

EASTERN VIRGINIA PEDIATRIC DENTISTRY

WWW.EVAPD.COM

627-7550

FOLLOW THESE STEPS TO PROTECT YOUR CHILD'S TEETH

- **BRUSH** 3 times a day. Parents, take turns brushing your child's teeth if your child is under age 8. Proper brushing requires adequate motor coordination which develops with age.
- **FLOSS** once a day. Parents, floss your child's teeth before bedtime each night. Flossing will prevent cavities between teeth.
- **VISIT** the dentist every 6 months for regular check-ups.
- **AVOID ALL** sugary and sticky foods unless the child brushes immediately afterwards. Fresh fruits and vegetables and nuts are healthy snacks for teeth and body.
- **NO APPLE JUICE** between meals. This drink is high in fruit sugar and is also acidic.
- **MAKE SURE** your child's teeth are clean after giving pediatric syrup medications. Give your child a glass of water afterwards. The syrup medications are 70-80% sugar!
- **IF CHEWABLE VITAMINS** are recommended by your pediatrician, brush afterwards. These VITAMINS are STICKY and can get stuck in your molars for several hours.

PREVENTION IS THE KEY TO HEALTHY
TEETH!

WHEN YOUR CHILD HAS A FRENECTOMY

- Administer Tylenol/Motrin upon arrival at home and give, as needed every four to six hours for discomfort.
- **NO carbonated beverages for 24 HOURS.**
- **REFRAIN from using straws for 48 HOURS.**
- It is important to keep ice on the upper lip area for about 6 hours to alleviate swelling.
- Do not allow your child to pull up on their top lip to “show friends” what was done. This will keep the area irritated and may pull at the stitches not allowing it to heal properly.
- **NO CRUNCHY FOODS** (Chips, nachos, pretzels, popcorn, etc.) **FOR TWO WEEKS.**
- A soft diet is recommended while area is numb. Everyone has a different tolerance to local anesthetic, but your child may be numb for the better half of about two hours. It is extremely important they do not chew or suck on their lip. Because they are numb, they will not know if they bite it.
- If a gauze packing has been placed, you may remove it upon arrival at home.
- If stomahesive has been placed, do not remove it. Allow it to come off on its own. Swallowing it will not hurt your child.
- If you have any questions or concerns please do not hesitate to contact our office at (757)627-7550.

STAINLESS STEEL CROWNS SPACE MAINTAINERS SEALANTS

- **NO STICKY, GOOEY CANDIES!:**

Tootsie Rolls
Now-N-Laters
Jolly Ranchers
Caramels
Chewing Gum

Starburst
Gummy Bears
Air Heads
Fruit Roll Ups
Ice

Raisins
Fruit Snacks
Taffy
Lollipops
Jawbreakers

- If the appliance becomes loose or comes out IT IS IMPERATIVE that you schedule an appointment ASAP to have it recemented in order to prevent the teeth from shifting.
- The remake of any appliance due to breakage will result in a \$125 replacement fee.
- Eating inappropriate snacks (the list above), which will dislodge the appliance, will result in a recementation fee.
- A lost crown will be remade at full fee.

Revised 06/2010

What should I do following an extraction?

Watch your child to be sure he/she does not bite or pinch his/her lip, cheek, or tongue. There is no pain sensation in the soft tissue due to anesthesia.

If your child has been pre-sedated today, please make sure your child has plenty of liquids to flush the sedation out of his/her system.

Have child bite on gauze until bleeding stops.

Nothing to eat or drink for 30-45 minutes after extraction. The bleeding needs to stop completely to avoid swallowing blood.

We recommend giving Tylenol or Advil for pain when you get home. When the anesthesia wears off the pain reliever will have already begun working, so a smooth transition can occur.

FOR THE NEXT 24 HOURS:

NO drinking from straws

NO carbonated drinks

NO rinsing

NO vigorous exercise for the next day

Consume a soft diet only

IF YOU HAVE ANY QUESTIONS PLEASE CALL
US AT (757)627.7550

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ADDITIONAL INSTRUCTIONS FOR SEDATION PATIENTS

NOTHING TO EAT OR DRINK 3 hours prior to the appointment. The medicine is optimally effective if taken on an empty stomach.

