

AL DENTE

Serving you at two convenient locations: 1322 E. Washington Street, Greenville, SC 235-1200
978 Batesville Road, Greer, SC 675-9399

Publisher's Note:

AL DENTE. Although this term is a culinary term describing the texture of pasta when it's done just right, this term literally means FIRM TO THE TOOTH!

This isn't your typical newsletter purchased from an agency. This is all 'home cooking'—a little rough around the edges, more on the plate than is needed, but it's done from the heart!

Bon Appétit!!

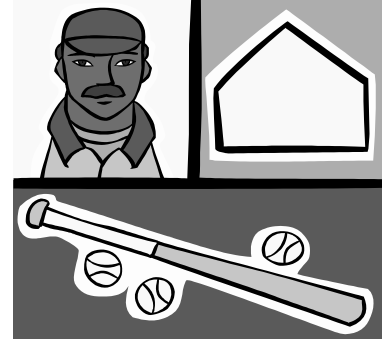
LASER WHITENING -- IS FASTER REALLY BETTER?

Cosmetic Dentistry is in demand. Everyone seems to want whiter teeth, and like most things, they want them fast. But is using a laser to “instantly” lighten them really effective? There are only two components known to whiten teeth: hydrogen peroxide and a more stable product called carbamide peroxide. These are used in a concentrated gel and placed in trays for whitening your teeth, usually at home, and usually for several weeks. Some dental manufacturers are suggesting the key to faster results is a laser or light.

You can also temporarily whiten your teeth by dehydration. This process naturally occurs during any dental procedure where the tooth is dried for over 10 minutes. Actually, even snoring results in “dry mouth” which causes your teeth to look temporarily lighter in the morning. Dehydration also occurs with heat, laser lights and with whitening agents. The confusion is that whitening agents truly whiten through a chemical process but have an additional false whitening through dehydration that goes away in a few days. The true result comes with time as the teeth are exposed to the gel, not the dehydration. The dehydration is the “gimmick”, if you choose a procedure that is high on dehydration and not so long on time.

Another component of the whitening is the concentration of the gel. The higher the percentage of whitening agent the more the tooth temporarily dehydrates and the brighter the teeth look temporarily. Unfortunately, dehydration causes temporary tooth sensitivity. That is why some temporary tooth sensitivity is associated with longer dental procedures and tooth whitening. The best material to use is carbamide peroxide at 15% for 15-75 applications. This minimizes the amount of dehydration and

-see Whitening, pg. 2



Join us for our annual baseball outing to Atlanta!! (Braves vs. Boston Redsox) We will meet at the downtown office (1322 E. Washington St.) at 8:30 AM for a continental breakfast and board the bus to depart by 9 AM. We will have a “trivia contest” and a prize for the “best dressed fan” by popular opinion vote! Game time is 1:20 and we plan to return to Greenville by 8 PM. Tickets are \$15 each and are on a first come—first serve basis! Call or stop by to purchase yours today!

Please contact Tammy at 235-1200, to purchase your ticket.

Mission Statement:

- To enthusiastically treat patients with a commitment to sound quality treatments and unyielding pursuit of patient comfort.
- To always ask ourselves how we can improve the care we can provide
- To us the Golden Rule as a means of professional integrity, honesty and patient advocacy
- To grow our family of patients without compromise to our mission

—Whitening, from pg. 1 allows the material to work at least 90 minutes. The less dehydration, the less sensitivity, and the less "rebound effect" will occur once the teeth are re-hydrated

During expensive laser whitening procedures (\$300-\$1000), strong percentages are used under concentrated "laser-light" heat. You can spend a lot of money to get the teeth bright for a few days. Studies have shown that the true baseline amount of actual whitening (the longer lasting outcome) is the same at any safe percentage for an equal amount of time. Therefore one laser whitening procedure ultimately gives you the same results as ONE application at home. Time is ultimately the only variable factor in the efficacy. And, it is much less expensive to use the take home tray systems than to pay per visit with the laser.

