

Oral Health Report

A newsletter for the patients of Pankey Institute trained dentists

Vol. 3 No. 2



Functional Esthetic Dentistry... Cosmetic Dentistry that Lasts

Contributed by Dr. Larry Burgess of The Woodlands, Texas

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A not-for-profit educational foundation dedicated to improving the oral health care of the world's citizens

On the Web at:
www.pankeydentist.org

If you have teeth that are worn, discolored, misshapen, misaligned, or missing you might be a candidate for cosmetic dentistry. People choose cosmetic dentistry for different reasons.

- Some people have generally healthy teeth and choose to change their smile to a dazzling appearance.
- Others have dental problems and need to restore their teeth to health and full, comfortable function. During a restoration (make-over) process that addresses their health and function needs, their dentist can create a youthful, beautiful smile.

Regardless of your reasons, doesn't it make sense to get the best and most natural result possible?

There are many cosmetic and esthetic dentistry procedures that can give you the perfect, even teeth

that you've always wanted. Whether you are looking to subtly enhance your smile or are in need of more extensive work, your dentist can help you to look and feel more beautiful and confident.

Cosmetic Versus Esthetic Dentistry

The term "cosmetic" makes us think of changing something to make it more beautiful. You may associate the word "cosmetic" with doing something for the sake of appearance. The term "esthetic" carries with it the connotation of beauty taken to a higher art form. You may associate the word "esthetic" with appreciation for the artfulness of the appearance being "in good taste."

Every dental restoration (for example a crown, implant, bridge or filling) can be made in such a way as to achieve an esthetic, natural-looking tooth. But the restoration also has to be able to stand up to the forces of your bite over time. Form follows

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Cosmetic Dentistry that Lasts *from Page 1*

function, and properly functioning teeth have a specific shape for a reason. Your Pankey Institute trained dentist wants to balance the esthetic results of your smile with predictable, functional and healthy outcomes that last as many years as possible.

Your dentist seeks to balance more than shape. Your dentists seeks to balance the color. Matching the color of your restorations to your natural teeth is important so your restorations don't stand out when you smile. Your dentist can bleach your teeth to a lighter, brighter, more youthful shade before matching your restorations to your new natural color.

Your dentist is also concerned about the gradations of color, translucency and reflectivity of the restoration – like an artist emulating

nature. A trained eye and perfected skills are critical to fine dentistry. Oftentimes, your dentist is working closely with a expert dental ceramist to create the most appropriate restoration.

The Stages of a Smile Makeover

1. Discussion – Prior to your examination your dentist will spend time talking about your dental history, medical history, health concerns and oral health objectives.

The best possible outcome of any dental service lies in the doctor and care team understanding your desires for your ideal smile. Everyone has different concepts of beauty, and this applies to teeth as well. Each patient's treatment plan should be individualized and custom designed to compliment the patient's facial structure, skin and eyes. Your dentist has pursued advanced training in dental esthetics to confidently guide you in making good choices.

2. Examination – The comprehensive oral health examination you receive by a Pankey Institute trained dentists may be unlike any other you have received in another dental office. The approach will be thorough and comprehensive. You will be encouraged to ask questions and voice concerns throughout the process. Your dentist will seek to understand your current oral condition and the underlying factors that affect your smile.

Keep in mind that disease, nutrition, occlusal function (your bite), accidental injury, your genetic make-up and even more factors affect the

appearance of your smile. One of your dentist's objectives will be to solve as many problems as possible, in order to make sure your new smile is optimally healthy and functional so it lasts a long, long time.

3. Photography – You dentist may use pictures of sample, ideal smiles to start a dialogue. In our practice, we provide patients with several choices and welcome them to bring favorite smiles from magazines or other sources. We photograph our patients' current smiles and use photographic enhancement techniques to help them begin to visualize their final result. This helps them discover how their smile could look in two dimensions. With or without photographic enhancement techniques, your dentist will move on to the next step only after developing a good understanding with you of what is possible in your mouth and what you desire. A wax-up model of your mouth provides significant information for both you and the dentist and will help both of you in this process.

4. Laboratory Wax-up – The dental team will "take impressions" (make molds) of your mouth and from the molds create a mock-up of your mouth in wax. On this wax, your dentist can modify the shapes and contour of your teeth and examine the changes in three dimensions. This allows your dentist to do a proper and realistic assessment of your bite. Cosmetic dentistry without regard to the bite (stable occlusion) is asking for failure. The wax-up enables your dentist to properly diagnosis your condition and determine what is really best care for you.

