



Orthodontic extractions

The use of Inhalation Sedation (IS) for orthodontic extractions can enable children to have what might otherwise be a frightening procedure carried out in a calm and comfortable way.

Evidence shows that IS should always be the first choice for anxious paediatric dental patients (ref *Conscious Sedation in the Provision of Dental Care* 2003) and is particularly effective for orthodontic extractions (ref Shephard AR BDJ 2000).



Difficult extractions

Tooth extractions are one of the most stressful operations your patients are likely to undergo. We can minimise the stress and discomfort your patient experiences through a combination of IV sedation and 'gentle dentistry'.

Sinus grafts

If your patient requires an implant in the upper posterior quadrant but the maxillary sinus has pneumatized the bone, a sinus graft (or lift) can be performed. This involves lifting up the sinus membrane and inserting biomaterials to regenerate the bone. Ellie was trained in this procedure by Dr Hilt Tatum, the pioneer of the sinus lift.

If the bone loss is moderate, the implant/s can sometimes be placed at the same time as bone augmentation (sinus tap).

Bone augmentation

If there is not enough bone available to place an implant, a variety of grafting procedures can be performed. These range from the regeneration of small defects with biomaterials to the repair of large defects with block grafts taken from the patient's chin or retromolar area.

Alveolar block grafts

Osseous defects in the alveolar ridge occur as a result of trauma, prolonged edentulism, congenital anomalies, periodontal disease, and infection, and they often require hard and soft tissue reconstruction.

Autogenous bone grafts are considered the best solution for jaw reconstruction prior to the placement of dental implants.

Soft tissue grafts

A soft tissue or connective tissue graft is where connective tissue is removed from the hard palate or maxillary tuberosity areas and repositioned around implants or the necks of teeth in order to thicken the soft tissues in these areas and it can also be used to treat gum recession.

Apicectomies

When chronic infection develops after a root canal treatment we can perform an apicectomy which generally involves removing the root tip/apex along with any infected tissue. If required, we will then place a small filling to seal the end of the root canal and graft any damaged/missing bone. Again this can be done under local anaesthetic with or without sedation.

Root canal treatment

Root canal treatment (endodontics) is a dental procedure used to treat infection at the centre of a tooth (the root canal system).

Root canal treatment is only required when dental X-rays show that the pulp has been damaged by a bacterial infection. The pulp will begin to die if it's infected by bacteria, allowing the bacteria to then multiply and spread.

During root canal or endodontic treatment, the inflamed or infected pulp is removed and the inside of the tooth is carefully cleaned and disinfected, then filled and sealed with a rubber-like material called gutta-percha. Afterwards, the tooth is restored with a crown or filling for protection.