Although marketing has made laser whitening the latest thing, we have been using laser whitening and a form of laser whitening for a combined 22 years with high expectations, and have yet to be pleased with the long term results. We try to redirect patients from these treatments. It's only temporarily helpful for those who "want it now" perhaps for a special occasion. Home care whitening is, in our opinion, the only way to get good long term, healthy results—and it is much "lighter" on the wallet.

A WORD FROM OUR HYGIENISTS....

Are you a Victim of Toothbrush Abrasion?

You may be thinking to yourself, what is toothbrush abrasion and am I a victim??

Toothbrush abrasion is caused by brushing with too much pressure applied to your teeth, resulting in notches or wedge shaped cut outs on the tooth surface.

These notches appear due to the bristles of the toothbrush cutting in to the enamel. Other results from brushing too hard are gum recession and sensitivity. The best way to make sure that you are not brushing too hard is to hold your toothbrush

with your thumb, first finger and middle finger.

Think of your toothbrush as being very delicate and you have to treat it with extreme gentleness as not to break it!

Remember, it's not how *hard* you brush your teeth that cleans them...it is how *efficiently* you do it!!

—Tara



PSR- Making the Grade

At one time or another, our patients have probably heard the hygienist or dentist make a comment about their "scores" or "report card" maybe followed by a brief explanation. For those patients left confused or wanting further understanding of what the scores mean, here is some enlightenment for you.

There are two main types of periodontal assessment. The Periodontal Screening and Recording (PSR) and a full comprehensive periodontal evaluation. For those patients that have good periodontal health or mild gingivitis, the PSR is an adequate measurement. But the PSR can also quickly recognize those patients with perio concerns, such as bone loss, that will need further evaluation with a full comprehensive exam.

A specific type of probe is used for the PSR called a WHO probe. It has a color coded band and a ball tip. The mouth is divided into sextants, and each sextant only receives one score even though every sur-

face of each tooth is measured.

The score is based on the highest code for that sextant. A code of 0 is healthy gingiva, the color band on the probe is completely visible and there is no calculus (tartar) or bleeding. Code 1 is the same as 0, but there is bleeding on probing indicating some inflammation of the gingiva.

Code 2 the color band is still completely visible, but there is calculus build up. For these three codes, the PSR is sufficient and there is no need for further perio exam.

In code 3 the color band on the probe is only partially visible, which means the probing depth is at least 3.5mm but less than 5.5mm. (Healthy depths are between 1 and 3 mm.) For a code 4 the color band is not visible at all meaning the depth is greater than 5.5mm. A code of 3 or 4 would require further examination with full perio charting where the depths of every surface of each tooth, six measurements for each tooth, are recorded.

The PSR is done with every cleaning and exam, that way

the scores can be monitored for any changes. If negative changes are noticed and action is taken right away, sometimes the problems can be fixed and scores can improve again. The PSR also gives the hygienist an idea of what the patient is doing at home to achieve good oral health as far as brushing, flossing, etc. The hygienist can also offer home care suggestions to help encourage the patient to improve or maintain their PSR score.

So the next time the doctors makes a comment about your getting a good "report card,"—instead of feeling uneasy about knowing you have been graded, you can smile big and know that you have done your job in achieving great periodontal health!

—Sarah

One Day Crowns...

Probably the most frustrating aspect of getting a crown is sitting in a temporary for a few weeks, with the eminent risk of it coming loose, and then having to return in a few weeks for the real crown. One day crowns can eliminate the risk of the inconvenience of temporaries and having a return visit.

SOUNDS GREAT BUT: This may be the only true benefit for the patient.

A one day crown is produced by scanning the prepared tooth with CAD-CAM technology and having a computer mill a piece of porcelain (Lucite reinforced glass) while you wait about another hour for the final product to be cemented the same day.

The benefit for the doctor is that we can eliminate about 250-300 dollars worth of expense per crown in lab fees and expensive impression materials. Instead of having the lab technician produce a crown, the tooth is scanned to a computer to produce the crown.

