

Answers to your questions

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What is Esthetic dentistry?

Esthetic (or 'aesthetic' if you want to sound snooty...actually it's pronounced the same) dentistry is the contemporary term for the blend of strength, durability and beauty achieved by using state of the art bonded tooth colored restorative materials. These materials are typically made from very high strength porcelain or composite (a resin base highly filled with hardened particles of glass, porcelain, and heat and light cured resin).

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What is 'bonding'?

No it's not 'relating' to other people on an emotional level. Bonding is the chemical and mechanical process by which these wonderful, modern, tooth colored restorations are attached to a person's natural tooth to replace areas that may have decayed, broken or chipped. The bonding process makes the filling more resistant to the harsh environment in the mouth (food, saliva, bacteria, etc). Bonding helps to reinforce the natural tooth structure rather than weakening it like some of the older filling materials may have done.

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Why don't you use silver fillings?

Silver 'amalgam' fillings (they really should be called mercury fillings since they're over 50% mercury by weight) have been used in dentistry since the late 1800's (yeah, THAT long ago). Personally, I have never been happy with the drawbacks and limitations of these materials especially now that we have all of these wonderful new choices in dentistry that not only repair damaged teeth, but actually strengthen the remaining tooth structure as well as help to restore the natural appearance. Since amalgam fillings are so controversial these days, I will try to list my biggest concerns regarding this material and why many years ago our

team unanimously decided to discontinue using them in our patient's mouths.

--The Mercury Controversy: While the mercury (which, remember, is over 50%) in amalgams has thus far not been shown conclusively to cause disease in most studies, it is however a known dangerous toxin and as such is strictly regulated by the government. Federal and state laws require that it be manufactured, shipped, stored, and even removed and disposed of according to guidelines designed to prevent excessive exposure. Many states, communities, and even some countries strongly enforce how and where waste amalgam can be stored. I've always wondered why the only places deemed safe to store amalgam is in a hazardous waste facility or in a patient's mouth. If someone doesn't think it's all that dangerous just get a little bit from a dental supply store (IF they will sell it to you) and take a small amount and go sprinkle it around the lobby of the local or state dental society! See how quickly they call the Hazmat team.

-- Does it harm teeth?: This is probably my biggest objection to this material. Amalgam is 'packed' into the hole where decay was present in a tooth and by itself doesn't have any adhesive properties that help it stay in place or that help reinforce the tooth like the newer bonded fillings do. In fact, at times it acts almost like a wedge and in numerous studies has been shown to sometimes cause teeth to be more likely to break. Also, amalgam is quite brittle and must be placed in sufficient bulk so as to be strong enough to resist fracturing. Often this requires removal of more tooth structure than simply the part that is decayed. Most of the newer materials allow us to be MUCH more conservative when preparing a tooth for a filling and remove ONLY the part that is decayed. And last but not least, since it doesn't adhere to the tooth, amalgam is more likely to leak and allow moisture, food, bacteria and other gross things to work their way under the filling.

--Why do many other Dentists use amalgam?: I can't speak for all dentists or even any one individually, but I suspect that they use it because it is inexpensive and very easy to use compared to bonded fillings. The newer materials are tricky to do and require strict adherence to a number of carefully outlined steps to ensure proper placement and adhesion. A lot of dentists may also use amalgam because that is the material they feel most comfortable using. However, many dentists grossly misunderstand the limitations of this material and in a misguided effort to comply with some insurance companies restrictions and/or to save their patient's money place very large amalgam fillings that weaken the underlying tooth structure and ultimately cause more harm than good.

--If you really want to read a lot of dry scientific articles regarding mercury amalgam fillings there are literally thousands of websites available on most search engines...here are just a few links: www.dentalmaterial.gov.se/mercury.pdf, http://iaomt.com/merc_release.swf

<http://www.timesonline.co.uk/article/0,,2090-1400904,00.html>

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What are veneers?