MORNING APPOINTMENTS ARE MADE because the schedule permits more time. This will help you manage the time which your child cannot have food or drink.

ATARAX SHOULD BE KEPT AT ROOM TEMPERATURE to maximize the shelf life. Do not refrigerate.

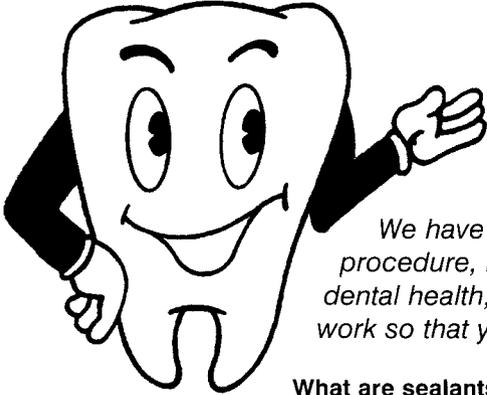
AFTER YOUR CHILD'S APPOINTMENT:

- To help flush medication out of system please offer liquids. A soft diet is recommended over the next 2-3 hours.
- Accompany your child when walking, as assistance may be needed.
- Closely supervise any activity for the remainder of the day. Allow your child to rest at home after the appointment if possible.
- No bicycle riding or physical sports should be allowed for 24 hours after this appointment.
- Local anesthesia lasts approximately 2 hours.
- The lips, cheek, and tongue may be numb and children may chew these areas and feel no pain. Watch your child closely to prevent this complication.



Eastern Virginia Pediatric Dentistry

www.evapd.com



SEALANTS

We have recommended sealants for some of your child's teeth. It is a preventive procedure, meaning that it helps prevent future problems but is not essential for your child's dental health, it is optional. We would like you to have some information about how sealants work so that you can make an informed decision about getting this service for your child.

What are sealants? Sealants (also referred to as pit and fissure sealants) are plastic coatings applied to teeth in areas where minor defects are present. These defects in the enamel layer occur most often in the deep crevices and grooves (pit and fissures) of the teeth, it is these defective areas that often are the starting sites of cavities. Food particles and bacteria get into these sites and are very difficult to keep adequately cleaned. The sealant is designed to fill in these defects and help prevent tooth decay.

Why do we not seal all the teeth? We seldom recommend sealants on primary (baby) teeth. The grooves are not that deep, and the teeth are not kept long enough for the procedure to be cost effective for the parents. Many permanent teeth do not have apparent defects in the pits and fissures, and we may not recommend sealants on such teeth. We find that bicuspid teeth rarely get decay in the grooves, so we don't seal them as often. The six year molars have the deepest grooves, most defects, and are sealed the most.

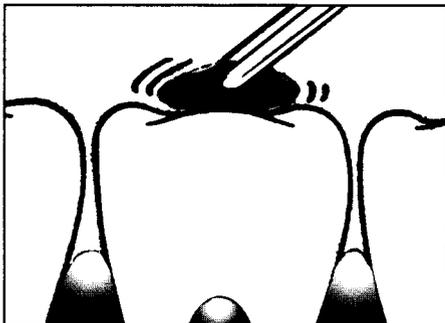
How is the procedure done? The teeth to be sealed are thoroughly cleaned and etched with a chemical to allow the plastic coating to stick. The plastic is applied as a liquid and then is hardened to the tooth with a bonding light. The teeth have to be kept dry, but it is not necessary to numb the areas or to drill into the teeth.

Do sealants work 100% of the time? Unfortunately, no. Teeth that have been sealed sometimes lose part or all of the sealant and are then subject to decay. In a recent study of teeth with deep grooves, it was found that 35% of teeth that were sealed eventually required a filling but 82% of teeth that were not sealed eventually required fillings. Sealants do not prevent all cavities, but can prevent many. Children can keep their sealants longer by staying away from chewing sticky candies, chewing gum, and chewing ice.

What happens if a sealant comes off? Any sealant that we have placed, which comes off and no decay is present on the tooth, will be replaced if the child is seen here for regular six month check-ups.

