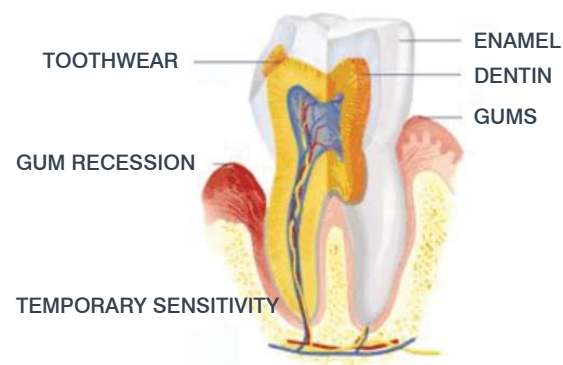


Tooth Sensitivity

If you have ever had cold water or a hot coffee and experienced a sharp pain or lingering sensitivity, you may suffer from a common dental concern called tooth sensitivity. You're not alone; approximately five million Canadians of all ages experience this sensation.

With sensitivity, it is important to understand the anatomy of a tooth. Each tooth is made up of a strong outer layer of enamel, beneath the enamel is a layer of dentin, and underlying the dentin is the inner core of a tooth; this is called the pulp chamber. The pulp chamber contains the main nerve and blood supply of the tooth to keep it alive. Microscopic tubules travel through the dentin and relay the message of sensitivity to the pulp; this occurs when the dentin becomes exposed and comes in contact with external influences.



The tooth's root is enclosed by bone which is then coated by gum tissue. The dentin of the root is protected by the gums and bone, just as the dentin in the crown of the tooth is protected by enamel. Sensitivity occurs if the gums become detached from the tooth and the dentin is exposed.

There are many types of sensitivity, the most common include: touch, temperature, sweet or acidic foods, or sensitivity simply from breathing, allowing air to make contact with the tooth. Numerous factors can cause the dentin to be exposed which can allow tooth sensitivity to occur, some reasons being:

- Aggressive brushing, using hard or medium bristled toothbrush or abrasive toothpaste wearing away enamel and causing gum recession.
- Periodontitis (gum disease) can contribute, exposing the roots of the tooth. The seal between healthy gums, teeth, and underlying bone offers protection by keeping highly sensitive root surfaces covered.
- Extremes in temperature cause teeth to expand and contract, over time your teeth can develop microscopic cracks that allow these sensations to seep into the nerves.
- Irregular wear, often from stress - like clenching or grinding, nail biting and chewing on hard objects.
- Diet also plays a role - consuming acidic foods and drinks, such as citrus and carbonated (including diet) drinks can dissolve enamel over time.
- Temporary sensitivity from scaling and polishing during routine hygiene, whitening, and treatments done to teeth or gums; i.e. fillings, crown work or gum surgery. The pulp inside the tooth can become slightly inflamed and requires time to mend. Rest assured this is normal and should pass.

When treating sensitivity, the goal is to seal the microscopic tubules to prevent irritation to the nerve. You may achieve results by using toothpastes containing potassium nitrate, such as Sensodyne, fluoride specific toothpaste, or professional products from your dentist or dental hygienist. I invite your comments and questions at stephanie@danieldanieldentistry.com, and if sensitivity occurs see your dentist or dental hygienist to discuss the concern.

Stephanie MacDonnell, RDH

Greetings!

For those I have yet to meet, I'm Susan, your Registered Dental Assistant! As we begin an exciting fall season, I would like to share with you my recent Invisalign adventure. What began as a new experience for me in orthodontics, resulted in a positive event that I would recommend to anyone considering straightening their teeth and improving their smile.

As a dental assistant, I have always been highly committed to helping others enhance the look and health of their smile; therefore, it is important that I share my experiences both working at and being a client of Daniel Daniel Dentistry. When the opportunity presented itself for me to become an Invisalign client, I had absolutely no hesitations. For those who may not be familiar with this orthodontic treatment, it is without a doubt the easiest way to straighten your teeth while ensuring minimal effect on your daily activities.

In July 2005, I embarked on my Invisalign journey, and was surprised at how highly adaptable and non-intrusive it was from the beginning, without any metal wires or food restrictions! More importantly, I was amazed at how undetectable they appeared to others.

Throughout my treatment period, I wore a clear removable aligner on a continual basis, removing only when eating, drinking certain liquids, brushing and flossing. It is of the utmost importance to maintain good oral health during this entire process. At regular intervals, I received a new set of custom-molded aligners to facilitate the necessary movement of my teeth. At the end of the 12 month period, my teeth were finally the way I wanted them to be - straight! Since that time, I have been wearing a temporary removable retainer to ensure stability.

