



What would you do in a dental emergency?

If you suffer a mouth-related injury, the Wisconsin Dental Association urges you to get to your dentist quickly.

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Wisconsin dental

Your diet and your teeth - Connect with the new dietary guidelines Accidents do happen, and knowing what to do when one occurs can mean the difference between saving and losing a tooth.

Any dental emergency, like an injury to the teeth or gums, can be potentially serious and should not be ignored. Remember, pain is a signal that something is wrong — a problem that will not disappear even if the pain subsides.

Make sure to have your dentist's number readily available and be aware of what arrangements your dental office has for handling emergencies that occur during non-office hours.

Here are a few tips for handling common dental emergencies:

Bitten lip or tongue – Clean the area gently with a cloth. Apply cold compresses to reduce the swelling. If the bleeding doesn't stop, go to a hospital emergency room immediately.

Broken tooth – Rinse your mouth with warm water to keep the area clean. Use cold compresses on the area to minimize swelling. Try to find the broken tooth fragment and bring it to your dentist's office as soon as possible.

Knocked-out tooth — Find the tooth, hold it by its crown and rinse the root in water. Do not scrub the tooth or remove attached tissue fragments. If possible, put the tooth back into its socket before going to the dentist. If that isn't possible, put the tooth in a container

with cold milk or cold water and get to your dentist as soon as possible.

Objects caught between teeth — Try to gently remove the object with dental floss, but avoid cutting the gums. Don't use a sharp instrument! If you can't remove the object, get to your dentist.

Toothache – Rinse your mouth with warm water to clean it out. Gently use dental floss to ensure that there is no food or other debris caught between the teeth. Never put aspirin or any other painkiller against the gums near the aching tooth because it may burn the gum tissue. Call your dentist for an appointment as soon as possible.

DENTAL SAFETY TIPS

Minimize your risk for dental-related accidents by following these tips:

- Buckle up in the car. A seat belt and shoulder harness can keep your face from striking the steering wheel, dashboard or windshield during accidents.
- Wear a mouthguard when participating in sports or physical activities in which your mouth can be hit.
 Mouthguards help cushion facial blows that could cause a dental injury.
- Don't chew ice, popcorn kernels or hard candy – this can crack a tooth
- Don't use your teeth to cut or rip ANYTHING! This can damage your teeth or cut your lip.

Be a sport, wear a mouthguard

The warm weather brings an increase in sporting and outdoor activities – and a spike in facial injuries. Proper safety gear is essential for your health, including wearing a mouthguard.

Mouthguards prevent or greatly reduce the severity of injuries like concussions or fractured teeth.

You can buy them at almost any sporting goods store, but custom-fitted mouthguards from a dentist offer superior fit and protection because they closely adapt to your teeth. They're also more comfortable to wear.

Many facial injuries
that happen while
p | a y i n g
sports could
be avoided

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Bad breath be gone!

If your dentist determines that your mouth is healthy, you may be referred to your family doctor or a specialist to determine the cause of bad breath.

Whether you call it bad breath or halitosis, it's an unpleasant condition that's cause for embarrassment. Some people with bad breath aren't even aware there's a problem.

If you're concerned about bad breath, the Wisconsin Dental Association recommends you see your dentist. He or she can help identify the cause and, if it's due to an oral condition, develop a treatment plan to help eliminate it.

What causes bad breath?

Medical disorder

Bad breath may be a sign of a local infection in the respiratory tract, sinus problems, chronic bronchitis, diabetes, gastrointestinal disturbance, liver or kidney ailment. If your dentist determines that your mouth is healthy, you may be referred to your family doctor or a specialist to determine the cause of bad breath.

Medications and foods

What you eat affects the air you exhale. Certain foods, such as garlic and onions, contribute to objectionable breath odor. Once the food is absorbed into the bloodstream, it is transferred to the lungs where it is expelled.

Brushing, flossing and mouthwash mask the odor temporarily. Odors continue until the body eliminates the food. Dieters may develop unpleasant breath from infrequent eating.

If you don't brush and floss daily,

particles of food remain in the mouth collecting bacteria, which can cause bad breath. Food that collects between the teeth, on the tongue and around the gums can rot, leaving an unpleasant odor.



Dry mouth

Dry mouth can occur when the flow of saliva decreases. Saliva is necessary to cleanse the mouth and remove particles that may cause odor. Dry mouth may be caused by various medications, salivary gland problems or continuously breathing through the mouth. If you suffer from dry mouth, your dentist may prescribe an artificial saliva, or suggest using sugarless candy and increasing your fluid intake.

