fingers.

Loose Space Maintainer- Check your child's appliance daily when you assist with brushing. Should the space maintainer come loose for whatever the reason, call the office immediately. A loose appliance can cause significant damage to the surrounding soft tissue. If the space maintainer is loose enough to come out of the mouth, place it in an envelope or ziploc bag, store it in a safe place, then call the office immediately. Many times, a loose space maintainer can be easily re-cemented if the appliance has not been bent or broken and your child is seen as soon as possible. A delay in getting in for an appointment could cause the need for the space maintainer to be remade.

Patient Comfort- Space maintainers are a passive (they do not move teeth) appliance, therefore, there should not be any pain or discomfort associated with space maintainer. Pain or discomfort could be an indication that something is wrong with the space maintainer. Call the office if your child has any pain or discomfort associated with the space maintainer. With a new space maintainer, there may be an initial accommodation period of a few days to a week. During this time, there may be initial difficulty in speech and the appliance's presence will be noted. Usually, after this time the space maintainer is hardly noticed.