

DIAGNOSIS

Impacted teeth are usually diagnosed early on by your family or pediatric dentist, or even by an orthodontist. If noticed early enough, baby teeth can be removed which may be preventing the permanent tooth from erupting, or the orthodontist can spread adjacent teeth to allow the impacted tooth to drop down on its own. Determining the location of the impacted tooth is very important in achieving the least invasive means of exposure. Two main types of X-rays are available for this: CT Scan or Periapical film:

A CT scan can provide precise information on the three-dimensional location of a tooth. This special machine is usually found outside of a dental clinic. CT scans are useful in more complicated impactions where adjacent tooth roots are in jeopardy of damage. For the majority of cases, however, simple and inexpensive Periapical films in a dental office taken at slightly different angles will suffice.

Of special note: For adult patients with teeth impacted for decades, it is not uncommon for teeth to be ankylosed (or 'stuck' to the bone). This means the tooth may move significantly more slowly, or may not move orthodontically at all. Therefore, bridges or implants may be a better long term option if the impacted tooth can be easily removed.

BENEFITS OF TREATMENT

- Bring tooth into correct position.
- Improve esthetics.
- Improve chewing function.
- Avoid implants.

RISKS OF TREATMENT

- Temporary Bleeding, Swelling, Bruising, Infection and/or Pain.
- Possible Permanent Numbness in the roof of the mouth if the tooth is located palatally. This does not significantly affect speech, taste or function.

TOOTH IMPACTION: CAUSES AND EFFECTS

Teeth may remain impacted in the mouth for several reasons, the most common of which is genetics. The teeth most likely to be impacted in order of occurrence are lower third molars (wisdom teeth), followed by upper canines ('I' teeth). Besides the esthetic problem when a tooth is not present, there are form and functional issues as well. The lack of normal eruption of teeth leads to deformities in the jaw bone, and poor eruption position of the adjacent teeth. This can lead to significant bite discrepancies or jaw joint problems.

When a tooth is not erupting in the expected time frame, a decision needs to be made if the tooth can be utilized or not. Sometimes it is apparent quite early in development that the position of the developing tooth is so far from its normal eruption path, that it is not worth the time or the effort, particularly due to significant risk to adjacent teeth, to attempt to uncover and move the tooth into an appropriate site in the arch. If a tooth can be uncovered and moved into the correct position, then orthodontics is involved to help achieve the desired goal. In the meantime, the way in which the tooth is uncovered becomes important in attempting to achieve the best long term esthetic and hygienic outcomes.

This brochure will review the currently most accepted methods for uncovering teeth which maintain the integrity of the surrounding tissues and provides a foundation for the best long term prognosis.

WHAT IF I DO NOTHING

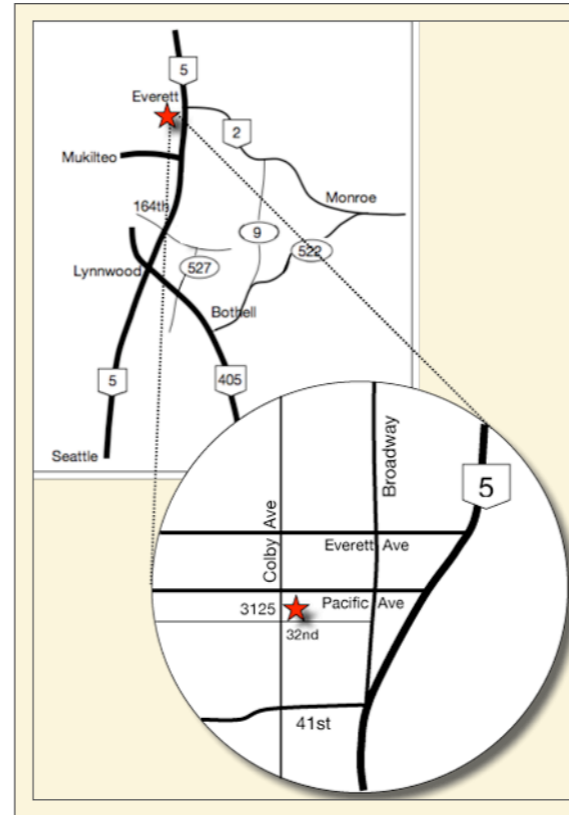
You may experience damage to adjacent tooth roots if the submerged tooth keeps moving, shifting teeth, lack of chewing function, or unesthetic tooth positions.

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All patients were treated by Dr. Pamela Nicoara unless otherwise specified.

