

8 TREATMENTS

Cleaning teeth and gums

How you clean teeth and gums should be based upon the findings in the examination.

Gingivitis

If there is only plaque, the gums are red and inflamed, and there is no calculus, you can probably just use a tooth brush and floss (if available) to remove the plaque. If a tooth brush is not available, consider using what may have been used traditionally in your area.

Many cultures used the chewed end of a small twig to clean teeth. It does not matter much what is used, as long as the plaque is removed thoroughly every day. With a mirror, show the patient their red, inflamed gums, and plaque. Explain to them the consequences of not removing the plaque on a daily basis:

- Painful bleeding gums
- Can get cavities that may lead to toothaches and extraction
- Severe gum disease that will make teeth fall out.
- Possible infection around the teeth and gums that is very painful.

Show the patient with a mirror where and how they need to clean. Demonstrate for them, and have them then show you that they can do it. Explain that the gums may bleed at first, but after about a week of the patient properly cleaning every day this will stop.





First, take floss and wrap it around your middle fingers as in the photo to the left.



Clean between all teeth, scraping the roots in an up and down motion, lifting the plaque away from the root surface. Work the floss under the gums along the tooth root so that calculus does not form.

Proper Brushing Technique

		
Tilt the brush at a 45° angle against the gumline and sweep or roll the brush away from the gumline.	Gently brush the outside, inside and chewing surface of each tooth using short back-and-forth strokes.	Gently brush your tongue to remove bacteria and freshen breath.

Then take a brush and clean all teeth. Focus on the gums and chewing surfaces. Angle the brush toward the gums. Use small, light, rapid strokes to remove the plaque. The germs are weak, so you do not need to push hard.

Calculus and Periodontitis



If calculus is present, it must be removed. If it is not removed, the bone holding the teeth becomes irritated and recedes, leading to loose teeth, infection, and tooth loss. You will need to use curettes and scalers. These are special instruments for cleaning under the

gum line. They should be kept sharp so they work properly and easily. The photo to the left shows two examples. There are many kinds available. In general using the following will clean most areas of the mouth well: Gracie 13/14, Gracie 11/12, and an interproximal carver (scaler).



You need to get under the gum line, below the deepest part of calculus, press against the tooth, and scrape firmly and with control up, out of the gum pocket. Sometimes the calculus is just above the gums. Other times it is deep under the gums. Either way, you must get below it and scrape it out.

If this deep cleaning is painful for the patient, then you should give anesthetic (if available) so they are comfortable and you can clean thoroughly. Refer to the chapter on anesthetic to show where and how to give it for teeth and gums.

Extractions

Extractions can be very challenging. However, you will learn from each experience. If you have trouble extracting teeth with some patients, do not become disappointed. Try to learn from any mistakes, make improvements the next time, and build upon positive experience.

You will need the following instruments.



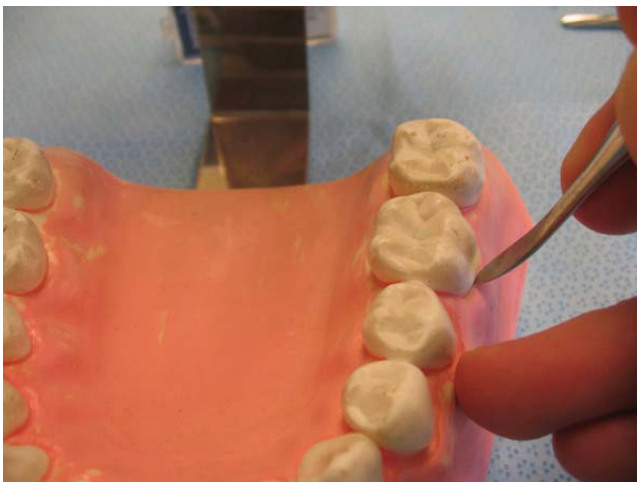
Curette

Elevator

Forceps

Once you determine that a tooth needs to come out, get the patient numb.