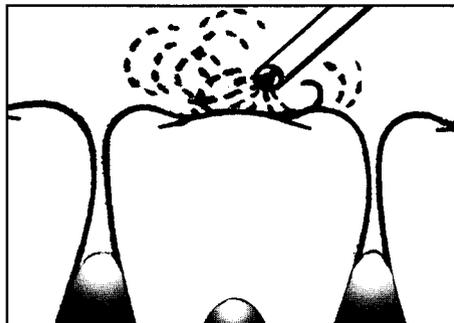
HERE IS HOW YOUR DENTAL PROFESSIONAL PLACES SEALANTS ON YOUR TEETH:

Your tooth is cleaned...



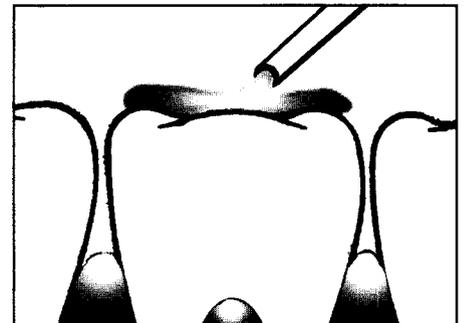
This professional cleaning reaches deep pits and grooves in the tooth.

Then it is dried.



The tooth is wrapped with cotton rolls or a rubber dam and dried with air.

A little drop of coating is put over your tooth.



The sealant coating hardens and the procedure is completed.

Water vs. Coke

WATER...

1. 75% of Americans are chronically dehydrated
2. In 37% of Americans, the thirst mechanism is so weak that it is often mistaken for hunger.
3. Even mild dehydration will slow down one's metabolism as much as 3%.
4. One glass of water will shut down midnight hunger pangs for almost 100% of the dieters, a U-Washington study.
5. Lack of water, the #1 trigger of daytime fatigue.
6. Preliminary research indicates that 8-10 glasses of water a day could significantly ease back and joint pain for up to 80% of sufferers.
7. A mere 2% drop in body water can trigger fuzzy short-term memory, trouble with basic math, and difficulty focusing on the computer screen or a printed page.
8. Drinking 5 glasses of water daily decreases the risk of colon cancer by 45%, plus it can slash the risk of breast cancer by 79%, and one is 50% less likely to develop bladder cancer.

COKE...

1. In many states the highway patrol carries two gallons of Coke in the trunk of their cruisers to remove blood from the highway after an accident.
2. You can put a T-bone steak in a bowl of coke and it will be gone within 3 days.
3. To clean a toilet bowl; pour a can of Coke into the toilet bowl and let the "real thing" sit for one hour, then flush clean. The citric acid in Coke removes stains from vitreous china.
4. To remove rust spots from chrome car bumpers; rub the bumper with a rumped-up piece of Reynolds Wrap aluminum foil dipped in Coke.
5. The corrosion from car battery terminals: Pour a can of Coke over the terminals to bubble away the corrosion.
6. To loosen a rusted bolt: Apply a cloth soaked in Coke to the rusted bolt for several minutes.
7. To remove grease from cloths: Empty a can of Coke into a load of greasy cloths, add detergent, and run through a regular cycle. It will also clean road haze from your windshield.

FOR YOUR INFORMATION...

1. The active ingredient in Coke is phosphoric acid. Its pH is 2.8. It will dissolve a nail in about 4 days. Phosphoric acid also leaches calcium from bones and is a major contributor to the rising increase in Osteoporosis.
2. To carry Coke syrup the commercial truck must use the Hazardous Material place cards reserved for highly corrosive materials.
3. The distributors of Coke have been using it to clean their truck engines for about 20 years!

BLOOMINGTON

Moo-ve Over, Gatorade

Chocolate milk fuels better athletic performance

Serious athletes who train more than once a day can get the recovery assistance they need to improve performance from a convenient product that's been around far longer than commercial sports drinks: chocolate milk.

Joel Stager, PhD'80, professor of kinesiology and director of the Counsilman Center at IU's School of Health, Physical Education, and Recreation, decided to test the chocolate-milk theory after reading an article about a product that promised to improve athletic performance. The ingredients sounded familiar, and Stager strolled through the grocery store until he found that chocolate milk contained pretty much the same thing as the synthetic product.

