

Dentistry

Dr. J Tim Rainey

Minimally Invasive Dentistry

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Professional background in all areas of General Dentistry. Internationally known lecturer Dr. Rainey is an innovator of adhesive dentistry and minimally invasive dentistry. His efforts have resulted in six patents granted to date.

Our Mission Statement Has Always Been: “To Change the Practice of Dentistry for the Benefit of the Patient.” Simply put, Dr. Rainey’s life’s works have been dedicated to stopping the cycle of placement and replacement of fillings that make up 70% of the typical dental practice. If modern methods of early diagnosis of decay are utilized, proper early intervention can often eliminate the need for future repair and replacement of fillings in teeth that erupt under his care. Al...

Latest Dentistry Questions Answered

No. of accepted questions: **24**

Q. I am missing a bottom molar, do I have to replace it with another molar, can I just get a bridge to make up for it since I want to get braces as well? What are my options?

A. This is a rather complex dilemma. If you are missing a molar, sometimes it is possible to pull the other molars into its place with orthodontics, something I always recommend for our patients to consider.

After three decades of practice, as a rule, the people in our practice who have had missing teeth replaced fare better over time.

Sometimes when the adjacent teeth have no restorations or problems, I encourage the patient to consider an implant rather than cutting down healthy teeth to support a bridge..

You have several options, and it would be best to talk about these options with your dentist.

Q. Dr. Rainey, Do you do root canals?

A. Yes I do. We use a microscope to ensure our best efforts.

Q. I have developed a hard, almost sharp ridge on my upper gums. What causes this and is there a way to treat it?

A. With this small amount of information I cannot give an accurate answer.

In my opinion, your best bet is to see a professional for an accurate diagnosis and treatment plan.

Q. I went to see my dentist in October. He checked out my teeth that another "shady" dentist told me I need a root canal on. My dentist told me everything was fine. But ever since that appt. I have had extreme amounts of pain on my left side. Sometimes on the bottom and sometimes on the top. Sometimes only at night when I lay down for bed and sometimes not for days at a time. Could I really need the root canal on my top left tooth or could this be something else?

A. Referred pain is something dentists deal with on a regular basis. Your pain can be coming from a number of sources, including the need for a root canal on an upper tooth, or something as complex as a chronic sinus infection triggering symptoms of a "toothache". These things are hard to pinpoint and eradicate. Time will isolate a toothache. When dealing with these in my practice, I first try reversible procedures, including treatment for sinusitis. One of the simplest, most effective, and underutilized treatments for sinusitis is the regular use of Xylitol nasal washes such as Xlear (www.spry.com, or Sun Harvest). Used regularly, the sufferers of sinus infections, allergies, etc. can see as much as 90% of their "sinusitis" episodes disappear.

Q. My right eye twitches and I have heard it is because I have a tooth with a cavity or cracked is this true? My left side upper jaw hurts when cold, hot or sweet is eaten.

A. I've only been at this for three decades, so I still haven't heard everything, but this is news to me. There are a number of reasons why we will experience spasms of the muscles surrounding the eye, but I am not familiar with a pathway involving the teeth. One of the reasons may be exposure to insecticides. These muscles seem to be among the first to respond to insecticides. I would have my teeth checked for the source of the symptoms on your upper left side. These are symptoms of a damaged tooth that may need interceptive treatment before things spin out of control. I hope this helps,

Dr R

Q. About 6 months ago I had a crown put on a tooth next to my wisdom tooth. The whole procedure took about 2 hours. The tooth had broken off earlier in the week, but the tooth did not have to be built up prior to the crown procedure. The crown was manufactured in the dentist's lab using computerized technology. My problem and questions are: There is still some discomfort and sensitive in the tooth when I eat. Is there anything that can be done?

A. This is a loaded question in more ways than one. I was in the first ever course given on this technology two decades ago. I had reservations concerning the procedure then, which proved prophetic. I do not give this technology a wholesale endorsement for more reasons than I can address here. I use this technology on occasion, and it can be very beneficial to the patient. I add steps that are designed to eliminate discomfort and sensitivity. I am also not always successful, so it is impossible to judge your case. I wasn't there and no dentist is asking my opinion. Sometimes even in the most carefully

controlled situations, there will be symptoms as you describe. What is done beyond that is between you and the person who provided the service.