5. Treatment Plan – Not every course of action is simple, and most mouths cannot be restored without careful study and planning. When your dentist has created a well thought out plan, your dentist will outline a series of procedures that are most appropriate for achieving the results you have previously discussed. You will be helped to envision what your ideal smile might look like and to understand the functional enhancement you will experience.

The plan may include treatment by a specialist such as an orthodontist or periodontist. Referral will be made to a specialist your dentist trusts to be as comprehensive and careful as he or she is, and your dentist will be in communication with the specialist before you start treatment.

You dentist may offer alternatives and choices but will be recommending what is in your long term best interest. When there are multiple ways to do a smile makeover, alternative treatment plans, and the pros and cons of them will be discussed with you.

6. Preliminary Treatment – Many people have some amount of periodontal disease to be treated prior to restoration. Patients with occlusal (bite) problems will benefit from bite splint therapy. If tooth decay is occurring, it will be addressed to stop the disease process. Some patients can benefit from orthodontics and/or implants prior to restoration. In fact, it is not uncommon for a smile makeover to include orthodontics or dental implants.

7. Phases of Treatment – At each phase of the treatment plan that you select, your dentist will thoroughly discuss what is involved and address your concerns. If finances are a concern, many smile makeovers can be done over a period of years, with the dentistry done in stages. The most urgent health and functional concerns will be addressed first to improve health and comfort.

A makeover process may take anywhere from a few weeks to several months depending upon your



needs. Before any extensive smile makeover is performed and while it is in process, your dentist will go to great lengths to ensure the final result will meet or exceed your expectations.

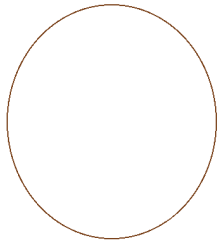
8. Temporary Restorations – Beautiful and durable temporary restorations are made from hard acrylic in the shape of the pre-approved wax-up. These are adhered to your prepped teeth and can be worn while you “test drive” your new smile for function, comfort, and appearance. This time is important as it gives you and your dentist another opportunity to refine the changes in your teeth for optimal results prior to creation of the final restorations.

9. Final Restorations – You will want to have your teeth whitened prior to the fitting of your final restorations so your restorations can be made to match the ideal color you desire. Your dentist will counsel you about appropriate whitening for your circumstances and oversee the process. Final restorations, whether they are porcelain veneers, crowns, on-lays, bridges or other, are “tried in.” Once in your mouth, they can still be refined in shape and shade to meet your expectations.

10. Follow-up – Your dentist will continue to follow-up with you and ensure that your bite is evenly solid and your expectations are met. Your dentist’s happiest moment is when you say the dentistry you received exceeded your expectations and you are delighted with the results. Your dentist wants to help you maintain your new smile during the years to come and get the most from your dental investment. You and the dental team you trust will continue to partner to ensure your long term health, comfort and appearance.

Now, isn't this the kind of long-lasting smile makeover you really want?

“I never saw a tooth walk into my office.”



The Pankey Institute was founded in 1972 to carry on the work of a world-famous dentist, Dr. Lindsey D. Pankey, who received his D.D.S. degree in 1924, and then practiced dentistry in Coral Gables, Florida for most of his career. He became well known for his lectures on the practice of dentistry and restorative techniques. A group of dentists, patients, and friends close to Dr. Pankey were instrumental in creating the Institute in his name. In 1999, Dr. Pankey was the 10th dentist to be inducted into the Pierre Fauchard Academy Hall of Fame.

As a history-changing professional, Dr. Pankey was always searching for the best way to serve patients. He strove to listen well, to treat patients with respect and honor, and to further the practice of dentistry. His adherence to a higher moral code has infused the Institute and made it a place of excellence. Dr. Pankey was active within the Institute until his death in 1989.

When Dr. Pankey said, “I never saw a tooth walk into my office, he was referring to the fact that “people” do the walking. He believed each person was to be treated as a unique individual, understood and

The Pankey Institute for Advanced Dental Education...

defining clinical excellence for 34 years



Your dentist has attended postgraduate courses at The Pankey Institute, the world’s longest operating continuing education institute for dentists. At this Institute, dentists receive comprehensive instruction in clinical methods and materials, professional ethics, doctor-patient communication, and the management of their practices. They receive guidance in how to better help their patients and involve them in their oral health care. They develop their skills by performing advanced procedures under the guidance of some of the world’s best dentists. They learn how to better team with specialists to treat complex dental problems.

