



Pagosa Smiles

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ASK THE DOCTOR

Q. Do you use silver amalgam fillings?

A. We have not provided amalgam fillings for a number of years. The reason is that there is virtually always a better material to use. Amalgam does nothing to restore the strength of a tooth. It merely occupies the space left by decay or fracture and depends entirely on remaining tooth structure on either side to hold it in. We use a *composite filling* material (tooth colored) which is bonded to the sides of the preparation, supporting what remains of the natural tooth.

Q. Should I get my silver amalgams replaced?

A. The overwhelming preponderance of research shows amalgam to be quite safe even though it does contain mercury. Any filling removal carries a slight risk of additional tooth damage or irritation of its pulp (nerve). On rare occasions a tooth thus irritated may even die, requiring root canal therapy or extraction. The following are some good reasons for amalgam replacements.

1. New pathology (fracture, decay)
2. Fracture or defect of the filling
3. Allergy to one of its metals (silver, mercury, copper etc.)
4. Esthetics (desire to get rid of unattractive black fillings).

Q. I clench my teeth, especially while I sleep. What can I do and is it harmful?

A. Clenching and grinding (bruxism) are habits that develop early in life. It is our way of relieving stress. Unfortunately, the habit can take its toll on our teeth, our muscles and our temporomandibular joint (TMJ). Bruxism is common in a great majority of the population. Symptoms range from broken teeth to temporomandibular dysfunction (TMD). A change in life-style may or may not help. An oral appliance (*night guard*), worn at night, may help to relieve symptoms. Each patient must be evaluated individually.

Q. Is home bleaching safe and can I safely use store bought bleaching systems?

- A. Store bought *bleaching* systems can't provide a perfectly fitting tray to hold the bleach evenly over the tooth surface. The result is uneven bleaching with biting edges of teeth generally lightening while the necks of the teeth remain yellow. Just as important, is the progress monitoring provided by your dental office. Many people are tempted to bleach too long increasing sensitivity problems and after yielding a very unsightly result. When a tooth is bleached too much it loses too much pigment and becomes more transparent.

Q. Can a tooth be replaced? (Prosthodontics)

- A. Teeth may be lost due to decay gum disease or trauma. If this happens, the tooth or teeth should be replaced in order to restore your smile, regain your chewing and prevent other teeth from shifting to an undesirable or less functional position. There are three main types of artificial teeth and each one is designed for a particular situation. They are dental implants, removable dentures and fixed bridges. A *DENTAL IMPLANT* is made by surgically placing one or more small metal posts beneath the gum into the jawbone. In a few months, when they are attached to the surrounding bone, they are exposed and have the artificial tooth or teeth attached to them. A *REMOVABLE OR PARTIAL DENTURE* replaces all or some of the lost teeth in the arch with one appliance. The denture is held in place by clasping some of the remaining teeth- or by suction where none of the natural teeth are left. A *FIXED BRIDGE* is a replacement that is cemented to the adjacent teeth and cannot be removed.

Q. I can see cracks in some of my teeth are these dangerous?

- A. Many cracks are merely shallow craze lines in otherwise intact enamel. There require no treatment and may or may not progress into more serious cracks. More serious are cracks which extend through the enamel into the underlying dentin of your tooth. Teeth with large silver fillings are especially prone to cracks due to the weakening effect of lost tooth structure. Since none of these cracks show up on an x-ray it is imperative that you receive regular dental examinations, and inform your dentist of any sensitivity immediately.

Q. How can I prevent cracked teeth?

- A. No one can predict encountering a rock or bone in their food or a traumatic accident. Among the most common risk factors (along with teeth weakened by large fillings) is trauma caused by clenching and grinding of the teeth. Along with frequent examinations by a dentist a night guard may be recommended to reduce the stress placed on weakened teeth during nighttime clenching and grinding.

Q. I've heard of TMJ syndrome. How do I know if I have it?

- A. TMJ (Tempor-Mandibular Joint) syndrome is a term often used to describe a wide range of symptoms and pathologies. Popping or clicking of the TMJ (jaw joint) is very common, and in its mildest forms does not usually truly represent pathology which must be treated. Avoidance of behaviors which cause this (such as opening extra wide for bite of sandwich and chewing very tough meat) may reduce the symptom and lessen inflammation in the joint. More serious popping or locking of the joint (especially if painful) may require treatment, and must be evaluated by your dentist. Pain in the cheek, neck, or side of the head often indicates muscle cramping, more properly called MPD (myofascial pain dysfunction). If this does not respond to exercise and home remedies recommended by your dentist, it may require more aggressive treatment.

Q. How do I know if I have gum disease?

- A. *Gum disease* (periodontitis) affects at least 4 out of 5 people, so if your dentist hasn't recently told you that your gums are in perfect health, the odds are very good that you do have this infection. This gum and bone infection is quite insidious in that only in its last stages is any pain involved. It never hurts until it is too late! Even if bleeding is noticed (and this symptom is often not noticed) it is frequently dismissed away by noting that many friend and relatives also have gums which bleed easily. **AS WELL AS CAUSING BAD BREATH, GUM DISEASE IS BY FAR THE LEADING CAUSE OF TOOTH LOSS.**

Though antibiotics, in general, are useless, this bacterial infection can be successfully treated. As with most diseases, early detection and fastidious compliance with all suggested treatment yields the best chance of keeping your teeth. Remember, bone "eaten" away by this painless, but dangerous disease is gone forever!

We've known for years that systemic diseases such as diabetes makes gum disease worse. What we are just now learning through extensive research, is that gum disease is implicated in contributing to such pillars as cardiovascular disease. Save the life of your teeth (and maybe your own life) by seeking treatment today!

Q. How often should I get my teeth cleaned?

- A. This is a very good question! People have been led to believe that every 6 months is the correct interval. For some this is correct, but lumping everyone into the same category is like changing the oil in your car every six months whether you drive to the market every weekend, or you are a traveling salesperson traveling 5,000 miles a week. The recare interval between cleanings should be based on individual need and state of health! Most patients following active treatment for gum disease need to have their teeth cleaned every 2 or 3 months according to their individual situation determined by the doctor and hygienist.

Q. How often should I *brush* and floss my teeth?

- A. Thoroughness is more important than frequency. If you are extremely thorough twice a day is much better than 3 or 4 “slap-dash” attempts. *Flossing* should be done at least once a day every day.

Q. What can I do about my ugly teeth?

- A. The quest for a “Hollywood Smile” is often fulfilled by a complete smile makeover using veneers and/or porcelain crowns. This approach is, of course, more aggressive and expensive than whitening, but enables us to correct even moderately severe shape and alignment problems. Since the fronts of the teeth are covered, this technique allows a wide range of color choices. Of course, very severe bite problems or crookedness still requires braces first.

Q. I hear so much about implants. What are they?

- A. An implant is now, in most cases, the best way to replace a missing tooth. A titanium post about the size of the original natural tooth root is surgically placed into the bone. After a healing period of 4 to 6 months, the surgeon refers you back to our office for us to place the abutment (which screws into the top of the implant) and the crown or other prosthesis used to replace your tooth. Occasionally, bone must be grafted into areas lacking adequate height or width of bone. This often requires an additional healing period of up to 8 months. In rare instances, bone character or systemic considerations may make implants impossible and the tooth or teeth will have to be replaced another way.