floss and smile
gentle dentistry

Your Child's Oral Health

Please keep this information leaflet for future reference

Many parents have a tough time judging how much dental care their child needs.
They know they want to prevent cavities, but they don't always know the best way to do so.

We offer a children's Dental Care Protocol tailored specifically (according to age and risk factors) to ensure that your children's oral health is looked after from day one.

At Floss & Smile Dental Practice we have 3 Preventative Dental Health Care protocols based the document from Public Health England :
"Delivering better oral health: an evidence-based toolkit for prevention "- Third edition.

Please note that one of the parents must be attending our practice for a dental health check at least once a year for the children to be seen at our practice.

Teddies: 0-4 yrs: usually £5 once a year
Tigers: 5-10 yrs: usually £15 twice a year
Teens: 11-17yrs: usually £35 twice a year
More info below on what is included

When you visit us, you will be given age appropriate advice and we will have a preventative action plan ready.

If your child requires treatment:
Tooth coloured fillings on baby teeth: £15 pr tooth
Tooth coloured on permanent teeth: small £55/ large £75
Aluminium/ metal crowns on temporary teeth: £55
Fissure sealants: £30 pr tooth
Extractions in surgery: Baby teeth £15 /
Permanent teeth: from £30

When Should children See a Dentist?

The British Dental Association recommends that children see a dentist by their first birthday.

We believe that good oral health starts right from when our teeth first begin to develop.

At this first visit, we want to get your child used to the smells, sounds and visual aspects of visiting the surgery. We want to prevent dental anxiety.

These visits can help find problems early and help kids get used to visiting the dentist so they'll have less fear about going as they get older. We will explain proper brushing, answer any questions you may have and do a modified exam while your baby sits on your lap.

How can we prevent cavities and gum disease (gingivitis)?

Cavities happen when bacteria and food left on the teeth after eating are not brushed away. Acid collects on a tooth, softening its enamel until a hole- or cavity- forms.

The same plaque(soft layer of bacteria) will cause **gingivitis**- bleeding gums.

Start good oral habits early. Keeping sugary foods in check, encouraging regular brushing and flossing, and following the advice we give you and your child all lead to good dental health.

This advise we give you and your child is tailored specifically to your child's needs.

Teddies: 1- 4 years old:
Free when a parent has an annual Dental Health Check with us and must be combined with the parent's DHC appointment:
One Dental Health Check a year
Treatment planning for future dental needs
Dental advice to parents
Assessment of emergencies and dental pain
Referrals when necessary
Extra: £5 for Fluoride varnish treatment

Tigers: 5-10 years old
£15 twice a year for a regular Dental Health Check
These two are normally 6 months apart

The Dental Health Check includes the following:

1. Fluoride varnish treatment
2. Oral mouth cancer screening
3. A polish if patient allows it
4. Assessment of milk teeth and permanent teeth including old fillings
5. Treatment planning for future dental needs
6. Dental advice to their parents
7. Referrals when necessary
8. OHI sessions as needed are included
9. Orthodontic screening and referral if necessary
10. X-rays if necessary
11. Gum scoring if necessary
12. Assessment of emergencies and dental pain

In addition:

1. Fissure sealing when the 1st molars arrive (usually at age 6-7years): each molar : £30
2. Any fillings needed: £15 pr milk tooth/ £45 glass ionomer fillings and £95 for composite fillings pr permanent tooth

Teens: 11-17years old:
£35 twice a year for a regular Dental Health Check
These two are normally 6 months apart

The Dental Health Check includes the following:

1. Fluoride varnish treatment
2. Oral mouth cancer screening
3. A hand scaling and polish
4. Assessment of milk teeth and permanent teeth including old fillings
5. Treatment planning for future dental needs
6. Dental advice to their parents
7. Referrals when necessary
8. OHI sessions as needed are included
9. Orthodontic screening and referral if necessary
10. X-rays if necessary
11. Gum scoring if necessary
12. Assessment of emergencies and dental pain

In addition:

1. Fissure sealing when the 2nd molars arrive (usually at age12 years)each molar : £30
2. Any fillings needed: £15 pr milk tooth/ £45 glass ionomer fillings and £95 for composite fillings pr permanent tooth

Here's when and how to care for those little choppers from infancy to adolescence:

Make sure your child has Regular Dental Health Checks (DHC)

At our practice, your dentist will check the health of your child's cheeks, lips, jaw joint, teeth and gums, and give advice to you and your child for their home care also includes:

1. Fluoride varnish treatment
2. Oral mouth cancer screening
3. A polish if patient allows it
4. Assessment of milk teeth and permanent teeth including old fillings
5. Treatment planning for future dental needs
6. Dental advice to their parents
7. Referrals when necessary
8. OHI sessions as needed are included
9. Orthodontic screening and referral if necessary
10. X-rays if necessary
11. Gum scoring if necessary
12. Assessment of emergencies and dental pain

As children grow, routine dental health checks are scheduled anywhere from once every 3 months to once a year, depending on your child's individual risk factors.

