

# Dental Emergency Tips

Help! I've fallen out and I can't get up. Okay, so it doesn't exactly make for a gripping episode of "Rescue 911." But the fact is that knocked-out teeth account for approximately 15% of children's dental emergencies (Pediatric Dentistry, Nov-Dec 1994). To keep from losing your head over a lost tooth, familiarize yourself with these dental emergency tips and keep them handy. Because you never know -- the tooth you save may be your own.

## **Avulsed Teeth**

When a tooth is knocked out you should:

- 1) Immediately call your dentist for an emergency appointment
- 2) Attempt to find the tooth
- 3) Gently rinse, but do not scrub the tooth to remove dirt or debris
- 4) Place the clean tooth in your mouth between the cheek and gum
- 5) Do not attempt to replace the tooth into the socket. This could cause further damage
- 6) Get to the dentist as soon as possible. If it is within a half hour of the injury, it may be possible to reimplant the tooth
- 7) If it is not possible to store the tooth in the mouth of the injured person, wrap the tooth in a clean cloth or gauze and immerse in milk.

## **Extruded Teeth**

If the tooth is pushed out of place (inward or outward), it should be repositioned to its normal alignment with very light finger pressure. Do not force the tooth into the socket. Hold the tooth in place with a moist tissue or gauze. Again, it is vital that the injured individual be seen by a dentist within 30 minutes.

## **Broken Tooth**

Gently clean dirt from the injured area with warm water. Place a cold compress on the face near the injury to decrease swelling. Go directly to the dentist.

## **Minor Fracture**

Minor fractures can be smoothed by your dentist with a sandpaper disc or simply left alone. Another option is to restore the tooth with a composite restoration. In either case, you should treat the tooth with care for several days.

## **Moderate Fracture**

Moderate fractures include damage to the enamel, dentin and/or pulp. If the pulp is not permanently damaged, the tooth may be restored with a full permanent crown. If pulpal damage does occur further dental treatment will be required.

## **Severe Fracture**

Severe fractures often mean a traumatized tooth with a slim chance of recovery.

## **Injuries to the Soft Tissues of the Mouth**

Injuries to the inside of the mouth include tears, puncture wounds and lacerations to the cheek, lips or tongue. The wound should be cleaned right away and the injured person taken to the emergency room for the necessary suturing and wound repair.

Bleeding from a tongue laceration can be reduced by pulling the tongue forward and using gauze to place pressure on the wound area.

## **Bitten Tongue or Lip**

Apply direct pressure to the wound with a clean cloth. Apply cold compresses to swollen areas. If the bleeding doesn't stop, go to a hospital emergency room.

## **Objects Caught Between Teeth**

Do not attempt to remove the object with sharp or pointed instruments which could cut the gums. Instead, carefully guide dental floss between the teeth. If this doesn't work, go to the dentist.

## **Problems with Braces and Retainers**

Cover the ends of irritating wires with a small cotton ball, beeswax or a piece of gauze until you can see your dentist. Do not attempt to remove a wire that is stuck in your cheek, tongue or gum. Go to your dentist immediately. If an appliance becomes loose or a piece breaks off, take the appliance and piece to the dentist.

## **Possible Broken Jaw**

Do not move the jaw. Secure the jaw in place by tying a scarf, handkerchief, necktie or towel around the jaw and over the top of the head. Apply cold compresses to swollen areas. Go immediately to a hospital emergency room or call your dentist.

## **Toothache**

Do not place aspirin on the aching tooth or gum. Rinse the mouth with warm water. Floss to remove any food that might be trapped between the teeth. See your dentist as soon as possible.

---

---

## Hypertension and Medications Impact Dental Care

It is an unfortunate trade off in life that as we age and acquire more wisdom and experience, we also increase the likelihood of having health problems. Senior citizens are more likely to have high blood pressure and be taking multiple medications than when they were young. Seniors should be prepared and informed when they go to their dentist for treatment.