I can hardly believe it has been over a year and I am so proud to represent such amazing results from Invisalign! I welcome any questions or comments that you may have by e-mail - susan@danieldanieldentistry.com, and look forward to sharing with you further details of my experience. Hope to see you soon!

Susan Gilbert, RDA

Return Undeliverable Canadian Addresses to:

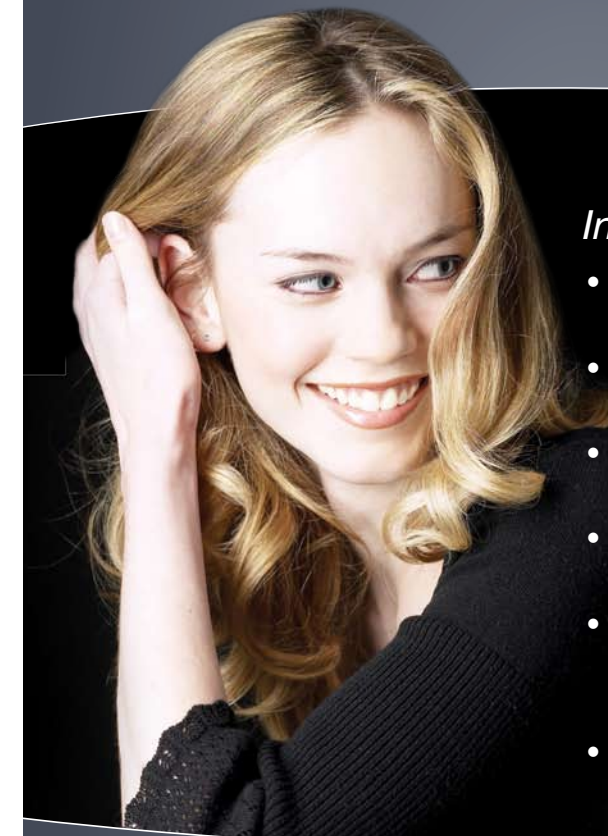
Daniel Daniel Dentistry
Suite B210, 5855 Spring Garden Rd
Halifax, NS B3H 4S2
Phone: (902) 404-3369
Toll Free: 1-866-668-8999
Email: smile@danieldanieldentistry.com



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DENTISTRY

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In this issue...

- Dr. Daniel Discusses Tooth Decay
- Wisdom Teeth with Dr. Murty
- Stephanie talks Tooth Sensitivity
- Susan's Invisalign Adventure
- The Smile File, our recent additions to the Smile Makeover Gallery
- Sunny Getaway Contest

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As Serious as a Heart Attack...

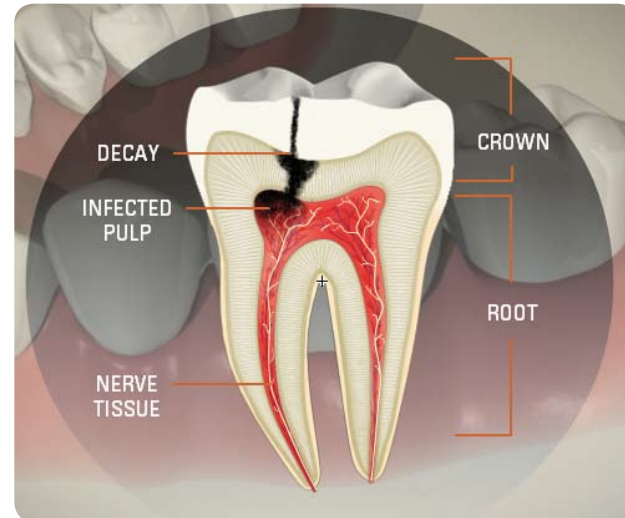
We've all heard this before, and when we do, we take it seriously. But what does it mean in dentistry? Well, think back to that initial consult, that first day when I divided the mouth into 4 categories – the periodontium (gums and bone), structure (cavities, old fillings), occlusion (the bite), and esthetics.

In structure, I assessed each and every tooth "structurally", checking for cavities and teeth weakened from large fillings. When we say the word "cavity", to most people, the thought of a large hole in their tooth comes to mind; this is not always the case. A cavity can range from a small pit on the top of the tooth to a large hole in the side of the tooth. The word cavity shouldn't exist – we're really talking about tooth decay – rotted tooth structure. If you remember your traditional check ups, where the dentist takes the metal instrument and runs it over the teeth, looking for a catch – for it to stick into a part of the tooth which has rotted. If you remove the decayed tooth structure, you leave a hole, or cavity –this is where the term filling originates, because we are filling the hole. So actual cavities (holes in teeth) are few and far in between – we are actually checking for tooth decay. But why? Because tooth decay, left untreated, will result in a root canal – this is where the decay reaches the nerve, as outlined in the photo below.