A swimming coach at a Bloomington high school, Stager had his swimmers bring chocolate milk to practice. The results, he says, were fantastic. The swimmers did better in their second workout of the

day. Stager took the milk to the human-performance lab at IU, did a study on cyclists, and got similar results.

"Recovery is critical to improving performance," Stager says. "The bottom line is, chocolate milk is a convenient product that will aid in the recovery process."

Unflavored milk doesn't do as well, he says. The chocolate milk has a carbohydrate-to-protein ratio of about 4-to-1. Carbs, Stager says, are the key to giving the athlete the fuel to recover quickly enough to do another workout the same day. The chocolate milk should be consumed within 30 to 45 minutes after the first workout, he says.

Popular sports drinks are not a substitute, he adds.

"Water works as well as sports drinks as a rehydration product," Stager says. "But when you talk about extreme athletics, now you're starting to talk about something beyond rehydration."

GATORADE

Dr. Morgan's Response:

This is a bad precedent to set. Gatorade is very high in acid and is responsible for many decayed teeth. If a person drinks a lot of Gatorade especially instead of water - expect higher dental bills, more cavities and more visits to the dentist.

Again, we are trying to put ourselves out of business and Gatorade is not helping in that effort!

First Aid for Dental Emergencies



Toothache

Clean the area around the sore tooth thoroughly. Rinse the mouth vigorously with warm salt water or use dental floss to dislodge trapped food or debris. DO NOT place aspirin on the gum or on the aching tooth. If face is swollen, apply a cold compress. Take acetaminophen for pain and see a dentist as soon as possible.



Cut or Bitten Tongue, Lip or Cheek

Apply ice to bruised areas. If there is bleeding, apply firm but gentle pressure with a clean gauze or cloth. If bleeding does not stop after 15 minutes or it cannot be controlled by simple pressure, take the child to a hospital emergency room.



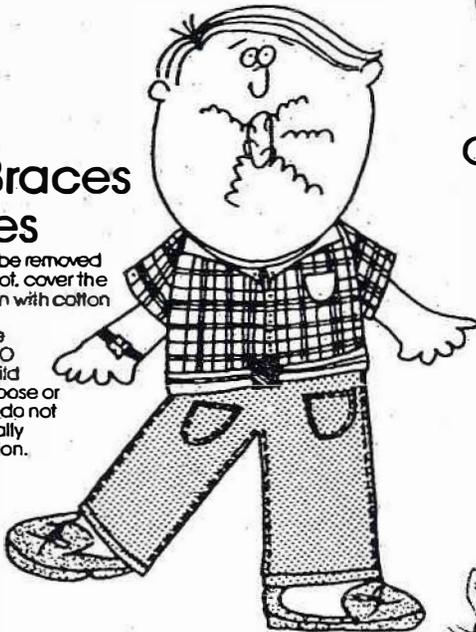
Knocked Out Permanent Tooth

Find the tooth. Handle the tooth by the top (crown); not the root portion. You may rinse the tooth, but DO NOT clean or handle the tooth unnecessarily. Try to reinsert it in its socket. Have the child hold the tooth in place by biting on a clean gauze or cloth. If you cannot reinsert the tooth, transport the tooth in a cup containing milk or water. See a dentist IMMEDIATELY! Time is a critical factor in saving the tooth.

1. Remain calm
2. Reinsert Fast
- or
3. Keep Moist
4. See Dentist

Broken Braces and Wires

If a broken appliance can be removed easily, take it out. If it cannot, cover the sharp or protruding portion with cotton balls, gauze, or chewing gum. If a wire is stuck in the gums, cheek, or tongue, DO NOT remove it. Take the child to a dentist immediately. Loose or broken appliances which do not bother the child don't usually require emergency attention.

