Smiles Pediatric Dentistry & Orthodontics

RBA OF PEDIATRIC DENTAL PROCEDURES

My child's individual treatment plan has been fully explained to me including all the possible procedures that may be necessary during the dental visit. I have been shown examples and images of the proposed care in addition to models that demonstrate what the final restorations could look like. I understand that changes may be made to the original treatment plan and that I will be informed of these changes. The risks, benefits and alternatives (RBA) of the following procedures have been clearly explained to me. I understand that my child may undergo some or all the listed procedures.

Local anesthesia:

Anesthetizing agents are infiltrated into a small area or injected as a nerve block directly into a larger area of the mouth with the intent of numbing the area to receive dental treatment. Agents are delivered using computer-assisted delivery systems (STA or SOAN) or with a traditional syringe.

Risks: Include but are not limited to: Lasting numbness up to 2-3 hours after the procedure (rarely, it can last longer or be permanent if nerve damage occurs), infection or swelling at the injection site, allergic reactions, dizziness, nausea, vomiting, biting of tongue, lip or cheek can occur.

Benefits: Pain is lessened or eliminated during the dental procedure.

Alternatives: Depending on the situation, observation or bypassing the local anesthetic could be alternative options.

Sealants:

A tooth-colored dental material is used to seal (plug) the deep grooves on the chewing surfaces of molar teeth (or any deep groove found on any tooth surface) to prevent tooth decay from starting in these areas. Primary and permanent teeth can be treated with this procedure. The material is placed then hardened with a special dental curing light.

Risks: Include but are not limited to: Minor chewing surface changes (occlusal changes) which may require adjustments, loss of sealant if not checked periodically rendering the tooth susceptible to dental decay again.

Benefits: Reduction in caries.

Alternatives: Could include observation in certain circumstances.

Composite restorations (direct or indirect):

A tooth-colored dental restorative material is used to restore the tooth surfaces that were damaged by the caries process (cavity). These materials are placed as a soft material initially but are then hardened via a special dental curing light.

Risks: Include but are not limited to: Preparing the tooth could result in tooth nerve irritation (called the pulp of the tooth) causing sensitivity to heat/cold. Such teeth could require further root canal treatment. The fillings can alter the way the teeth fit together resulting in bite changes (occlusal changes) that could require adjustments.

Benefits: Restoration of caries with cosmetic appearance.

Alternatives: Depending on the situation, I understand that alternatives (such as a glass ionomer restoration) may exist and have been discussed with me.

Pulpotomy:

A root canal treatment for a primary tooth is needed to treat and preserve a tooth with deep decay that goes beyond the hard shell of the tooth (enamel/dentin) and involves the pulp of the tooth (nerve). Treatment involves creating an opening through the top of the tooth and removing part or all the tooth's infected nerve. Medications can be used to help sterilize the inside of the tooth and to prevent further infection.

Risks: Include but are not limited to: Tenderness and discomfort after the treatment, continuation of the inflammation, possible inability to restore the remainder of the tooth without placing a crown, reactions to the medications used, possible need for extraction.

Benefits: Avoiding extraction and space maintenance appliances along with relief of pain and preserving the tooth for the longest time possible.

Alternatives: Depending on the situation, I understand that alternatives (such as an extraction or indirect pulp treatment) may exist and have been discussed with me.

Pediatric dental crown (prefabricated or custom):

Pediatric crowns are used to restore function and sometimes esthetics to severely broken-down teeth. They are made in either stainless steel (usually used for back teeth), resin or zirconia (esthetic option) used for the front teeth or the more visible teeth.

Placing them necessitates preparing the tooth surface to receive the crown and then selecting the best fitting size and cementing it onto the remaining tooth structure.

Risks: Include but are not limited to: Preparing the tooth could result in tooth nerve irritation (called the pulp of the tooth) causing sensitivity to heat/cold. Such teeth could require further root canal treatment. The crowns can alter the way the teeth fit together resulting in bite changes (occlusal changes) that could require adjustments, loss of the crown, gingival (gum line) irritation.

Benefits: Durability compared to other options.

Alternatives: Depending on the situation, I understand that alternatives (such as placing a large composite filling) may exist and have been discussed with me.

Extractions:

This procedure involves removing one or more teeth. Depending on their condition, this may require sectioning the teeth or trimming of adjacent bone or soft tissues. If unexpected difficulties occur during the procedure, we may need to refer your child to an oral surgeon.

