



Thank you for entrusting Sweet Tooth Pediatric Dentistry with the responsibility of taking care of your child's dental needs. In treating your child, we would like to ensure that you completely understand all of the procedures that have been recommended for your child. These are to act as a supplement to and reminder of the information our office gave you at your child's exam appointment. Please feel free to ask any of the staff or doctors for further explanation, or to answer any questions.

Behavior Management – The extra time, care, and attention that doctor and staff give to a child who is being cared for. Usually behavior management is applied toward a child who is apprehensive with the dental visit for treatment, and may be receiving treatment under the use of nitrous or valium.

Composite Resin Restoration – Also known as “white, tooth-colored fillings.” This is a plastic material that is placed as a filling after the cavities have been removed (or drilled) out of a child's tooth. It is important to have a dry, clean tooth when placing this filling. After the cavity has been removed, the tooth is cleaned with a special soap, or etchant. The filling is then placed as a soft plastic and is dried, or hardened, by shining a special ultra-violet light on the material. Once this has been done, the filling is as hard as it is going to get. After placement of this type of filling, it is often difficult to see the filling because it looks so similar to the tooth.

Extractions – This is when a tooth is removed completely from the mouth. There are many reasons your doctor may recommend extraction. The most common are teeth that are abscessed, teeth that have such large cavities that they cannot be fixed, teeth that have been damaged by trauma and cannot be repaired, baby teeth that have not fallen out when the permanent teeth have already come in (over-retained), and teeth recommended to be removed by your child's orthodontist. When a baby tooth is removed from the mouth there is generally very little discomfort after treatment and can usually be taken care of with Children's Motrin or Tylenol. Your doctor may choose to place some foam in the hole left by removing the tooth to help stop bleeding and promote healing. After a tooth has been extracted you can brush all other areas of the mouth as normal. Your child should avoid spitting, sucking on anything, and hot, spicy or crunchy foods for 24-48 hours after the extraction.

IV Sedation – A safe procedure administered by a dentist anesthesiologist to children ages 18 months and up with a minimum of 22 lbs. A shot is given to the arm that helps a child fall asleep and an IV is administered. A child is completely asleep and unaware throughout the dental procedure. All vitals are monitored throughout the entire treatment. IV sedation is generally recommended for a child who has sensitivity to oral medication or has extensive work. All of treatment is completed in one visit and numbing is not required unless extractions are involved. A child must follow the guidelines of not eating or drinking after midnight the night before the appointment for his/her safety.

Local Anesthesia – Also known as “novacaine”, however we use lidocaine and septocaine. This is the injection(s) your child will receive in order to “numb” the area where dental treatment will be done. This medication is dosed according to your child’s weight. We will place a topical numbing jelly in the area(s) where your child will receive the shot(s) in order to make this process more tolerable. After the injection, it generally takes 2-5 minutes for the numbness to take effect. This will numb not only the tooth/teeth, but also the gums, lips, cheeks and tongue. Your child will remain numb for approximately 1 1/2 – 3 hours after treatment. We ask that you pay special attention during this time that your child does not bite his/her lips, cheek, or tongue after receiving local anesthesia.

Mouth Prop – A mouth prop is one of several devices we use to help your child hold his/her mouth open during treatment. This device will allow your child to rest while his/her mouth remains open. It also prevents your child from biting down on the dental drill or instruments and causing harm while they are in your child’s mouth. Some children find the mouth prop uncomfortable at first, but will find it is much more comfortable and easier than holding their mouth open.

Nightguard – A clear plastic mouthpiece typically used for children who cannot control a grinding habit. It protects teeth from being ground down and helps reduce jaw pain and sensitivity.

