

SUMMER: Sports, Pool, and FUN = Knocked Out (Avulsed) Teeth

SUMMERTIME!



[Fourth of July](#) is around the corner and kiddos are running around and having FUN! In the Midwest heat, a lot of fun involves water, and therefore, slippery surfaces. Roughhousing, baseball, and being a child, all cause collisions. Teeth inevitably get knocked out or damaged.

[Dentists see many trauma-related tooth injuries](#) this time of year; especially in kids! When a tooth is knocked-out, this is medically called an [“avulsed” tooth](#). A chipped tooth (*photo below*) is something totally different than a tooth that is knocked out; an avulsed tooth is completely out with its *entire root intact*.

“OMG, a kid just knocked out a tooth.”



**REDUCING THE TIME OF THE TOOTH
OUTSIDE OF THE MOUTH is THE #1 KEY
to SUCCESS!**

If your kiddo is under Age 6, likely, an avulsed tooth is a primary/baby tooth and should not be re-implanted. However, any mouth trauma, even in

a kid without permanent teeth, should be evaluated to monitor their permanent tooth transition. *ONLY permanent teeth should be repositioned.*

TEETH 101: HELP! A Tooth Is OUT!

ARE YOU A PARENT / COACH / LIFEGUARD? So...you're around kids...

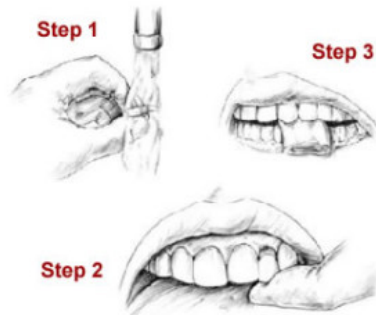
If you encounter an avulsed (knocked-out, with the root) permanent front tooth; follow these simple steps for the best outcome for this kiddo's smile and CALL a dentist:

1. Keep the "patient" calm. It will probably be bleeding, and the kid likely be losing his/her mind. You should be calm. You CAN handle this.
2. Find the tooth and **pick it up by the enamel/crown** (the part of the tooth that shows in the smile) NOT YELLOW LONG PART; which is the conical "root" of the tooth. (see photo directly below right – where the gloved blue hand is touching the tooth)



3. **If the tooth ROOT is dirty, either, place the tooth in the "patient's" mouth; they can spit out any blood and dirt while keeping the tooth in the mouth, if it's not a choking hazard, OR wash it BRIEFLY (less than 10 seconds) under cold running water. You should be mentally ready to re-position the tooth in**

the socket **IMMEDIATELY**, as close to the smile line of the mirror/neighboring teeth as possible.



4. **REINSERT THE TOOTH.** Make sure the correct side of the tooth is facing out. No need to push hard. Likely bloody bubbles will come out as it squishes into place.
5. **HAVE THE "PATIENT" BITE ON A RAG OR CLOTH.** It will be tender and starting to swell. This is may be a painful, but its an **EXTREMELY** important step!
6. **IF YOU CAN'T/DON'T FEEL COMFORTABLE TO REINSERT THE TOOTH,** place the tooth in one of three places:

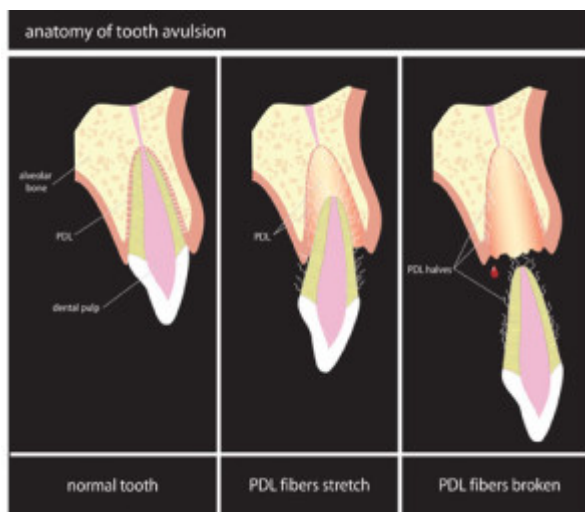
- [Hank's Balanced Solution](#) (seen right, available in many



First Aid kits)

- In the side of the cheek of the "patient," sandwiched between their lower teeth and cheek, if it's not a choking risk.
- In MILK
- **DO NOT STORE THE TOOTH IN WATER** – a teaspoon of salt in a cup of bottled water in a clean container can work in a pinch.