Oral Hygiene instruction session (OHI) are a part of your Dental Health Check in which advice is given on techniques for preventing gum disease and tooth decay, so establishing a healthy diet, brushing and flossing habits for your child to take into adulthood and enable them to enjoy healthy teeth for life. We often use disclosing tablets to show where the plaque is.
We show you and your child how to use interdental tools and how to prevent gingivitis and cavities.

BRUSHING ADVICE:

The major dental conditions of caries and periodontal disease can both be reduced by regular toothbrushing with fluoride toothpaste.

To control caries it is the fluoride in toothpaste which is the important element of toothbrushing, as fluoride serves to prevent, control and arrest caries.

Higher concentration of fluoride in toothpaste leads to better caries control.

To control gum disease the physical removal of plaque is the important element of toothbrushing as it reduces the inflammatory response of the gingivae and its sequelae.

Some toothpastes contain ingredients which also reduce plaque, gingivitis and bleeding gums.

There is evidence to suggest that the preventive action of toothbrushing can be maximised if the following principles are followed:

- brushing should start as soon as the first primary tooth erupts
- brushing should occur twice daily as a minimum – clean teeth last thing at night before bed and at least one other time each day
- children under three years should use a toothpaste containing no less than 1,000 ppm fluoride
- children under three years should use no more than a smear of toothpaste (a thin film of paste covering less than three- quarters of the brush) and must not be permitted to eat or lick toothpaste from the tube
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- family fluoride toothpaste (1,350-1,500 parts per million fluoride – ppmF) is indicated for maximum caries control for all children except those who cannot be prevented from eating toothpaste.

- children between three and six years should use no more than a pea-sized amount of toothpaste
- children need to be helped or supervised by an adult when brushing until at least seven years of age and must not be permitted to eat or lick toothpaste from the tube
- rinsing with lots of water after brushing should be discouraged – spitting out excess toothpaste is preferable
- rinsing with water, mouthwashes or mouth rinses (including fluoride rinses) immediately after toothbrushing will wash away the concentrated fluoride in the remaining toothpaste, thus diluting it and reducing its preventive effects.
- For this reason rinsing after toothbrushing should be discouraged
- try to systematically clean all tooth surfaces. No particular technique has been shown to be better than another
- disclosing tablets are sometimes used to indicate areas that are being missed
- brushing is more effective with a small- headed toothbrush with medium-texture bristles
- While there is evidence that some powered toothbrushes (with a rotation, oscillation action) can be more effective for plaque control than manual tooth brushes, probably more important is that the brush, manual or powered, is used effectively twice daily.
- Thorough cleaning may take at least two minutes.

F- containing mouth rinses should be used at a different time to toothbrushing to maximise the topical effect, which relates to frequency of availability. Rinsing, even with a fluoride rinse immediately after brushing will reduce the beneficial effects of fluoride toothpaste.

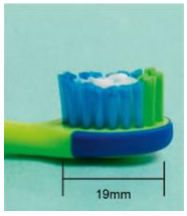
Get enough fluoride

Regular use of fluoride toughens the enamel, making it harder for acid to penetrate. Although many towns require tap water to be fluoridated, others don't. If your water supply is not fluoridated or if your family uses purified water, ask us for fluoride supplements. Most toothpastes contain fluoride but toothpaste alone will not fully protect a child's teeth.
Check with your dentist before supplementing.

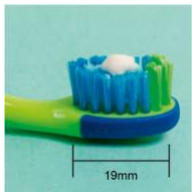
Use fluoridated toothpaste (1,000 – 1,450 ppm fluoride)
Try not to rinse after brushing the teeth with otherwise the Fluoride will be washed away.

Fluorosis: The risk of fluorosis from ingesting too much fluoride are linked much more to the amount of toothpaste that is used, than to the concentration. Risks of aesthetically challenging fluorosis to permanent incisors are relevant only to ingestion of fluoride by those under three years old. Calcification of the crowns of these teeth is complete by 30 months. Risks of aesthetically challenging fluorosis to premolars are only relevant to those aged under six years as calcification of the crowns of these teeth is complete by this age.