Q. what do you think of the mini dental implants for dentures? Also, do you think dental insurance will ever help pay for this dental work.

A. I recently answered a related question in this column (go to 10/22/07). Yes, Mini's do work where they are designed to work, and they have received good reviews in well respected dental publications. Here's a quote from my recent post: "You can spend any amount of money you want to spend on implants, and I do some high end restorative implants for patients who have most of their teeth. However, dentists and patients are having good luck with a new procedure called "mini implants" that are a lot simpler and a lot cheaper. I would suggest that you visit Dr. Firmani in Corpus Christi. He is experienced in this area and can answer your questions." Thanks for asking. This helps educate other members of the consumer public. J Tim Rainey, DDS

Q. Please tell me what the symptoms are of TMJ? I have a missing bottom molar and my upper molar is moving down. I wake with a mild headache daily. Could this be my upper molar filling in where the lower one is missing? And could I be grinding my teeth at night?

A. Wow! This is a very complex disorder, so I cannot give you a thorough answer here. TMJ is the joint, and TMD is the associated disorders. If it is solely the joint, pressing just in front of your ear will hurt. Anything can trigger TMD, Caffeine, stress, a bad tooth, etc. One given is that ALL people grind their teeth, and some of us suffer symptoms (headaches, etc) from that grinding. To solve the problem, the sources must be isolated and targeted. One thing that will help is a properly fitted splint, but this is like the rock-in-the-shoe problem. You can avoid and cover up the problem, but you can't cure it until you find the source or sources and treat the problem. I will post a position paper on my website soon. Thanks, Dr. R

Q. How can I care for my 18 month old's teeth? He has his 4 front teeth on top and bottom but he refuses to let me brush his teeth. I'll only get a few brush strokes in there before he throws a fit. He will let me use a wet washcloth and I will wipe his teeth as much as I can before he tries to bite me, but I'm afraid I'm not doing enough.

A. This is a common problem, particularly with male children. You will be dealing with this self defeating behavior when he is eighteen, so part of the answer is learning firm parenting skills, which is out of the scope of this column. You are already doing what I would suggest, using a wash cloth or the specialized finger cot to clean his teeth. The one modification I would make would be to suggest using the Xylitol tooth gel for children by Spry (Sun Harvest). Using Xylitol will also reduce the incident of ear aches. If he is trying to bite you because he is teething, you can make it more pleasant and perhaps acceptable if you get the gel as cold as possible before applying it to your finger cot. I hope this helps,

J Tim Rainey DDS

Q. My boyfriend was born with a cleft lip. On the roof of his mouth he recently noticed a two inch opening it doesn't bother him but shouldn't he see a doctor about this? He also has a tooth in the middle of the roof of his mouth and says he didn't think it can be helped. Is there anything he can do?

A. Humans are amazingly resilient, and your boyfriend is a living testament to this fact. I have had several patients we put into the system for repair of cleft, but it took numerous surgeries over several years to achieve lasting results. One of the risks in stopping too early in the surgeries is that a cleft can re-open, as in your boyfriend's case. The risk in having an open palatal cleft is that food can pass from the mouth to the sinus, and during speech, air can be lost into the sinus, making speech less intelligible. However, many people compensate well and their choice is to NOT repair the cleft. On the upside, he'll never have "clogged sinuses", and the bottom line it's his decision. I hope this helps. J Tim Rainey, DDS

Q. Will drinking country time lemonade or crystal lite lemonade cause a 2 year old child to lose the enamel on his front teeth?

A. This is an interesting epidemic hitting our young people caused by citric acid. This is a complex problem that I cannot address in the limited space here, so go to www.tiads.com and click on the article "Gator Mouth" for a better understanding. We Americans have shifted from cola type beverages to "Sports Drinks" etc. thinking we are doing the right thing. Although the acidity (pH) will be the same as cola, the effect can be ten times greater with the lemonade and sports drinks when you measure the amount of enamel removed. These drinks are party drinks, just like wine, beer, and booze. Rehydrate with water, milk, or tea, just like our ancestors. Read the article. You will be stunned at how effective marketing has been in hiding the bad

Q. this may sound like a wierd question but, I have this problem on my right cheek i guess my bite is crooked . But there is this bump in the very back of my cheek wall. I dont know if this makes any sense . so when i chew this problem is there and it hurts to bite down sometimes.