SEEK EMERGENCY DENTAL TREATMENT IMMEDIATELY. Time is of the essence.



After dental intervention and implantation – there are many different outcomes; which may include immediate splinting (think: bonded retainer to hold it in place), [root canal therapy](#), or unfortunately, complete loss. **Cross your fingers for a complete recovery!** Later in tooth-life,

the tooth may die, [ankylose](#) (get stuck in the bone), change colors, or need a root canal or crown.

There's a hopeful chance that the tooth will be okay, IF given prompt and proper treatment. Prognosis is always unknown, but following these steps will give the patient/tooth a hopeful outcome!

EXCEPTIONS:

- Of course, if the "patient" experiences bleeding that can't be controlled after five (5) minutes, dizziness, loss of consciousness, or intense pain; call 911 or go directly to the Emergency Room (ER).



Chipped tooth

If there is only a tooth "crown" broken at the gum-line or the tooth is chipped, and the root is still in the bone; it will not magically glue back together. Call a

dentist.

- The maxilla (upper jaw bone) is fractured. Go to the ER immediately.
- The root is in pieces/split in half.
- It's a primary "baby" tooth: Re-implantation could cause the primary/baby tooth to ankylose, aka, be stuck; and cause many more problems later when the permanent teeth are ready to erupt (think: expensive braces/orthodontic bills!). Consult your General/Pediatric Dentist; but **usually these are just lost teeth.** Your toddler will have that adorable gap for several years of Holiday Cards!

If you encounter a dental emergency like this, call your regular dentist. [If you don't have a regular dentist, feel free to give us a call at \(913\) 788-7600.](#)



Kelly
McCracken, DDS

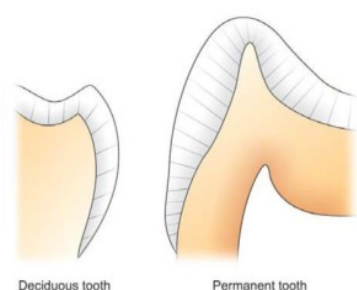
If you want to get to know our office, request to [schedule an appointment](#) online! Consultations are always complimentary, and as a small business in Kansas City, we appreciate the referrals and strive to deliver our mission of, "QUALITY, HONESTY, and EDUCATION" in a comfortable and fun environment for your family.

We'd love to have you as part of OUR dental family! [8915 State Ave., Kansas City, KS 66112.](#) (913) 788-7600

***This post was for educational purposes and tips – not a diagnosis or recommendation(s) for treatment; if you, or someone you care for, has suffered a trauma as described above, seek immediate dental attention; and if your dentist or our office is not available, don't hesitate to contact your primary care doctor or go to the ER.*

Cavities, Cooties, and Colds...Only ONE is Not Spread.

February is Children's Dental Health month! Often, as a dentist, we hear, "The cavities are only on baby teeth, they will fall out." This is true, but the impact of these "baby" or primary teeth have an impact on your child's current well-being and future orthodontic (braces!!) treatment. Baby (primary) teeth are "placeholders" for your child's adult teeth. When a primary tooth is lost before it's natural time, it affects the alignment of the child's adult/permanent teeth.



Deciduous tooth

Permanent tooth

KIDDO TEETH ARE FRAGILE!

The enamel, or outer shell of a tooth (think of it like the nail on your finger), that protects the softer inner layer (dentin) and nerve/pulp of a tooth from acids and sugars, is MUCH thinner in primary (also called baby or deciduous) teeth than it is in an adult tooth. A primary tooth can develop a

cavity in only six months where a permanent adult tooth can take up to 18 months to develop a “smooth surface” treatable cavity.

PREVENTION IS CHEAPER THAN REPAIR

Prevention, by definition, means stopping an anticipated problem before it starts. **A child should be seen at the dental office by their FIRST birthday!** You are probably saying, “Why – they hardly have any teeth!”. This is PREVENTION and it’s for many reasons:

- Parents benefit from “Oral Health Education” including; dietary counseling, hands-on training in teeth cleaning, risk assessment for decay/cavities, and fluoride recommendations based on individual age and needs.
- The “Age One” visit may give the parent insight into potential problems and an appropriate schedule for visits can be advised by your dental professional.

WHAT CAUSES CAVITIES?