The best combination is to use higher concentration toothpaste in very small quantities for children aged six years and below. You must ensure that your child does not eat or lick the toothpaste. Read the label to look for the parts per million of fluoride (ppmF-) in the toothpaste.



Children aged under three years should use only a smear of toothpaste.



Children aged three to six years should use only a pea-sized blob of toothpaste.

Preventative Fluoride varnish:

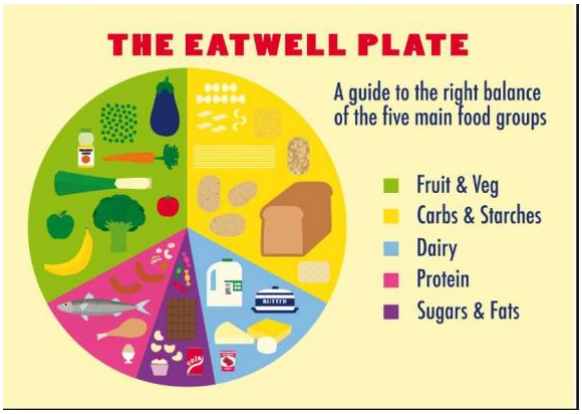
We highly recommend that all children who see us get a Fluoride varnish.
Fluoride varnish can be applied to both baby teeth and adult teeth.
It involves painting a varnish that contains high levels of fluoride on to the surface of the tooth every six months to prevent decay. It works by strengthening tooth enamel, making it more resistant to decay.
From the age of two, children are offered fluoride varnish application at least once a year.
We will apply fluoride varnish to your child's teeth one- two times a year I (2.2% NaF^-)
or more often if there are other risk factors involved.

Fluoride varnish is one of the best options for increasing the availability of topical fluoride, regardless of the levels of fluoride in the water supply. High quality evidence of the caries-preventive effectiveness of fluoride varnish in both permanent and primary dentitions is available and has been updated recently. The evidence supports the view that varnish application can also arrest existing decay on the smooth surfaces of primary teeth and roots of permanent teeth. Much of the evidence of effectiveness is derived from studies which have used sodium fluoride 22,600ppm varnish for application.

The child must avoid eating, drinking or rinsing for 30 minutes after application and eat only soft foods in the following 1 hour , but preferably four hours.

Limit or avoid some foods:

- The frequency and amount of consumption of sugars should be reduced
- Avoid sugar containing foods and drinks at bedtime when saliva flow is reduced and buffering capacity is lost.



• Free sugars include sugars added to foods and drinks by the manufacturer, cook or consumer, as well as sugars naturally present in honey, syrups and fruit juices. It does not include sugars found naturally in whole fresh fruit and vegetables and those naturally present in milk and milk products.

Sugary foods, juices, candy (especially sticky gummy candy, gummy vitamins, or fruit leather or "roll-ups") can erode enamel and cause cavities. If your kids eat these foods, have them rinse their mouth or brush their teeth after eating to wash away the sugar. The same goes for taking sweetened liquid medicines: always have children rinse or brush afterward.

If your child takes medication in liquid form, always ask if there is a sugar free alternative

Protect the chewing surfaces with Fissure sealants

As your child's permanent teeth grow in, we can help prevent decay by applying a thin wash of resin (called a sealant) to the back teeth, where most chewing is done.

This protective coating keeps bacteria from settling in the hard-to-reach crevices of the molars. Sealants protect the grooved and pitted surfaces of the teeth, especially the chewing surfaces of back teeth where most cavities in children are found.

Made of shaded resin which contains Fluoride, sealants are applied to children's teeth to keep them cavity-free.

Please note that sealants aren't a replacement for good brushing and regular flossing.

Even if your child brushes and flosses carefully, it is difficult—sometimes impossible—to clean the tiny grooves and pits on certain teeth. Food and bacteria build up in these crevices, placing your child in danger of tooth decay. Sealants "seal out" food and plaque, thus reducing the risk of decay. Research shows that sealants can last for many years if properly cared for.

We normally do fissure sealants around the age of 6 and 12 years.

Therefore, your child will be protected throughout the most cavity-prone years.

At your child's Dental Health Check appointment we check them and will recommend re-application or repair when necessary.

The application of a sealant is quick and comfortable. It takes only one visit.

The tooth is first cleaned. It is then conditioned and dried.
The sealant is then flowed onto the grooves of the tooth and allowed to harden or hardened with a special light.

Your child will be able to eat right after the appointment.

Polish and scale removal:

At our practice your child will be seen by the dentist and if needed, the child's teeth will be cleaned at the same appointment. This will save you from coming twice and because the child sees the same person for both the check and clean there is a great continuity in the child's care and less risk of dental anxiety. A children's Polish and scale removal is a gentle clean with hand scalers, occasionally ultrasonic scaler and polish.

