WHAT TO EXPECT AFTER YOUR CHILD'S DENTAL TREATMENT

LOCAL ANESTHETIC:

If a local anesthetic was used during your child's dental treatment, your child's mouth will be "numb" for approximately 2-4 hours. Watch your child closely to make sure that he or she does not chew, scratch, suck or play with the numb lips, cheeks or tongue. These actions can cause minor irritations or, in some cases, cause severe swelling or abrasions. A cool, soft diet is recommended until the anesthetic wears off completely to prevent accidental biting and burns.

Many children are unfamiliar with the numb sensation and associate it with pain. Some children become very upset when they realize that their mouth feels different. Please do not be alarmed! Reassure your child that the "funny feeling" will go away in a few hours.

SWELLING AND PAIN:

Mild swelling, mild pain, light bleeding, gum irritations and sores can be expected following dental procedures. You can give your child over the counter Advil, Motrin, or Tylenol, following dose recommendations printed on the package or package insert, before the numbness wears off. Please call us if any significant pain or swelling noted.

SEALANTS:

Dental sealants are thin plastic coatings applied to the chewing surfaces of the back teeth to prevent decay. These teeth have natural pits and grooves that are hard to clean, because toothbrush bristles cannot reach into them. The sealant bonds to the tooth and protects teeth from plaque and acid attacks. Sealants will normally wear down with chewing but can last up to a few years before they need to be reapplied. Teeth grinding and eating hard, sticky and chewy foods such as hard candies, caramels, gum, and ice can shorten the life span of your child's sealants. We will check your child's sealants at each check up appointment and recommend a replacement when necessary.

After sealants are placed, your child may notice a slightly bitter taste. Rinsing with water will help get rid of the bad taste. Your child may eat or drink right away after sealant appointment. Sealants may temporarily cause a slight alteration in bite. This is normal and will go away in a few days.

Sealants do not protect the smooth surfaces of teeth, including the surfaces between the teeth. Flossing is the only way to clean between the teeth and to prevent cavities from forming between teeth.

DENTAL FILLINGS:

After the placement of a dental filling, teeth may be sensitive to hot, cold and pressure for a brief period of time, even if they did not feel sensitive before. There may be some gum irritation for a few days.

Because white fillings are fully hardened immediately after placement, your child can start chewing normally as soon as the numbness subsides.

Because it can be often difficult to determine if the bite is correct while the child is still numb, your child's bite may feel uneven when the numbness wears off. If this happens, call us for a quick adjustment appointment.

All resin fillings become darker over time due to intake of pigments from foods and beverages that have artificial or natural pigments. Minimizing exposure to staining foods and beverages is strongly recommended.

Although resin fillings are quite durable, the tooth that was filled is still vulnerable to tooth decay, especially at the interface (seam) between the filling and the tooth. Children's enamel is very thin and another cavity can quickly form on the newly filled tooth if proper brushing and flossing routine is not followed. If another cavity forms on the same tooth, your child's recently placed filling may need to be replaced with a larger filling or a crown. Meticulous home care,

fluoride treatments, regular dental visits and limited intake of sugar-containing or acidic foods and beverages will increase the longevity of your child's restoration.

Resin fillings are very conservative restorations that work well by preserving natural tooth structure when a cavity is small. When a cavity is large, the remaining tooth structure may not be strong enough to support a filling. If the tooth or the filling breaks, a stainless steel crown may be recommended as a more supportive restoration.

In some cases, despite our best efforts, a tooth with a deep cavity may develop an abscess and will need to be extracted. Call us right away if your child develops pain or swelling after a routine filling appointment.

PULPOTOMY:

A baby tooth is smaller than an adult tooth and tooth enamel is very thin, so decay can spread quickly. When decay reaches the nerve of a baby tooth, a pulpotomy procedure becomes necessary to save the tooth. During this procedure, infected nerve tissue is removed and medication is placed to preserve remaining nerve tissue. A protective stainless steel crown is placed to prevent further breakdown of the tooth.