Nitrous Oxide -- Also known as “laughing gas.” This gas is breathed in by your child to help relax them and to make treatment easier and more comfortable. This gas begins acting within 3-5 minutes of starting to breathe it in. Your child may feel like he/she is floating or tingling during its use. Some children can feel nauseated with its use. If this is the case, the nitrous oxide will be turned off. Nitrous oxide not only helps by relaxing your child, it also has the added benefit of reducing saliva production. This will help us to ensure the work we do is performed under the most optimal conditions. Once treatment is finished, the gas is turned off and it takes approximately 5 minutes for the child to “breathe off” all of the nitrous oxide. At this point, there are no residual effects of the laughing gas.

Oral Conscious Sedation – Also known as “kiddie cocktail” or “twilight sleep sedation.” This is a liquid medicine, or combination of medicines dispensed by the doctor to aid your child in coping with dental treatment. This is the lightest form of sedation and is very safe. A child is awake but unaware of the dental procedure. This type of sedation is recommended for children who are mildly to moderately anxious about dental treatment, are too young to understand having dental treatment completed, or have behaved in a manner that does not allow the dentist to complete necessary treatment with the use of nitrous oxide alone. It is extremely important that all pre-appointment instructions are followed including your child **not eating or drinking anything after midnight** the night before the appointment. These instructions are to ensure the safety of your child. We do not want to put your child under any unnecessary risks, as we are sure you don’t either. There are two combinations of medicines commonly used for this type of sedation. The kiddie cocktail can be made from Demerol, Chloral Hydrate, and Vistaril, which are liquid medicines that are used. This combination is given to children ages two to seven, with a minimum of 25 lbs. for extensive procedures over 30 minutes. The other kiddie cocktail uses Versed, also a liquid medicine. This is given to children ages two to twelve, with a minimum of

25 lbs. for short procedures under 30 minutes. The medication used is determined by a child's age, weight, and extent of treatment. The side effects of these medicines can include, but are not limited to, nausea, vomiting, feeling dizzy, fussiness, reduced breathing, altered consciousness, and paradoxical effects. Paradoxical effects are behaviors in some children that are the opposite of the expected reaction to the medications. When this occurs, children can become hyper and fidgety and may even become combative. If this is the case, the medication will not be effective enough to complete treatment and other means of sedation will be explored. Nevertheless, a child will not remember the procedure taking place. Once administered, these medications take some time to take effect before treatment can be attempted. Your child may become drowsy and fall asleep, or may just seem dazed. Most children will sleep during treatment, but not all. Your child will not be completely "out." Your child will be able to follow verbal directions and answer questions. Your child's heart and breathing will be monitored by the doctor during treatment. Once treatment is complete, your child will be monitored until the doctor feels it is appropriate for the child to leave the office. Should this method not be effective enough for your child to have treatment completed, alternate forms of sedation will be explored.

Papoose Board – Your child's doctor may opt to use a papoose board while treating your child. Most often the papoose board is used with sedated children, but may also be recommended with special needs children. The papoose board is a padded board with Velcro wraps also known as "huggie blanket". We will use it to wrap your child as if in a sleeping bag. This is used for sedated children to avoid sudden movements and rolling while they are asleep. This is used for the safety of your child and the dental staff. Some children will be agitated initially upon placement in the papoose, but will generally settle down and go to sleep after a few minutes. With special needs children, sometimes treatment can be accomplished in a papoose without sedation as it will feel safe and comforting to them. This also allows minimally invasive treatment to be done when some methods of sedation are not recommended due to medical issues.

Pediatric Partial Denture – A cosmetic appliance with white plastic teeth added to replace child's missing front teeth. A child must have 2 year molars fully erupted in order for the appliance to be cemented on. This appliance helps children with speaking and self-esteem.

Prophylaxis – A professional dental cleaning. During this procedure, we will remove the hard tartar or calculus buildup, staining, and soft plaque build-up. We generally do this with hand instruments and/or a polisher. This is not painful at all and most children say it tickles.