A. Without seeing you personally, keep in mind this is just an educated guess based on experience. Please see your dentist to rule out more serious problems such as cancer. We see fibrotic "bumps" often in this area due to trauma from biting, etc. Often what happens is that the patient bites his/her cheek. Then because the area is swollen, the patient bites it again...and again...and again...and it continues to be a problem. See your dentist, because if it is just a sharp edge on a tooth catching your tissue, it can easily be taken care of by smoothing the area. Sometimes it may need a more complex solution, i.e. a new restoration. Occasionally we also find "stones" in the salivary duct in that area. Bottom line, see your professional. DrR

Q. This has been going on for a while, after I eat or drink I am left with a sour taste in my mouth. I visit the dentist regularly, brush and floss my teeth. That horrible after taste is embarassing.

A. You are experiencing a problem that is more common than most people suspect. Fortunately, you are self-aware of it and are looking for solutions. I addressed "Halitosis" in length in a previous post. Go back to my page, and click on (next 5). The patient was specifically complaining about the "white coat" etc on the tongue. Bad Breath, Bad Taste. "Halitosis" in general can be the result of many factors. Your specific complaint "after I eat or drink" makes me suspect that you have a loose filling or more likely a loose crown with decay. Check each tooth in your mouth by starting on the upper right and grasping and see if there is unusual movement. Ask your dentist to please "lift up" on each restoration to check.

Thanks, Dr R

Q. I AM 48 YRS OLD. JULY 2007, I HAD A WISDOM TOOTH PULLED. SINCE THAT TIME, I HAVE BEEN DIAGNOSED WITH VERTIGO. COULD THIS HAVE HAPPENED WHEN MY WISDOM TOOTH WAS PULLED? IF YES, HOW/WHY?

A. Sorry about your problem.

You did not specify upper or lower, but there are some remote pathways related to upper wisdom teeth that could be related to vertigo in the case of severe infection. However, anything is possible, but it is unlikely that the vertigo has anything to do with having a wisdom tooth removed.

I would look for the more mundane causes, such as ruling out allergies which can and do often cause vertigo. I am not an Oral Surgeon and a specialist trained in Eye, Ear, Nose, and Throat problems or an Oral Surgeon/MD might be more likely to give you a definitive answer and treatment plan. One of the Corpus Christi Oral Surgeons/MD's whom your dentist might refer you to is Dr. Teenier.

I hope this helps,

Dr. Rainey

Q. My lower dentures loosen easily. They've told me it's because I don't have much of a lower gum. Would it be a good idea to have them screwed on ? Is it painful ? If so, for how long ? If it helps, I'm 63 years old.

A. This brings back a fond memory. One of our old retired ranch foremen heard about implants and came into our office years ago. He was way up in age, but his request was "I just want to be able to eat sausage again." We did the implants and I never ran across him in public without him thanking me for restoring his ability to eat.

You can spend any amount of money you want to spend on implants, and I do some high end restorative implants for patients who have most of their teeth. However, dentists and patients are having good luck with a new procedure called "mini implants" that are a lot simpler and a lot cheaper. I would suggest that you visit Dr. Firmani in Corpus Christi. He is experienced in this area and can answer your questions.

Q. I saw an ad in the phone book, what is the process of your needle less dentistry? I have a child that is VERY scared of shots...Please explain.

A. The Needle-Free Drill-Free "Minimally Invasive Dentistry" we developed over the years is a common sense approach to dentistry versus the one-size-fits-all approach developed in the 1890's!

Does it hurt to cut your hair or fingernails? These are dead tissues just like decay in teeth. By understanding tooth anatomy, using magnification and dyes, and special equipment, we can remove decay and stay away from live tooth structure and pain. Baby teeth are particularly easy to treat. If we can spray water and air in a child's mouth, we can usually use these gentle techniques without the need for anesthetics. Avoiding needles if possible is very important to keep your child free of fear of the dentist.

