

The Rickmansworth Dental Centre

Newsletter



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Issue 20, Spring 2006

Welcome to the 20th Rickmansworth Dental Centre Newsletter. Thank you for your positive feedback on previous issues. If you have any comments on our newsletter or anything you would like to see in it, please let us know.

Practice News



Welcome to our Spring 2006 newsletter. We all hope that you had a Winter and managed to avoid all the germs and nasties that were doing the rounds and are enjoying the lovely Spring weather (Don't forget your umbrella!). We have now signed up to the new NHS contract - more about that below. The emergency out-of-hours telephone number has changed to **0845 603 1409**. This is now part of the NHS Direct service. Details can be found on the practice answer phone or online at www.thedentalcentre.org. Remember, if there is anything you would like to see at the practice or if there is any way we can make your visit more pleasant, please let us know and we will try to oblige.

NHS Dentistry



In previous newsletters (available to read online at www.thedentalcentre.org), we have mentioned the new NHS dental contract. We have now signed the new contract. We are in dispute over certain clauses, which we will have to resolve with the local Primary Care Trust. If we cannot resolve these issues or find that the new system introduced by the new contract is not working, either for us or for the patient, then we may still have to withdraw from the National Health Service. Details of the new contract and how it affects patients can be obtained at The Dental Centre. So, in summary, The Rickmansworth Dental centre will still offer Health Service treatment alongside private treatment. Hopefully we will be able to do this for many years to come, but this may change in the future. Of course we will keep you regularly updated on the situation.

Dental Hygienist



Donna, our dental hygienist is still at the practice, helping patients keep their teeth and gums healthy. There is information about the hygienist and what she does on the back of this newsletter.

Expensive Teeth!



A tooth extracted from the mouth of Napoleon when he was in exile fetched £11,200 at auction recently. The canine tooth came with papers tracing it back to Barry O'Meara, a physician thought to have extracted it in 1817, during Napoleon's exile on the South Atlantic island of St. Helena.



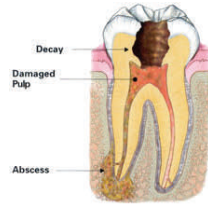
Appointments

We apologise if, when you make your next appointment, you have to wait slightly longer than normal for an appointment date. This is due to a backlog of treatment caused during the transition period at the start of the implementation of the new contract (see previous news). We apologise for this and any inconvenience caused. We will still make every effort to see you on the same day in an emergency.

Focus On Root Treatments



Endodontics is the branch of dentistry that deals with diseases of the tooth's pulp, which is located in the centre of the tooth and in canals (called root canals) within each tooth root. Pulp, consisting of connective tissue, nerves and blood vessels, nourishes the tooth when it first erupts (emerges through the gum). Once the tooth matures, the pulp can be removed safely from the pulp chamber and root canals and the tooth can be maintained. This is because the tooth also is nourished by a blood supply that surrounds the tooth. Removing the pulp is called endodontic treatment, but it is often referred to as root canal treatment or root canal therapy. Many people refer to this as "having a root canal." Root canal treatments are quite common. Root canal treatment is needed for two main reasons: infection or irreversible damage to the pulp. An untreated cavity is a common cause of pulp infection. The



decay erodes the enamel and dentine of the tooth until it opens into the root canal system, allowing bacteria to infect the pulp. Infections inside teeth don't respond to antibiotic treatment. The inflammation caused by the infection restricts the tooth's blood supply, so antibiotics in the bloodstream can't reach the infection very well. The reduced blood supply also limits the pulp's ability to heal itself.

The pulp also can become damaged from trauma, a fracture or extensive restorative work, such as several fillings placed over a period of time. Sometimes, a common dental procedure can cause the pulp to become inflamed. For example, preparing a tooth for a crown sometimes leads to the need for root canal treatment.

In many cases, when the pulp is inflamed, but not infected, it will heal and return to normal. We may want to monitor the tooth to see if this happens before doing root canal treatment. Sometimes, though, the pulp remains inflamed, which can cause pain and may lead to infection.

Once the pulp becomes infected, the infection can affect the bone around the tooth, causing an abscess to form. The goal of root canal treatment is to save the tooth by removing the infected or damaged pulp, treating any infection, and filling the empty canals with an inert material. If root canal treatment is not done, the tooth may have to be extracted.

