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DENTAL WELLNESS* NEWSLETTER

WE ALL WISH YOU A HEALTHY, HAPPY NEW YEAR!!

The basic premise of this newsletter has been to inform and keep in touch with our clients. It has definitely proven worthwhile, and the feedback we receive has helped us continually evolve as a unique practice which is based on the individual dental health needs of our clients. *Dr. McBride*

Communication



A Two Way Street

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I think most of us realize the importance of honest two-way communication – it maintains healthy relationships with those around us. I would like to think that our quarterly newsletter would exemplify this. Our goal is to provide pertinent and interesting information to our clients and associates. The finest of preventive and restorative dental care can only occur when woven within a relationship-based, service oriented environment wherein effective communication is key. Another mode that we feel can effectively communicate the latest in oral health information is our website, www.rpdentistry.com. This is not a “store-bought and modified to fit” website – it was authored by me and my staff. It has a search engine so you can type in a word about any

dental topic and immediately pull up current information. The site also has my Purpose Statement, which delineates my philosophy of Health-Centered dentistry and how it evolved. It has all past newsletters which can be downloaded in PDF format. We would like your feedback, so feel free to email us with suggestions or comments from the “Contact Us” area. We appreciate your referrals, and suggest that when you want to refer someone to our practice, have them access our website so that they can learn more about who we are and what we are all about. There is no finer compliment than having a satisfied client refer a family member, friend or colleague to our practice.

Quarterly Quote

“Finite origin pendet”

“The end depends on the beginning”

Manilus, A Roman

Is it Always Wise to Remove Wisdom Teeth?



Wisdom teeth, or 3rd molars, rarely fit into the mouth properly. This is believed due to the evolution of the human jaw, which has become smaller from modern “refined” cooking. The good news is that they are the most common missing teeth hereditarily. There are also, on rare occasions, “fourth molars” or “second wisdom teeth” behind them. Some dentists believe all wisdom teeth should be removed at an early age to prevent possible problems with them later on. Others believe in their removal only when there is a clear rationale to do so. From my point of view, it’s a matter of risk versus benefit. For a youngster (age 14 – 18) without enough room for wisdom teeth to erupt properly, it is wise to remove them before they have a chance to cause damage to their neighboring teeth. Even when there is room for them all to erupt, they

problems. An older person with an un-erupted (impacted) wisdom tooth warrants a careful decision. If the area surrounding the tooth shows signs of infection or a cyst, the inherent risk of removing it is outweighed by the devastation to be caused by the continuing infection. On the other hand, if there is no sign of pathology surrounding it, and its removal could be risky through damage to the surrounding area, it is wise to keep a close periodic x-ray check on it rather than risk its removal. As with other dental decisions, each person’s individual uniqueness requires wisdom on the part of the dentist in assessing the potential influence of these teeth on one’s dental health. More info on wisdom teeth on our website: www.rpdentistry.com

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* Wellness denotes health, and true health is based upon sound relationships bounded by mutual trust and respect between practitioner, staff and patient. It is an attitude that involves learning and development of common goals for prevention and treatment.

TOOTH REPLACEMENTS WITH DENTAL IMPLANTS

The replacement of missing teeth with dental implants has been experimented with for ages. No matter what material was used, gold, silver, stainless steel, carbon, or chromium-cobalt-molybdenum (Vitallium), none of the implants would fuse with the bone. There was always a layer of fibrous tissue between the implant and the bone. This layer of fibrous tissue predisposed to infection and dissolution of the bone around the implant. As the implants eventually failed, not only was the implant lost, but the person was left with less bone in the implant area.