Veneers are thin, very strong porcelain facings (they sort of look like fake fingernails for teeth) that are bonded onto the front of teeth to correct many different cosmetic problems such as color discrepancies, stains (like those caused by taking Tetracycline at a very young age), slight crowding and/or alignment problems (some even call them "instant braces" for this reason), to replace large unsightly fillings, to fill in gaps between teeth, or sometimes just to make a person's smile look the way they've always wanted it to look, straight, white, even and beautiful! Because veneers are made of porcelain, they never change shape or color.....you'll have a permanent white smile!!

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Will Bleaching my teeth harm them?

Dentists have been bleaching teeth by one of a number of different methods for many years and current research indicates that the newest techniques are very safe, effective and comfortable for the vast majority of patients. Our entire team has bleached their teeth many times without any undesirable side effect. By the way, all the "whitening" toothpaste in the world won't really lighten your teeth no matter what the TV commercials say. And NO laundry bleach will NOT lighten your teeth either (but it will probably poison you)! Believe it or not I've had people ask me that.

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How can I prevent cavities?

Which would you prefer?

A) Real teeth in your mouth forever or....

B) False ones you get to keep in a glass of water next to your bed at night?

If you said false teeth don't waste your time here, go and have another Coke or two. If you said real teeth, good for you, the information below will help you save those pearly whites and probably a lot of money and misery!

So here is an overview of the important rules to follow. This is just a quick introduction for the attention span challenged.

- 1. Diet: If you have three meals a day and nothing that contains sugar in between, it is pretty hard to get decay. The more stuff with sugar (or any carbs really) you have between meals (fruit, juice, sugared coffee, soft drinks, candy etc) the more holes you will get.**
- 2. Cleaning: To prevent gum disease you have to floss! Once a day is enough if you do it well. It makes your breath nice and your gums strong. Oh yeah, and brush at least twice too.**
- 3. Strong Fillings: If you have old fillings or your teeth are starting to crack, it is important to have them strengthened BEFORE problems occur. If you wait for things to hurt or break**

treatment can become much more complicated and expensive.

4. Regular Visits: Even when everything is fixed as well as possible you still have to visit the dentist. Mostly because we like seeing you, but also to pick up little things before they become big things.

So that's it in a nutshell. If your brain isn't hurting yet keep reading and maybe we can teach you some other stuff you might like to know.

How Do I Keep Cavities from Starting?

Would you like to never get another hole in your teeth? It's possible. In fact, if you follow just a few rules, you will **GREATLY** decrease your chances of ever getting another cavity. Here's how it works. Everybody has bacteria in their mouths. Lots of it. In fact the mouth is almost a perfect place (warm and moist) to grow bacteria. Decay happens when certain of these bugs turn sugars (any carbohydrate really) into acid. This acid causes decay by slowly dissolving your teeth. Now the good guy is your saliva. The saliva neutralizes the acids these bugs make (stick around, this will get more interesting). But it takes about 2 hours after having anything with sugar for your teeth to stop dissolving.

So, your teeth are dissolving for almost two hours (pretty disgusting, huh?) after you eat anything with sugar. If you have three meals a day and nothing in between, your teeth dissolve for about six hours a day. Believe it or not most people's teeth seem to handle this pretty well. Every snack between meals (and that includes fruit) adds an extra couple of hours to your dissolving time. If you've got enough fingers count up how many meals or snacks or drinks with sugar you have a day. Multiply by two (use your toes if necessary) and you get how much of the day your teeth spend decaying. If it's 8 hours or more, you might want to start putting a glass of water next to your bed to get used to where your (false) teeth will be spending time in the future.

