

About Sight and Smile Centre

Sight and Smile Centre is a state-of-the-art eye and dental care facility established in 2008 in the heart of the Indian capital, New Delhi with the aim of providing world-class healthcare services at affordable costs to all sections of society. Located in Central Delhi, 100 metres from the Patel Nagar Metro station (on the blue line of the Delhi Metro transit system), the facility is also easily approachable by road. Vehicle parking facility is available. Spread over an area of 7200 sq ft, the centre is fully air-conditioned and has an elevator facility for patient convenience. It complies with all fire safety regulations. The comforting ambience, the warm atmosphere and cleanliness make it stand apart. Medical records of patients are maintained for future reference. The facility prides itself in having a fully-equipped ultra-modern eye operation theatre, which is one of the largest in the city. The centre is registered with the Directorate of Health, Govt. of NCT of Delhi and functions from 9 am to 9 pm (Monday - Saturday). Emergency services can be availed round-the-clock. Dr. Pankaj Malik heads the eye department while Dr. Jyoti Malik heads the dental department. It is our constant endeavour to provide such preventive and restorative services to patients that they have the best of sight and smile.



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PAEDIATRIC DENTISTRY

Healthy smiles at an early age



Comprehensive dentistry
for
Infants,
Toddlers
& Teens

Patient Information Brochure *Not valid for legal purposes

About paediatric dentistry

Paediatric dentistry is the branch of dentistry that deals with dental problems in children from birth through adolescence (teenage).

Incidence of dental problems in children is on the rise. Children need to be taught from early childhood on how to maintain dental health with special emphasis on preventing tooth decay. Poor oral health can lead to decreased academic performance and poor social relationships.

The deciduous (milk) and permanent teeth

Babies are born with 20 milk teeth, all of which are hidden within the jaw at birth. Around the age of 6 months, milk teeth begin to erupt, starting usually with the lower front pair. Rest of the milk teeth usually erupt by the age of 3 years.

After the age of 6 years, milk teeth start shedding off one by one and are replaced by permanent teeth. 8 permanent teeth erupt directly, taking the total number of teeth to 28. Wisdom teeth, 4 in number, are the last permanent teeth to erupt, usually at 18-20 years of age. This takes the total dentition to 32 teeth. Some people never develop wisdom teeth.

Importance of milk teeth

Everyone has heard people saying "Well, the child still has milk teeth. We need not worry about them as the permanent ones will come in due course. We will take care when they erupt". This misplaced notion borne out of ignorance is the root cause of a whole host of dental problems affecting children.

Milk teeth, although ultimately shed off, need to be cared for because:

- they are responsible for proper chewing in early childhood.
- their health is crucial for normal eruption and function of permanent teeth. They serve as "natural" space maintainers for proper spacing and alignment of future permanent teeth.
- they play an important role in speech development.
- they are important for self-confidence. Children with unhealthy milk teeth may develop psychological problems as a result of teasing by peers.

Dental examination protocol

◆ First visit

Schedule:

After the eruption of the first tooth but no longer than 6 months following its eruption and certainly before the first birthday.

Significance:

- Look for problems in teeth and jaw development, if any.
- Educate the parents about oral hygiene and disease prevention.
- Make parents aware of the role of teeth in speech development.

◆ Subsequent visit

Schedule:

3 months to yearly.

Significance:

- Look for the number of teeth and whether all the teeth are present.
- Assess the health of the gums.
- Look for “baby bottle tooth decay” in particular.
- Look for the presence of dental caries.
- Assessment of loose teeth, if any.
- Evaluation of habits like thumb sucking, mouth breathing and tongue thrusting.
- Evaluation of bite / straightness of teeth.
- Evaluation for braces, if necessary.
- Diet reviews with parents.

Baby bottle tooth decay

This condition is caused by continued exposure of a baby’s teeth to liquid (milk / juice) containing sugars or pacifier containing honey. It occurs when the baby falls asleep with a bottle or pacifier in the mouth for prolonged periods.

Bacteria in the mouth act on the sugars, releasing acids which cause tooth decay. **Brown spots along the baby’s gum line should raise an alert.** If the child prefers soft foods and cries after having cold or hard food, tooth decay should be checked for.



Pacifier



Milk bottle

Common dental procedures in children

◆ Fluoride applications.

Fluoride applications can prevent and limit the spread of tooth decay by making teeth more resistant to acid attacks. Now-a-days, most toothpastes are fluoride-containing, from which people get their daily requirement of fluoride. In early stages of tooth decay, fluoride varnishes / gels / foam may be applied at regular intervals to strengthen the tooth structure. Fluoride foam is filled in custom-made trays and is applied easily and quickly.



Trays filled with fluoride foam

◆ Pit and fissure seals.

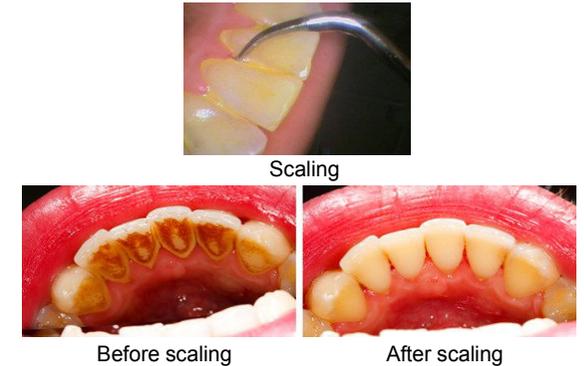
The chewing surfaces of teeth are never smooth and have depressions called pits and fissures. These depressions trap food and bacteria and are the hot-spots for tooth decay (dental caries). Pit and fissure sealants block these vulnerable depressions and can prevent caries from developing.

◆ Fluoride fillings.

Fluoride-rich GIC fillings are used for filling and correction of dental caries in milk and permanent teeth.

◆ Scaling and polishing of teeth.

Scaling and polishing of teeth is done to prevent and treat gum disease. The procedure is the same as followed in adults.



Scaling

Before scaling

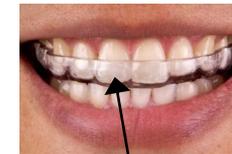
After scaling

Root Canal Treatment (RCT) in milk teeth

RCT is done when infection, either because of tooth decay or injury reaches the roots of the tooth. **Saving the milk tooth is important as infection can damage the tooth root and cause problems in eruption of the permanent tooth and compromise its health.** Premature loss of teeth can result in malocclusions (bad bites).

Special orthodontic appliances

- ◆ **Habit-breaking appliances:** These are used for correction of bad habits like thumb sucking and tongue thrusting. These appliances may be removable or fixed. Night Guard is an example.



Night Guard

- ◆ **Space maintainers:** These are used in cases where the milk teeth have shed off or been removed early. They are designed to keep the gap left by milk tooth loss (space) maintained for the permanent teeth to erupt in the correct position and manner. They may be removable or fixed.



Space maintainer