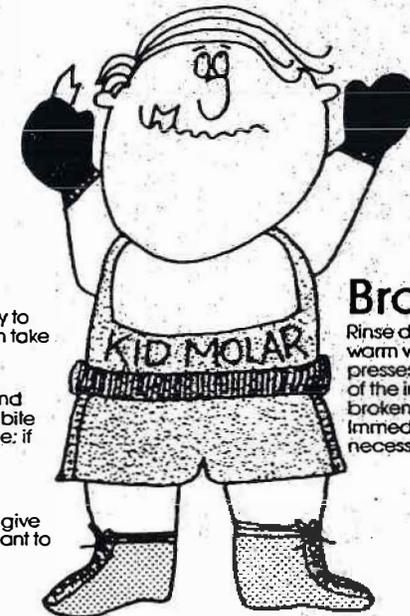


Other Emergency Conditions:

Possible Broken Jaw: If a fractured jaw is suspected, try to keep the jaws from moving by using a towel, tie, or handkerchief, then take the child to the nearest hospital emergency room.

Bleeding After Baby Tooth Falls Out: Fold and pack a clean gauze or cloth over the bleeding area. Have the child bite on the gauze with pressure for 15 minutes. This may be repeated once; if bleeding persists, see a dentist.

Cold/Canker Sores: Many children occasionally suffer from "cold" or "canker" sores. Usually over-the-counter preparations give relief. Because some serious diseases may begin as sores, it is important to have a dental evaluation if these sores persist.



Broken Tooth

Rinse dirt from injured area with warm water. Place cold compresses over the face in the area of the injury. Locate and save any broken tooth fragments. Immediate dental attention is necessary.



Eastern Virginia Pediatric Dentistry

Dr. Pamela A. Morgan

Member of the American Academy of Pediatric Dentistry

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CONSENT FOR DENTAL TREATMENT

Patient _____

1. I request and authorize Drs. Morgan and staff to perform or assist in the performance of the following but not necessarily limited to:
 - Emergency Dental Treatment
 - Fillings
 - Cleanings, X-rays, Fluoride treatments
 - Sealants
 - Extractions/Oral Surgery
 - Space Maintenance/Interceptive Orthodontics
 - Crowns
2. The purpose of the above is to maintain dental health and we anticipate that result. No guarantees or assurances can be made as to the results that may be obtained.
3. Bleeding, swelling, discomfort and bruising can occur after any dental procedure. The risk of not completing necessary dental treatment can result in abscess, infection, pain, fever, swelling and substantial risk to the developing permanent teeth.
4. I understand that unforeseen conditions or circumstances may arise during the course of the above-described procedure or treatment. Hence, I consent to and authorize the performance of any care, procedure, or treatment not specified above that the dentist reasonably believes necessary or advisable as a result of these unforeseen events.
5. I understand that to facilitate my child's treatment a sedative may be required. I understand that sedation may prove partially or completely ineffective.
6. Additionally, I consent to the administration of local anesthetic that the dentist deems necessary, and/or nitrous oxide. I understand that the risks involved with the administration of local anesthetics may also be characterized by excitation, depression, nervousness, dizziness, blurred vision, tremors, drowsiness, and convulsions (seizures). Allergic reactions may occur which may be characterized by skin eruptions, itching, and swelling. I understand that the alternative of not using local anesthetic would probably cause a great deal of discomfort. The risk of this alternative could be emotional damage.
7. I understand that dental treatment for children includes efforts to guide their behavior by helping them to understand that treatment in terms appropriate for their age. To accomplish this, the patient's behavior will be guided using praise, explanation and demonstration of procedures and instruments, using variable voice tone and loudness.
8. I understand that should the child become uncooperative during dental procedures with movement of the head, arms, and/or legs, dental treatment cannot be safely provided. During such movements, it may be necessary to use physical restraints such as a papoose board. I authorize the use of physical restraints, when deemed necessary to avoid possible injury to the child.
9. **I understand that I may refuse any and all treatments.** I have crossed out and initialed anything that I would refuse to consent to.

10 I certify that I have read and understand the above. I accept the risk of substantial and serious harm, if any, in hope of obtaining the desired beneficial results of this treatment or procedure

11 I understand that I am responsible for all fees incurred in relation to this child. This office will also assist in the prompt filing of all insurance forms as it applies.

PARENT/LEGAL GUARDIAN/RESPONSIBLE PARTY (SIGNATURE)

RELATIONSHIP TO PATIENT(S) _____ **DATE** ____ / ____ / ____
MM DD YY