Pulpectomy – Also known as a "baby root canal." This is a treatment done on a living baby tooth that has a cavity that extends to the inside of the tooth. Once a cavity reaches the inside of the tooth, the living part, the inside of the tooth becomes infected with bacteria and needs to be cleaned out. When we do this, we clean (or drill) out the cavity and make a hole into the inside of the tooth. All of the infected living tissue inside the tooth is then removed. The inside of the tooth is completely cleaned out and is now hollow. Medicine is then placed inside the tooth to help prevent infection and fill the empty space. A crown will then be placed on top of the tooth to help prevent further infection and to replace the tooth removed due to the cavities. Unlike a root canal on a permanent tooth, discomfort after treatment is usually minimal and can usually be taken care of with Children's Motrin or Tylenol.

Pulpotomy – Also known as a “baby root canal.” This is a treatment done on a living baby tooth that has a cavity that extends to the inside of the tooth. Once a cavity reaches the inside of the tooth, the living part, the inside of the tooth (nerve and pulp) becomes infected with bacteria and needs to be cleaned out. When we do this, we clean (or drill) out the cavity and make a hole into the inside of the tooth. The infected living tissue inside the tooth is then removed, because decay has reached the pulp (blood vessels and nerve) of the tooth.. A medicine is then placed inside the tooth to help ensure the inside is clean and the remaining healthy tissue can survive. A paste is then placed to prevent any bacteria from growing and to fill the hole made in the tooth. A stainless steel crown will then be placed on top of the tooth to help prevent further infection and to replace the tooth removed due to the cavities. Unlike a root canal on a permanent tooth, discomfort after treatment is usually minimal and can usually be taken care of with Children’s Motrin or Tylenol.

Radiographs – Also known as “x-rays.” These are “pictures” taken of your child’s teeth to aid us in diagnosing any cavities or other problems your child may have with his/her teeth. The doctor will recommend what x-rays are necessary given your child’s current dental state. The doctor will not be able to appropriately diagnose all cavities unless the recommended radiographs are taken. When dental radiographs are taken, your child will receive a small amount of radiation. Your child will be required to wear a lead apron to minimize this exposure. The radiation exposure from a full set of dental radiographs (approximately 16 x-rays) is less than the exposure from an airplane ride, or a day in the sun. Most children require less than a full set each visit, and radiation from the digital x-rays that we use is minimal.

Rubber Dam -- A rubber dam is a sheet of rubber that is used to isolate teeth that are having dental treatment from the rest of the mouth. This is attached to the tooth with a clamp that fits around the tooth like a ring. The teeth to be treated are then exposed through holes in the rubber dam. This enables the doctor to keep the tooth dry and away from your child’s tongue and saliva, in order to ensure the treatment we are doing is done under the best circumstances. Some of the work we do is dependent of the tooth being dry and free of contamination. A rubber dam will be used for most dental treatment to ensure your child is getting the best treatment possible.

Sealant – A sealant is a plastic varnish that is painted onto your child’s non-decayed teeth. Generally these are placed on permanent molars, but may be recommended on any tooth (baby or permanent) depending on your child’s cavity rate and/or dental situation. First the tooth is cleaned, then the sealant is painted on and dried with a light. This is a painless procedure and is much like having one’s nails painted. This is recommended by the doctor to help prevent cavities from forming. Teeth that have been sealed need to be checked at regular visits to ensure the sealant is still intact. The sealant generally lasts for several years in which touch-up may be needed. Chewing on hard crunchy foods like ice and nuts can chip off part or all of the sealant. If this is the case, the sealant will need to be repaired or replaced. In some cases, if a very small cavity has begun to form, the cavity can be cleaned out and a sealant placed without the need for a filling.

