

EXPOSE AND BOND

Tooth exposure is a procedure that involves uncovering a permanent tooth that has not yet erupted. This is done by making an incision in your gum, through which the tooth can erupt. It is important to address impacted teeth because failure to do so can result in painful infections, inhibit your permanent teeth from developing, or cause root resorption of your existing teeth. Tooth exposure is most commonly performed when children have permanent teeth that do not erupt naturally.

There are several factors that can result in a tooth becoming impacted and requiring a tooth extraction, including the following:

- Discrepancies in the arch length/tooth size
- Early loss or prolonged retention of a primary tooth
- Tooth bud abnormally positioned
- Large curves of root (dilacerations)
- Ankylosis (the tooth is fused to the bone)

Tooth exposure is a good option for someone who has teeth that are erupting, but do not have the necessary amount of space to allow them to come in fully or if there is an obstruction preventing the tooth from erupting fully. If mouths do not have sufficient space, the appearance of the smile can suffer and additional oral health issues can develop. By performing a tooth exposure, the tooth will be able to come in properly, resulting in an arch that is more aligned and complete, improving the patient's ability to chew and bite and reducing malocclusion.

The day of the appointment your doctor will administer a local anesthetic to get you numb. Once you are properly numbed, your periodontist will lift the gum tissue over the tooth. A bracket will be placed on the tooth and the gum is returned to its original location and sutured shut.

At your follow up appointment, which will typically be scheduled within the next two weeks, your doctor will attach a rubber band to the bracket. Once fastened, we will gently pull on the bracket, which will start moving the tooth to the proper position. Getting the tooth to reach the desired position is a gradual process, but we will monitor your progress and the health of your gums the whole time.

In the subsequent months after the tooth is erupted, you may require a soft tissue graft to provide adequate support around the tooth – discuss with your periodontist to ask if you are a candidate for this procedure.



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What to expect:

- Sensitive to temperature
- Mild/moderate discomfort
- Inflammation
- Sutures
- Post-op appointments
- If you take ASPIRIN, continue to take it
- If you take blood thinning medications, please follow your periodontist and doctor's instructions on taking it prior to surgery

Pre op instructions:

- No caffeine the day of procedure
- No alcohol the day before and day of the procedure
- No smoking at least 1 week prior to and after procedure.

Post op instructions:

- Soft food diet following surgery; no carbonation
- No straws, spitting, hard swishing
- Avoid heavy lifting/exercise
- Must maintain good oral hygiene
- Soft toothbrush use for the first week
- Ice pack for first 24 hours only
- StellaLife Rinse 3x a day until bottle is finished
- For pain control and reduction of swelling, take 600 mg Ibuprofen (this is 3 over the counter 200mg tablets), wait 3 hours then take 500mg Tylenol (1 over the counter tablet) and continue to alternate medications every 3 hours. If this does not control your pain, take the 600 mg ibuprofen and 500 mg Tylenol at the same time, every 6 hrs.
- If medications were prescribed, please follow the instructions on the bottle for their use.