It is estimated that nearly 75 million Americans, many who are seniors, suffer from high blood pressure, or hypertension. Hypertension, often referred to as the "silent killer", is defined by repeatedly having a blood pressure reading greater than 140/90. Hypertension is dangerous because it increases the risk of heart attack, stroke, kidney, and eye damage. A person can have hypertension for years and not know about it because there are little or no symptoms. People with hypertension are generally advised to reduce salt intake, lose weight, and increase aerobic exercise. If these measures are not sufficient, a number of drugs are needed to reduce the blood pressure. The main drugs given to hypertensive patients are diuretics, beta-blockers, calcium channel blockers, and angiotensin converting enzyme (ACE) inhibitors. These drugs reduce blood pressure by decreasing blood volume, decreasing the force of heart contractions, and relaxing blood vessel walls, respectively. As dentists, we are concerned with how well controlled the hypertension is. Patients with poorly controlled hypertension will often bleed more after routine dental surgery. Patients who take hypertensive drugs may be more sensitive to the small amounts of epinephrine in dental anesthetics as well as need a greater level of assistance when being elevated in a dental chair from a supine (lying on the back) position.

Many medications used by seniors, and some diseases, can cause the mouth to become dry. Saliva protects the mouth because it helps wash away food, neutralize bacterial acids, and lubricates the mouth. A lack of saliva in the mouth increases the chance of developing cavities, gum disease, irritations in the mouth, as well as making it more difficult to wear dentures, speak, and swallow food. Some of the types of medications that can cause dry mouth are antihistamines, antidepressants, painkillers, diuretics (water pills), and decongestants, to name a few. Disease conditions such as Sjogren's Syndrome and radiation treatment in the head and neck region can also cause dry mouth. Your dentist can recommend certain methods to restore moisture. Consider sugar-free lozenges or gum, and artificial saliva can be used in some cases. Brushing and flossing are extremely important, as is the use of a fluoride containing mouth rinse. In some cases, the use of a custom-made mouth tray worn before bed is needed to deliver a higher dose of fluoride to protect the teeth and gums.

Today's dentist needs to work closely with the senior's medical doctor and specialists to insure safe and effective dental care. It is important to inform your dentist about any health conditions you have, and the medications you are taking. Your dentist should be aware of the special needs, and potential problems that seniors face.

---

# Diabetics are at risk for dental infections

Diabetes is a disease that affects the way your body uses food. There are two types. Type 1 is referred to as insulin dependent or immune-mediated diabetes, and is caused by the inability of the pancreas to produce insulin. Insulin is necessary for the vast number of blood cells in our body to use glucose, a sugar that helps sustain life. Type 2 is often referred to as non-insulin dependent or adult onset diabetes and is the much more common form, occurring in roughly 90% of the cases. With type 2 diabetes, your body does not make enough insulin or cannot properly use it.

Your physician has most likely informed you of the complications of untreated or poorly controlled diabetes, which include kidney failure, gangrene or possible amputation of the lower extremities (legs and feet), blindness, or stroke. As dentists, we are mainly concerned with the effects on the gums, and immune (disease self-defense) system.

Gum (periodontal) disease is generally more common and more severe in patients with diabetes. This is because blood cells in the gums and jawbone that protect us from infection are not as effective. This means that the diabetic needs to work more diligently on oral hygiene, brushing and flossing, as well as make sure the disease is as controlled as possible.

If you have a dental infection, and require either a root canal or need to have a tooth removed, there are some important things for you to remember. Make sure you eat your normal breakfast before you go to the dentist. If you are taking insulin, take your normal dosage unless your dentist and physician have agreed to alter the dosage. If you have not eaten and are in pain or feel a high degree of stress prior to a dental procedure, this can cause your blood sugar to drop. By eating (we use the expression, "keep them sweet") and taking the proper amount of insulin, you reduce the potentially dangerous complication of hypoglycemia (low blood sugar).

Diabetics, especially poorly controlled diabetics, are at an increased risk for infection - that includes potential complications from dental infections. If your diabetes is under poor control "brittle", and your blood sugar is very high, dental surgical procedures may need to be delayed until you are under better control. In some cases, you may need to take antibiotics prior to certain dental treatments to reduce the risk of infection.