In infants, a specific pattern of decay, [known as “Baby Bottle Decay”](#) (BBD) was characterized by decay associated with a night-time bottle that contained ANYTHING except water. Juices have fructose sugars, milk has lactose sugars, and sugar sweeteners in Kool-Aid and soda create a feeding ground for bacteria.

The more modern term is “Early Childhood Caries” (ECC) and it includes age groups beyond infancy to reflect a larger age group where the root cause is usually; a “sippy-cup,” at-will breastfeeding throughout the night, pacifiers with sweeteners, and teething-soothing liquids used with much regularity.

Bacteria found in the oral cavity feeds on these sugars creating acids that degrade the already fragile enamel of children's teeth. This typically looks like brown spots on the outsides of front teeth and then progresses to the back of the mouth. However, it can occur in any tooth. If a parent observes brown spots on a child's tooth/teeth, consult a dental professional immediately.

CAVITIES CAN BE SPREAD TO YOUR BABY!

The bacteria, streptococcal mutans (SM), is not present in the mouth of a newborn. [Studies indicate](#) that SM is introduced from a parent or caregiver through kissing, masticated (chewed) food, or other oral contact.

HOW DO I GET OFF THE "CAVITY CAROUSEL"?

We all know you cannot help but kiss your baby. (Let's get serious – those cheeks! those lips!) Bacteria that produces cavities will be introduced to your child at some point in his or her life. So, here are some tips to promote oral health:

- **Start "cleaning" your infant's gums with a warm washcloth daily, before teeth even erupt!** This will get your infant used to oral cleaning and will help when



teething begins.

- **Complete an “Age One” visit.** You can see your General Dentist or choose to see a specialist who is deemed a Board Certified “Pediatric Dentist.”
- [Practice 2:2x1](#) = **Two minutes, twice per day brushing.** (You should floss while your kiddo brushes!) You should floss your child’s teeth as soon as two neighboring teeth touch.
- **A child should NOT be brushing their teeth UNSUPERVISED until SEVEN years old. SEVEN.**
 - A parent should brush their child’s teeth once per day, preferably at bedtime.
 - Give the child “ownership” of brushing in the morning, depending on age and responsibility level.
 - Ages 3-6: a grain of rice smear of fluoride toothpaste; 6+ years old; a pea-sized amount.
- Natural sugars (raisins, fruit snacks) and carbohydrates (cereals, crackers, granola) are sticky and bacteria can easily interact over periods of time. **Limit FREQUENCY of snacks.** This reduces the sugar introductions.
- **Saliva is a natural healer!** Reducing the frequency of feedings/snacks increases salivary healing – it takes time! Hourly snacking will not allow the mouth to defend against the sugars.

There are many resources also available on the [American Dental Association](#)’s website.

MY 2 ½ YEAR OLD HASN’T SEEN THE DENTIST...

No matter how old, you aren’t too old for a first visit. Don’t sweat it! The [AAPD](#) just changed the “rules” recently! Call or [Request and Appointment](#)!

Your dentist should be willing to give your kiddo a “ride” in the chair and show what may be seen or felt in an

appointment. Just because your child's first (or second, or third) appointment is a total melt-down; you are introducing your child to a lifetime of good oral health. Don't be embarrassed if your kiddo loses it. (It happens even when you've been practicing at home!) And if your general dentist refers your child to a specialist; it's not a failure on your part. Taking care of your infant's teeth guarantees when the "threenager" time hits, you will know that they can take care of their teeth when they are really a teen.

Dentists, Antibiotics, and getting ripped off at the Pharmacy.

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“Dentists prescribe about 10 percent of all antibiotics, making them the fourth largest prescriber.”

According to the [American Dental Association](#).

As a prescriber, I was shocked when I needed my own prescription filled (I took it to CVS – big mistake). I have prescription drug coverage, or so I thought. It hardly covered 25% of the cost! So what's the deal?



As a dentist, we prescribe:

- antibiotics for things like; tooth pain from needing a [root canal](#), [periodontal disease](#), or even for a sinus infection that is causing upper tooth pain
- pain medication – post-operative pain relief or pain from a cracked/dying tooth
- Oral mouth rinses for periodontal disease, etc.

To help you be better prepared to take your prescription to the pharmacist, here's the list and check out the [full article](#) from [Consumer Reports](#).