Unlike the vast majority of postgraduate training centers, The Pankey Institute is a nonprofit organization, unbiased by dental

manufacturers and other third parties who benefit commercially from influencing dentists. The nonprofit foundation is committed to educating the public about comprehensive dentistry and its impact on overall health and a lifetime of enhanced dental function, comfort and beauty. You may read oral health articles and view educational videos on the foundation’s website for patients at www.pankeydentist.org.


Your dentist has made a significant investment in attending courses at the Institute so she or he can serve you better. And, your dentist has demonstrated a commitment to informing patients about the principles and practices of optimal oral health care. We hope your benefit from reading this quarterly newsletter available to Pankey Institute trained dentists for their patients. ■

offered the best dentistry. He also believed teeth were to be saved for a lifetime – a rare goal at the time he began practice. The Pankey Institute’s goal is to help you treasure your teeth and achieve optimal

oral health and a beautiful smile that you can maintain with the help of your professional dental team for a lifetime of enjoyment. – *Christian B. Sager, Executive Director & Publisher* ■

Occlusal (Bite) Disease

by Gary DeWood, DDS, MS, Clinical Director, The Pankey Institute



Occlusion is the coming together of teeth, a meeting of two surfaces made of the hardest stuff in your body. You probably haven't devoted a lot of thought to making those surfaces move against each other because, for most of us, it just happens. Thankfully, your brain is able to coordinate thirty-two teeth and dozens of muscles without telling you what it's doing. When you're enjoying dinner with your favorite person, this is a very good thing. When you're sleeping soundly and grinding your teeth away, it's not so good. After all, our teeth are supposed to last a lifetime.

Teeth are negatively affected by three diseases: decay (cavities), periodontal (gum) disease, and occlusal (bite) disease. Most of us are acquainted with the signs, symptoms, and treatment of the first two, probably from personal experience. Dentists are highly trained in the diagnosis and treatment of decay and periodontal disease. Through education and experience, the doctor is able to look into the future and recommend appropriate treatment to minimize the effects of these diseases by dealing with them as early as possible.

Occlusal disease does not always present itself so obviously.

Wear, sensitivity, cracks, loose teeth, breaking teeth, sore muscles, painful jaw joints, headaches – these and more can be the effects of occlusal disease. In its early stages, an obvious injury, like a broken tooth, often hides the underlying cause. Doctors who study at The Pankey Institute learn and develop skills in recognizing the signs of occlusal disease and in providing appropriate treatment to halt, and often reverse its effects. Recognizing occlusal disease as early as possible increases the probability that you will have young teeth at an elderly age. Much of the bridge-work, the crowns, and the repairs that adults experience might be avoided if the signs of occlusal disease were recognized and addressed in the early stages.

Your doctor incorporates evaluation of the signs and symptoms of occlusal disease into a comprehensive evaluation, often through the use of study casts (models of your teeth) and occlusal (bite) analysis. Your doctor knows that looking into the future means providing you with all information about what's happening today that will impact your teeth five, ten, twenty and more years from now.

Occlusal Disease therapy commonly begins with a "bite splint." This hard acrylic appliance is fabricated to fit snugly over either your upper or lower teeth. It becomes a temporary perfect bite for you. Wearing the bite splint is a time of discovery for both you and your doctor. You will experi-

ence what a comfortable difference a stable, solid bite can make on your teeth, your muscles, and your jaw. It is very likely that many of the signs and symptoms of occlusal disease will diminish or even disappear. How long this takes depends on your situation and the signs and symptoms with which you start.

Following a new bite evaluation, your doctor may ask permission to reshape teeth so they move smoothly against each other and fit together in the same solid position that you felt with the bite splint. In rare cases where the joint has been badly damaged, the bite splint may not achieve the desired results. When this occurs, advanced joint imaging and consultation with a specialist may be necessary to address the changes in the joints. Whatever is recommended, the best dentists will be sure to spend time ensuring that you have a clear understanding of why it is prescribed, what to expect, and a clear picture of the anticipated outcome. They also will welcome your questions and address concerns.