Periodontal or gum disease

Periodontal disease is caused by plaque - a sticky, colorless film of bacteria that constantly forms on teeth. The bacteria create toxins that irritate the gums. In the advanced stage of the disease, the gums, bone and other structures that support the teeth become damaged. With regular dental checkups, your dentist can detect and treat periodontal disease early.

Tobacco products

Tobacco products can cause bad breath, stain teeth, irritate gum tissues and reduce one's ability to taste foods. Tobacco users are more likely to suffer from periodontal disease and are at greater risk for developing oral cancer. If you use tobacco, ask your dentist for tips on kicking the habit.

What can I do about bad breath?

Maintaining good oral hygiene is essential to reducing bad breath:

- It is important to visit your dentist regularly for a professional cleaning and checkup.
- Brush twice a day with fluoride toothpaste to remove food debris and plaque. Brush your tongue, too.
- Once a day, preferably before bed, use floss to clean between teeth.
- Mouthwashes are generally cosmetic and do not have a long-lasting effect on bad breath. If you must constantly use a breath freshener to hide unpleasant mouth odor, see your dentist.



Brushing plays an important everyday role for personal oral hygiene and effective plaque removal.

Appropriate toothbrush care and maintenance are also important to sound oral hygiene.

The Wisconsin Dental Association recommends consumers replace tooth-brushes approximately every three to four months or sooner if the bristles become fraved with use.

Toothbrushes will wear out more rapidly depending on factors unique to each patient. Check brushes often for this type of wear and replace them more frequently if needed.

Children's toothbrushes often need replacing more frequently than adult brushes

In recent years, scientists have studied whether toothbrushes may harbor microorganisms that could cause oral and/or systemic infection.

We know the oral cavity is home to hundreds of different types of microorganisms therefore, it is not surprising that some of them are transferred to a toothbrush during use.

Microorganisms that are present in the environment where the toothbrush is stored may also establish themselves on the brush

Here are some general toothbrush care recommendations:

• Replace toothbrushes at least every three to four months.

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Dental FAQs

Who owns dental records?

The dentist owns the records, but the patient owns the information contained in the records.

For this reason, the patient has the right to see, review, inspect, request and obtain a copy of his or her records at any time.

Wisconsin law gives a patient (or a person authorized by the patient) the right to inspect his or her own dental records during regular business hours.

The patient may obtain copies of the dental records b

paying a copying cost. A person authorized to inspect or receive information on behalf of a patient includes a parent, guardian, custodian or an agent.

The dentist is not required to and should not relinquish

The dentist is not required to and should not relinquish physical possession of the original records. But the dentist has an absolute legal duty to comply with the request for a copy or transfer of the records to whomever the patient desires with little or no interference.

Dental records include x-rays, treatment notes

Dental records include x-rays, treatment notes and any material that pertains to the patient's dental health





Parents advised: 'Baby Teeth Matter' into early teens

The 3,000-member Wisconsin Dental Association wants parents and caregivers to know baby teeth matter, because children can keep them – especially the back teeth or molars they chew with – until their early teens.

This is the main message of a new 30-second "Chew on This" television spot that is now airing statewide. The spot, filmed in the Milwaukee Public Museum's dinosaur exhibit, kicks off year two of the WDA Baby Teeth Matter public awareness campaign.

Tooth decay is a serious and transmissible disease that can spread quickly and lead to infection without proper precautions.

National studies show early childhood cavities, which are preventable, are five times more com-



mon than asthma and seven times more common than hay fever among America's children. More than 51 million school hours are missed annually due to dental problems.

According to a recent survey conducted by the state Department of Health Services, 55 percent of Wisconsin third graders have had cavities. Twenty percent had untreated tooth decay at the time of the study.

"Chew on This" can be watched on YouTube. Early childhood dental health reminders and tips for establishing good dental habits to last a lifetime are shared on WDA.org, Facebook and Twitter

Oral health is critical to overall well-being.

That is why the WDA is using every opportunity to promote the physical, social and economic value of good dental health and the importance of establishing personal oral hygiene habits in children as young as 1.

...Mouthguard safety continued from page 1

by wearing a properly-fitted mouthguard. Studies show athletes are 70 times more likely to sustain damage to their teeth when not wearing a mouthguard.

Types of mouthguards

There are three types of mouthguards:

• Stock mouthguards are inexpensive and come preformed, ready to wear. Unfortunately, they often do not fit very well. They can be bulky and can make breathing and talking difficult.

Get regular dental checkups and bring your mouthguard along, so the dentist can make sure it's still in good condition.

