

fromthedentists



Dear Patients,

Do you know what to do if you or someone you knew fell down and injured themselves? Most people do not, which is why we have compiled a vast amount of information for you in this edition of our office newsletter. We are hoping you never need it, but in case you do you have an instant reference for what type of dental emergency you are dealing with.

Yours in Good Dental Health,

*Monique M. Nadeau, DMD
Eric Krause, DMD*



Traumatic Dental Injuries

Dental traumatic injuries never seem to happen at a convenient time, do they? Since the majority of after hours emergency calls involve some sort of traumatic event we thought we would compile a list of the most common dental injuries and how they are to be treated.

In the primary/baby teeth peak incidences of trauma are seen around the age of 2-3 years (when motor coordination is developing and children start moving around on their own). By the age of five approximately one third of children have suffered some form of dental injury, with boys being slightly more likely than girls to have had a traumatic event. In this age group the most common dental injury is tooth luxation.

In twelve year olds, 20-30% will have suffered an injury with boys being approximately one third more frequently affected. The typical injury in this group is an uncomplicated crown fracture. Peak incidence for this injury is around 9-10 years when vigorous playing and sports activities become more frequent. Overall, in the permanent/adult dentition the most common injuries are due to falls, followed by traffic injuries, acts of violence and sports.

The following is a generalized list of the most common forms of dental trauma. This is in no way a complete list of dental injuries and all injuries must be handled on an individual basis. In all scenarios when we say you should seek treatment we mean either by our office or by a local Emergency



Room (we would recommend Hartford Hospital's ER since there is a dental and oral surgery resident available 24 hours a day there):

1. Tooth Avulsion- This is when an entire tooth is displaced completely out of its socket. Timing is critical in this scenario, as the tooth has its best prognosis if it's reimplanted within thirty minutes of avulsion (the less time the tooth spends out of the socket the better). In fact, if the tooth is not dirty it is best to reimplant the tooth back into the socket and then hold the tooth in place while being transported to treatment. If you are not comfortable reimplanting the tooth yourself, it is best to put the tooth in your cheek so that your saliva coats the tooth while you are heading to either the office or

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Thank you for all your referrals. We appreciate them!



Out Of The Woods

The value of paper

Did you know that the North American wood and paper industry plants millions of trees daily and today's forests are about the same size as they were 100 years ago? Not only that, but the carbon impact of paper mail for a typical household per year is only about equal to using a kitchen coffee maker for a year.

You can help make that footprint even smaller...

- Update your address when you move to reduce waste due to undelivered mail.
- Re-purpose retail and shipping boxes to send gifts.
- Send paper materials that can't be re-purposed to the recycling bin to reduce the demand on forests.
- Share this recyclable *Forest Stewardship Council*-certified newsletter and other publications with family and friends.

Sweet Enough For Nature

Healthy enough for you and your smile

For years consumer groups have actively lobbied for more foods that are lower in fat, salt, and sugar. So you'd expect to find more healthy choices in the grocery aisles. On the contrary - our sugar intake alone has doubled in the past thirty years. A sweet temptation - if only there were no obesity, insulin-release, or tooth decay!

The decay which causes *caries* (cavities) is progressive. Oral bacteria, which feed on sugars left in our mouths after eating, produce the acids which demineralize tooth enamel and destroy your teeth - often painfully. The progress of this all-too-common disease can be hastened by the amount of acid-causing sugar and starches in your diet.

Choosing processed foods and understanding labels designed to confuse can become a minefield, but if you want to avoid tooth decay, there is something you can control.

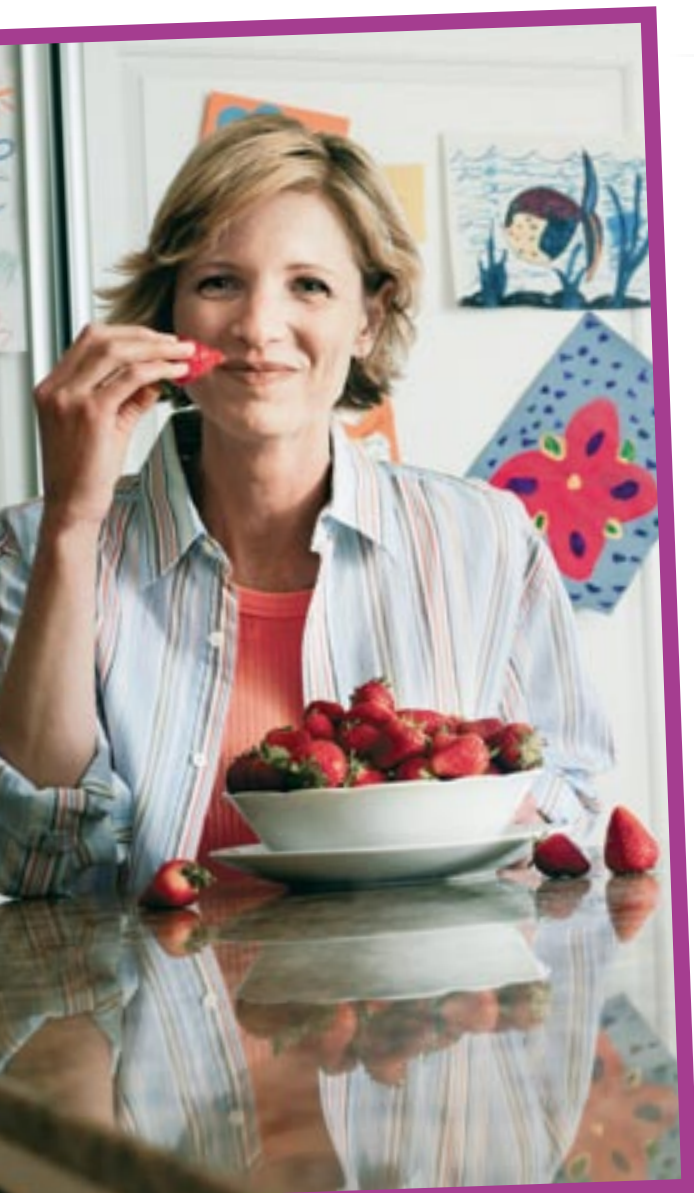
Eat five servings a day of fruits and vegetables.