Before all you chocoholics give up hope there's a simple solution. All you have to do is bundle up all your snacks and include them with the three major meals. Presto! No more decay (or at least a lot less). If you must eat between meals some foods are OK. Most dairy products and vegetables are fine to have as snacks. Nuts are good too (as long as your teeth aren't full of big silver fillings...see the part above about silver mercury fillings). You can drink water, milk, coffee/tea (with artificial sweeteners), even diet soft drinks are OK as long as you don't overdo it (these drinks have some of their own acids that can harm teeth so drink in moderation and then chase 'em with a little water). It sounds easy and it is. The rest is up to you.

Diet Dangers, Do's 'n Don'ts

Remember, as far as your teeth are concerned it pretty much doesn't matter too much what you have for breakfast lunch and dinner. It's the snacking between meals that does the most damage. Of course from a general health point of view it's very important, but we're just talking about teeth here. Lets look at some common between meal snacks and rate them:

1. Really Bad Foods

Soft drinks with sugar in them- Coke is probably the worst but they're all bad.

Candy- Normal candy with sugar in it.

Sports Drinks- Save them for the big race, no other time.

Fruit Juice- Juice is basically sugar water. OK maybe with a few vitamins, but not many.

Cough Drops, gum or breath mints with sugar- Not something that most people would think of as bad.

Dried Fruit- All the sugar is concentrated (and most of the vitamins and minerals have dried up too).

Sugared Coffee and Tea (actually tea, especially green tea is a natural source of fluoride so don't ruin it and mix it with sugar).

2. Mostly Bad Foods

Fruit- Sorry, fruit is not a great in between meal snack. That includes apples (I have no idea why people think apples are good for your teeth)

Granola or Muesli Bars- These things are a real joke. They're really mostly sugar bars.

Chips and crackers- The better they taste the worse they are for your teeth (yeah life's not fair).

3. Good Foods (Things you can have between meals)

Water- Water is now cool. (and EXPENSIVE!!)

Milk- Plain, not chocolate or other sweet flavors.

Cheese- Cheese is the best snack for your teeth!

Meat- Ham, chicken, salami, turkey, roast beef, etc.

Yogurt- The plain stuff, not the ones with fruit or other flavorings.

Vegetables- All veggies are great snacks

Nuts- A good snack if your teeth don't have a lot of large non-bonded (metal) fillings (they can break!).

So, what's the bottom line? Do I really expect you to never eat a snack between meals?

Probably not but you have to know it's hard on your poor teeth. So if you absolutely MUST have a sugary snack between meals just brush your teeth after you eat it or at LEAST rinse your mouth out with water (no not some fancy flavored water). You can also chew sugar free gum or suck on sugar free mints and this will stimulate your saliva and wash the sugars out of our mouth a little bit quicker.

One additional note. As we get older or take certain medications we tend to have less saliva in our mouths to neutralize the acids the bacteria make so it's again easier to get cavities.

So if you're over 50 or taking a lot of medications you might be at higher risk and these guidelines are just that much more important. Oh yeah, and smoking REALLY dries out your mouth so if at all possible quit, for this and all the other obvious reasons.

A special thanks to Dr. Brett "The Mad Aussie" Taylor for allowing me to plagiarize...er I mean borrow the lion's share of this info from his hilarious website

(<http://www.edgedent.com.au>) to share with my patients. Of course I had to delete all of the "Aussie-isms" so those of us on this side of the equator could understand one single word he said! :-)

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Everything you always wanted to know about about dental insurance but were afraid to ask.

If you're still awake after that spine tingling diatribe on dental decay then you need to talk to your doctor about your insomnia. Either that or read all about the fascinating world of dental insurance. Actually it might be kind of fun because your insurance company would probably prefer you not know this stuff.

Dental insurance in it's current form is a relatively new invention that's only been around about thirty or forty years. But dental insurance by definition isn't really insurance at all. Insurance is the pooling of money by a group of people to pay for a rare or catastrophic occurrence like a collision, fire, or maybe an illness like cancer or heart disease. Traditional insurance usually has a pretty high deductible payment since occurrences are statistically pretty rare and recovery costs are usually high.