## *Corticosteroids can increase patient's risk at the dental office*

Any dental procedure that causes an elevated level of physical stress (dental fillings, root canal, oral surgery, etc.) or emotional stress (fear) can be expected to challenge the adrenal gland to produce increased amounts of cortisol to combat that stress.

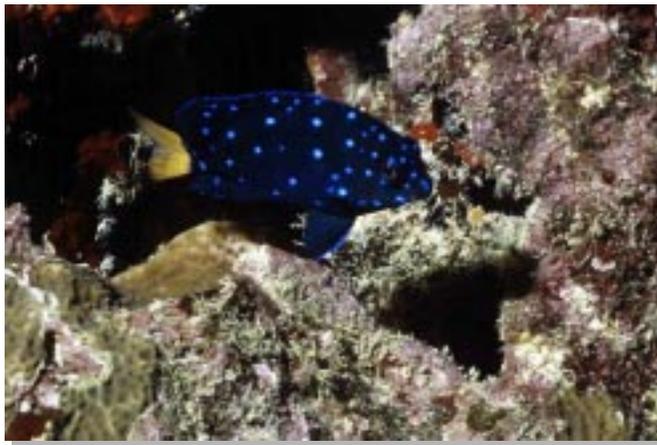
The present or past use of drugs classified as corticosteroids can put patients at increased risk of serious health consequences during dental treatment. The reason that corticosteroids present this risk is that their use suppresses our own body's production of cortisol from the adrenal cortex (the outer aspect of a small gland located near or upon the kidney). Cortisol is a vital to our survival because it helps the body adapt to both physical and emotional stress.

The use of corticosteroids is widespread in today's society, partly due to the longer life expectancies of the general population, and the associated development of chronic diseases. Corticosteroids are used for a wide variety of ailments, both acute (sudden onset) and chronic (slow onset, long duration). Some diseases that are often managed by corticosteroids include, allergic reactions, shock, colitis, meningitis, arthritis, emphysema, and many, many others. Some common corticosteroids are hydrocortisone (Cortef, Solu-Cortef), cortisone (Cortone), prednisone (Apo-Prednisone, Orasone), dexamethasone (Decadron), and others. All corticosteroids are not, however, created equally. For example, a 5 mg dose of prednisone is equivalent to 20 mg of hydrocortisone, or is 4 times more potent.

A person who takes corticosteroids, or has taken the equivalent dose of 20 mg or more of cortisone daily for two or more weeks within the past two years may have negatively affected the function of their adrenal gland. Any dental procedure that causes an elevated level of physical stress (dental fillings, root canal, oral surgery, etc.) or emotional stress (fear) can be expected to challenge the adrenal gland to produce increased amounts of cortisol to combat that stress. If the adrenal gland cannot produce the required cortisol, the patient can succumb to a rare, but often fatal condition called acute adrenal insufficiency.

To prevent this potentially life-threatening occurrence, the dentist, the family doctor, and patient must cooperate to the fullest extent. The process begins with the patient informing the dentist (both verbally and in the medical history) that he or she is taking or has taken corticosteroids within the past two years. The dentist can then contact the family doctor to help determine what dosage the patient should take prior, during or after a dental procedure. Although a twofold to fourfold increase in the corticosteroids is a common recommendation the day of dental treatment, much higher doses may be required for a fearful patient who requires extensive dental treatment.

It is important to note that some physicians greatly underestimate the amount of physical and emotional stress generated by both routine and advanced dental treatment for some dental patients. This places a greater responsibility on the dentist to clearly communicate with the physician the emotional state of the patient, and the amount of stress that may be caused by the dental procedure. This brings us to the last, and possibly most important point, namely that the dentist must do everything in his or her power to reduce the physical and emotion stress of dental treatment. This includes clear communication from the dentist to the patient, and vise-versa, appropriate use of anxiety reducing agents such as nitrous oxide gas or anti-anxiety medications, and very effective use of local anesthetic drugs to eliminate (if possible) the potential discomfort associated with some dental procedures.



