



# DENTAL UPDATE

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## TOP GEAR

*Patients are in for a nice surprise when next they visit. The clinic has just installed all new equipment and it is rather luxurious and elegant. Here is a list of some of the goodies we have had fitted.*

The stand out feature of our new Planmeca chair is its upholstery. It is deep and soft and so, so comfortable, like sinking into cottonwool.

Because of its elasticity it moulds to the contours of the patient's back and then rebounds into shape when the treatment is done. People are going to fall asleep in the chair.

In addition, we now we have a tiny fibre-optic camera to show and magnify the teeth on a video screen. The teeth can be inspected from different angles and the images frozen in order to study and explain any special features.

It is great for helping people understand what their problems are and, if they want, monitor the steps being taken to treat them. Lights, camera, action!

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## WORLD BEATER

In our last Dental Update I wrote that Australian captain Ricky Ponting had hit 32 centuries and led the team to 22 victories out of a total of 30 Tests.

The newsletter came out in late 2006 and within a couple of days I received a phone call from Ricky's manager, Sam Halverson, chipping me for not getting the details right. Within the weeks between writing and publishing, Ricky had gone and scored two more Test centuries and the Aussies won as many matches. The newsletter was now out of date!

The Australian Cricket Team went on to regain the Ashes and win the series five nil.

Subsequently the Aussies triumphed again, decisively winning the World Cup one day series in the Caribbean. After a brief hiccup they are again ranked the top team in the world.

When I treated Ricky Ponting in the period leading to the Ashes last year he looked like a man on a mission, with the eye of the tiger. Subsequently he and his team mates achieved all they set out to do and more. When we saw him a few weeks back he appeared relaxed and at peace with the world. At least until the next Test series . . .



## **SUPER CLEAN**

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Everyone wants clean sparkling teeth and they expect the dentist to remove any staining comfortably and quickly. Previously this was not such an easy job. Coffee and tea stains are very tenacious and dentists struggled to scrape or polish the staining off the enamel. Now we do not even have to touch the teeth.

The clinic's new Caulk Prophy-Jet sprays sodium bicarbonate, air and water to gently blast away the discolouration, even between the teeth. The cleaning only takes a few minutes.

## **THE VERY BEST MOUTHWASH**

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Most mouthwashes are over-rated. They certainly reduce bacteria in the mouth but the bugs quickly grow back, especially if cleaning leaves food debris behind.

The chlorhexidine mouthwashes, such as Savacol and Periogard, are the only ones that seem to make a significant difference. Chlorhexidine is longer lasting than other antiseptics and much stronger, particularly against Strep. Mutans, the main culprit responsible for tooth decay. Because its molecule is slightly charged, the chemical is attracted to bacteria and kills them by clinging to and splitting their cell walls.

Most importantly, its positive charge binds it to enamel, gum and even the skin of the tooth, or pellicle. Over a period of months the antiseptic slowly leaches out and continues to inhibit plaque formation.

There have always been two big problems with chlorhexidine though.

Firstly, it is inactivated by toothpaste and its foaming agent. This is a real nuisance because most people want to rinse their mouths after brushing. They do not want the toothpaste to fight against the mouthwash.

Secondly, these mouthwashes eventually stain the teeth brown after a few weeks. The stain can be easily removed by the dentist (especially if he/she has the new Prophy Jet air spray) but it is unsightly and worrying.

Recently the Swiss Curaden company brought out a line of products that are quite different.

**Curasept Mouthwash** contains 0.2% chlorhexidine but it will not stain the teeth because of a fancy Anti Discoloration System.

The ADS's active ingredients are ascorbic acid and sodium metabisulphite. In combination these have been shown to prevent the staining problem.

Curaden have also brought out an antiseptic toothpaste with chlorhexidine and ADS but with no sodium lauryl sulphate chemical to interfere with the plaque reduction.

The mouthwash works best when used in conjunction with **Curasept Toothpaste**.

For serious, acute infections **Curasept Gel** can be helpful. It has the same antiseptics as the mouthwash, but in concentrated form. The best way to apply it is to dab it on the infected gum with a finger.

Most people do not need antiseptics but, if gum disease is an issue, Curasept mouthwash and toothpaste may help significantly. Just remember the main treatment has to always be better brushing, especially around the gums.



## **CEPACAIN AND THE GREEN FAIRY**

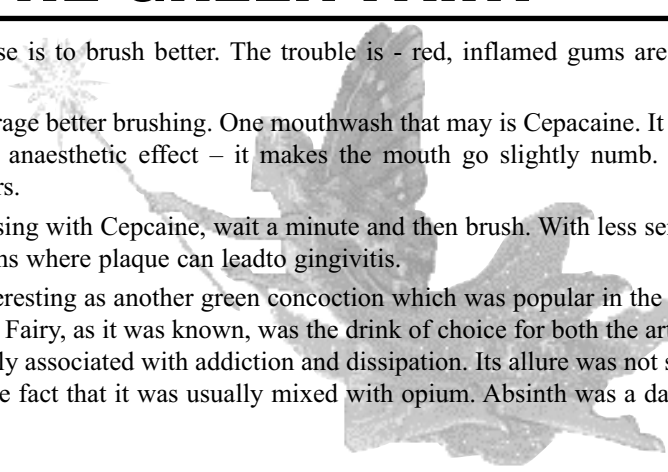
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The effective, no nonsense way to treat gum disease is to brush better. The trouble is - red, inflamed gums are usually tender and it is easy to avoid them if they hurt.