Tooth decay typically originates from the top of a tooth, from in between the teeth, or around existing fillings and crowns (which do not last forever). All tooth decay, left untreated, will eventually reach the nerve, and require a root canal. Much like people who have had heart attacks, in the days leading up to it there may be little or no symptoms; this is the same as when the decay becomes dangerously close to the nerve. Everything is fine and then one day – bang! (Or should I say, ouch!), the decay reaches the nerve and the tooth starts to ache. At this point, it is past "the point of no return", and the tooth requires a root canal. Following the root canal, the tooth is structurally weakened so a crown is fabricated and placed on the tooth.

When a person has a heart attack, they are never as healthy as they were before – much the same is for a tooth after a root canal. It is now structurally compromised, and its life expectancy may be decreased. So treating tooth decay really is "serious business" - we treat tooth decay to stop our teeth from having heart attacks, so they can continue functioning for us, chewing our food and letting us smile, helping us to lead healthy lifestyles into our golden years.

Daniel D. Daniel, DDS



Smiles are Contagious, Share One With A Friend!

We are still collecting entries for our Sunny Dream Vacation. Each time we receive 2 Smile Consult referrals, or a New Client Consult referral, your name will be entered in a draw to win a 1 week all-inclusive trip for 2 dream vacation! Contest closes December 1/06, draw date December 15/06 – just in time for Christmas!



What Daniel Daniel Dentistry Can Do for You

Our New Client Consultations are designed to provide you with a comprehensive dental assessment. This approach takes into account all aspects of your dental health, ensuring we address all of your unique concerns for a life full of happy, healthy smiles.

A Complimentary Smile Consultation is a no fee appointment where we invite you to meet our team, tour our office, and discuss improvements to your smile!

The Smile File

Check out our latest Smile Makeovers!



Visit 'Reasons to Smile' on our website to see before and after photos for these, and many other, smile transformations.

www.danieldanieldentistry.com

Welcome to Our Fall Newsletter

I hope you had the opportunity to enjoy the festivities of summer and took time to rest, rejuvenate, and relax. This is our second edition of the newsletter and we have many exciting articles to share with you. Our goal is to highlight topics that impact your overall dental health, and in this issue I would like to discuss the importance of wisdom teeth and the symptoms for their removal.

An impacted tooth is one that fails to erupt into the dental arch. The most commonly impacted teeth are the upper and lower wisdom teeth, known as third molars, as they are the last to erupt in our jaws and more likely to be left inadequate space. The average age for the eruption is age 20; however, this varies and they may not come into a final position until age 25. Wisdom teeth become impacted when they fail to rotate to an ideal position upon erupting, or because of limited length and space of the dental arch to allow for the width of the wisdom tooth.

Indications for the Removal of Impacted Wisdom teeth:

- Prevention of Periodontal (Gum and Bone) Disease
- Prevention of Dental Caries (Cavities)
- Prevention of Pericoronitis (infection of the gums around a partially impacted tooth)
- Prevention of Root Resorption (breakdown of the root of an adjacent tooth to the wisdom tooth)
- Prior to Fabrication of a Dental Prosthesis (eg. as in a partial denture)
- Prevention of Cysts and Tumors
- For Orthodontic Reasons

Indications for No Removal of Impacted Wisdom teeth:

- Advanced Age
- Compromised Medical Status
- Anatomical Variations (individual basis)

These are many of the reasons why your dentist may or may not recommend having your wisdom teeth removed. Generally, the younger the age of a candidate for extraction the fewer complications they experience. The ideal time for removal of impacted wisdom teeth is age 16-18. At this time, the roots are not fully formed and the bone surrounding the teeth is less dense. Both factors will make the extraction easier. Removal of wisdom teeth can range in difficulty, to determine the degree, it is best to have a thorough exam followed by a discussion with your dentist to make an informed decision. Please call or ask us during your next visit for more information regarding wisdom teeth. If you would like further details to the contents of this article, please e-mail me at sathya@danieldanieldentistry.com. Until our next newsletter, take care of your oral health and keep smiling...

Smiling always,

Sathya Murty, DDS.

We are here to help you smile, so please let us know how to make your experience with Daniel Daniel Dentistry the best it can be! Send your thoughts about the office or the newsletter to: feedback@danieldanieldentistry.com