



**NORTHSIDE DENTAL AND IMPLANT CENTRE**  
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## NEWSLETTER

### REGULAR CHECK UPS

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Preventive Dentistry is the idea of preventing disease rather than treating it. This is the philosophy of the entire team at Northside Dental Centre. The success of preventive dentistry is based on regular maintenance and understanding basic dental problems together with commitment and application.

### GIFT VOUCHERS

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Ideal for those 'children' who no longer live at home and are at risk of ruining all those years of effort. With Christmas just around the corner, gift vouchers may be the perfect gift for a Christmas stocking.

### UPDATE ON BISPHOSPHONATES

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Bisphosphonates, are a class of drug commonly used in the treatment of osteoporosis. They include Fosamax, Actonel, Aredia, Bonafos, Didrocal, Pamisol and Zometa and have the potential to affect dental treatment by interfering with bone healing following extractions.

Bone is a dynamic structure and is constantly being remodelled by bone forming cells (osteoblasts) and bone removing cells (osteoclasts). Bisphosphonates bind to the mineral component of bone (hydroxyapatite) and change it so that the osteoclasts cannot remove it as easily.

Following an extraction, both osteoclasts and osteoblasts are required to remodel bone. Bisphosphonates are generally given orally however they may be poorly absorbed by some patients. Patients requiring higher doses or who suffer side effects of the oral medication may receive injections of the drugs. Higher doses are often given to patients receiving chemotherapy as chemotherapy has shown to increase osteoporosis in certain cases. The higher dose treatment means a potentially higher risk of complications after extraction. It is important to tell your dentist if you have had bisphosphonates injected, even if it's only once a year.

Bisphosphonates have a very long half life (their effects last for a long time after the injection) so it is important to let your Dentist know if you were on bisphosphonates in the past. If an extraction is required, we will discuss your case with your GP or managing physician. Antibiotics and special mouth rinses may be required pre and postoperatively and perhaps a cessation of oral medication for a time period.

It is reassuring to know that to date there have been no reports of lack of bone healing following implant placement.

### WHEELCHAIR ACCESS & HOIST TRANSFERS

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With the introduction of a hoist to the practice, treatment for patients in a wheelchair has never been easier. Patients may now be easily transferred from a wheelchair into a dental chair to receive optimal dental care, without risk of injury to patient, staff or carers.

Should you require the use of a hoist, please advise when arranging your appointment and arrive 30 minutes prior to your appointment time.

### DENTAL CARE FOR INFANTS

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Oral hygiene for infants starts just after birth. Initially, a soft cloth or face washer may be used to wipe out a babies mouth. Once their first primary teeth erupt, the soft cloth technique may be continued, with the added introduction of 'brushing'. Bath time is a good opportunity to begin. Using a soft or extra soft infants toothbrush with a circular motion, it is important to clean all tooth surfaces, inside and out. Children below two years of age generally may not require the use of toothpaste. Between the ages of two and six, a low fluoride tooth paste is recommended. All that is required is a small pea sized amount smeared onto the brush.

# CHILDRENS TOOTHPASTE

Young children and infants ingest substantial amounts of toothpaste while cleaning their teeth or having their teeth cleaned by an adult. Low fluoride toothpastes are thought to be as effective in preventing caries as normal toothpastes.

Ingesting excessive amounts of fluoride may cause discolouration of developing permanent teeth. Thus it is recommended that children under the age of seven years:

- (a) Use only a small amount of toothpaste (pea sized);
- (b) Use a low fluoride toothpaste (Colgate Junior or Macleans "Milk Teeth").
- (c) Be supervised and encouraged to "spit and rinse".

# CHILDREN AT RISK OF DENTAL DECAY

As soon as teeth erupt into the mouth the risk of decay may occur even before one year of age. There are three groups of children at risk:

- 1. Baby Bottle Caries: Night time use of bottle containing anything other than water will place a child at risk.
- 2. Sweetened Dummy Caries: Dummies dipped in sweet substances to be used as pacifiers.
- 3. Nursing Caries: Caused by prolonged or on-demand breast feeding. Nursing caries is particularly prevalent in children who breast feed beyond twelve months of age, or in children who sleep with their mothers, nursing frequently through the night.

# HAZARDS OF TONGUE STUDS

A number of recent case reports in the ADA News Bulletin highlight the hazards of tongue piercing. Dental trauma as a result of biting on metal studs often results in fractured teeth. In certain cases, the trauma may be severe enough to result in the loss of vitality to one or more of the traumatised teeth.

The following photograph shows a cutaneous draining sinus associated with a non vital tooth. Following dental treatment of the non vital tooth, the scar resulting from the healed sinus required plastic surgical intervention.



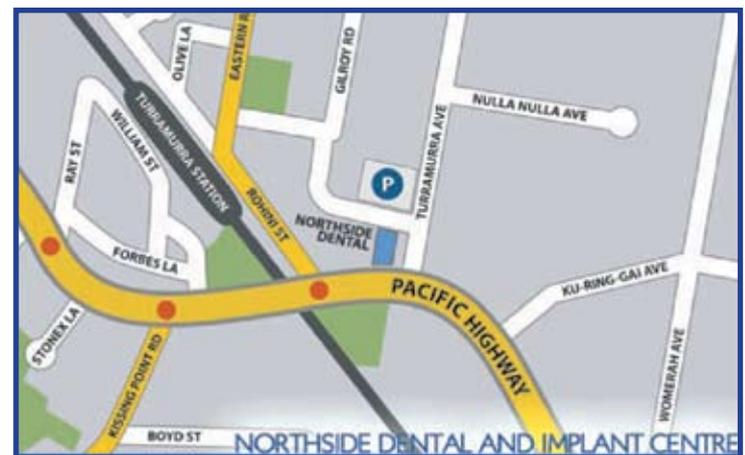
# POTENTIAL RISKS OF TONGUE PIERCING

- Fractured Teeth
- Loss of Vitality of Teeth
- Uncontrolled Haemorrhage and Blood Loss

# A REMINDER OF THE DANGERS OF NEW TOYS AND SPORTS

Sports including hockey and cricket have been the cause of a great amount of concern to a number of patients lately. A reminder that wearing a mouth guard will go a long way to prevent this type of damage- yes, even when playing cricket!

New sports including windsurfing, surfing and bicycle riding also attribute to the number of trauma accidents we see annually.



# NORTHSIDE DENTAL AND IMPLANT CENTRE

- Dr. Ian P Sweeney**  
BDS(Hons).MDSc.Grad.Dip.ClinDent (Dental Implants).  
Grad.Dip.Clin(Conscious Sedation and Pain Control).FRACDS
- Dr. Vivienne Stewart**  
BDS (Syd)
- Dr. Emma Black**  
BDS (Ncl UK)
- Dr. Steven Parker**  
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