Keeping your teeth in maximum comfort, function, and esthetics for your entire lifetime depends on you. Seeing and addressing the signs and symptoms of the disease processes that work against that goal depends on what your dentist knows and sees. Together you can be an unbeatable team that keeps occlusion working for your health and not against it. Have a nice dinner. ■

Common Mouth Sores

By Paula Evenson, RDH
Fergus Falls, Minnesota

Mouth sores can be painful, annoying and unsightly. Here are descriptions of two common types of mouth sores – “canker sores” and “cold sores.”

Canker Sores

Canker sores, also known as aphthous ulcers, appear inside the mouth. They usually are small, crater-like ulcers with a white, yellow or gray center and a flat red border. The exact cause of canker sores is not known, but genetics plays a role. White blood cells in our immune sys-

tem may affect the lining of the mouth, causing these sores. Fatigue, emotional stress and certain foods can increase the possibility of canker sores. Canker sores are not contagious or precancerous, and they disappear by themselves in 7-10 days. There is no permanent cure for canker sores; therefore, treatment is for discomfort or pain. Over-the-counter topical medications may offer temporary relief. The amino acid Lysine, available over-the-counter, taken daily, helps decrease the frequency and size of canker sores for people who experience them on a regular basis.

Cold Sores

Cold sores are painful, fluid-filled blisters. These unsightly sores usually erupt on the lips and sometimes on skin around the lips. Cold sores are

caused by the herpes virus Type 1 or Type 2 and are contagious. Once a person has been infected with the herpes virus, it stays in the body, where it usually remains inactive. In some people the virus becomes activated periodically, causing the cold sore to appear. A variety of irritants can cause a flare-up such as wind, sun, fever and stress. There is no cure for these viral infections, and they take 10-14 days to run their course. Your dentist can prescribe topical or systemic antiviral drugs, but they are ineffective unless taken right as the blisters are forming. The antiviral medication, Valtrex, has been a great help to those who experience frequent cold sores by reducing their severity, their duration and even their frequency. ■

Bad Teeth May Signal Risk for Heart Problems

The *Journal of the American Geriatrics Society* recently published a report stating that elderly persons with active root caries, which is tooth decay at the base of the tooth, have an increased risk of having irregular heartbeats. Researchers examined 125 generally healthy individuals over the age of 80, living in urban communities. Those with three or more active root caries had more than twice the incidence of heart arrhythmias than those without.

“The findings make a strong case for the active assessment of and

attention to oral problems for the older community-dwelling population,” said Paul Holm-Pedersen, lead author of the study. Much research has already underscored the fact the health of the mouth is linked to health of the entire body. Dental disease may be a causal factor in arrhythmias, which in turn are linked to other health problems.

The American Geriatrics Society (AGS) is the premier professional organization of health care providers dedicated to improving the health and well being of all older adults. The AGS has an active membership of over 6,000 health care professionals and a long history of affecting change in the provision of health care for older adults. Visit the AGS website, www.americangeriatrics.org, for more information. ■

Do you speak dental?

In spite of what you may think, dentists try to speak plainly to you rather than speak “dental-ese” but they are comfortable with dental terminology and sometimes forget to “interpret” words for you. Here are a few quick definitions:

Radiographs: X-rays.

Pocket: A deep space between the tooth and gum that can collect bacteria and lead to gum disease.

Caries: Cavities or decay.

Occlusal: The chewing surfaces of the teeth.

Occlusion: How the top and bottom teeth come together.



Stick Out Your Tongue!

By Yvonne S. Hanley, DDS and Mark K. Murphy, DDS
Fergus Falls, Minnesota

We know your mother used to scold you for it – but we want you to stick your tongue out at us. It’s part of the oral cancer examination we do each time you have your teeth checked. During the exam, we ask you to stick out your tongue, then grip it and look in the back of your mouth.

The most common place for oral cancer to develop is the back corners under the tongue. Oral cancer is particularly troubling because it is often painless and goes unnoticed in the early stages. The long-term survivability of oral cancer is only about 50 percent, and that has not improved in recent years. Early detection is the best chance for a good outcome.

Oral cancer is much more common in people who use tobacco—especially those who chew—and in people who frequently use alcohol.