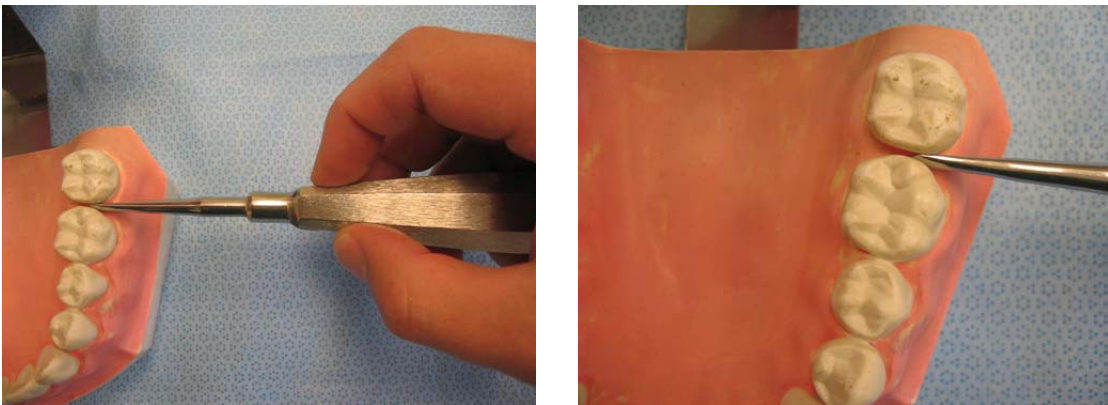
Work slowly, deliberately, and do not rush to use forceps too quickly. You want to make the procedure as easy as possible for you, so try to avoid breaking teeth.



Begin by detaching the gum from the tooth by pushing along the root surface toward the apex. A periosteal elevator is shown, but the curette can accomplish the same result.

Next, use an elevator to loosen the tooth. This loosens gently with less chance of breaking the crown.

Orient the elevator perpendicular to the curve of the arch and the occlusal plane, with the curved tip of the elevator toward the tooth to be removed.



- Gently rotate the occlusal edge of the elevator tip toward the crown.
- Make sure the tip is seated between tooth and bone well, and digs into the tooth.
- Rotate the edge of the elevator that is closest to the tip of the root toward the tooth. Avoid pushing against the adjacent tooth. You are trying to pry the tooth up.

Repeat these actions, seating the elevator deeper until the tooth gets as loose as possible.



When you no longer get any benefit from the elevator, you may use the forceps.

Place the beaks of the forceps as deep as possible on the tooth under the gums. Start to slowly and gently roll the forceps toward the cheek and then toward the tongue. This

slowly expands the bone to allow the tooth out. Next, roll the forceps in a figure “8” pattern. As the tooth loosens, you can apply more and more pressure until the tooth rolls out. Depending upon the shape of the roots, the teeth may roll one way easier than others. If you get more movement to one direction, emphasize that way. If the crown of the tooth breaks, don’t worry. Use as sharp of an elevator as possible to get between the root and bone. Continue elevating. You may wish to try different orientations of the elevator to allow you to get more leverage. For example, sometimes with upper anterior teeth, it’s helpful to place the elevator on the lingual side. Apply firm pressure toward the tip of the root. Hold your other hand at the tip of the elevator to help avoid slipping.

Once the tooth is out, use the curette to scrape the bone within the extraction site. This removes any potential infection and tooth debris. Have the patient bite firmly on moist gauze and tell them to do so until the bleeding stops. Give them a few extra pieces of gauze to change later in the day.

Post-Extraction Instructions

- Bite on the gauze
- Take pain medicine before numbness goes away, and do so for next three days.
- Do not pick at the extraction site.
- Eat soft foods for a few days, and try to avoid foods with small pieces that may get into the site such as: rice, whole grains, and ground meat.
- Keep other teeth clean to reduce bacteria in mouth.
- After one day, **gently** rinse with salt water to flush out any food in the site.

Post-Surgical Problems

Most extractions will heal well without problems. However, there is one common problem that you will certainly see. Occasionally, the blood clot that forms in the extraction site falls out too early. This exposes the bone and becomes very painful.

If after three days, the patient complains of **increased** pain in the area, look at the extraction site. If the clot looks to be missing (you see bone in the socket), or there is pus in the socket, this is most likely the cause of the pain.

Treat it by getting the patient numb again. Then take a curette and clean the site, removing any food, debris, and infection. Make sure that you feel solid bone with the tip of the curette. Then have the patient bite on gauze to stop the bleeding as before. Have them take medicine for pain which could continue as long as two weeks.



You will also need some kind of filling material. There are many kinds available. We recommend that you use a type that you mix by hand. They are less expensive, do not require electricity, and reduce garbage. Examples of

these products are: glass ionomer such as fuji (best choice), IRM, or phosphate cement.

Avoid using dental amalgam and composite unless you have training preparing the cavity and placing this kind of material. Both require additional machines to place them.

Removing Decay

With or without anesthesia, use the spoon and enamel hatchet to remove the weak enamel. It is important to get a clean solid edge. Then gently remove the soft decayed dentin. Work from the edges, and move toward the pulp. Go no further if you think you will expose the nerve. It is better to leave a little decay and fill it than to expose the nerve. Generally, the dentin is hard when the decay is removed.

