

STAINLESS STEEL CROWNS:

Some things every Parent, Patient, and Dental Care Giver needs to know about
“Stainless Steel Crowns”
Or my opinions after three decades of experience, practice, research, and teaching
A Brief History of a Scientific Odyssey Through Life
Part one of a series on Late Intervention
A Position Paper on Stainless Steel Crowns:
“One definition of insanity is to keep on doing the same thing expecting different
results.”

This is an interesting position paper I have been working on for two or three years. Recently, it came to our attention that one of the local medical practitioners was referring patients to the pedodontists in Corpus Christi to have Stainless Steel crowns placed. Although I have an open door policy, he had made the decision that Stainless Steel Crowns were best for children although he apparently had not seen what it takes to place these crowns and had no clue about how we approach dentistry. Here’s my position, and anyone with an opposing position is welcome to print their position. One thing that is becoming increasingly clear is that we don’t know how LITTLE we can do to baby teeth to make them last.

When I started practice over three decades ago, dentists in Refugio County were not routinely accepting children as patients. We almost immediately began to see numerous children who had been seen in the pediatric dental practices from the surrounding metropolitan areas.

One of the things I absolutely hated then and still do is sticking a child in the mouth with a needle. If any one thing in this life has shortened my life expectancy, this is one of them, so we began to devise methods to make injections as painless as possible. Generally speaking, we were able to lessen the problems with intraoral injections two ways:

1. Devise methods to alleviate the problems associated with injections.
2. Most importantly, devise methods that stop the need for local anesthesia altogether.

Our focus throughout this Scientific Odyssey through life has been the conservation of healthy tooth structure. From these efforts came our Mission Statement: “To change dentistry for the benefit of the patient.”

In years past, dentistry required that healthy tooth structure be destroyed in the process of removing dental decay or cavities to make room for the 1890’s technology of placement of traditional silver fillings. (When I started practice, there were still dentists practicing who pulled every tooth with a cavity.) Our search for improved techniques and materials to minimize the unnecessary destruction of good tooth structure also had a serendipity side effect: If we could target only the dead tissue in teeth, anesthesia was not necessary.

(Does it hurt to cut your hair? Your fingernails? Then why should it hurt to remove decay from teeth? Answer: It doesn't hurt to remove only decay from healthy teeth!!!!)

Since all we could do when I started practice was place silver fillings and Stainless Steel Crowns, (SSCs), injections were most often necessary. I immediately sought out several older practitioners who were very adept at using Slow Speed Drills who, in turn, ridiculed the use of High Speed Drills on children. If you just removed the decay in baby teeth, it didn't hurt. Removing only the decay in permanent teeth was the hard part. With my invention of Micro-Air Abrasion for dentistry, we eventually eliminated the need for anesthesia in virtually all insensitive baby teeth.

Fast forward to today: The child specialists are still being taught and are still using 50 year old technology on children, Stainless Steel Crowns. The technology is so brutal that they feel justified in putting any child four years old and younger to sleep so they can apply the technology of placing SSCs. And amazingly, many of these practices can dedicate one day a week to the very lucrative procedures associated with putting children to sleep. (I always remind my patients that Dental Offices are like Casinos and Banks: They use YOUR money to build them. Buyer Beware.)

There are circumstances that absolutely warrant placing Stainless Steel Crowns on children's teeth, usually circumstances caused by the parents. A poor diet and lack of proper oral hygiene care is a ticket to the need for Stainless Steel Crowns. However, we have treated hundreds of children and thousands of baby teeth without the need to risk traumatizing the child with shots in the mouth or putting the child to sleep. It is my opinion that the profession of dentistry needs to re-think the antiquated, brutal, and lucrative procedures that are the "standard of care" for pediatric (children's) dentistry, particularly in light of recent research that shows subtle brain damage in anesthetized juvenile animals. Why take an unknown risk when other procedures are available?

There is a down side to every procedure. NOT placing Stainless Steel Crowns also virtually guarantees upkeep of the baby teeth with conservative fillings until the teeth are shed. However, permanent teeth are more likely to erupt properly under a restored natural tooth than under a tooth with a Stainless Steel Crown. Most of the permanent teeth we see in Crossbite erupted under an abscessed baby tooth with a Stainless Steel Crown that failed to loosen properly. Approximately 50% of all baby teeth with Stainless Steel Crowns will require another trip to the dentist, another injection to have the tooth pulled.

If gentle, minimally-invasive, needle-free dentistry is important to you for your children, we can't do it every time, but we will do our best to avoid the shots that are routinely used in other practices. We also invite the parents and guardians to be with the children. Very often, we even have the guardian sit in the chair with the child while we practice our gentle procedures. With our "open door policy", we have had literally thousands of onlookers including parents, guardians, dentists, and members of the news media observe, photograph, and record as we teach and practice our gentle procedures. In contrast, it is standard procedure in most offices using injections and Stainless Steel Crowns on children to bar the parents/guardians from the dental treatment room. Why?

Picture:

Typical Anterior Crossbite caused by retained primary tooth failing to loosen properly



Dr. Rainey can be reached @ jtimrainey@tiads.com or www.jtimrainey.com
or 361 526 4695

Dr. Rainey maintains a private practice in Refugio, Texas @ 606 Osage