Many fruits that are low in naturally occurring sugar are some of the highest in nutritional value, including antioxidants and other phytonutrients. These include **strawberries, papaya, watermelon, peaches, nectarines, blueberries, cantaloupes, honeydew melons, apples, guavas, and apricots.**

What vegetables are low in sugar?

Too many to list here - almost everything, really. You may also enjoy these good-for-you but naturally sugary **beets, carrots, corn, parsnips, peas, plantains, potatoes, and winter squashes.** But you might want to take an extra minute to brush and rinse.

Enjoy your 5-a-day the natural way!



An **Inflammatory** Topic

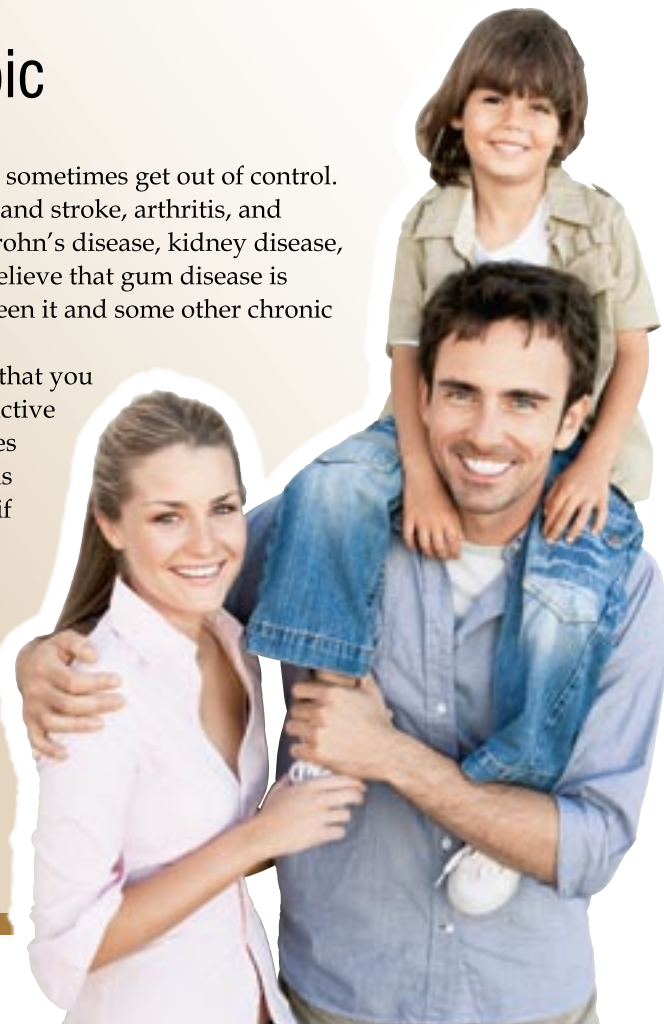
Your oral health could be the key

Inflammation, so essential in your body's fight against infection, can sometimes get out of control. When it does, it contributes to many chronic diseases like heart disease and stroke, arthritis, and diabetes ... and some which may surprise you. How about psoriasis, Crohn's disease, kidney disease, and cancers among others? One thing we do know is that researchers believe that gum disease is essentially inflammatory in nature and that there is a relationship between it and some other chronic inflammatory diseases.

Gum disease is caused when plaque, the soft invisible bacterial film that you can feel on your teeth, hardens into tartar, a hard yellowish and unattractive deposit. Also known as calculus, it causes gum inflammation and creates pockets in your gums where toxic bacteria can thrive. Once this happens it can only be removed by a professional dental cleaning. The outcome if it isn't removed? Infection and inflammation that scientists believe can negatively affect other parts of your body.

Molecular and systems biology, computational simulations, human and animal studies, and nano-technologies are all being applied by scientists who are designing novel ways to treat inflammation. But you can do your part too.

We recommend a low-tech solution - brush at least twice a day and floss daily to remove plaque from between your teeth, especially below the gumline. We are happy to contribute to your plaque- and tartar-fighting program during your regular checkups!