What Is Orthodontic treatment?

As children get older, their bite and the straightness of their teeth can become an issue.

Orthodontic treatment is to align the teeth so the teeth become more functional and easy to clean and with the added benefit of better aesthetics.

Around age 11-15 years :
We will know when to refer you to a different type of specialist, such as an orthodontist to correct an overbite or an oral surgeon for jaw realignment.
NHS treatment: the orthodontist will see patients after the premolars have come through, which is normally around age 12. We will always refer you for free NHS treatment first. If for any reason the NHS can not provide you with free treatment then we can treat your child at our practice privately for aligner treatment or can be referred to a private orthodontist for fixed braces.
Please ask us for more information.

Extractions

If a tooth needs to be extracted, we will do this as gently as possible so that it is not a traumatic experience for your child. We use gentle injection techniques. We can orally sedate the child or we can refer for IV sedation. We prefer to avoid General anaesthesia on our patients, but if needed, we will refer the child to a hospital for this.

No black/silver fillings

New materials mean that dentists have more filling and repair options than ever

A silver-coloured material called amalgam (a special mix of metals) was once the substance of choice for most fillings in permanent teeth. But now, other materials like composite resins and glass ionomers are becoming popular and preferred.
These materials bond to the teeth so the filling won't pop out, and also can be used to rebuild teeth damaged through injury or conditions caries.
Because resins are often tooth-colored, they're considered more attractive.
The silver coloured filling material amalgam contains mercury. The tooth coloured fillings do not.

We are an amalgam free practice, so your child will never get mercury containing fillings with us so even if your child needs a filling, the teeth will look clean and white!

Stainless steel crown: In cases of fracture, severe/extensive decay, or malformation of baby teeth, dentists often opt for stainless steel or ceramic crowns. Crowns maintain the tooth while preventing the decay from spreading.

In some rare instances, usually when a more complicated dental procedure is to be done, we will recommend using general anaesthesia. Don't be afraid to ask us about any questions you may have. Regular dental health checks and good dental hygiene can help prevent the need for this kind of extensive dental work.

Prevention of caries in children age 0-6yrs

Babies and Toddlers: Prevention of caries in children aged up to 3 years

When Should Children Start Brushing Their Teeth?

Good dental care begins *before* a baby's first tooth appears. Just because you can't see the teeth doesn't mean they aren't there. Teeth actually begin to form in the second trimester of pregnancy. At birth, your baby has 20 primary teeth, some of which are fully developed in the jaw.

Even before your baby starts teething, run a clean, damp washcloth over the gums to clear away harmful bacteria.

- **Even babies can get tooth decay. Putting a baby to sleep with a bottle can harm a baby's teeth.**
- Breast feeding provides the best nutrition for babies. Whether it is breast milk or bottle milk, the milk contains sugar. Sugars from juice, formula, or milk that stay on a baby's teeth for hours can eat away at the enamel (the layer of the tooth that protects against tooth decay). This can lead to "bottle mouth" or "baby bottle tooth decay." When this happens, the front teeth can get discoloured, pocked, and pitted.

  Cavities might form and, in severe cases, the decayed teeth might need to be pulled.
- When your baby gets teeth, brush them with an infant toothbrush. Use water and a tiny bit of fluoride toothpaste (about the size of a grain of rice). If you are using baby toothpaste without the fluoride, keep it to the same amount because you still want to minimize any toothpaste that is swallowed.
- As soon as teeth erupt in the mouth brush them twice daily with an age appropriate fluoridated toothpaste
- Brush last thing at night and on one other occasion
- When two of your baby's teeth touch, you can begin flossing between them.
- Around age 2, your child should learn to spit while brushing. Avoid giving your child water to swish and spit because this can make swallowing toothpaste more likely.
- Parents/carers should brush (after brush) until the child's manual dexterity is good enough to b

  Brush efficiently which usually coincides with their ability to write. Parents need to continue supervising at least until the age of 10 years.

  When kids are 6 months old, they can switch from a bottle to a sippy cup (with a straw or hard spout).

  This helps prevent liquid from pooling around a child's teeth.

  By their first birthday, they'll have the motor skills and coordination to use the cup on their own.
- An interesting fact is that when parents share their spoon when feeding a child, or clean a fallen dummy in their own mouth before placing it in their child's mouth, they are transmitting all their harmful bacteria to their child. It's a known fact now that the children are free from the harmful bacteria causing cavities up to the age of 4 years if this is avoided
- The frequency and amount of sugary food and drinks should be reduced.
- Sugar should be avoided in weaning foods or drinks
- Sugar-free medicines are recommended
- Use fluoridated toothpaste containing no less than 1,000 ppm fluoride
- Children ages 3 and up should use only a pea-sized amount of fluoride toothpaste.

