

# It's time to smile.

Sometimes it is looking through recent photos. Sometimes it is that too honest comment from a child or grandchild. Or a big event coming up. Whatever the trigger, many adults look at their smile one day and are not happy with what they see.

Common concerns are crowded or misaligned teeth, discoloured teeth, chipped, damaged or missing teeth. The first stage is to identify both what is it that you like, and dislike about your smile or your teeth?

Some aspects of your smile that could be improved and options to achieve what you want include the following:

■ **Discoloured Teeth:** Discolouration of your teeth is part of the ageing

process. Teeth start to change colour from teenage years. Genetics also play a part in white teeth. If your parents have yellow teeth, you are more likely to follow suit. Tea, coffee, red wine and smoking will increase discolouration of the teeth. When considering the colour of your teeth, keep in mind that dark or discoloured teeth may suggest an aged mouth. A well-shaped smile comprised of bright, white teeth lends to a youthful appearance. Tooth colour and shade are important considerations during the evaluation of and preparation for various procedures, including porcelain veneers, crowns, bridges, composite bonding and dental implant supported crowns. The shade your dentist selects for teeth whitening and veneers is carefully evaluated with special consideration given to the tone and colour of your face and hair. Dentists are skilled at finding the right balance between providing you with a brighter, whiter smile and maintaining a natural-looking tooth colour. Silver or amalgam dental fillings, which are dark can also make teeth look darker. These can be replaced with natural, tooth-coloured composite restorations, ceramic inlays or crowns.

■ **Missing Teeth:** One or more missing teeth can negatively affect the appearance of your smile – as well as affect your bite and increase your risk for tooth decay – making replacement an integral part of oral health and facial aesthetics. Missing teeth can be replaced by dental implants, bridges or partial dentures.

■ **Alignment and Spacing:** Teeth that are crooked, overlapping or have gaps between them can be straightened and aligned when necessary through orthodontics, clear retainer systems such as Invisalign or Truline appliances, or improved with veneers. Your dentist will work closely with you to develop a treatment plan designed to achieve exactly what you want for your smile. This treatment plan may consist of many cosmetic and functionally restorative procedures, potentially including: Teeth Whitening: Whitening is non-invasive and an effective way to make dull teeth look years younger. Whitening with a take home kit will take about 2 weeks. The effect lasts six to twelve months or more, depending on habits. Retreatment is usually considerably shorter.

■ **Porcelain veneers:** Veneers are a thin layer of laboratory fabricated porcelain which can correct multiple concerns people have about their smile. Veneers can cover stained or discoloured teeth. They can build-up broken, chipped or worn down teeth. For those with small teeth veneers can increase the size of the teeth and close gaps. Veneers can sometimes be used to align crowded teeth for those who cannot tolerate orthodontics. Veneers usually take two visits to place and can last up to 15 years if cared for properly.

■ **Tooth Coloured Restorations:** These can be used to replace unsightly amalgam fillings or to build-up broken teeth. Options include composite resin restorations which are placed directly into the tooth, crowns and ceramic restorations which are milled or made in a laboratory then cemented onto the tooth.

■ **Bridges and implants:** For missing teeth a bridge or implant may be placed. A bridge is anchored to the teeth on either side of the space, and involves cutting in to the teeth. It is sometimes suitable where the adjacent teeth are already damaged and crowns would be appropriate restoration for the adjacent teeth. An implant is today's treatment of choice to replace missing teeth, as there is no cutting of adjacent teeth required. Like tooth roots, dental implants are secured in

the jawbone and are not visible once surgically placed. They can be used to secure either crowns, bridgework or dentures by a variety of means. They are made of titanium, which is lightweight, strong and biocompatible, which means that generally it is not rejected by the body.



## Your Dental Care Newsletter 2016

### Footscray Family Dentistry Newsletter

Concurrently, we are in the process of setting up a new website for our practice, which should be up and running by the time of printing of this newsletter. We invite you to look us up, and give us your feedback. Check it out at [www.footscrayfamilydentistry.com.au](http://www.footscrayfamilydentistry.com.au)

Sadly, we farewelled Dr Jennifer Miao Jiang late last year, who has moved on to practise in the Eastern suburbs. However, we welcome Dr Darcy del Rio, who joined us in January this year. Darcy enjoys all aspects of dentistry with a particular interest in endodontics. He plans to sit the Primary examinations for membership of the Royal Australian College of Dental Surgeons later in the year. We wish him the very best of success on his endeavor.