I hope this helps, J Tim Rainey, DDS

Q. I need to get my four wisdom teeth pulled out. would it be better to pull them out two at a time or should i have them pulled all at one sitting? How long would a procedure like this take?

A. Having been there and done that, my opinion is that you feel equally rotten if you have one or all four removed, so why extend the misery? The only reason I can see to have less than four removed at one time is if the surgeon gets in trouble and wants to evaluate your healing before proceeding, which is a rare occurrence, but does happen. I can see no difference in how a person feels if they have two or four removed. One of the theories is that you can chew on the other side, which doesn't work. The other real problem is in trying to talk yourself in going back after having two removed. You might not do it and then have to pay the consequences later.

I hope this helps,

Bite the bullet and get it over with.

J Tim Rainey, DDS

Q. Dr.Rainey, I am 55 y/o male who has not seen a dentist in over twenty years; i have a loose middle tooth on my lower gum, part of the problem is my gum receding. what are some possible remedies? the tooth is in good shape. should i go directly to an orthodontist, am i looking at a huge medical bill, what procedures do you think would be needed. i do have insurance but its very specific as to what is covered.

A. You need to see a dentist ASAP! The lower middle teeth have the shortest roots, so when gum disease is ongoing, these teeth typically loosen first. It is likely you have the same amount of bone loss on most or all other teeth!!!! It will take a complete examination to decide what treatment plan is best for you. One option is to "splint" any lower loose teeth to the very large and strong cuspid or Canine teeth on either side to stop the mobility and buy time. You may also be grinding your teeth, exacerbating the problem. Regardless, if your gums are receding due to gum disease, you put your health

at risk. Get this stopped as soon as possible, because you are risking heart disease, stroke, diabetes, and other immune compromised diseases!

Q. I've noticed a tingling on my tongue with a bad taste. A white film has coated my tongue. I brush 3 times daily and floss every night. I do have regular dental visits. My breath has become noticeably bad even after brushing.

A. As usual, any opinion I share with my readers is a very general answer. A professional examination is the only reliable way to have a truly accurate diagnosis. The symptoms you report are very common for “Candidiasis” or “thrush”, which is an over growth of the yeast type of organisms due to some sort of systemic upset on your part. This is especially common in the aftermath of a round of antibiotics. There are several things you can do to try to regain your natural balance of good bacteria, the first thing being taking steps to understand your body. Any time your body is subjected to stress, it is my opinion that you need to be aware that your body will require additional supplements. Your body is obviously responding to stress unfavorably, or you would not be showing these symptoms. Make sure you are taking a multi vitamin with minerals, the most important for Yeast control being Zinc. Also, a daily Yogurt with active beneficial cultures may help restore your digestive system’s immune response.

It will take your body at least a week to respond to systemic treatments, so there are things you can do immediately to restore your natural floral balance in the mouth.

1. Any mouth troche with zinc, i.e. the homeopathic remedies for cold and flu viruses will coat the tongue with zinc, starting the process of eliminating the spores.
2. Over the counter mouthwashes with Chloramine Dioxide are especially effective. Ask your pharmacist. There are also effective oral prescription rinses.
3. Of course, brush the tongue. Our grandparent’s home substitute for toothpaste, Baking Soda, is especially effective in raising the pH of an acidic mouth that is promoting an overgrowth of Yeast.

If you do not see a response in a reasonable period of time, you may need to see your professional. Remember, the mouth is the gateway to the body. If a disorder is seen in the mouth, it often reflects other problems throughout the body. You may require a prescription strength anti-fungal oral medication prescribed and monitored by your physician.

I hope this helps.

J Tim Rainey, DDS

Q. I have a bad molar on the left bottom and there are times when I get a very sharp pain that shoots up to my ear. Would an infection be the cause of this pain?

A. Without examining you, take this answer with a grain of salt, but very definitely, this is one of the symptoms of a bad molar. Get to your dentist pronto. An infected molar can affect your health and make you susceptible to heart disease, strokes, diabetes, kidney infections and other problems!!!