Risks: Include but are not limited to: Pain, swelling or infection at the extraction site. fractures in the adjacent bone or damage to adjacent teeth, remaining tooth remnants which can be left but could cause infection at times.

Benefits: Removal of infected tissue from the mouth of your child which can affect their general health.

Alternatives: Depending on the situation, I understand that alternatives (such as trying to preserve the tooth) may exist and have been discussed with me.

Space maintainer (prefabricated metal and custom resin printed):

This is a special appliance designed to keep your child's teeth from shifting after an extraction has been completed. A S/M can ensure that the necessary space for future permanent teeth is preserved. A S/M can be fabricated in our office and placed directly in your child's mouth. Or it can be lab fabricated. A digital impression or oral scan will be needed of your child's teeth to create the appliance and fit it to your child's mouth.

Risks: Include but are not limited to: Discomfort at the S/M site, adjustment difficulties to a new appliance in the child's mouth, loss of appliance or even swallowing it by the child.

Benefits: Reduction of the need for future orthodontic treatment for space regaining.

Alternatives: Depending on the situation, I understand that alternatives (such as early orthodontic care) may exist and have been discussed with me.

Pedi-partial or PrintiSmile ™:

An appliance which includes one or more pretend teeth to restore your child's smile after the loss of one or more primary front teeth has occurred. The appliance requires a digital impression or oral scan of your child's mouth. The appliance is attached to bands that fit on the back teeth via wire (Pedi-partial) or resin attachments (PrintiSmile ™).It is usually bonded with a special dental glue onto your child's teeth. This keeps the appliance in place and prevents your child from removing it.

Risks: Include but are not limited to: Gingival irritation around the appliance, food retention and difficulty cleaning, periodic need for evaluation.

Benefits: Esthetic and psychological benefits for the child. Can also help restore speech.

Alternatives: Depending on the situation, I understand that alternatives (such as observing) may exist and have been discussed with me.

Laser Use:

Soft and hard tissue lasers can be used as an alternative to surgical approaches in multiple dental procedures. These include: Treatment of caries, contouring of gingival margins, frenectomies for lip and tongue ties, removal of oral lesions.

Risks: Include but are not limited to: Pain tissue irritation and burning, temporary charring or darkening of tissues.

Benefits: Rapid and simple surgical procedures can be easily completed without the need for local anesthesia in many situations. No sutures needed. Bleeding is much reduced around surgical site. Better pain control in area of use compared to traditional surgical intervention.

Alternatives: Depending on the situation, alternatives such as traditional surgical approach or observations exist.

Teeth Whitening:

Whitening gels are useful to improve enamel appearance and eliminate external stains that do not respond to traditional polishing.

Risks: Include but not limited to: Tooth sensitivity, soft tissue irritation.

Benefits: Improved color of enamel and removal of superficial stains. Easy application.

Alternatives: Depending on the situation, observation or alternate materials could be an option.

Silver Diamine Fluoride:

Silver diamine fluoride is a liquid medication that can be used on cavities to help stop tooth decay. Using it can reduce or eliminate the need for traditional fillings in some circumstances. The affected area will stain in a permanent black color after the application.

Risks: Include but are not limited to: Temporary discoloration of the gums or skin if accidentally exposed. This stain is not harmful and will disappear in one to three weeks. Repeat applications of the material may be needed and if the cavity does not stop progressing, a traditional filling will need to be planned.

Benefits: Avoiding traditional restorations when they are challenging to place. Simple application. Stopping a cavity from progressing.

Alternatives: Depending on the location, a filling or crown may be needed after the application.

Curodont:

Curodont Repair (manufactured by Curodont/Regendent AG, Switzerland) is a non-invasive caries-remineralizing treatment that uses self-assembling peptide (SAP) technology to promote regeneration of enamel in incipient (non-cavitation) carious lesions. The active ingredient is" P11-4 self assembling peptide, which diffuses into the subsurface and self assembles into a 3-dimensional matrix that are acts calcium and phosphate ions forming hydroxyapatitie from saliva.

Risks: Include but are not limited to: Repeat applications of the material may be needed and if the cavity does not stop progressing, a traditional filling will need to be planned. Allergic reactions, which are very rare. The treatment is limited to enamel caries and is not effective on cavitation lesions.

Benefits: Non-invasive, pain-free and child friendly. Avoiding traditional restorations when they are challenging to place. Simple application. Preserving tooth structure and stopping a cavity from progressing.

Alternatives: Depending on the location, topical Fluride and monitoring or a filling/crown may be needed after the application if the carious lesion continues progression.