know your teeth

When you’re talking to dental professionals it is useful to know the identity of individual teeth.

Know Your Teeth

Orthodontic treatment and orthognathic surgery (align the jaw)

Orthodontic treatment, orthognathic surgery and prostodontal work

Factors that influence the decision are the present & projected alignment of the jaw, the number and position of missing teeth if any and the wishes of the maturing child.

Dental treatment can be expected to be complete anytime from 13 to 18. Final surgeries, if there are any, however are normally timed with ‘growing up’ activities in mind e.g. Leaving Cert Exams!

Treatment of teeth is a technical business, if you come across terms or treatments you don’t understand don’t be afraid to ask for more information.

The combined work of parents, child and cleft team can give excellent results regardless of the way, shape or position that teeth first appear.

Decisions will be made by the team when all the permanent teeth have erupted (age 13+). Treatment from this point may be

➤ Orthodontic treatment only
➤ Orthodontic treatment finishing with prostodontal work

TREATMENT

The professionals involved

You local dentist (& paediatric dentist) will help to maintain healthy teeth. Three other specialists that work closely together are the

➤ Orthodontist
➤ Maxillofacial Surgeon
➤ Prosthodontist

The aim of orthodontic treatment is, where possible, to align all the teeth using braces and open or close any spaces that remain depending on the treatment plan.

Maxillofacial surgery is any surgery required to the upper jaw, face or skull in order to enable the best treatment of teeth and final alignment of the jaw.

Prosthodontics involves replacing any missing tooth/teeth using dentures or implants and generally finishing the appearance of the teeth using veneers or crowns.

Sample Treatment Plan

Presurgical orthopaedics can be done prior to initial surgeries. It involves using braces to close the cleft prior to initial repairs. (It is not commonly used).

Where there is a gap in the alveolus (bone behind the gum) a bone graft can be done taking bone from the hip. The bone, once in place, will enable the tooth bud that lies underneath to erupt. Braces are used in advance of the operation to open up the space (age 9-11). The surgery is carried out when everything is in place (age 11-12). Not all children will require this surgery.

Decisions will be made by the team when all the permanent teeth have erupted (age 13+). Treatment from this point may be

➤ Orthodontic treatment only
➤ Orthodontic treatment finishing with prostodontal work

Factors that influence the decision are the present & projected alignment of the jaw, the number and position of missing teeth if any and the wishes of the maturing child.

Dental treatment can be expected to be complete anytime from 13 to 18. Final surgeries, if there are any, however are normally timed with ‘growing up’ activities in mind e.g. Leaving Cert Exams!

Treatment of teeth is a technical business, if you come across terms or treatments you don’t understand don’t be afraid to ask for more information.

The combined work of parents, child and cleft team can give excellent result regardless of the way, shape or position that teeth 1st appear.

Acknowledgement:
The Association would like to thank the members of the cleft treatment teams and other health professionals for their valuable contributions.

See www.cleft.ie for the full acknowledgement and list of contributors.

Contact Details:
The Cleft Lip and Palate Association of Ireland
C/o 36 Woodlands Ave, Dunlaoghaire, Co. Dublin.
Tel: 087 131 9803
E-mail: info@cleft.ie Web: www.cleft.ie

Leaflets are available by post from the Association or can be downloaded from www.cleft.ie.
Every child with cleft will have a different experience with teeth. For some children, their teeth will not require any special treatment, for most, treatment will at least include wearing braces. For all, good dental health is essential.

**DENTAL HEALTH**

With good care, children born with a cleft lip and/or palate should have healthy teeth. Each child born with a cleft will have specific dental needs. They may have delayed tooth eruption, abnormal tooth alignment, abnormalities of tooth number, structure, shape or size. They will be at risk of developing tooth decay and gum disease. Luckily, tooth decay and gum disease are mostly preventable, and keeping your child’s mouth healthy from the beginning will help them get the best results in the long-term.

**Tooth Decay**

Tooth decay occurs when bacteria in the mouth break down sugar into acid which dissolves the surface of the tooth leading to a cavity over a period of time. Tooth decay can lead to pain and infection which can interfere with sleep, nutrition and behaviour and of course tooth decay can affect your child’s smile.

**Risk Factors for Tooth Decay**

1. Allowing a child to feed from a bottle when asleep.
2. Drinking juice from a bottle or beaker.
3. Frequent ‘treats’ including sweets, juices and fizzy drinks.
4. Poorly formed teeth are harder to clean, and brushing may be difficult because of the anatomy of the cleft.
5. Parents can be afraid of brushing near the cleft.
6. Children may have a lot of appointments to attend, and dental appointments can fall to the bottom of the list.

* Risk particular to children born with a cleft lip and/or palate.

**Food and Drinks**

✓ Milk or water are the only safe drinks for teeth
✓ Restrict sugary foods and sweets to occasional treats
✗ Don’t give your baby or child fizzy drinks or juices
✗ Don’t let your baby sleep with a bottle in his or her mouth
✗ Don’t dip your baby’s soother in honey, sugar or anything sweet

**Hint:** Try finding a fun way to make brushing last as close to 3 mins as possible!

Play a favourite music track or sing a song. Get a grown up to read a particular story. Use an old fashioned glass egg timer to measure brushing time!

**Fissure sealants**

A sealant is a clear or shaded plastic material that is applied to the chewing surfaces (grooves) of the back teeth. This sealant acts as a barrier to food, plaque and acid, thus protecting the decay-prone areas of the teeth.

**Finding a Dentist**

Your child should be seen initially by a dentist on the cleft team. This dentist can then refer your child to your local public dental service. Alternatively you can bring your child to your own family general dentist or a paediatric dentist.

**Going to the Dentist**

✓ Attend dentist by 6 months of age, even if your baby has not got any teeth yet
✓ Attend dentist thereafter at least twice a year
✓ Your dentist can give you advice about how to look after your baby’s teeth, and can provide treatments to help prevent tooth decay, such as fissure varnish and fissure sealants.

**Fluoride**

Fluoride can help reduce tooth decay. Sources of fluoride include:

- Toothpaste – adult toothpaste has been shown to be the most effective
- Professionally-applied fluoride varnish - this is easily placed by your dentist or hygienist
- Water - most public water supplies in the Republic of Ireland contain fluoride. If you belong to a private water scheme or use well water you should consult your dentist on what, if any, additional preventive measures are needed to avoid tooth decay.

**Hint:** Be careful not to pass on any anxiety you may have about visiting the dentist to your child.

**Hint:** Make healthy eating a part of normal life and not something that has to be done especially for or especially because of the child born with cleft.