Curasept is a good mouthwash but it does not encourage better brushing. One mouthwash that may be Cepacaine. It is green and moderately antiseptic but its big feature is its anaesthetic effect - it makes the mouth go slightly numb. Doctors occasionally recommend it for sore throats and ulcers.

Here is a suggestion. If gums are tender, start by rinsing with Cepacaine, wait a minute and then brush. With less sensitivity one can brush more freely, including around the gums where plaque can lead to gingivitis.

Cepacaine delivers a bit of a kick but it is not as interesting as another green concoction which was popular in the cafes of Paris in the late 19th. Century. Absinth, or the Green Fairy, as it was known, was the drink of choice for both the artists and labourers of the Bohemian left bank and was regularly associated with addiction and dissipation. Its allure was not so much the alcohol level or its sweet, aniseed flavour but the fact that it was usually mixed with opium. Absinth was a dangerous liquor but it did make the heart grow fonder.



# **BONDED BRIDGE**

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There are many ways of replacing missing teeth and all the techniques have advantages and disadvantages. Probably the approach which is generating most interest amongst dentists at the moment is the use of implants. These are what the public sometimes call 'screw in teeth' and, as the name suggests, they are implanted directly into the jaw. Implants are highly successful when performed by specialists but are very expensive and invasive. They require bone surgery and usually take six to nine months to complete.

Interestingly, while many dentists are promoting implants, very few are actually having them done personally, probably because of the surgery.

A more traditional approach involves bridge work, where neighbouring teeth on either side of a gap are prepared for crowns and a porcelain unit is subsequently cemented into place. With help from a laboratory a porcelain tooth replaces the missing one, supported on either side by crowns or caps. This technique is well proven but it requires a great deal of drilling, runs a small risk of pulp damage and is not inexpensive.



## **ADHESION IS THE ANSWER**

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A simpler way of replacing a tooth is with a bonded bridge.

Bonding means adhering or gluing. Every time a dentist places a white composite resin filling he or she bonds it into place. Unlike the old amalgam fillings, which were only retained by undercutting, white fillings chemically fuse to the enamel. The strength of the adhesion is high; an area half the size of a postage stamp is enough to support a man's weight.

Usually composite is used to fill the inside of a tooth, such as with a cavity, but it can also be placed on the surface. Dark front teeth can have composite facings placed over the front to change their colour and shape.

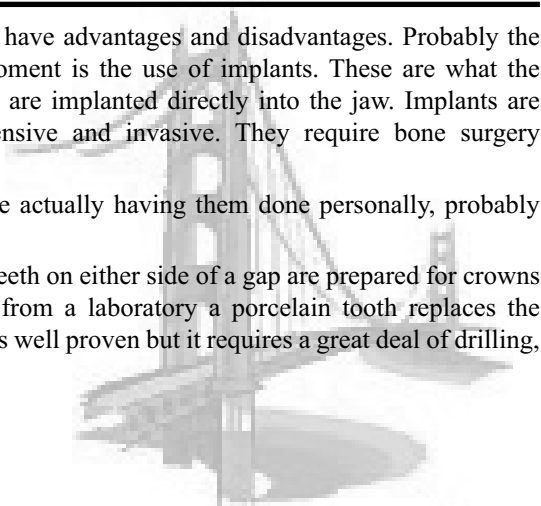
It is also possible to bond composite to the side of a tooth, adjacent to gap, and fill in the space.

Bonded bridges can readily fill gaps at the front of the mouth. The poster in our display window shows a typical case and our photo album has many more. No drilling is involved and the enamel simply has to be prepared with a thorough cleaning and application of chemicals.



## **GOING ELECTRIC**

I asked one of my patients the other day, what sort of toothbrush he was using? He replied that, like Bob Dylan in 1966, he had gone electric. I explained that electric brushes can be useful but they are not a cure-all. If the actual brushing is good they can clean quite efficiently, but one should not expect the front teeth to whiten up visibly. It was not as if the teeth would suddenly look blonde on blonde.



## **HOW IS IT DONE?**

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Replacing teeth at the back of the mouth is sometimes a little more challenging, because of the heavier bite. Here is a typical example.

Imagine a missing lower molar. The tooth behind has tilted over, has an old amalgam filling but is only making partial contact with the top tooth. The dentist removes the filling, paints on adhesives and positions white ceramic supporting posts, extending from the cavity into the gap. Composite filling is placed and contoured into the shape of a new tooth. The material is then hardened using the blue light and polished to a high lustre.