We also welcome Shristy, who has been on maternity leave, back to the front desk. Shristy is the proud mother of Ethan, who was born in September 2015. Most of you would have met Fozia, who capably filled in for Shristy as receptionist, during this period. Fozia will continue to attend to your queries and needs in reception.

Congratulations to all staff members who have successfully completed courses in the past year – Jelena and Fozia : Certificate IV in Radiography and Selina : Certificate III in Dental Assisting. Well done all!

Our theme for this newsletter is "Teeth for Life". An understanding of the oral health needs which occur through the different stages of our lives, will help us focus on the prevention of disease from childhood, through to adulthood and on to the more mature years of one's life. It is not unrealistic to have a fully functional dentition at the age of 90 as it is at 50 or 30 or 15. Improved knowledge and technology in dentistry, continues to make this more attainable for all. Regular dental check ups will help identify and address your changing oral health needs as you progress through life. Make an appointment and we would be happy to discuss any concerns you may have

Welcome to our annual newsletter for 2016. As you may have noticed, we have rebranded ourselves, and are now operating as Footscray Family Dentistry. After a brief stint as Cheario Dental, we have decided that our new practice name better reflects our philosophy and what we stand for.

**Dr Agustin del Rio**  
**Dr Catherine Cheah**  
**Dr Darcy del Rio**  
**Ms Faye Yue Fang Luo**  
**The staff at 111-115 Paisley St**

**Footscray Family Dentistry.**  
111-115 Paisley Street, Footscray 3011.

**For appointments please phone**  
(03) 9689 1131.

**Hours:**  
Mon-Thurs: 8:00-6:00  
Friday 8:00-1:00  
Saturday 8:00-1:00



# Let's Talk about...

## About Diet

There has been much talk recently about the health of the nation, specifically the issues of obesity and diabetes. Concurrently there has been the debate between sugar versus fat, contributing to the excess weight of Aussies. As dentists, we are interested in health generally, but more specifically the direct effect of our diet on our teeth and more importantly, the teeth that belong to the patients that sit in our chair.



## About Sugar

We're not telling you anything new...everyone knows the strong relationship between sugar intake and decay in teeth. Or the converse, less sugar means less decay. Remember that every time you have anything sugary in your mouth, your teeth will be subject to decay for the next hour. Less decay means keeping your teeth for longer, and less "tooth maintenance". Now that we are living healthily well into our 90's, keeping our teeth for as long as possible sounds like a good plan, and being able to smile and chew well makes life more enjoyable.

So what does fat in our diet have to do with sugar and decay? Well, it is our quest to eliminate fat from our diet that is the culprit.

Manufacturers of processed food want to reduce the fat content of their foods so the fat is removed, **BUT INSTEAD THEY ARE ADDING SUGAR TO MAINTAIN THE FLAVOUR!** This is called HIDDEN SUGAR. It is the sugar that you are eating that you do not know you are eating. Let's take for example a standard tub (125grams) of yoghurt, (natural flavor). It has 2 teaspoons (8 grams) of sugar. That is reasonable. Let's now look at the same tub, but low fat; for the same size, it has 4 1/2 teaspoons (17.5 grams) of sugar. That is HIGH sugar. And this is just one food in your day. Think about what other processed foods that we consume in a day. Start with breakfast-muesli, bread

(yes, there is sugar added) and the list goes on. And do not forget those kids' snacks that are targeted as being healthy alternatives eg. Fruit straps, dried fruit, muesli bars. The film "That Sugar Film" says that an Australian adult consumes 40 tablespoons of hidden sugar per day! It has been estimated that drinking one can (600ml) of soft drink per day could lead to 6.75kg weight gain in one year, as this is 23 kg of EXTRA sugar PER YEAR.

So, choose simple unprocessed foods wherever and whenever possible eg. Whole fruit, vegetables, and check the label of any pre-packaged food for the sugar content. You will be surprised!

“ Remember that every time you have anything sugary in your mouth, your teeth will be subject to decay for the next hour. ”

## About Acid

And what about acid in our diet? Take care with soft drinks, flavoured milk, energy drinks, sports drinks or fruit-containing morning shakes, as invariably they contain sugar, are acidic, or more likely both. High acidity means that if dental decay doesn't get your teeth, then the acid will slowly but steadily dissolve the enamel away.