Filling



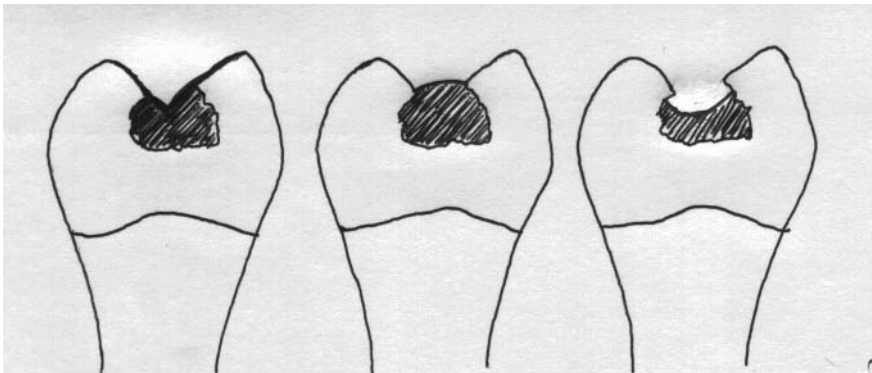
1. Isolate the tooth with cotton rolls or similar to keep it clean and dry. Have the patient relax his/her tongue, retract it with the mirror, and use cotton pliers to place the cotton roll under the tongue.
2. Clean the cavity with a small piece of wet cotton.

3. Dry the cavity with a small piece of dry cotton.

4. Mix the filling material (follow mixing instructions that come with each specific product as they are different.)

5. Place the filling in the cavity. Try not to have any holes, or gaps along the edges.

6. While wet, quickly smooth and shape the filling so it matches as best as possible natural tooth shape.



Ideal fill

Over fill

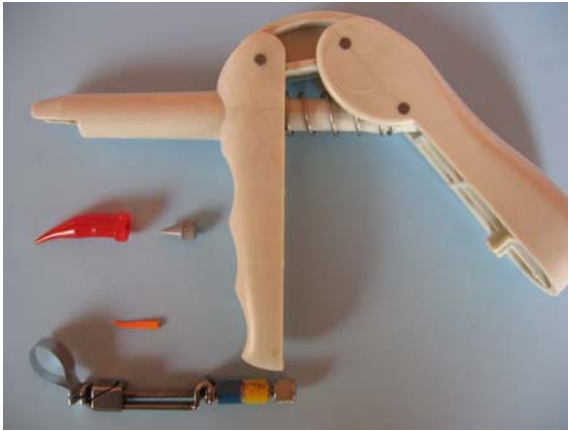
Under fill

7. Let the filling harden.

8. Remove any excessive filling material.

9. Ask the patient to gently bite and tell you if it feels normal and comfortable. If they tell you it feels too big, or too high, then use the spoon to remove excessive filling until biting feels normal.

Filling between teeth



You will need special instruments to place this kind of filling. Do not start cleaning the tooth unless you have everything in the photo to the left.

Tofflemyer retainer, band, and wedge.

Composite gun, carpule, and plunger.

Follow the same instructions for cleaning as before.



Have a clean, solid edge without any thin weak enamel. Place the band between teeth so that the edge of the band is against the tooth completely without gum between tooth and band. Place a small wedge

between the teeth to force the band against the tooth in the area that needs the filling. In the case of children, this wedging may be uncomfortable. If you find that you generally lose children's cooperation after wedging, do not do it. However, try to get a tight fit of the band around the tooth.

- Mix the filling material.
- Load filling syringe.
- Inject filling material starting at the deepest part of the cavity toward the gum.
- Gently move the syringe up and down slightly to force the filling to flow into every corner of the cavity.

- As the filling material flows in, back the syringe tip out.
- Quickly shape the cement to make natural tooth anatomy.
- Let the filling material harden completely.
- Remove the wedge and band.
- Smooth any sharp, rough edges.
- Have the patient gently bite, and ask how it feels. If it does not feel normal, remove the part of the filling that is too high. If you don't do this, the filling will break.

Filling along the gum line

Clean tooth as before.



Gently place gingival cord under the gum line. Be very gently, or use anesthetic. The photo to the left is showing the act of placing the cord. When finished, the cord should be under the gum line and barely visible.

- Mix and place filling material.
- Shape the filling to match normal tooth anatomy. Do not allow the filling to harden over the gums.

Remove the cord, and make sure that there are no rough edges along the filling.

In some cases, such as small occlusal caries only in the grooves, and uncooperative children, you may not be able to remove the decay. Clean the tooth as best as you can with a tooth brush. Then proceed to “filling” (this is actually referred to as a sealant). Place the filling material in the grooves of the tooth, and smear it smooth with your finger so that it is forced into the depth of the grooves.