Then came Dr. Per-Ingmar Branemark, a Swedish physician who made a serendipitous discovery while performing blood circulation studies on rabbits. He affixed microscopic eyepieces to the bones of rabbits so that capillary blood flow through small arteries could be observed. When the experiment was finished, those eyepieces that were made of titanium did not come easily out of the bone, as the bone was actually fused to the titanium. He looked at this bone-titanium interface under the microscope and discovered the amazing affinity of the bone to the titanium material. For years he fought an uphill battle against the “conventional wisdom” to demonstrate that titanium implants could fuse to bone. Finally in the mid-eighties, his 20-year research study

from Sweden showed long term dramatic success with dental titanium implants which seemed incredulous to most of us, but there it was in black and white. The success of these implants seemed to be due not only to the qualities of the titanium itself, but required certain surface characteristics of the implants. In addition, success required careful removal of bone for the implant site, and no movement of the implant during the fusing period (weeks to months).

The common design for an implant tooth replacement consists of two separate components - the implant (or fixture) which is placed in the bone, and the post-like component (abutment) attached to the implant that projects into the mouth, onto which the dental restoration is attached.

This remarkable discovery by Dr. Branemark has dramatically changed the way we now assess the manner in which we replace missing teeth. If implants are feasible, it can often mean a lifetime restoration as well as preserving our patient’s jawbone. I work with an oral surgery practice that is remarkable with this technology, and the success rate I have had since we started together in the mid-eighties is phenomenal. More info on implants on our website: www.rpmdentistry.com.

FLUORIDE

Now that we are living longer, how can we protect our teeth for a lifetime? The beneficial effects of fluoride were noted in the early 1700’s. However it had a major side effect of teeth mottling and discoloration. In 1936, Lt. Trently Dean, D.D.S. of the U.S. Public Health Service, discovered that 1.0 parts per million in drinking water could give maximum protection in reducing the incidence of tooth decay without these side effects. The first community water supply that was artificially fluoridated began in Grand Rapids, Michigan in 1945.

How does fluoride work? 1) It reduces the solubility of enamel in the presence of acid. 2) It exerts an effect on bacterial plaque by reducing its ability to produce acid. 3) It promotes re-mineralization of tooth enamel. 4) When fluoride is ingested throughout life it is incorporated in enamel and dentin as it is formed. In communities that do not have fluoridation, the population relies on tablets during tooth

ment. Unfortunately, fluoride daily intake is usually discontinued by age 10. This is the age pediatricians and dentists feel the crowns of the 2nd molars are yet forming. The roots do not get adequate fluoride incorporated in the dentin matrix. There is a constant ebb and flow between demineralization and re-mineralization of exposed teeth. Fluoride re-mineralizes and prevents the loss of tooth structure from the effects of the acid produced by the plaque.

Applying topical fluoride directly to the erupted teeth allows for penetration of fluoride into the enamel and exposed dentin. It provides localized teeth protection not treated with ingested fluoride and replaces fluoride leaching out of the tooth surface. Topical fluorides include toothpastes, mouth rinses, and professionally applied fluoride solutions and gels. Our office offers several fluoride products based on the age & needs of the individual.

Staff News

As the new team, we (Karen, Blanca and Jenean) had the wonderful opportunity to accompany Dr. and Mrs. McBride to Englewood, Colorado for the Annual OBI (Orognathic Bioesthetics International) Convention. The trip was informative, educational and enlightening, and we now have a more defined understanding of Doctor’s approach to dentistry and why he’s looking at the whole system, not just teeth and gums.

As a team, we even feel more confident in our work because we have a clearer understanding of how the teeth, jaw joints, head and neck are exquisitely interrelated. We now more fully comprehend the Bioesthetic principles that allow the great success Doctor’s patients have achieved. We are pleased because

we know that help is available in our office for patients in pain who are often resigned to pain medication. We were all impressed by the many testimonies we heard from patients who went through similar life-changing processes as a result of their Bioesthetic treatment.

We also enjoyed meeting and associating with peers and other professionals who share a similar vision. It was a beautiful setting and the presentations were of the highest caliber. We also enjoyed getting to know each other better. We feel privileged to have had this experience and look forward to additional workshops and conferences that will add to our knowledge & skills.

Please let us know what topics you would like to hear about in upcoming issues.