Enlightened and whitened
An overview on bleaching and patient assessment

By Julie Seager, RDH, BS

A patient who is happy with his or her smile will ultimately be a more compliant patient. One of the easiest and most significant methods to achieving an esthetically pleasing smile is to bleach the teeth.

There are reports of teeth whitening dating back more than 1,000 years, and today people are now more than ever wanting this cosmetic procedure.

Surveys show that more than 80 percent of people want whiter teeth, but only 15 percent have ever used a bleaching product. That leaves 65 percent of patients eligible to be approached about bleaching.

Proper patient evaluation and a good approach can bring a large increase in case acceptance for bleaching.

Thoughtful consideration of the patient’s age, habits and current restorations should be used when determining which bleaching options are available to patients.

Many dental offices already provide bleaching trays to patients.

Sensitivity can often pose a big challenge to teeth bleaching, but this can be easily remedied with proper pre-treatment protocol.

For patients who do not have much time to whiten, want fast results and are not prone to sensitivity.

In-office bleaching gels usually are 25 to 50 percent hydrogen peroxide and need to be used only with supervision of a professional to ensure the gel is properly applied and will not harm the soft tissues.

Sensitivity
Several dental manufacturers recognize that sensitivity can limit a patient’s whitening potential, and now there are several bleaching gels that contain fluoride, amorphous calcium phosphate (ACP) or a combination of the two.

Patients with dentinal hypersensitivity can often pose a big challenge to teeth bleaching, but this can be easily remedied with proper pre-treatment protocol.

For 10 days to two weeks prior to beginning the bleaching process, a sodium fluoride or product containing ACP should be used once or twice a day and then again as needed during the course of treatment.

If performing chairside bleaching, care should be taken to cover exposed root surfaces and worn incisal edges with a protective dam or bonding agent.

Special circumstances
Patients receiving cosmetic restorations after bleaching will benefit from waiting two weeks for the oxygen and hydration in the tooth to return to normal levels. At this time, the final shade will have stabilized and the teeth will achieve the strongest bonding strength.

Patients with white-spot lesions, or fluorosis, will want to bleach the teeth to an ideal shade and then follow up with an air-abrasion appointment to smooth and even out the appearance and texture of the enamel.

For patients with translucent incisal edges, a very thin layer of composite can be placed on the lingual surface of the teeth after bleaching as long as it does not interfere with the bite, so the teeth will not appear to have a bluish, see-through appearance.

Patients with bruxing habits will often have noticeably thicker and darker teeth because of more calcified dentin. These patients will most likely achieve the best results by first using an in-office system and then a high concentration take-home gel for touch-ups.

For parents who are concerned about a child’s yellow or mottled enamel, adult-supervised take-home bleaching kits may be used with the option of chairside bleaching, as it may be performed on anyone with all permanent dentition.

Usually, a low-concentration hydrogen peroxide gel works well for children and teens because they don’t have issues with staining habits or thick, calcified dentin.

Tetracycline stain is the most challenging to remove, but excellent results can be achieved if a...
Dear Reader,

Recently I have been hearing a commercial on the radio regarding things in our world that alert us before something potentially bad or inconvenient happens to us.

The commercial talks about the low fuel light in cars and how it would not be very beneficial if the light came on after the gas had run out.

The ad also mentions how a child would feel if he or she was called to dinner after all the food was gone.

There are many things taken for granted when it comes to warning us about impending dangers. Think what if hazardous weather warnings were posted on the radio or television after the storm had hit. In truth, dental hygiene is based upon this concept. It is the hygienist’s job to inform patients about the condition of their mouths.

By the same token, patients rely on us to inform them of looming trouble.

A great way to achieve this goal is by performing risk assessments on patients to analyze each aspect of oral health at every visit.

Many software programs have the ability to predict the future likelihood of periodontal disease.

Advanced caries detection methods can assist the clinician in closely monitoring caries before it can be detected by traditional caries detection methods.

Sophisticated oral cancer screening technologies can detect trouble before the conventional “gauze around the tongue” exam.

Use of these and other technologies can assist clinicians in knowing when to alert patients.

If we are not utilizing such technology, we are not treating patients the way they should be treated.

What if all the warnings we take for granted were taken away? Maybe then we would realize the importance of such mundane luxuries.

Best Regards,

Angie Stone, RDH, BS

Give Kids A Smile grant recipients honored at annual gala

Five grant recipients of the Give Kids a Smile Program Growth Fund were honored at the third American Dental Association Foundation Give Kids a Smile Awards Gala at the Decatur House on Lafayette Square in Washington, D.C. For the third year in a row, CareCredit donated $100,000 to the fund.

The CareCredit donation has enabled five key programs to expand services and access to care for children in underserved communities.

The Hispanic Dental Association, National Dental Association and Oral Health America were selected to receive 2010 grants to continue to expand the availability of dental care to underserved children.

The Hispanic Dental Association is using the funding for outreach programs that identify disadvantaged children and provide preventative services in Los Angeles, Dallas and Boston.

The National Dental Association is enhancing the Deamont Driver Dental Project, which provides oral health education through local health fairs and connects vulnerable children with a network of volunteer dentists.

Oral Health America’s grant will support local Smiles Across America programs in California, Minnesota and Nevada, expanding children’s access to dental care through local schools.

Additionally, two $15,000 Program Champion grants were awarded to established national oral health programs.

The first, America’s Dentists Care Foundation (Missions of Mercy), has helped more than 100,000 patients and has provided more than $50 million in free dental services since its inception in 2000.

The second, TeamSmile, uses the popularity and power of professional and collegiate sports partnerships to bring patients in need together with dental professionals and volunteers.

“In every community across the country, there are children who have limited or no access to dental care. These children have oral infections that may be impacting their ability to sleep, eat and learn.

“The 2010 grant recipients are established programs that have proven to positively affect access to care of children in need,” said Cindy Hearns, Give Kids a Smile Advisory Board member and senior vice president of marketing at CareCredit.

The awards gala was held April 15.

The National Dental Association is awarded a $15,000 grant from the ADA Foundation Give Kids A Smile Fund during a recent awards gala. Pictured from left are Robert Henderson, PhD, ADA Foundation Board of Directors; Dr. Darrell Clark, NDA; Dr. Edward Chappelle, NDA; Dr. Hazel Harper, NDA; Dr. Belinda Carver-Taylor, NDA; Dr. Walter Ovens, NDA; and NDA Executive Director Robert S. Juhus. (Photo/Provided by ADA News)
patient is willing to put in the time and effort. Because of the banding of this type of stain and the deep-seated hue, the most rapid and dramatic results will be with in-office bleaching.

Depending on the severity of the stain, this procedure may need to be repeated, spacing appointments no sooner than one week apart. Often a patient with tetracycline stains will still need six months or more of home bleaching to achieve a satisfactory shade.

How to approach patients
An easy way to approach patients about bleaching is to make shade assessment part of the recare exam. Patients can be informed that because teeth naturally darken over time, a baseline shade will be recorded.

Keep a shade-guide handy and have it arranged in color value order, rather than the usual ABCD order. The progression for light to dark value order is shown in figure 1.

Have the patient agree to the shade and then ask if he or she is interested in bleaching. Because most teeth will change an average of eight to 10 shades, a very significant potential result can be shown to the patient if he or she inquires about the final shade.

Always document final bleaching shades with a photo of the teeth and the matching color swatch from the shade guide, again having the patient agree on the shade.

Conclusion
Teeth bleaching can be a wonderful “gateway” procedure, opening up many other cosmetic options for patients, and is a fun and easy way to increase office production when the entire dental team is on board.

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About the author