Pulpotomies have been shown to have a high success rate but they don't work every time. The success rate depends on many factors, including the location of the tooth, the size of the cavity, and the presence of infection. Some pulpotomies will fail unpredictably and the baby tooth will need to be extracted in the future. If your child develops pain or if you notice a swelling or a "pimple" forming on the gum near the restored tooth, call our office right away.

CROWNS:

A crown is usually placed when a tooth was significantly damaged by decay or fracture and requires a full coverage restoration to strengthen the tooth. A crown restoration encircles and covers all surfaces of your child's tooth thereby allowing your child to maintain the tooth until it naturally falls out. The gum tissue around the crown may appear bruised, bleeding, or discolored for a short period of time. Minor soreness is expected.

Crowns are very durable and cemented with strong cement. They are not as strong as natural teeth, however, and may dislodge under chewing or grinding forces or due to chewing on hard or sticky foods and substances. Avoiding sticky foods will prolong the longevity of the crown. If the crown falls out, store it in a plastic bag and call the office right away. In most cases, a loose or uncemented crown can cemented back within a few days. Delaying treatment, however, could cause the tooth to move or develop a new cavity. If this happens, a new crown or additional treatment will be necessary.

SPACE MAINTAINERS:

Sometimes a baby tooth is lost before the adult (permanent) tooth beneath it is ready to erupt. If a baby tooth is lost too early, nearby teeth can tip or shift into the vacant space, preventing the adult tooth to erupt properly when it's ready. Space maintainers are designed to maintain space for erupting permanent teeth after a baby tooth was lost prematurely.

Although space maintainers are cemented with durable cement, they are designed to come off easily and without damage to supporting teeth when the adult tooth is ready to erupt. This means that a space maintainer can be easily dislodged with sticky or hard foods. Avoiding chewing gum, caramels, hard candy, and hard crunchy foods will prolong the life of your child's space maintainer.

The space maintainer is not a toy. Picking at the wires or appliances with fingers or "flipping" it with tongue may loosen the fit and cause the appliance to come off prematurely. Normal chewing forces can also contribute to the space maintainer becoming loose. If this happens, please put it in a plastic bag and call the office right away. In most cases, a dislodged appliance can be recemented. After a few days, however, the teeth may move into the vacant space. If this happens, the space can be lost and a new space maintainer might be needed.

Patients with space maintainers should be seen by the dentist every six months for routine examination for evaluation of bite, fit and tooth eruption. As the child grows, a new space maintainer may become necessary to hold the space open. Once the space maintainer is ready for removal, the dentist will remove it.

Space Maintainers are passive appliances. There may be an accommodation period of a few days to a week. After that, there should not be any pain or discomfort associated with the space maintainer. Please call our office if discomfort persists or your child is not comfortable.

TOOTH EXTRACTION:

Some discomfort, bleeding and/or swelling are expected after having a tooth extracted. You can give your child age-appropriate over the counter pain medication, such as Motrin or Advil, before the numbness wears off. To reduce bleeding, place a gauze pad over the area and have your child gently but firmly bite on it for 10-20 minutes. Replace gauze as needed until active bleeding stops completely. You can use moist tea bags instead of gauze. Instruct your child to avoid spitting, blowing nose forcefully, swishing vigorously, or using a straw. Avoid touching the site with fingers or tongue. Some swelling may be anticipated after a more difficult extraction. To minimize swelling, apply an ice pack to the face for 15 minutes on, then 15 minutes off for the first 6 hours after the extraction. Feed your child soft and cool diet for the first 24 hours. Good suggestions are eggs, ice-cream, yogurt, cool soups and pasta. Keep your child hydrated by offering plenty of water, orange and tomato juice. Keep your child's teeth as clean as possible to avoid infection and promote healing. At first, gently brush away from the extraction area. The next day, resume normal brushing and flossing. Generally, it's advised to rest and avoid any significant physical activity the day of the extraction to promote healing.

IF YOU HAVE ANY QUESTIONS OR EXPERIENCE A PROBLEM, PLEASE CALL US AS SOON AS POSSIBLE.