Space Maintainers – This is an appliance that is used to help hold space for permanent teeth after baby teeth are lost early. A space maintainer is usually recommended if your child has

teeth removed due to cavities, infection, or crowding and the permanent teeth are not expected to come into the mouth within a short period of time. The type of space maintainer recommended will depend on how many and which teeth your child has lost. The names of the space maintainers commonly used are unilateral and bilateral space maintainers. A unilateral space maintainer is used if missing one tooth and is cemented to the molar on one side of the mouth. A bilateral space maintainer is used if missing two teeth on the same arch and is cemented to the molars on each end. Generally space maintainers are only needed for back baby teeth that are lost early. A space maintainer will need to be worn until the permanent tooth comes into the mouth, or the doctor determines it needs to be removed. It should also be checked at regular 6 month checkups to ensure it is not bent or broken and to evaluate if it is still necessary. Space maintainers are cemented (or glued) into your child's mouth and are not removable. They can be cleaned by brushing around them with a toothbrush and regular flossing. Generally, it takes children a few days to get used to the space maintainer, then they will not even notice it is there. To ensure a longer life span to your child's space maintainer, and unnecessary costs for repairs and replacement, you should ensure your child does not play with or pull on the appliance. You should also ensure that your child does not eat chewy, sticky foods (like gum and taffy), or chew on hard foods (like ice and nuts) to avoid breaking or bending the space maintainer.

Stainless Steel Crowns -- These are all silver crowns that are used on back baby teeth. They may also be recommended on permanent back teeth that are severely broken down on children who have not yet finished growing. Whenever a pulpotomy is recommended on a back tooth, a stainless steel crown will also be recommended. This is to ensure the longest lifespan possible for the tooth. Stainless steel crowns are generally recommended for teeth that have cavities that are so large that a traditional filling will not hold on the tooth. For this reason a crown must cover the tooth to allow the greatest possibility for treatment to be successful. A stainless steel crown may also be used on permanent back teeth that are severely broken down on children who have not yet finished growing, or teeth with weakened enamel. A stainless steel crown will cover the entire tooth and the tooth will appear silver after it is placed. When the baby tooth falls out, no special treatment is required. As the tooth with the stainless steel crown will fall out just as the rest of the child's baby teeth do.

Strip Crowns – These are all white crowns for baby front teeth that have large cavities. This type of crown can only be placed under ideal conditions and as long as there is enough tooth remaining after the removal of the cavities to hold the crown. These crowns are placed using a method very similar to the placement of composite resin restorations. *Please see above explanation.*

Thumbguard – A wired appliance cemented in a child's mouth that helps break a thumb-sucking habit and helps alleviate orthodontic problems.

Topical Fluoride – This is a foam, gel, or varnish that is brushed onto your child's teeth. The foam or gel is brushed on with a toothbrush and the varnish is brushed on with a small paintbrush-like brush. This topical fluoride (vitamins for teeth) will help to strengthen the outer surface of your child's teeth and is helpful in preventing cavities. After application, we recommend no food or drink for 30 minutes. With varnish, a child may eat or drink after application. With the fluoride varnish, your child's teeth may appear yellow, but this is due to

the sticky nature of the fluoride. Your child's teeth will appear normal after brushing at nighttime after his/her appointment.

Valium –An anti-anxiety or light sedation medication. Helps your child to relax but he/she will be fully awake. Recommended for a child that is cooperative but apprehensive about treatment.

White Faced Stainless Steel Crowns – These are crowns used on baby front teeth that have extensive decay or weakened enamel. It is often used after a pulpectomy has been performed. Your doctor may recommend this type of crown if he/she feels there is not enough tooth remaining to hold a strip crown, or once decay is removed, conditions will not be appropriate to place a strip crown. These crowns are made of metal and have a white facing on the front. So, these crowns are silver on the back and white on the front. These crowns come in various sizes and will be chosen to fit the shape and size of your child's teeth. They will not look exactly like your child's natural teeth, but they will be cosmetic. These crowns are cemented to what remains of your child's tooth after all the cavities have been removed. These crowns are not as durable as a stainless steel crown therefore generally it is not recommended by doctor on posterior teeth but is used if a cosmetic appearance is valued for the back teeth. It is important that you monitor how your child uses his/her front teeth after these crowns have been placed. Excessive force (like biting into hard things, or opening water bottles with his/her front teeth) can cause the white facing to chip off, or the crown to break off.