Age 3-6:

Brush at least twice daily, with a fluoridated toothpaste

Brushing should be supervised by a parent/carer

Use fluoridated toothpaste containing more than 1,000 ppm fluoride -It is good practice to use only a pea size amount

Spit out after brushing and do not rinse, to maintain fluoride concentration levels

The frequency and amount of sugary food and drinks should be reduced

Sugar-free medicines should be used recommended

High risk 0-6 years:

All advice as above plus:
Use fluoridated toothpaste containing 1,350 -1,500 ppm fluoride
It is good practice to use only a smear or pea size amount
Where medication is given frequently or long term request that it is sugar free, or used to minimise cariogenic effects

Prevention of caries in children aged from 7 years and young adults

Brush at least twice daily, with a fluoridated toothpaste

Brush last thing at night and at least on one other occasion

Use fluoridated toothpaste (1,350 – 1,500 ppm fluoride)

Spit out after brushing and do not rinse, to maintain fluoride concentration levels

The frequency and amount of sugary food and drinks should be reduced

High risk 7-17yrs:

Use a fluoride mouth rinse daily (0.05% NaF) at a different time to brushing

HIGH RISK PATIENTS: those with obvious current active caries, those with ortho appliances, dry mouth, other predisposing factors, those with special needs

Use a fluoride mouth rinse daily (0.05% NaF) at a different time to brushing

Brush last thing at night and at least on one other occasion

Use fluoridated toothpaste (1,350 – 1,500 ppm fluoride)

Try not to rinse after brushing the teeth with fluoride toothpaste.
This way the fluoride will not be washed away.

Apply fluoride varnish to teeth two times a year I (2.2% NaF^-)

- **Limit or avoid some foods.** Sugary foods, juices, candy (especially sticky gummy candy, gummy vitamins, or fruit leather or "roll-ups")

Prevention of gum disease – to be used in addition to caries prevention

For all adults and children

Self-care plaque removal

This will prevent gingivitis (gum bleeding/redness) and III reduces the risk of periodontal disease

Remove plaque effectively using methods shown by the dental team.

Daily, effective plaque removal is more important to periodontal health than tooth scaling and polishing by the clinical team

Toothbrushing and toothpaste

Brush gum line AND each tooth twice daily (before bed and at least on one other occasion).

Use either :

- Manual or powered toothbrush
- Small toothbrush head, medium texture

All adults and ages 12-17

Interdental plaque control

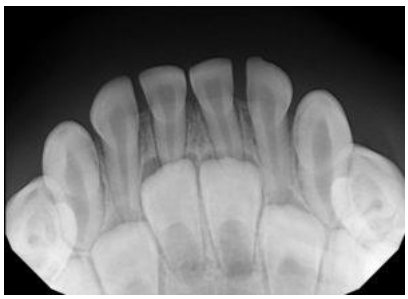
Clean daily between the teeth to below the gum line before toothbrushing

For small spaces between teeth: use dental floss or tape

For larger spaces: use interdental or single-tufted brushes

Around orthodontic appliances and bridges: use kit suggested by the dental professional

Digital Low-Dose X-Rays at Floss & Smile Dental Practice Dental



X-rays are a fundamental part of a dentist's ability to diagnose and monitor the health of children's dental health. Examinations that only rely on the visual examination by the dentist is not enough, because there are many aspects that the eye cannot see.

By taking x-rays the dentist will be able to see much more, including the baby and permanent teeth, their growth and eruption and any dental and bone disease. We will also be able to evaluate any oral injuries, causes of any swelling in the mouth and cavities located in between the teeth.

Digital x-rays also provide us with information regarding the size of the cavities, the diagnoses of any bone disease or oral pathology and signs of abscess, cyst or tumour development. These factors are unable to be detected by a regular oral exam.

The ability to use x-rays allows dentists to see the most thorough and complete picture of the status of a child's oral and dental health. Most dentists take x-rays once a year or every two years as we only want to be taking x-rays when there is cause for concern for dental disease or cavities.

The less the risk of tooth decay, the lower the need for taking x-rays. Therefore, if parents are particularly concerned about the use of x-rays, the healthier their children's teeth are the less they will need an x-ray.

At Floss & Smile Dental Practice we use only Digital Low Dose X-rays, that have 80%-90% less radiation than traditional film radiography.