While They Sleep

3 kid facts

1. The rate of **bruxism** (the grinding or clenching of teeth) during sleep seems to be highest in children. About 15% of children brux and about one third continue to do so as adults.
2. About 10% of kids **snore** and although some think it's cute, it could be connected to more serious problems like sleep apnea.
3. 10% of children who snore have **obstructive sleep apnea** which can cause a pause in breathing, reducing oxygen intake.

Of course, just as the majority of children outgrow bruxing, most who snore are completely normal and don't show any signs of ill health. A child may normally and occasionally snore, for example, due to a bad sleeping position.

It's *your* experience that counts. If you're concerned, set your mind at ease - talk to us and your medical professional.

Invisible Strategies

Visible results

Can an invisible procedure improve your looks with results that everyone will notice? Absolutely....

White fillings can be matched precisely to your tooth enamel making your smile brighter and more naturally healthy looking. They won't discolor surrounding tooth enamel or neighboring teeth as silver-colored amalgam sometimes does.

Enamel-colored sealants offer an unsung cosmetic advantage. By preventing the invasion of cavity-causing bacteria, they work invisibly to keep your smile immaculate. They take only a few moments to apply, accommodating your family's busy schedule.

Invisible orthodontics are available in several types: clear aligners, lingual, and clear ceramic.

White bonding material is so strong and beautiful, it can be used as veneers to disguise flaws.

We can help you access these options which are available for every age and every budget!



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the ER. Further treatment is of course necessary once you are in the hands of a dentist. Note: if the avulsed tooth is a baby tooth, reimplantation is not recommended but seek dental treatment as soon as possible.

2. Fracture of the Alveolar Process- This is when the jaw bone holding the teeth is fractured and it may or may not involve the tooth sockets. It will look like an entire segment of teeth is in the wrong position and the patient's bite will be off. In this scenario it is important that the area not be touched in any way and you should be seen immediately.

3. Root Fracture- This type of injury is when the root is broken into two or more fragments. The tooth will appear longer and will be displaced towards the roof of the mouth. This type of injury can only be diagnosed with an x-ray and therefore you should seek treatment immediately.

4. Luxation Injuries- These injuries are to the teeth only (not the jaw bone) and are sub-classified into: concussion,

subluxation, extrusion, lateral luxation and intrusion. Basically, this is when an injury occurs to the teeth resulting in them being abnormally loose, tender to touch, and they may or may not be in a different position.

A) A concussion injury occurs when a tooth is injured without injuring the jawbone. The tooth appears in the same position and is not abnormally loose but is tender to touch. In this case, it is best to be seen within 24 hours of the event.

B) A subluxation injury is when there's an injury to the tooth supporting structures (mainly the ligament surrounding the tooth) resulting in an abnormally loose tooth, yet the tooth remains in its normal position. There may or may not be bleeding from the gums around the tooth and the bite may or may not feel off. In this scenario it's best to have the tooth checked within 24 hours.

C) If the tooth appears longer (extrusion) or displaced sideways (lateral luxation) it is best to not

touch the tooth and seek treatment immediately.

D) If the tooth appears shorter (intrusion) it is best to leave the tooth alone and seek treatment within 24 hours of the injury.

5. Fractured Front Teeth- This type of injury can be sub classified into complicated tooth fractures (involving the nerve of the tooth) and uncomplicated crown fractures (not involving the nerve of the tooth). In the case of nerve involvement the patient should be seen within 24 hours. Cases in which the nerve is not involved can wait longer than 24 hours for treatment.

As we already stated, this list is in no way comprehensive nor is it meant to serve as a means for you to diagnose and treat your own injuries. When an injury occurs it is best to call the office immediately. If the injury occurs outside of normal business hours and you do not hear back from us within 15 minutes we suggest seeking care at a local Emergency Room. Please save this article for future reference!

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Brush • Floss • Smile



Information included is not dental or medical advice. For your specific information be sure to consult our office. If you do not wish to receive this newsletter, please contact us directly.

With Heartfelt Thanks

We'd like to thank all of you for sending your family, neighbors, and even business colleagues to our office. It's very satisfying to see just how many patients pay us such an ultimate compliment. Thank you for all of your past referrals, and a special thank you in advance for your very welcome future referrals. We really do appreciate them!

Thank you in particular to Sue L., Neil L., Sharon L., Sofia K., Beth D., Ubah B., Stephanie G., Ellen M., Sherri H., Mary Jo P., John P., Trish L., MaryAnn M., Grace D., Peter G., and Dan R. for your recent referrals.

Welcome New Patients...

We strive to treat all of our patients with the utmost dignity, respect and compassion. We are very pleased to welcome the following new patients to our practice: Justin L., Chris L., Khayyam D., Spencer K., John D., Lana S., Amina M., Daniel R., Alexa W., Micaela F., Mike S., Stephanie W., Doris H., Karrisa P., Steve K., Michael L., Agnes O., Thomas B., Brian F., Louise W., Cindy R., Helen P., Penny B., Joe P., Jenna R., Jayden C., Donna V., Tom F., and Doug D.

 **Mixed Sources**
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