If you have an infection of the pulp, you may not feel any pain at first. But if left untreated, the infection will cause pain and swelling. Some indications that a tooth may need a root canal are: A tooth that hurts significantly when you bite down on it, touch it or push on it, sensitivity to heat, sensitivity to cold that lasts longer than a couple of seconds, swelling near the affected tooth, a discoloured tooth (with or without pain), or a broken tooth. Root canal surgery is usually carried out under local anaesthetic although in some cases where the tooth has clearly died and is not sensitive this may not be necessary. Local

anaesthetics will not work in an infected area and you may be given antibiotics to settle the infection first. The first stage of a root treatment is to open the tooth through the crown (the flat top part) of the tooth, so that the pulp chamber can be accessed. Any remaining tooth pulp is then removed. Once the pulp has been removed, the remaining root canal will be cleaned and enlarged so that it can easily be filled. The root canals are normally an oval shape and may be very fine and difficult to fill. Adam will use a series of small files to enlarge the canals and make them a regular shape so the root filling can be placed. The treatment may take quite a long time to complete and may be carried out in one or several visits. Generally, the front, incisor and canine teeth have one canal, premolars have two canals and the back molar teeth have three. The more roots a tooth has the longer the treatment will take to complete. If the treatment is carried out over several visits we usually put a small amount of medication in the cleaned canal in between visits to help clear up any remaining germs and bacteria. The tooth will then be sealed with a temporary filling. You may also be given antibiotics to manage and prevent further infection. Once the root canal has been cleaned out and shaped, the root filling will be sealed tightly into the root canal. The tooth may then be restored with a filling. Root-filled teeth are more brittle than live ones and in some cases we may suggest placing a crown on the tooth to protect what remains of the tooth structure. In some cases a root-filled tooth may darken, particularly if it has died as a result of a blow, but there are several ways this can be treated. Root canal treatment is usually very successful. However, if the infection comes back the treatment can be repeated. Root canal therapy is not 100% successful. Straightforward cases may be expected to work 95% of the time; more complex teeth, however, have a lower prognosis of 65-85%. This success cannot be guaranteed. The lower success rates are usually associated with very infected teeth or teeth which have failed to respond to initial treatment or have become re-infected. In certain cases Adam may recommend you see a specialist practitioner who only does root treatments, known as an endodontist.



Visiting the Dental Hygienist

At The Dental Centre we have a dental hygienist, Donna. She is here on Mondays and Thursdays.

Listed below are a few of the most frequently asked questions about hygienists and what a visit to the hygienist involves.

What is a hygienist?

Dental hygienists are specially trained to work with the dentist in providing care tailored to the patients' needs.

They play an important role in dental health care and are mainly concerned with gum health, education in correct home care and the application of preventive materials to the teeth and gums.

The hygienist provides professional cleaning of the teeth for the patient. Most importantly they educate the patient in the best way to keep the teeth free of plaque.

Why is this treatment important?

Regular professional cleaning combined with your home care will help maintain a healthy mouth. A clean and healthy mouth will improve your appearance, help you keep your teeth and give you fresh breath.

Can a hygienist help prevent dental disease?

The training of the hygienist is centred on preventing dental disease. Carefully removing the deposits that build up on the teeth and teaching you how to prevent it reforming again, will go a long way to slowing the progress of gum disease. Anti-bacterial gels and solutions can be applied under the gum to kill the bacteria causing gum disease. By discussing your diet and recommending other preventive measures your decay rate can also be reduced.

Children can benefit from having their teeth polished. The hygienist can also apply fluoride gels and solutions to help prevent decay. The permanent back teeth can also benefit from having the fissures sealed.

Why doesn't the dentist do this work?

Dr. Deitsch will carry out this type of work. However, the hygienist has been specially trained to carry out scaling and polishing and can spend longer with you. They are also expert at teaching you how to look after your teeth and gums. Often the hygienist will spend a number of appointments getting the gums healthy ready for the dentist to do the more complex treatment.

Will the treatment hurt?

Scaling and polishing is usually pain-free. However, if you do experience some discomfort the hygienist can eliminate this with the use of topical anaesthetic creams or by giving you some local anaesthetic. It is important that you let the hygienist know at the time so that some pain control can be given.

What can I do to help the Hygienist?

You can do a great deal to help yourself and the hygienist as you are in control of your mouth between visits to the practice.

Your hygienist will have shown you how to remove plaque with a toothbrush and fluoride toothpaste. You will also have been shown how to clean between your teeth with floss, tape or little brushes. There are many products now available and your hygienist will recommend those that are appropriate for you.

Do I need to see the hygienist?

Following your routine examination Dr. Deitsch will advise you if you require a visit to the hygienist. If you feel you wish to see the hygienist anyway, please contact the surgery and this can be arranged for you.

If you have any queries or require further information, please do not hesitate to contact us.



*Wishing you a good Spring
from Adam Deitsch and all the staff at The Dental Centre.
Don't forget you can find us online at www.thedentalcentre.org.*

