

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...

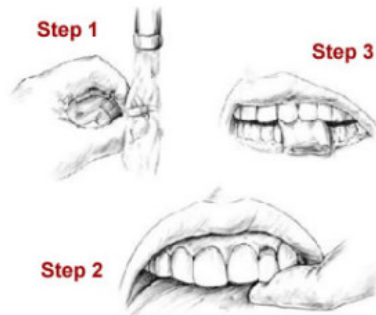
If you encounter an avulsed (knocked-out, with the root) permanent front tooth; follow these simple steps for the best outcome for this kiddo's smile and CALL a dentist:

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:

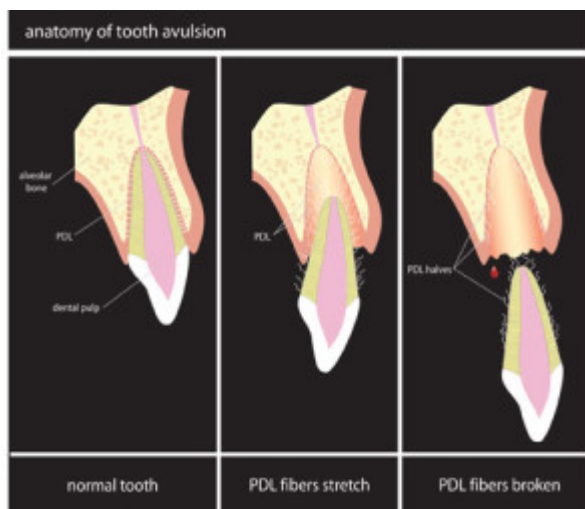
- [Hank's Balanced Solution](#) (seen right, available in many



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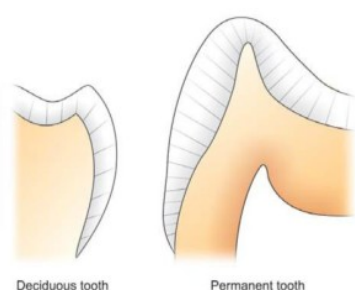
If you want to get to know our office, request to [schedule an appointment](#) online! Consultations are always complimentary, and as a small business in Kansas City, we appreciate the referrals and strive to deliver our mission of, "QUALITY, HONESTY, and EDUCATION" in a comfortable and fun environment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