

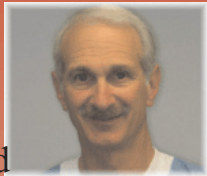
Oral Health News

A Newsletter for The Center for Oral Health

May 2009

From The Editor

In this issue of Oral Health News, I'll discuss the current considerations involved in extracting a tooth, in an effort to explain the modern approach to this very old dental treatment.



For those patients who currently have insurance coverage through Delta Dental, please advise the front desk of your ID and group numbers. We have recently begun accepting this insurance program (except for Delta DMO).

Robert A. Hersh DDS

NEXT ISSUE:

In the next issue of Oral Health News, some of the important aspects of dental insurance will be discussed in an effort to assist in understanding some of the subtleties of dental care reimbursement programs.

Removing a Tooth In the Twenty-First Century

Tooth extraction is probably the oldest and most common dental treatment in the history of dental care. And, until recently, the procedure of removing a tooth had changed very little. In the past decade or two, however, the process(es) of tooth extraction has (have) undergone a change in an effort to preserve and regenerate bone into the surgical site. This is helpful in those circumstances where a future implant is planned. The preservation of bone also has value from an esthetic view, as will be explained. Additionally, the technique of tooth removal, if done atraumatically, can minimize the degree of post-surgical discomfort. In the next few paragraphs, the current considerations in connection to extracting a tooth will be reviewed in an effort to better acquaint the reader with current available information.

A tooth may require removal for a number of reasons. Advanced bone loss with no probability of bone regrowth may render a tooth non-salvageable. Typically, teeth with this type of problem are loose or have a very deep gum pocket ($\geq 6\text{mm}$). Teeth with failed or non-treatable root canal problems also often require extraction. Some teeth, particularly those with crowns and posts, occasionally fracture in ways which are not repairable. Lastly, some teeth are extracted because of orthodontic requirements.

Once the decision to remove a tooth has been made, the next step is to determine what additional considerations are involved. Will the site where the tooth is being removed require a replacement? Wisdom teeth, for example, seldom, if ever, need to be replaced. Second molars (12 year molars) with no functional opponent are also not usually replaced. Teeth in the esthetic zone (front teeth) or teeth which are needed for chewing are typically replaced. Replacing a tooth can involve the fabrication of a removable appliance. It may also involve the construction of a non-removable bridge. The most modern tooth replacement involves the placement of a titanium implant into the extraction site. This procedure is often performed after healing of the bone socket has occurred, or occasionally, it can be done at the same time as the extraction procedure.

Preserving the bone in an extraction site is desirable for three primary reasons. The first includes saving or regenerating as much bone as possible because an implant placement is anticipated. The second reason to save bone in an extraction site is to help save as much bone support on the adjacent teeth as possible. The third reason to try to save the bone after extracting a tooth is that the absence of bone in the extraction site will create a long false tooth on the bridge. Typically, the false tooth is made to touch the gum line. If the gum line has healed far away from the remaining the tooth/gum levels, an unfavorable esthetic

the Center For ORAL HEALTH

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Extractions Continued.

result will occur. Grafting the extraction site often produces less gum shrinkage, and thus less cosmetic problems.

Preserving the bone in and around an extraction site is usually accomplished in several ways. The first involves extracting the tooth with minimal bone damage. Most molars and some middle teeth (premolars or bicuspids) have two or three roots. By sectioning a tooth in two or three segments the tooth can often be removed more easily. This creates less trauma to the bone. Regenerating the bone in an extraction socket is typically accomplished by placing a bone graft into the socket and then protecting the graft with a special covering before closing the gum tissue over the graft. Which graft material to use is often determined by what restorative plan is anticipated. If implant placement is the future treatment of choice, then using real bone is usually the best choice. If minimizing the amount of gum shrinkage prior to the construction of a fixed bridge is planned, then using a synthetic bone graft may be employed. Once the graft material has been placed, a special dissolvable membrane is often used to hold the graft in the socket site until healing occurs. Usually it takes a socket about four to six months to grow bone which is mature enough to hold an implant. If the graft site will be covered by a non-removable bridge, it is typically advisable to permit the socket and soft tissues to mature for at least two to three months.

The extraction of a tooth has evolved into a rather sophisticated procedure. This evolution creates the potential for much better methods of tooth replacement. The only requirement is that the dentist have some additional surgical training. If you have additional questions in connection to this information, please do not hesitate to contact us.

The Center for Oral Health provides a number of specialized services. **Periodontal Therapy** deals with the prevention, diagnosis and treatment of diseases of the gums and supporting bone. **Dental Implants** involve the

placement of titanium anchors into the jaw to replace missing teeth. **Oral Medicine** is the diagnosis and treatment of conditions of the mouth and surrounding structures which have a medical link.

Center Stage

In June, 2008, Dr. Hersh stepped down as the president of the New Jersey Dental Association. After twelve months, approximately two hundred fifty meetings and gallons of coffee, the presidential term is completed. For those patients whose appointments were cancelled or rescheduled on short notice because of an unanticipated trip to Trenton, Newark or Washington, DC, Dr. Hersh wishes to thank you all for your patience and understanding.

Each year the Northern New Jersey Council of the Boy Scouts of America recognizes several physicians and dentists as outstanding Health Care Providers. This past year, Dr. Hersh was fortunate to be among the medical-dental clinicians honored.

Have a question? Email us at oralhealth@optonline.com