Why wait? The consequences can only get worse with time.

J Tim Rainey, DDS

Q. I am in my 20's, recently changed dentists and was wondering, is it normal to need ALL of my fillings which are composite fillings replaced due to decay beneath the fillings? I received these fillings with my previous dentist in my late teen years. I have always taken good care of my teeth including regular dentist visits. If the fillings are replaced what is the best material and way to do that?

A. Keep in mind that I have not seen you, so this is a general answer. Composite fillings are technically very difficult to place correctly. Most manufacturers would have dentists believe that they only need to paint on a bonding agent, set, then fill with composite. Unfortunately, not true. There is real science the dentist must know in order to be successful in bonding or in most modern procedures, for that matter. The answer is yes, in my experience, it is normal to find lots of decay under composite fillings that have been placed without the proper base. However, bondings can and do last 25 years or so if properly placed from the first, so buyer beware. Arguably, I would ask if the dentist is placing a glass ionomer base before proceeding

Q. what do you think is a reasonable price to pay to have your teeth whitened?

A. If your're younger than 25, try the Crest White strips. If you like the results, keep with them. However, a rule is if you have gum disease, or are over 40, you will be resistant to cheap alternatives, and you will benefit from custom trays. What is fair depends on the overhead of the office. In a small, rural community such as ours, \$400 is reasonable. In a large, metropolitan center with high overhead, \$1200 is reasonable. You get what you pay for. My opinion is that EVERY patient can benefit from "whitening" after having teeth cleaned. You need the trays to touch up your bleaching and help your periodontal health after you have your teeth cleaned. Trays last forever. Is \$400 a reasonable fee? Buyer beware. I hope this helps, jtr

Q. I am 47 years old and have never been able to smile comfortably because my teeth are spaced out and missing. I have my front top 6 but they're all spaced, crooked and one is broken and I've always wanted to be proud in my smile. Would it be very costly and would it be to late to fix my teeth so I can finally smile with confidence after all these years?

A. Without actually examining you, I cannot give you an accurate opinion on your unique case. However, in general, if we dentists have a good foundation on which to start, meaning good roots with no gum disease, it is truly amazing what we can do with those six front teeth. First, you need an exam to know if you have gum disease and what it would take to fix that problem. From this exam, the dentist will also be able to generate the information he/she needs in order to make a treatment plan to restore your smile. You will have many choices to choose from, so be sure to ask lots of questions of your dentist. First, do I have a healthy foundation? If so, what are my options? Your options are extractions, implants, bondings, veneer & crown

Q. Will porcelain fillings last as long as the older copper type?

A. There are many, many different types of restorations. Generally speaking, when somebody mentions "copper" fillings they are talking about silver-mercury amalgam alloys with a high copper content. These fillings last, but are notorious for fracturing teeth. Usually when people refer to "porcelain" fillings they are talking about "COMPOSITE" bonded restorations. Unfortunately, there are many, many techniques associated with these materials. When placed correctly, they can and do outlast the old alloy restorations, in my opinion. The catch is "when correctly placed". Since each dentist is different in his/her abilities, this is really a question that is best asked of your dentist. Always discuss your options with your professional. jtr

Dr. Rainey, are there any affordable insurance plans for an individual? What can I do to avoid having expensive dentistry done? Bruce,

Answer: Unless you have an employer to subsidize your insurance cost on dental insurance, I'm afraid you are out of luck. Dental insurance for an individual is notoriously expensive, and, generally speaking, not worth the investment. You really need to belong to a large group for dental insurance to pay off your investment.

Dental insurance, in order for the carrier to be financially successful, depends on one hard fact: That 50% of the group subscribers will rarely if ever utilize the insurance. When an individual requests insurance, it is an almost sure bet that that individual will utilize the insurance, and the 10% or so administrative cost the insurance company must add in order to be financially successful means that you will pay more for the insurance than if you just ante up out of your pocket.

Your best insurance? Prevention! Get your teeth in the best shape possible, then meticulously maintain your teeth there after.