## **THE BOTTOM LINE**

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The technique is not perfect. Over time the replacement does require an occasional polish and the bridge is not nearly as strong as a conventional metal and porcelain bridge. A small percentage have been known to fracture, especially when the span is overlong and there is a grinding habit.

On the other hand, placing a bonded bridge still leaves open the option of using a more invasive, aggressive treatment at a later date. Above all the approach is minimal - hardly any enamel is drilled and the cost is only that of about three fillings. Within an hour a new tooth is added.



# REVENGE OF THE MACHINES!

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There is a scene from Fawlty Towers where Basil's old Austin breaks down at the worst possible moment and Basil threatens the car "I have warned you about this! This is your very last chance!" When the car fails to respond Basil takes a tree branch and beats it mercilessly.

The approach seemed to work with Manuel but not so well with the old Austin.

Most of us take it personally when the things we work with break down. Equipment that has served us faithfully for years eventually seems to turn against us and it is like an intimate relationship turning sour.

Cars take longer to get going and don't respond like they used to. With the mobile, nothing happens when you press its right buttons. Even the television starts to look dowdy and our interaction with it is, well - remote.

Then we start wondering what we have done to deserve this? Things were going so well for a while there. Sure we were taking each other for granted but that is what happens in a mature relationship.

In reality, though, the way machinery reacts is understandable. Most of us are not always so nice to our equipment. After a period of time things just start fighting back.

Whenever my computer breaks down I take it as a personal affront. But if any of us were booted constantly we would eventually object. Whenever the cistern in the little room jams it is probably likewise cause and effect.

One of my patients recently reported machinery really fighting back. He had been working out in the local gym and sparring against a punching bag. Julian (we will call him) is a very fit young man and would know how to pack a punch.

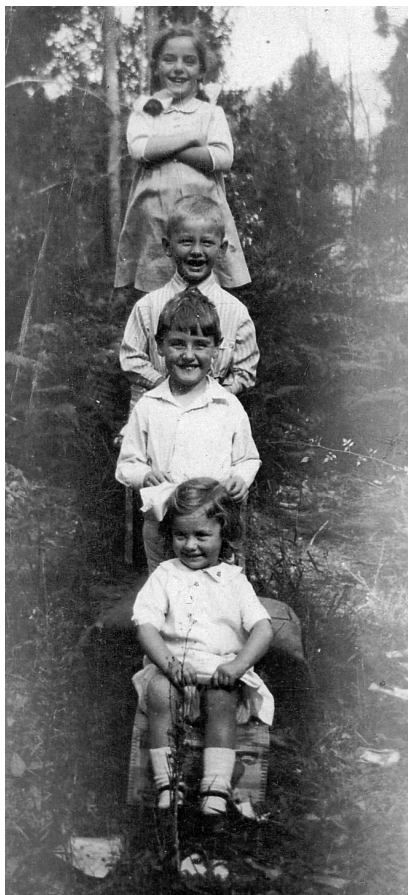
It seems the punching bag got tired of being on the receiving end and decided to retaliate. It swung back after a particularly hefty thump and collected Julian flush in the mouth, knocking a tooth sideways.

It was all rather unpleasant, but Julian survived and there was no permanent damage done. Ever since he has kept his guard up at all times.

The moral to the story is fairly obvious. Get the car serviced regularly, speak nicely to the mobile and don't give the television the flick. Nobody appreciates being seen as an object and nobody (or nothing) enjoys being treated like a punching bag.

## THE PEOPLE YOU MEET

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People keep asking me when I am going to retire. I suspect they are trying to tell me something. The standard answer is - I can not retire just yet, my golf is too abysmal!

The great thing about playing at the Peninsula Golf Club is meeting interesting people. Last year I was playing with a rather senior gentleman by the name of Max Cooke. I gathered the impression he was still working and after a few holes asked what he did. He answered that he was in the music business. After a few more holes he commented 'I am not sure if our families know each other or if we are actually related.'

It turns out Max is my father's cousin and he is a famous and gifted pianist and academic. Some of us have probably heard his recordings on ABC FM radio.

Professor Max Cooke studied piano and harpsichord in Melbourne, Paris and Salzburg before returning to lecture at the Melbourne Conservatorium. From 1975-81 he served as Dean of the Melbourne Faculty of Music. In 1998 he was awarded the Order of Australia Medal for services to music.

Now in his eighties, Max continues to teach at Monash and the Victoria College of the Arts and still performs publicly. He makes the point that it is important for a music teacher to perform in order to remain sensitive to the nuances in various pieces.

I can certainly drive a golf ball further than Max but he always displays great touch around the greens. He really has the hands of a pianist.

Photo on left - from the top: Janet Cooke, my father Bill Knapp, Max Cooke and Heather Knapp