Problems with the mouth and teeth on the other hand are usually neither rare nor catastrophic. So that makes dental insurance not really insurance at all but instead a benefit plan that some employers get to help their employees defray somewhat the cost of dental care.

When dental 'insurance' was first offered more than forty years ago it was pretty simple. For a set premium payment patients could go to any dentist they wanted to and receive a benefit towards their treatment. In order to keep premiums somewhat reasonable most plans had a \$1000 dollar yearly maximum. Skip forward three and a half decades and most plans have the exact same yearly maximum but monthly premium payments have skyrocketed! (Adjusted for inflation that same \$1000 maximum is worth less than \$150 today....pretty pathetic.)

Recently insurance companies have been trying a lot of different ways to keep premium costs to employers from rising too fast while continuing to please their shareholders with profits. (I guess all those high premiums for the same yearly maximum wasn't profitable enough.) Their efforts have resulted in an alphabet soup of different plans each one with different rules, restrictions and limitations. These plans are commonly known as PPO's, HMO's, DMO's, DFO's, and capitation plans. This hodgepodge of plans are thought up and changed around so often that even our in office insurance specialist has trouble keeping up with all the details of these concoctions.

Unfortunately the common denominator with all these plans is that they all in some way limit your access to modern state of the art dental care. The most common restriction, even though it's actually illegal in most states, is the "requirement" that you have to go to a "provider" (a dentist who signs a contract with the insurance company that requires him/her

to accept a lesser fee and abide by the judgment of the company in exchange for the company referring patients to their office) from a list supplied by your employer according your a specific plan. Actually, the vast majority of plans let you go to the dentist of your choice (they don't advertise it and it's usually buried in all that little fine print) but your benefit may be reduced somewhat if you choose an office that's not on the list. And of course there's the yearly maximum which, remember, hasn't changed in 30+ years.

Many plans also include clauses that limit benefits to certain materials or treatments that the insurance company (not you and your doctor) determines to be "adequate" treatment. This is the infamous L.E.A.T. clause or "Least Expensive Alternative Treatment". Most of the time an insurance clerk with little or no dental training will decide based on limited information and without seeing your mouth the absolute cheapest way to "adequately" treat your mouth and teeth. (Ever had an insurance company tell you that they'll only pay for part of a silver/mercury filling even if you don't want a silver/mercury filling?) Sometimes, when pressured, an insurance company will send the claim to a dental consultant. This person, usually a dentist who is paid by the insurance company will then use his judgment, according to insurance company guidelines to determine, again without seeing you or your mouth how to best treat your teeth. The bottom line is, where dental benefits were once based on your particular needs they're now based not on what you need but on certain contract terms negotiated between your employer and the insurance company.

So what does this mean when you come to our office? First of all, our office is not a contracted provider with any dental plans. We do this not to limit you in any way but instead to give you many more choices and a voice in your own dental care. Not being on a provider list allows us to diagnose what's best for you and not what's best for the insurance company. We strongly believe that what is best for you and your mouth should be based on what you and your doctor decide is best and not what an insurance company clerk thinks is "adequate". It's no secret to most of the guests in our office that their insurance company really couldn't care less about them and simply wants their premium payments every month. In my almost 20 years of practice I've NEVER had an insurance company call me to discuss a patient's treatment unless it was to try to minimize the treatment...and the treatment cost. Insurance companies have always placed saving benefit dollars far above making sure their subscribers receive quality care. By not entering into a contract with any insurance company you can be assured that we will be YOUR advocate (not an insurance company employee) and recommend the best possible treatment for you. But that doesn't mean we'll fight any less to help you get the maximum benefit for your premium dollar. We will assist you in completing and submitting any and all necessary paperwork including appeals to make sure you get your moneys worth. Our commitment to you is to provide the absolute best care we possibly can to ensure that your teeth and smile look great and feel good for a lifetime.

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**Have other questions about dentistry or the meaning of life?
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