The problem with the technology is that it is so expensive, that purchasing it dictates that a doctor utilize this for most, if not *all* crowns produced. It is our belief that perhaps nine out of every ten cases we treat can be treated better with other types of crowns. The material used in the same day crowns has two big limitations: one is strength and the other is esthetics.

In the strength department, although it is Lucite reinforced glass porcelain, it is glass none the less and is more likely to fracture than porcelain baked on metal crowns. In fact, we have seen fractures through the porcelain that continued through the tooth and into the root that resulted in extraction. (At least with porcelain baked on metal, if the porcelain fractures the metal substructure is still protecting the tooth.)

From an esthetics standpoint, it is made out of a monochromatic block of porcelain which limits any custom shading. (Sometimes we tell the lab to place 4-5 different shades, we ask the lab to make the porcelain more fluorescent or translucent in different areas, or to layer different colors through the depth of the porcelain.)

As a general rule where we need strength (the back teeth) we can compromise esthetics AND where we need esthetics we can compromise strength (the front teeth). Therefore these crowns are not good choices on molars or on front teeth, in most cases. The only area that we would treat with them may be a premolar, BUT *not* in patients who grind or have fractured teeth.

The technology is interesting, but in this use, is not up to the quality that we want for our patients and ourselves. Labs are using this technology for crowns made of a stronger material, which have great promise for esthetic dentistry's future. See our next newsletter for more details.

RALPH BRISTOL SHOW—Schedule

As many of you know, Dr. Piccione is a guest from time to time on the Saturday Morning Show with Ralph Bristol. Tune in at 11 AM on Saturday, April 29, July 29 and September 30, and feel free to call in during the show with any dental questions you might have.

HELP US!! HELP THEM!! St. Jude's Ranch for Children

July 10th is our kick-off date for helping St. Jude's Ranch for children — homes for abused, abandoned and neglected children. There are three ranches in all, located in Texas and Nevada. They provide a home-like atmosphere for children 9 months old through 18 years. The *Campbell's* company has offered to buy a new Dodge minivan for St. Jude's with every 1.5 million food labels that are returned to them. (To date 8 vans have been purchased, so it IS possible!) Our goal is to collect 10,000.00 *Campbell's* labels. Please help us reach this goal. For a list of accepted soup and food labels, please stop by our office or call us; we will happily mail or fax one to you. For more information on St. Jude's Ranch for children, visit their website at: www.stjudesranch.org. Thank you!!

RECIPE CORNER by Melissa Clarke

RAISIN SCONES Prep Time: 15 minutes Yield: 7-8 scones 400 degree oven

2 cups plus 1/2 tablespoon flour
1 T sugar, plus extra for sprinkling
1 T baking powder
1 T kosher salt
1-1/2 stick cold, unsalted butter, diced
2 eggs, lightly beaten
1/2 cup cold heavy cream
1/3 cup raisins
1 egg beaten with 1 T milk or water, for egg wash

Combine 2 cups flour, sugar, baking powder and salt in electric mixer fitted with paddle attachment. Blend in the butter at lowest speed and mix until butter is in pea-size pieces. Combine eggs and heavy cream and quickly add to flour/butter mixture. Combine until just blended. Combine the raisins and 1/2 T flour and add to the dough and mix quickly. Dough may be a bit sticky.

Dump dough onto a floured surface making sure it is well combined. With floured hands and rolling pin, roll the dough to 3/4 inch to 1 inch thick. You will see lumps of butter in the dough. Cut into square with a 4 inch cutter and then cut in half to make triangles. Place on cookie sheet lined with parchment paper.

Brush scones with egg wash and sprinkle with sugar. Bake 20-25 minutes.

IT'S A GIRL.....

The Roth family continues to grow with the recent birth of another baby girl...

Peyton Lily Roth
January 24, 2006
7 lbs., 6 oz.



Congratulations to Dr. Roth and her family!

Rocky Creek Dental Care
1322 E. Washington Street
Greenville, SC 29607
Phone: 235-1200

SUMMER OFFICE HOURS

Beginning June 5 thru August 11, we will be open from 7:40 a.m. until 3:00 p.m.

As always, if you have an emergency there will always be a doctor on call.