



## COMMON PEDIATRIC DENTAL PROCEDURES



### **X-Rays** (Radiographs)

In general, children need X-rays more often than adults. Their mouths grow and change rapidly. X-rays can often show weaknesses in the tooth structure (such as demineralization) that may not be visible with the naked eye. The American Academy of Pediatric Dentistry recommends X-ray examinations every six months for children with a high risk of tooth decay. Children with a low risk of tooth decay require X-rays less frequently. We use digital radiography which uses approximately 1/4 the radiation of the traditional dental x-rays.

### **Dental Cleaning** (Prophylaxis)

During a dental visit, the dental assistant or hygienist will first review your child's medical history with you. This is to ensure that Dr. Grant and his staff is updated on the general health of your child so that we may review any factors that may concern your child's dental health. Then your child's mouth will be examined for overall oral health. Next, your child's teeth will be thoroughly cleaned to remove plaque and calculus (hard tarter deposits), which can cause cavities and gum disease. After the cleaning, fluoride will be applied to the teeth to help protect and strengthen the weak areas against decay. For a healthy child, the American Academy of Pediatric Dentistry recommends a visit to the pediatric dentist at least every six months to evaluate your child's oral health and development. However, if your child has special needs or is more predisposed to dental caries, the dentist may recommend more frequent visits to more closely manage your child's oral health.

### **Fluoride**

Cavities form when there is a weakening in the mineral composition of the enamel of your teeth. Fluoride promotes the remineralization of these decalcified spots, therefore helping to prevent cavities. Low level of fluoride is found naturally in some bodies of water. Municipal water supplies are often fluoridated to a specific standard level. Fluoride can also be found in many household products such as toothpaste, mouth rinses, and even some bottled water.

Dr. Grant will monitor the development of your child's teeth in order to prescribe the specific amount of fluoride that your child may need. In general, there is a careful balance between too much fluoride and too little fluoride. An excess of fluoride may damage developing teeth leading to fluorosis; while a deficit of fluoride leaves your child's teeth susceptible to tooth decay. Fluorosis presents in various forms that affect developing permanent teeth by causing white spots to form.

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## **Cavities** (Caries)

Tooth decay (caries) is a progressive disease that often begins in very young children. Bacteria that normally live in the mouth react with sugars from foods and drinks to create acid that slowly eats away at the enamel of your child's teeth and can also damage sensitive gum tissue. With the loss of enamel, weak points in the teeth form. These weak areas become cavities– which left alone can lead to irreversible nerve damage and the necessary early extraction of your child's tooth.

Again, early treatment is the key. As soon as a cavity is identified, your pediatric dentist can repair the tooth using tooth-colored fillings. If the cavity is too deep, a pulpotomy nerve treatment and stainless steel crown or extraction of the tooth may be needed. Effective brushing and flossing, the proper use of fluoride, and a balanced diet can help minimize the amount of decay to help your child have a happy, cavity-free smile!

## **Tooth Colored Fillings** (Composite Resin)

Tooth colored fillings are used to restore front or back teeth or where cosmetic appearance is important. Composites are used to repair fractured teeth and/or areas of decay. The shade of the composite restorative material is matched as closely as possible to the color of the natural teeth.

## **Stainless Steel Crowns** (SSCs)

Stainless steel crowns are used to restore back teeth that are too badly decayed to hold white fillings. When tooth decay on back teeth has been left untreated, teeth may have extensive damage to the enamel, dentin and sometimes the nerve (pulp). In such cases, tooth-colored fillings are not a viable option, and stainless steel crowns necessary. These prefabricated silver-colored crowns are fit; then cemented onto the primary (baby) teeth to prevent further damage until these teeth are naturally lost.

## **Early (Interceptive) Orthodontic Care**

It's never too early to keep an eye on your child's oral development. Dr. Grant can identify malocclusion (crowded or crooked teeth) or bite problems and actively intervene to guide the teeth as they emerge in the mouth. Interceptive orthodontic treatment can prevent more extensive treatment later. Dr. Grant checks the progress of your child's bite and jaw development with routine dental examinations. This early assessment of your child's teeth may prevent extensive orthodontic work in his/her future.

## **Extractions** (Tooth Removal)

Extractions are done only as a last resort in the case of severe tooth decay. If a primary molar is removed prematurely, a space maintainer will be placed. Some extractions are needed for orthodontic reasons to help facilitate tooth alignment when crowded teeth are present. Primary teeth are essential in maintaining the correct spacing in your child's jaw for the permanent teeth.

## **Pulp Treatment** (Pulpotomy)

Pulp therapy (pulpotomy) is the treatment of infected nerves and blood vessels in teeth. Pulp therapy generally becomes necessary for two reasons: either as a result of extensive tooth decay (dental

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cavities) or as the result of tooth injury. Failure to provide the necessary pulp therapy could result in your child experiencing pain, infection, swelling, or loss of the tooth.

Many cavities may be so deep that they extend to the nerve, often causing pain and discomfort. When this happens, the infected part of the nerve must be removed. The remaining healthy nerve will be left intact and medicated. The purpose of a pulpotomy is to extend the life of the baby tooth, thereby avoiding the need for extraction and a space maintainer, until the eruption of the permanent tooth. In other words, the tooth can be preserved for chewing food and maintaining proper space for permanent teeth, as well as helping your child to preserve a healthy, happy smile.

### **Sealants**

Sealants are thin, white plastic coatings that are applied to the tops or chewing surfaces of back teeth and are highly effective in preventing tooth decay. The naturally occurring pits and grooves on the chewing surfaces of teeth can often collect plaque. These small grooves and cracks are the most susceptible to cavities in children and teens and benefit the least from topical fluoride. Sealants and fluoride work together to help prevent tooth decay. On average, sealants last for 5 to 10 years with proper maintenance. At every dental check-up, the dentist will check that the sealants are intact. In order to prolong the life of your child's sealants, avoid crunchy foods and avoid chewing on ice and hard candy (i.e. Jolly Ranchers, Lifesavers, etc).

### **Space Maintainers**

Space maintainers are used when a primary tooth has been prematurely lost (or extracted) to hold space for the developing permanent tooth. If space is not maintained, teeth on either side of the extraction site can drift into the space and prevent the permanent tooth from erupting into its proper position. The space maintainer will be removed from your child's mouth once his/her permanent tooth replacing the extracted tooth comes in.