- Boil and bite mouthguards are available at many sporting goods stores and offer a better fit than stock mouthguards. Soften in water, then insert and bite down and allow it to adapt to the shape of the mouth. Follow directions carefully to avoid burning your mouth or a poor fit.
- Custom-fitted mouthguards are made by a dentist in a dental office or a dental laboratory based on a dentist's instructions. An impression is taken of the teeth and a mouthguard is created using the model. Custom-fitted mouth-

guards are more expensive than the other versions, but because they are customized they offer a better fit than anything you can buy off the shelf

Caring for mouthguards

- Rinse with cold water or an antiseptic mouth rinse before and after each use.
- Clean with toothpaste and a toothbrush after each use.
- When not being used, store the mouthguard in a firm, perforated container to permit air circulation and help prevent damage.
- Avoid high temperatures (e.g. hot water, hot surfaces, direct sunlight) which can distort the mouthguard.
- Check for tears, holes and a snug fit. Mouthguards that are torn or in bad shape are uncomfortable and provide less protection.
- Get regular dental checkups and bring your mouthguard along, so the dentist can make sure it's still in good condition.

Parents and coaches are encouraged to get involved and support the use of custom-fitted mouthguards.

Prevention is the best policy when it comes to facial injuries. In addition to mouthguards, anyone who rides in a motor vehicle or on a motorcycle or bicycle wear seat belts and helmets. These are all easy ways for everyone to prevent even the most severe facial injuries.

By the numbers: Oral health in Wisconsin

percent of state population on community water systems receives the benefits of fluoridated water



\$2.10 National average tooth fairy leaves for a lost tooth, according to 2012 poll

1870

Year Wisconsin Dental Association was founded

40,000



Number of Americans who will be diagnosed with oral or pharyngeal cancer this year, according to the Oral Cancer Foundation

Number of teeth, including wisdom teeth, the average adult has



2-3 Recommended number of minutes for brushing your teeth

For more fun dental facts and resources, visit WDA.org.

Good nutrition helps maintain a healthy smile

Tooth decay occurs 20 minutes after eating. The more often you eat and the longer foods are in your mouth, the more damage occurs.

When you eat and what you eat can affect your teeth. As food passes through your mouth, it meets the germs, or bacteria that live there.

You may have heard your dentist talk about plaque. Plaque is a sticky film of bacteria.

These bacteria love sugars found in many foods. When you don't clean your teeth after eating, plague bacteria use the sugar to produce acids that can destroy the hard surface of the tooth called

Tooth decay occurs 20 minutes after eating. The more often you eat and the longer foods are in your mouth, the more damage occurs.

What can you do?

- Drink water regularly
- Limit number and frequency of between-meal snacks, minimize con-

sumption of soda, juices and energy

- Brush thoroughly twice a day with fluoride toothpaste
- Floss daily to remove plaque from under the gums and between teeth.



• Schedule regular dental visits for checkups and cleanings

New dietary guidelines

In June 2011, the U.S. Department of Agriculture replaced the dietary to help consumers make better food

MyPlate illustrates the five good groups using a familiar mealtime visual for a place setting.

Tips to a great plate:

- Avoid oversized portions
- Make half of your plate fruits and
- Switch to fat-free or low-fat milk
- Cut back on foods high in solid fats, added sugars and salt
- Drink more water

guideline pyramid with the MyPlate

- Balance calories
- Enjoy your food, but eat less
- Eat more foods with potassium, calcium, vitamin D and fiber
- vegetables
- Make half your grains whole
- Compare sodium content of





...Toothbrush care continued from page 2

- Don't share toothbrushes
- Thoroughly rinse the toothbrush with tap water after use to remove any toothpaste and debris

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• Don't routinely cover or store toothbrushes in closed containers. A moist environment helps the growth of most germs

It's your choice

Walking down the oral health care aisle in a store is enough to make one's head spin. With so many choices, how can you choose which products are best for you?

Here are some quick and easy ways to narrow your selection:

- Look for the American Dental Association Seal of Acceptance your assurance that products have met ADA standards of safety and effectiveness.
- Ask your dentist to help you select the best products for your needs. Because there are distinctive oral hygiene routines and techniques, some products seem to work better for some individuals than for others. The best brush you can buy is the one you will use regularly and properly.

What's ideal?

Brush your teeth:

2X A DAY, AFTER BREAKFAST AND BEFORE BED

Floss: 1X A DAY BEFORE BED

Change your toothbrush: ✓ 3 - 4X A YEAR

See your dentist: ✓ 2X A YEAR

(*More or less depending on the patient's oral care needs)

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The Wisconsin Dental Association is pleased to make Tonque 'n' Cheek... and Teeth, too! available to our member dentists and their patients as a way of communicating oral health information and promoting quality care.

Information in this publication is provided as patient education only and cannot substitute for the judgment your dentist brings to individual clinical situations. Nothing contained herein is intended as professional dental or medical advice or to be used for diagnosis or treatment. Be sure to consult your dentist with questions about any dental condition.

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