So, limit your drinks containing acid, otherwise sip water after consuming acid drinks to wash your teeth (best not to brush as the enamel is softened by the exposure to the acid).

## No Fat Or Sugar

No fat and no sugar in your diet? Well, that sounds good, but wait. Before you pat yourself on the back, many people especially later in life are taking medication that lowers blood pressure, controls heart rate, lowers the risk of stroke (blood thinners) or lowers cholesterol. Most of these medications help keep you alive but some have adverse side effects such as reducing salivary flow, and/or quality.

Saliva bathes your teeth in tooth-protecting juices. Reduce your saliva, and up goes your decay rate! So, water is your best friend! Drink or

sip frequently during the day and night. Remember to keep your acid containing drinks to a minimum and clean between your teeth daily (you can use floss, tape, floss sticks or little brushes)

So, what does your diet say about the health of your teeth? For more information, visit:

[www.that-sugar-film.com](http://www.that-sugar-film.com)  
[www.rethinksugarydrinks.org.au](http://www.rethinksugarydrinks.org.au)

# Teeth for Life

## The Early Years

Teeth commence being formed whilst in the womb, and indeed early formation of permanent incisors and the "six-year old" molars also commences at or around the time of birth.

Remembering that these teeth will be expected to both look great and work well for close to 100 years, and that they have absolutely no ability to self-repair in the manner that every other body part does, we really should look after them!



We like to introduce children to dentistry very early on in their lives, in order that dental care becomes an integral part of their daily routine, so please bring your children along and get them used to the surroundings; at some point they will jump into the chair and go for a ride, and it all progresses from there. Once that first tooth has begun erupting, a lifetime habit of cleaning needs to be established. As most young children tend to swallow rather than spit out after having their teeth brushed, we recommend a children's toothpaste with a reduced fluoride concentration level, plus the flavouring in a children's formula is milder and more attractive to infants. Initially you may want to use a cotton bud, as even the smallest toothbrushes are huge in a tiny mouth! Once your child has made the transition from a cotton bud, remember to use only the tiniest amount of children's toothpaste on a very small toothbrush. Whilst most children will at some stage want to "have a go", by all means encourage them to get into the habit, however the vast majority of them will have neither the skills or motivation to clean their own teeth until they are eleven or twelve, so it is super important that parents are actively involved, and that all your children's teeth are adequately and effectively cleaned!

- General development and facial appearance (How your child is growing, and how his or her face is developing? Is there something we can, or indeed need to do to help your child along with this?)
- Overall smile appearance (Obvious decay, missing or misaligned teeth, inflamed gums? Is there a dental reason why your child doesn't smile much?)
- Is the normal development of speech occurring (Is there a problem we need to help rectify here?)
- Do we have normal timing and sequence of tooth eruption (Again, is there something we can or need to do to help here?)
- How is the overall oral hygiene program progressing, and do parents need a few pointers or a little help here? (You should never be afraid to ask!)
- Is your child at risk of greater decay than average? (If so, then why, and is there anything in addition that we need to do?)
- Are there any teeth which are hypoplastic? (Poorly formed enamel covering the surface of the tooth.)
- How well do the top jaw and bottom jaw inter-relate? (With well-timed dento-facial orthodontics, much can be done here.)
- Is your child a mouth breather or a nose breather, and if the former, why? Do we need to

seek advice from a paediatrician? Normal development of the face, mouth and bite will not occur if a mouth only breathing pattern has developed.

- How is your child's bite developing overall? (Do we need to start planning for braces at a later date, and if so, how far off?)
- Would the taking of X-rays, either inside or outside the mouth give us any more useful information? (We never suggest that we take X-Rays without a valid reason.)
- Is your child involved in any "Contact Sports"? If so, is a well-fitting mouthguard worn, or does it stay in the sports bag? An "over the counter" mouthguard is never as good as a custom fitted one
- Are there any early decay spots in which early intervention can be beneficial (Should we be placing "Fissure Sealants" to reduce the likelihood of decay progressing?)
- Does your child have the manual dexterity and motivation to use dental floss (Up to early teens, we would rather just concentrate on brushing technique and frequency.)
- Are there any tooth decay cavities which require cleaning out and restoring to normal shape and function (Yes, we finally get around to "Fillings"!)