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PATIENT PAGES

A SURGICAL PERIODONTAL
BROCHURE FOR PATIENTS

BY DR. PAMELA NICOARA

Tooth Uncovering



Surgical Considerations

DAY OF SURGERY

- Expect about 1 hr for surgery for 1 tooth (more time needed for more teeth).
- Photos of the gums only will be taken before and after to record initial appearance and outcomes.
- Local anesthetic ('Novocaine' to numb the area).
- Sedation if desired (must be organized prior to the day of surgery) in 2 forms below. You will need a driver to bring you and take you home who can speak and read English and sign the informed consent for you. You may not drive, take a taxi or bus, or leave alone.
 1. Halcion: Anti-anxiety Tablet with sleepiness and amnesia as side effects. or
 2. General Sedation: with an anesthesiologist to 'knock you out'.
- Don't wear any make up.
- Eat a light breakfast, but not if sedated (see forms).
- Bring small earbud headphones /iPod if you want.
- No work or exercise the rest of that day, and possibly for the day or two after especially if tissue is taken from the palate and your job is highly physical (i.e.: FedEx delivery person) or requires a lot of talking (i.e.: receptionist)

PATIENT RESPONSIBILITIES

Follow all instructions provided: take medications (antibiotics and/or pain killers) on time, use the mouth rinse, do NOT touch or eat on the areas treated, rest.

I have read this brochure and understand what may be involved in my treatment. I will have the opportunity to ask questions prior to my surgery.

Patient Signature

Date

Types of Tooth Uncovering

GENERAL CONSIDERATIONS

The most common type of tooth uncovering is the upper canine. The tooth may be located towards the lip (33%) or towards the roof of the mouth (66%). There are several options for exposing teeth depending on where they are located. Choosing the correct method of exposure greatly reduces the need for future gum grafting after orthodontic treatment is complete.

CENTRALLY LOCATED TEETH

Teeth that are located in the center of the jaw bone are usually very easily exposed. Whether a lower premolar or upper central incisor, a small incision in the gum will usually suffice to encourage the remainder of the eruption of the tooth, as with Case 1 below.



In other cases, if the tooth is rotated and orthodontics is already in progress, glueing an eyelet or chain to the tooth allows greater control in ideal final positioning of the tooth (see adjacent).



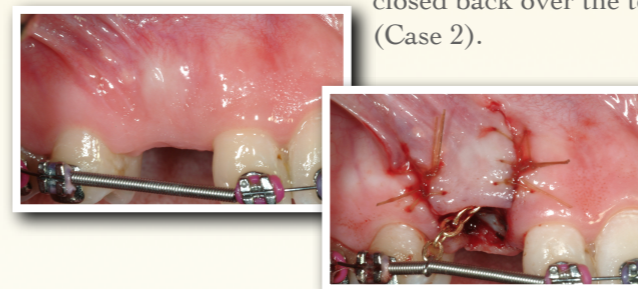
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CANINES LOCATED FACIALLY

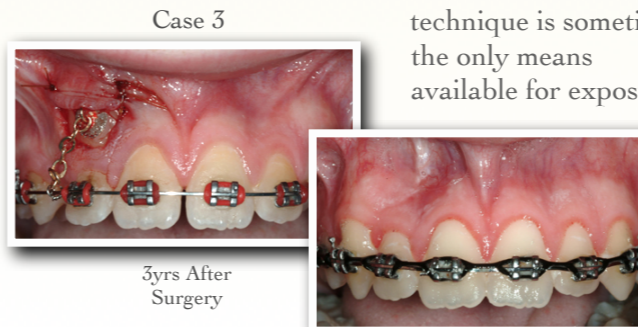
There are several different ways to expose these types of teeth, and the method used depends on the location of the tooth relative to the gum, and how deep it is in the bone (how much bone needs to be removed).

If the tooth is not very deep, and there is enough firm gum around it, a simple punch technique may be used to allow glueing of a chain to the tooth. If there is not very much firm gum around the tooth, or the tooth is moderately deep in the bone, then a closed flap procedure is recommended. This allows temporary exposure of the tooth for the surgeon to glue a chain to

the tooth, then the flap is closed back over the tooth (Case 2).



Finally, if there is very little firm gum and the tooth is very high above the teeth, an apically positioned flap is ideal (Case 3). In this case, the firm gum near the necks of the adjacent teeth is moved above the newly exposed tooth. Despite an increased risk of recession and re-intrusion, this technique is sometimes the only means available for exposure.



PALATALLY IMPACTED

Canines located towards the roof of the mouth occur in about 2% of the population. They are best treated by exposure which allows time for auto-eruption prior to using orthodontic force to move the tooth into position. This method greatly reduces the potential damage to adjacent tooth roots by allowing the tooth to find its own path of least resistance into the mouth, rather than being mistakenly guided across adjacent tooth roots, which could lead to root resorption, bone loss, loose teeth, and long term gum and esthetic defects not only on the impacted tooth, but also on the adjacent teeth. This procedure is often performed before braces are placed, which shortens the total time in orthodontic brackets.

It is important that the exposed tooth remain exposed in order to facilitate proper auto-eruption. After a flap of gum is reflected, any bone covering the crown of the tooth is removed. An eyelet is glued to the tooth (Case 4), and a hole punched through the flap over the tooth so that a barrier material which acts as a bandaide can be mechanically held onto the eyelet to prevent overgrowth of the gum back over the tooth. After about 2 months, the barrier dressing is removed as sufficient tooth structure is now above the gum. After 4-9 months, the tooth is erupted enough to allow the orthodontist to move the tooth into position.