If your teeth have not been mutilated by the placing of amalgam fillings, you should expect to live your whole life with most of your teeth intact. Remember, dental disease is caused by a number of factors, the most important factor being bacteria. You can substantially control the bacteria that cause dental disease through simple efforts at hygiene, which includes flossing, brushing, and using interproximal brushes where needed on a daily basis. Regardless of how meticulous you are at your own personal hygiene, most individuals will need professional cleanings at a regular interval also. How often depends on your current state of health which also is reflected in your oral health.

For example, if you have your teeth cleaned and then experience a catastrophic health issue, i.e. major surgery, when you are on the road to recovery, it is wise to have your teeth cleaned professionally, since your recent poor health may have caused a decline in your oral health. Professional cleanings can and do reduce the "biological burden" or the number of bad bacteria that may have built up when you were not able to maintain your oral health routine.

If you have been prone to oral disease, primarily gum disease and/or decay, what else can a person do to improve oral health?

1. Brushing with a sonic toothbrush, i.e. a Sensonic, Sonicare, or Cybersonic tooth brush breaks up the foam of toothpaste into very small bubbles. These bubbles are forced by the sonic energy into the natural cracks and crevices of the gums, teeth, and restorations where bacteria hide, and oxygen kills these bacteria by the billions.

2. Floss. Flossing does the same thing in the area where teeth touch and cannot be brushed. Cybersonic makes a floss holder. The sonic energy eliminates the problem of "teeth too tight to floss between." The sonic energy vibrating the floss makes it slip easily between the teeth.

3. Proxybrushes (By Butler). If you have wide areas between your teeth or periodontal pockets, these very tiny brushes, used like a toothpick, will go between the teeth and into pockets to kill bacteria where it is otherwise impossible. The best brushes of this type are made by the Curaprox company, (www.curaprox.com, 1 877387-2779.) Used regularly and correctly, these brushes would radically reduce the need for gum surgery.

4. Toothpastes. There are several good toothpastes that have "Liquid Calcium", a form of calcium that is easily taken up by enamel. Sensodyne Pro-Enamel and Arm and Hammer "Age Defying" toothpastes are examples.

5. Rinses. We professional prescribe a Chlorohexidine containing mouth rinse (i.e. Peridex), and a professional strength fluoride. If the patient is not in a serious dental health situation, we tell the patient to brush with toothpaste and clean the teeth with floss/proxy bushes first, then brush with the Peridex/or Fluoride. Since the Peridex or Fluoride will stain plaque, we tell them to brush only the teeth they don't want to stain first. Then brush with Peridex for the first week of the month, and brush with Fluoride the rest of the month. A similar regimen is used on seriously immunocompromised patients, and it works to stop their disease.

Other side effects? Women who have good oral health have far fewer miscarries and low birthweight babies. Also, their children tend to have fewer cavities. In our practice, we also insist the father-to-be also contribute to the health of his unborn child by taking better care of his teeth. The fewer bacteria mom and dad have, the healthier the child. No rocket science there.

If you are into self preservation, there is now indisputable evidence that people with healthy mouths have far fewer incidents of heart attacks. Some forms of heart disease and cardiovascular disease are now indisputably linked to bacteria that are also associated with gum diseases.

So floss and brush so you can keep not only a healthy smile but a healthy body for a lifetime. Remember, you only need to floss and brush the teeth you want to keep!

Thanks for inquiring,

Dr. Rainey

Dr. Rainey, I have a badly decayed molar and my dentist has recommended an implant. This is more than I can afford. Are there any alternatives?

I always start a response by telling the patient that I cannot make a diagnosis without seeing the patient. My advice thus must be taken with a grain of salt since I do not have your information, health history, and particularly X-rays etc. before me, and I am second guessing another group of practitioners.

All I can answer is from my personal experience. For example, if the bridges have not fallen out, then I always believe there is hope. Before condemning a patient's teeth, I would at least try to remove the crowns and then with direct vision see what could be salvaged. Implants are good, but as you have discovered, they are expensive, and, in my opinion, there is nothing that is better than one's own natural teeth, even if that means a root stump with a root canal.