1. ***Skip chain drugstores.*** *For all five drugs we priced, the big pharmacy chains consistently charged the most. Among all of the walk-in stores, Costco offered the lowest prices. You don't need to be a member to use its pharmacy, though joining can net you more discounts.*

2. **Support independents.** Though you might think that mom and pop stores usually charge higher prices, we found that wasn't always the case. In fact, we found some real bargains at local independent pharmacies, as well as some higher prices. We also found wide fluctuations at supermarkets, another place you might not expect to save. Another advantage of independent drugstores: We often had luck asking for a lower price, where pharmacists might have more flexibility to match or beat competitor's prices.
3. **Don't always use your health insurance.** Many chain and big-box stores offer hundreds of common generics at prices as low as \$4 for a 30-day supply and \$10 for a 90-day supply for people who pay out of pocket. Sam's Club even fills some prescriptions free for members. Check the fine print: There may be a small fee to sign up, and not all discount programs are open to people with Medicare, Medicaid, or Tricare insurance. And keep in mind that when you bypass your insurance, money spent on your medication won't count toward your deductible or out-of-pocket maximums.
4. **Always ask "Is this your lowest price?"** Victor Curtis of Costco told us that its contracts for Medicare Part D plans prohibit pharmacists from offering a better cash price to a customer unless a customer asks. And Rite Aid told us that their pharmacists process prescriptions through insurance unless customers tell them to do otherwise. Usually we found that asking can prompt the person on the phone to dig a bit for any available discount programs, cards, and coupons. Check back often, because prices and offers may change. And never assume that one pharmacy's "discounted" price is lower than another's regular price.

5. **Seek a 90-day prescription.** For drugs you take long term, it can be more convenient and even cheaper. For example, if you use insurance, you'll pay one co-pay rather than three. And for discount generic drug programs, paying \$10 for a 90-day supply works out to less than \$4 every 30 days.

6. **Look online.** If you're paying out of pocket, check [GoodRx.com](https://www.goodrx.com) to learn its "fair price" and use that to negotiate if a pharmacist quotes you a higher price. You can also fill a prescription with an online pharmacy. The one we shopped, [HealthWarehouse.com](https://www.healthwarehouse.com), had the lowest prices overall. Just be careful about the one you choose. Only use an online retailer that clearly operates within the U.S. and displays the "VIPPS" symbol to show that it's a Verified Internet Pharmacy Practice Site. Most sites that bill themselves as "Canadian" are actually fake storefronts selling low-quality or counterfeit products. Internet pharmacies based in other countries that advertise heavily discounted medications are almost never legitimate, according to the National Association of Boards of Pharmacy (NABP), a nonprofit organization that accredits pharmacy websites. Once you've verified that a retailer is legit, read terms carefully. For example, [HealthWarehouse.com](https://www.healthwarehouse.com) ships to all 50 states; others may not. And you'll have to wait for shipping.

As an example of how you can research online, attached is the [Sam's Club Drug List](#).

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HSA, FSA, HRA comparison and uses

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Flexible Spending • Health Savings Account • Health Reimbursement Account

What do HSA, HRA, and FSA mean?

HSA: Health Savings Account

HRA: Health Reimbursement Arrangement

FSA: Flexible Spending Account

Account Features	HSA	HRA	FSA
You can use it to pay your deductibles or copays.	■	■	■
You can use the money in the account before it's fully funded.			■
You own the account.	■		
Your employer owns the account.		■	■
Money put into the account that's already been taxed (for example, money that was a gift) is tax deductible.	■	■	
It's deposited as an untaxed payroll deduction.	■		■
You can invest the money.	■		
It comes with a debit card.	■	■	■

How can I use my \$\$\$ at the Dental Office?

You are free to use your debit card on any co-pays, treatment, and patient portion payments. We have met resistance in using your card for electric toothbrushes, whitening or other cosmetic procedures.

Check the rules with the IRS [HERE](#) for each type of account and [call us](#) to make your appointment to utilize your benefits!

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Congratulations! Wyandotte County Health Fair Drawing WINNER!

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WINNER!!

Congratulations to [Helen Spearman](#) for winning the [Wyandotte County Health Fair Drawing!](#) You have won an [Oral B 5000 toothbrush](#) kit! Remember, we are **["in-network" with Delta Dental](#)** which provides you many more discounts than an out-of-network provider!

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Thank you to everyone for entering our drawing!

Remember, we're here when you need a locally-owned, caring
[Kansas City, KS](#) dentist!