# Mouth Piercing

Feeling a little rebellious? Bored with your tattoos? Wish you could dye your hair purple but know better since you just had your colors done and were told that you're an autumn and should really stick to earth tones? No need to fret. There is an alternative: body piercing. Seems lately there's no limit to where you can poke a hole and fill it with some sort of shiny doo-dad. But you're not alone if you think there might also be no limit to the health risks involved in doing so.

It's something Rebecca considered before having both her tongue and lower lip pierced, so she took time to investigate the process first. She chose to have both of her piercings done by formally trained professional piercers who adhere to the strict standards set by the Association of Professional Piercers.

"What matters," Rebecca says, surprisingly lisp-less, "is how professional the person that you're working with is, if they're clean, and if they know what they're doing." She explained that the reputable piercers keep you well informed as to what to expect from the moment you walk in the door. "You get a sheet to take home that says exactly how to take care of it, what to look out for, what not to do in what period of time, how long it will take to heal, and who to call if something goes wrong."

When asked if it hurt to get her lip and tongue pierced, Rebecca, who, for the record, has a slightly more Zen-like approach to pain than most, admitted that while her lip was a piece of cake, her tongue was swollen and painful for a good nine days after she got it pierced. "On the 10th day it was fine. It was like it wasn't there." She also mentioned that during that first nine days she bit down on the barbell (the piece of jewelry in her tongue) once by mistake. But she bit it gently enough that she didn't chip any teeth.

However, it might be worthwhile to consider also the experiences of Dr. Eric Shapira, a CDA dentist in Half Moon Bay, who has written about intraoral piercing for the Academy of General Dentistry. Dr. Shapira holds an assistant professorship at the University of the Pacific School of Dentistry in San Francisco and has a mastership in the Academy of General Dentistry. He has witnessed cases in which teeth have been chipped or broken from biting down on the jewelry in or around the mouth, as well as numerous infections around the piercing sites. Dr. Shapira is not opposed to people piercing in or around their mouths. "It's their body. I think if anyone's going to make a choice to pierce their body, they need to be responsible for that choice and realize what the possible side effects are."

And what are some of those possible side effects? For starters, you can get blood poisoning from impure metals, allergies, or an increased saliva flow that can result in a permanent drool. An excess of bacteria on the tongue could cause an underlying infection in the bloodstream. A pierced tongue can swell so much that it could obstruct the airway. Or the ball that holds the barbell in the tongue can become loose and be inhaled into the lung. Shapira adds, "There are very specialized nerves that bring taste to the anterior (front) third of the tongue that can be damaged, so you can affect your taste. You can affect your speech and the way you eat. I think the worst culprit of all is the tongue pierce because there are so many ramifications of what can happen during and after the pierce. Especially breaking of the teeth, which is the major thing I see."

Like Rebecca, Shapira stresses the importance of investigating the techniques, materials and background of any potential piercer before going under the needle. All instruments used in the piercing process should be sterilized and any body part that is being pierced should be disinfected. He advises people to consult their physician prior to being pierced. Their physician may prescribe an antibiotic and/or an antiinflammatory to help prevent infection or excess swelling.

Shapira's advice for people who already have mouth piercings and want to keep them healthy is to keep them as clean as possible. He suggests using ultrasonic cleaners for the metal jewelry, flushing the hole with a small rinsing syringe, and rinsing the mouth out and brushing the tongue and oral tissues daily. He also advises against eating with the metal jewelry in. According to Rebecca, there's plastic jewelry that you can wear while eating.

So, in response to the burning question, "It's haterdouth to your health?" it seems the answer is a resounding "Pothibly." While entering into this process with as much information as possible certainly increases your chances for a problem-free piercing experience, it doesn't necessarily guarantee it. Rebecca sums it up well saying, "It's really about personal responsibility and paying attention to what's going on and doing what's right for you." And if that means abandoning the piercing plan for the more innocuous dye job, the color consultants suggest a nice, deep auburn.