You have to remember that whatever got you into the fix you are in now has got to be changed, or there is not much hope for any type of intervention. I have a lot of questions, such as "have you been to see a dentist regularly?" If not, then I can understand how you could have gotten in this fix. If you have been, then, in my opinion, you need to extract yourself from this group of buddies and go find a real microdentist somewhere. A member of the World Congress of Minimally Invasive Dentistry (www.wcmid.com) would be interested in stopping the disease (decay) on the microscopic level.

The first clue that you were becoming susceptible to decay would have been a change in your medical history, which I assume reflects a new medication that can lead to decay, such as high blood pressure medication. The microdentist would have been prescribing a series of mouth rinses that retard your susceptibility to decay.

I am very prejudiced on the use of the Sonicare toothbrush also. There simply isn't a better way to brush your teeth or apply medications to your teeth. in my opinion.

When the bridges are removed, the decay would be excavated and the condition of the remaining root stumps would be evaluated. If possible, the microdentist would then restore the root stumps, after necessary endodontics were completed, with a glass ionomer cement. This cement drastically retards the decay process, particularly under prosthetic appliances.

You can check out our web site, www.tiads.com for TIADS certified microdentists. We are just now adding the names of recertified dentists to the list on the web site, so there are not many currently listed, but we have certified about 1000 dentists in the past. We hope to add more recertified dentist soon.

If all else fails, then implants are certainly a reasonable alternative to full dentures. That is an economic choice, and I have seen several patients who were very happy with implant retained dentures, which are certainly cheaper than fixed bridges. Also, a good implantologist can place implants that can be converted from removable denture restorations to fixed prosthesis.

Those are all options that you should discuss with the dentist or, preferably, the staff members qualified to give you information. Frankly, you'll learn more from my staff than I can take the time to teach you, which is usually the case.

I hope this helps,

Dr. R.

I heard that dentists do not use novacaine anymore. They use lidocaine or xylocaine now. Is this true? And when did dentists stop using novacaine? Is novacaine used for anything anymore?

Thank you. Paula

Answer -

Hi, Paula..

Interesting question....yes, dentists don't use novacaine anymore...I don't even know if you can buy it anymore...

If you don't mind a technical answer, Novacaine is an ester based anesthetic agent, and the esters tended to cause allergic reactions. We now have amide based anesthetics that seem to give better depth and duration, such as lidocaine or mepivacaine and seldom are associated with anaphylactic reactions...

Thanks for asking...

Dr. R

Dr Samantha Seecharan

Subject: filling baby teeth

Question -

Hello,

I am a recently graduated medical doctor, but I need some dental advice. I took my 5 year old niece to the dentist, because she has 2 cavities. After X-rays, he said that the one on the upper left was into the nerve. He wants to treat with antibiotics, follow up within a week by going in and removing a part of the nerve. Then fill it in 2 weeks. The upper right one which is not into the nerve he is just going to fill.

To me, this seems like a lot to put a 5 year old through. He said that the other option was to remove it, but then we would risk the permanent

counterpart coming out as a rider due to lack of guidance from this tooth. He also said that she is mature for her age because she has already replaced 2 of her incisors with permanent teeth.

What do you think about all of this?

Can you offer any other alternatives?

I really do not want to traumatize this kid any more than necessary, she had a previous bad hospital experience, and is now finally warming up to her Pediatrician again.

I would appreciate any advice.

Thanks

Answer -

Hi, Samantha...

I cannot, of course, comment on the possibility of an existing abscess without at least seeing the X-rays. Fortunately, you have the advantage of having been around a lot of health field personell...so trust your instincts when sizing the dentist up...and if you feel insecure or uncertain, don't hesitate to seek as second or even a third opinion!

Unfortunately, not many dentists are trained in microdentistry, which very often circumvents the need for anesthesia, especially in primary teeth, and the use of anesthesia and needles is generally the source for bad experiences in children. You may ask around about dentists who are using very conservative techniques in primary teeth, and ask specifically if the dentist is using Glass Ionomers for filling primary teeth...that is a good sign that the dentist is trained in microdentistry techniques.

I would comment that I feel good that the dentist is prescribing "fillings" rather than a stainless steel crown... in our area of Texas, SS crowns are grossly over used, in my opinion. However, primary teeth are important as space maintainers for the permanent dentition, and should be maintained as well as is practical, and sometimes that includes the use of SS crowns.