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Composite Bonding

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Dental bonding is a cosmetic or restorative adhesive procedure performed by a [cosmetic dentist](#) that rebuilds, reshapes, and/or covers tooth defects using tooth-colored materials, sometimes referred to “white fillings” or composite resins.

A chipped tooth is a very common [dental emergency](#), especially when one or more of your upper front teeth are involved! Luckily, with modern dentistry, this can be fixed in about an hour.

Other common uses of dental bonding are:

- **Fill in gaps between teeth**

- Reshape or recontour teeth
- Build-up adult teeth that are congenitally small, this is typical in “peg laterals” or microdontia
- Cover brown spots or white spots from braces or fluorosis
- Restore a cavity

There are many factors that go into a superior result! A keen eye by the dentist to select the correct color of composite, the attention to detail in shaping and manipulating the composite for a natural appearance, and commitment to quality in using color modifiers, polishing discs and creating beauty in symmetry is always used in bonding procedures by [Dr. Kelly](#).

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ADVANTAGES

- Little or NO anesthetic is needed
- The tooth is not damaged, simply roughened to help with retention
- Can be completed in a single visit
- Is relatively inexpensive and may be covered partially by insurance
- Improved self-confidence in a beautiful smile!

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DISADVANTAGES

- Easily stained or chipped because of the plastic resin
- Typically cannot retain bonding when more than 1/3 of the tooth is missing
- Not as strong as a porcelain crown or [veneer](#)
- Cannot be whitened
- Will need to be replaced every few years depending on home care

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Having inherited small lateral teeth, my two front teeth looked large and “bucked” compared to my pegs. Dr. Kelly closed the gaps and reshaped the teeth so they are proportional to my front teeth.

**I can’t believe I waited this long to have this done!
I love my full smile without the dark gaps!**

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5 Reasons to Maximize 2015 Dental Insurance & Benefits

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This year is quickly coming to a close...NOW is the time to review any remaining benefits available on your dental insurance plan for 2015. Most insurance plans have an annual maximum benefit available. If you do not use this maximum amount, the remaining balance is lost at the end of the year. It does NOT roll over to the next year.

We are "in-network" with many major dental insurance plans meaning nearly a 30% discount and hassle-free claim filing.

Major in-network providers include: [Delta Dental](#), [Blue Cross](#)

[Blue Shield](#), [Humana](#), [MetLife](#), [Guardian](#), [Aetna](#), [Assurant](#), [GEHA](#), [Dentemax](#) among **many** others.

[Call Gina](#) today to help you figure out what you have left and how to make it work for you!

Five Reasons to Use Your Dental Insurance Before the End of the Year

Did you know that you could actually save hundreds of dollars by using your dental benefits before the end of the year? While some dental insurance plans run on a fiscal year, most run on a calendar year. If your dental insurance plan is on a calendar year, these five reasons will show you why you should make a dental appointment now.

1. Yearly Maximum The yearly maximum is the most money that the dental insurance plan will pay for your dental work within one full year. This amount varies by insurance company, but the average is around \$1,500 per year, per person. The yearly maximum usually renews every year (on January 1 if your plan is on a calendar year). If you have unused benefits, ***these will not rollover.***

2. Deductible The deductible is the amount of money that you must pay to your dentist out of pocket before your insurance company will pay for any services. This fee varies from one plan to another and could be higher if you choose an out-of-network dentist. However, the average deductible for a dental insurance plan is usually around \$50 per year. Your deductible also starts again when your plan rolls over.

3. Premiums If you are paying your dental insurance premiums every month, you should be using your benefits. Even if you don't need any dental treatment, you should always have your regular dental cleanings to help prevent and detect any early

signs of cavities, gum disease, oral cancer and other dental problems.

4. Fee Increases Another reason to use your benefits before the end of the year are possible fee increases. Some dentists raise their rates at the beginning of the year due to the increased cost of living, materials and equipment. A fee increase can also make your copay higher.

5. Dental Problems Can Worsen By delaying dental treatment, you are risking more extensive and expensive treatment down the road. What may be a simple cavity now, could turn into a [root canal](#) later. Call your dentist and schedule an appointment to use those benefits.

Taking care of needed treatment today can alleviate emergency dental visits, prevent missed time from work and school, and prevent dental problems from developing into more costly dental procedures. In many cases, we can assist you in utilizing your maximum benefits for 2015. Early planning will allow you to maximize your dental insurance coverage.

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