Dr. John Hicks, oral pathologist from Fargo, ND, has reported an increase in oral cancer over the last several years. He is not sure if this a

coincidence or a trend, but either way we want to continue to use the best detection methods available.

We are very excited about Oral CDx, a new test for diagnosing oral cancer. It is simple and consists only of scraping across a suspicious area with a brush. Cells from the brush bristles are transferred to a microscope slide and sent to a lab for analysis. We receive the test results in about three days.

The test is revolutionary because it was 100 percent accurate in all the trials. Other reasons we like the test so much: it is painless, requires no anesthesia and is not time consuming. It can even be done during your teeth cleaning if a suspicious area is found during the exam.

Oral cancer is nothing to take lightly. If you have an area we think should be examined further or if you think you have an area in your mouth that just doesn’t look or feel right, don’t be surprised if we recommend Oral CDx. ■

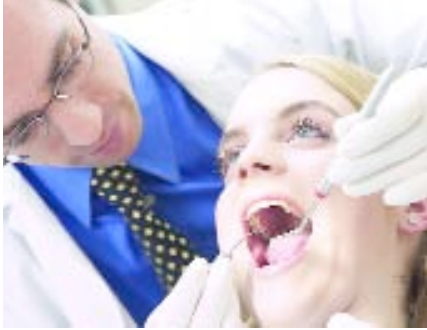
On the Horizon:

Researchers have come up with the first saliva-based test for oral cancer. It’s not ready for “market” but Dr. David Wong’s laboratory at the School of Dentistry at UCLA has discovered molecules in saliva that are present in high levels in oral cancer patients and not in healthy people. The overall accuracy rate has been found to be 85%.

Note: Oral cancer is the sixth most common cancer in men and the 14th most common in women. The Oral Cancer Foundation (www.oralcancerfoundation.org) reports that in the past year around 30,000 people were diagnosed with oral cancer in the USA. Only half of those diagnosed will survive more than five years. When oral cancer is detected early, there is an 80% to 90% chance of survival.

When you see your dentist for checkups, your dentist is examining your oral cavity for visible signs of cancer. It is recommended that you see your dentist at least once a year for this oral cancer screening.

The information in this newsletter is general in nature and may not pertain to your specific oral health. For your specific health information, consult your dentist.



An ounce of prevention.. **A Lifetime of Healthy Smiles**

Contributed by Deborah E. Bush, Editor

At The Pankey Institute, we believe that your teeth are to be protected and treasured. A comfortable, healthy bite and a beautiful smile will favorably impact the quality of the life you live. But, we are not solely concerned about your teeth. Current research has linked diseases of the mouth such as cavities and gum disease to other diseases of the body, especially heart conditions.

Many diseases show up first in the mouth, and your dentist may be the first to spot signs and symptoms of diabetes, some forms of cancer, and other disease.

Your overall health can also impact your oral health. For example many medications to control high blood pressure affect the quantity and quality of saliva in the mouth, and this in turn can have a deleterious effect on controlling cavities in the mouth.

Experience has demonstrated

that prevention is the best treatment patients can receive. Your dentist will recommend home care to help you eliminate dental diseases and remain free of them for a lifetime. In addition, it is important that you have a professional cleaning and dental checkup on a regular schedule recommended by your dentist.

A traditional rule of thumb that began in the 1950s was to see your dentist every six months for teeth cleaning and a checkup. This may or may not be the appropriate interval for your dental visits.

The purpose of routine visits is to make sure your teeth are regularly cleaned and examined to prevent future extensive dental treatment. This also allows the dentist to examine you for oral cancer on a regular basis.

For some people, the recommended next appointment may be sooner than six months. In the case of others, it may be appropriate for more time to pass between

visits. Your dentist will recommend the appropriate frequency of visits for your teeth and gums.

Oral health problems such as gum disease and grinding down of teeth can sneak up on you and cause you to need more aggressive periodontal treatment and restorative dentistry than if the problem had been identified and treated early.

Simple measures (such as increasing oral hygiene at home, receiving prescribed fluoride treatments, and visiting the dentist for teeth cleaning and a check up at the recommended intervals) enable many people to avoid cavities and gum disease altogether.

Although today's modern dentistry offers you a wide range of methods and services for painless and beautiful dental treatment, "an ounce of prevention can help you avoid a pound of cure." Thus, we believe it is important to establish good oral hygiene early in life and make it a lifetime habit. ■

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