The only alternative I can offer to traditional dentistry is microdentistry. Once again, you will have to seek out the dentists who are properly trained and competent in this area....

Dr. R

David DiPierro

Subject: Filling

Question -

Hello Dr. Rainey, I had a very small cavity on my right molar tooth...back in early July (2001) I had the tooth filled with a white

filling...I have always had silver fillings and my doctor insisted in using the newer white filling...Anyway, I had been experiencing a lot of sensitivity in that filled area...Listerine, breathing, tension, even chewing fairly soft foods...and I am in great pain...I went back already twice to his office since...and all he did was grind down my filling saying that it wasn't quite even and as a result this is why I was experiencing the pain...He said I should feel much better in a couple of days...It now has been 2 weeks and I am as bad if not worse than my last visit...I rescheduled yet another appointment to see him...I am going to insist that he re-x-ray my mouth again...I don't believe he filled the tooth right...I have had fillings before and I have never had to recover from any treatment...never mind almost two months after the fact...What can you suggest for me to tell him or do you know of any possible reasons why this is happened? My doctor did say however on my last visit that when you he performed the drilling>>>>that possibly the heat or cold air got trapped or something when it was filled and that could be the reason why I feel pain...I love ice cream and if I take too much at that one side of my mouth....I am done...(great pain)

I will appreciate any response or suggestions that you may have for me!

Thanks for your help....

Best Regards,

David D
Answer -
David,

It is hard to second guess another professional on what treatment modality he/she used...I would assume that your dentist was astute enough to recognize that sometimes the bonding agents are not properly set. Just checking the intensity of the curing light and re-applying the light of appropriate intensity is an automatic approach to solving under cure sensitivity.

However, based on the sketchy information I have, it is likely that you have had a very rare reaction to one of the binding agents we use in bonding to the dentin of the tooth. We have run across a problem like this before and were able to narrow it down to the specific agent HEMA. The manufacturers have admitted to me and others privately that this reaction does occur, but there is nothing in the literature to support it.

Our treatment of choice has been to remove all traces of the original restoration and then place a cotton pellet in the cavity soaked with the ophthalmic agent Neo-Decadron, which contains a small trace amount of

steroid.

When the tooth settles down, we then restore with a Glass Ionomer agent, Fugix IX. Because of this type of reaction, we NEVER restore the chewing surface of a back tooth with anything other than Glass Ionomer.

If your dentist would like to discuss this with me, he/she can reach me at home, 361 526-4868..

Thanks for asking....I hope this helps...

jtr

Tara

Subject: braces

Question -

I have a friend who has had braces for well over six years, and he does not need them anymore, but he does not have insurance so therefore he is not covered and can not have them taken off....is there anything he can do?

Answer -

Yes.

Advise your friend to make an appointment to have his teeth cleaned. At that appointment, request to reschedule to have the dentist remove the appliances. As a patient of record, it would be unethical for the dentist to turn down a reasonable request, within that dentist's capabilities. However, some dentists could make a legitimate point that they are not qualified to either put on braces or take them off.

Continuing to have braces on teeth could certainly endanger the health of the gums and certainly could lead to decay. Advise your friend to ask the question "would continuing to have braces on my teeth endanger the health of my gums? Could I have hidden decay under the brackets??"

Dr. R

Karel

Subject: root canal

Question -

Followup To

Question -

can a person who had root canal started and now got an infection in the nerves can a tooth infection increase ones liver function test

Answer -

Absolutely....but not every time...

the circumstances change with each infection. However, some infections will affect liver function and others won't. I always wonder about liver function in relationship to various antibiotics..... Ask your physician to get to the root of this problem.....

jtr

Dr. Rainey

I have narcolepsy and the meds im on tofranil can affect just the ggtp was elevated. Would this be elevated with root canal
Answer -

Any time anyone is on any medication, especially long term medications, the risk of medication cross sensitivity increases...however, this is really outside my area of expertise....your physician and the drug companies that manufacture the drugs you have taken would be the best source for accurate information on this subject...

Thanks for asking,

Dr. R