# Herbal Medicine and Dental Dangers

When your dentist asks you if you are taking any type of medication, you should include herbal medications along with your prescription drugs. Herbal medications have increased in popularity over the last several years, and are sometimes used in addition to prescription drugs. Because herbal medications are easy to purchase (at holistic food stores, on the Internet, etc.) and have "all natural" origins, many people feel that these remedies are merely harmless substances. These medications, however, are not just ground up herbs, but are actually derived from the potent oils of the plants. These natural medications are capable of dangerous drug interactions that can put a person at an increased risk for a complication during and after dental treatment.

Several herbal medications can cause an increase in bleeding when combined with prescription or over-the-counter drugs. The herbal medications Gingko, Garlic, Melilot, Sweetwoodruff, Horse Chestnut, Cinnabar root, Alfalfa, Dong quai, Barberry, Goldenseal, Oregon grape, Feverfew and Bromelains can increase the action of the blood thinners Coumadin, Warfarin and other coumarin anticoagulants. Gingko, Garlic, and Feverfew can increase the effectiveness of aspirin and can greatly increase bleeding. An increased tendency for bleeding can cause complications during many dental procedures. The greatest risk for a complication is from surgical dental procedures (having a tooth removed, gum surgery, deep cleaning under the gum-line, biopsies, etc.). Heavy bleeding that cannot be stopped in the dental office may sometimes require hospitalization. Excessive bleeding can also hamper routine dental treatment such as dental cleanings, fillings, and crowns (caps).

Certain herbal medications can also reduce the effectiveness of antibiotics. Cassia Cinnamon (used as a painkiller) can decrease the effectiveness of Tetracycline by up to 80%. Tetracyclines are sometimes used to treat dental infections, especially the treatment of gum disease.

The use of herbal medications should be discussed with your family doctor, medical specialist(s) and your dentist. I have listed just a few of the dozens of herbal medications that can have serious drug interactions. For safe and effective dental treatment, please inform your dentist about all of the medications you are taking, including herbal medicine.

There are many herbal medications that can increase the action of these prescription drugs used to treat hypertension. Most of these herbal remedies are considered diuretics, and can cause a dangerous condition called hypotension (low blood pressure) when used with anti-hypertensive drugs.

It is estimated that nearly 75 million Americans suffer from hypertension, often referred to as the "silent killer". Hypertension is dangerous because it increases the risk for heart attack, stroke, kidney, and eye damage. A person can have hypertension for years and not know about it because there are often little or no symptoms. People with hypertension are generally advised to reduce salt intake, lose weight, and increase aerobic exercise. If these measures are not sufficient, a number of drugs are needed to reduce the blood pressure. The main drugs given to people with hypertension are diuretics, beta-blockers, calcium channel blockers, and angiotensin converting enzyme (ACE) inhibitors. These drugs are collectively referred to as anti-hypertensive drugs, and reduce blood pressure by decreasing blood volume, decreasing the force of heart contractions, and relaxing blood vessel walls, respectively.

There are many herbal medications that can increase the action of these prescription drugs used to treat hypertension. Most of these herbal remedies are considered diuretics, and can cause a dangerous condition called hypotension (low blood pressure) when used with anti-hypertensive drugs. Hypotension can cause dizziness, fainting, and in some cases, a life-threatening complication called shock. The long list of herbal medications that can cause hypotension include: Agrimonia eupatoria, Agropyrum repens, Alchemilla arvensis, Alisma plantago, Anacyclus pyrethrum, Bearberry, Buchu, Capsella bursapastoris, Carium petroselenium, Chelidonium majus, Chondodendron tomentosum, Black cohosh, Oxalis acetosella, Herniaria glabra, Hydrangea aborescens, Larix Americana, Collinsonia Canadensis, Hawthorn, Galium aparine, Sassafras, Dandelion, and Viola tricolor.

As a dentist, I am concerned with both hypertension and hypotension. People with poorly controlled hypertension will often bleed more during and after routine dental surgery, causing potential difficulties with the procedure. People taking any of the herbal medications listed above in addition to prescription anti-hypertensive medications may be in danger of passing out or more serious complications, especially if they are under physical or emotional stress during dental treatment. They may also be at a greater risk for fainting after a dental procedure when they are being elevated in a dental chair from a supine (lying on the back) position.