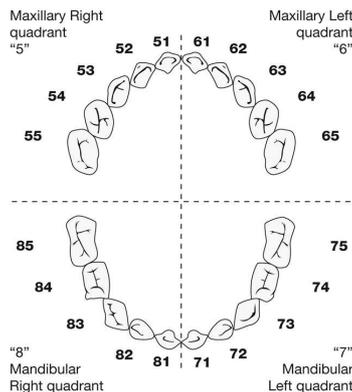
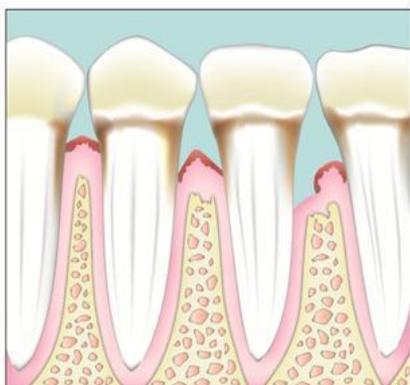


Learning Guide

Tooth notation, anatomy and diseases



Quadrants in Primary Dentition

29453 Describe tooth notation and anatomy, dental caries, and periodontal disease, and chart teeth and restorations

Level 3

7 credits

Name: _____

Workplace: _____

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Introduction

Your role in the oral health care team is to provide person-centred support. In this role, you have to carry out a wide range of tasks. This learning guide gives you information about how teeth are described and their status recorded – both when they are healthy, and when there are caries and disease that need to be recorded and restored. Recording this information correctly gives crucial assistance to your patient and the oral health care team.

How to use your learning guide

This learning guide supports your learning and prepares you for the unit standard assessment. There are activities to do to guide your learning.

This guide relates to the following unit standard:

- 29453 Describe tooth notation and anatomy, dental caries, and periodontal disease, and chart teeth and restorations (level 3, 7 credits).

This learning guide is yours to keep. Make it your own by writing notes that help you remember things, or where you need to find more information.

Follow the tips in the notes column.

You may use highlighter pens to show important information and ideas, and think about how this information applies to your work.

You might find it helpful to talk to your workmates or supervisor.

Complete this learning guide before you start the assessment.

What you will learn

This topic will help you to describe:

- tooth notation.
- tooth anatomy, structure and surfaces.
- dental caries, periodontal disease and their management.

It will also help you to chart:

- teeth and restorations.

FDI World Dental Federation system

There are various notation systems available to communicate information about a specific tooth or teeth. This learning guide uses the FDI World Dental Federation notation system.

The FDI World Dental Federation identifies teeth by a number. This system is known as the FDI Two-Digit Notation system or the ISO 3950 Notation System. It allows everyone in the oral health care sector to understand, communicate and share information about someone's teeth, regardless of the country they are working in or the language they speak.

Our teeth

Our teeth are a very important part of our body as they allow us to bite and chew our food. An adult has 32 **permanent** teeth. Sixteen teeth are located in the **maxilla** and sixteen are located in the **mandible**. A child has 20 **deciduous** teeth. Ten teeth are located in the maxilla and ten are located in the mandible.

Key words	Meaning
deciduous teeth	the first teeth that humans have. Also called 'baby teeth' and 'primary dentition'
mandible	lower jaw
maxilla	upper jaw
permanent teeth	the teeth that replace deciduous teeth. Also called 'adult teeth' and 'secondary dentition'

There are four main types of teeth found in humans:

- incisors (also called the front teeth).
- canine (also called cuspids).
- premolars (also called bicuspid).
- molars.

This table shows where the teeth are located in the mouth and their purpose.

Teeth	Where they are located in the mouth	Purpose
Incisors	<p>There are eight incisors, which are the front four teeth in both the upper and lower jaw. There are two types of incisors:</p> <ul style="list-style-type: none"> • two central incisors at the front of both the upper and lower jaw (four teeth). • two lateral incisors that sit either side of the central incisors of both the upper and lower jaw (four teeth). <p>Incisors have straight biting edges, a flat front surface and a single root. These are the teeth that are the most visible during smiling, eating, and talking.</p>	Biting and tearing food
Canines (Cuspids or 'eye teeth')	<p>There are four canines in the mouth, with one in each quadrant. Canines, also called cuspids, are the third tooth after the central incisor and lateral incisor. They are recognised by their pointed shape and length and have a biting edge that has a single large cusps (pointed sharp tip). Canines help guide the teeth and jaws into their correct biting position.</p>	Gripping, cutting or tearing food
Premolars (Bicuspids)	<p>Premolars have two cusps. They are known as premolars because they are located in front of the molars.</p> <p>Premolars occur in adult teeth only.</p> <p>There are eight first and second premolars, one each on the left and right:</p> <ul style="list-style-type: none"> • two first premolars in the top jaw. • two first premolars in the lower jaw. • two second premolars in the top jaw. • two second premolars in the lower jaw. <p>Premolars break hard foods such as nuts and help in transferring food to the molars for grinding.</p>	Crushing food and moving food to the back of the mouth
Molars	<p>There are 12 molar teeth:</p> <ul style="list-style-type: none"> • four first molars. • four second molars. • four third molars. <p>Third molars are known as 'wisdom teeth', and occur in adult teeth only.</p> <p>Molars have multiple cusps, but these cusps are shorter and blunter than other types of teeth. This is to provide a larger chewing surface. Molars are the largest teeth in your mouth.</p>	Chewing and grinding food

Quadrant notation

In the FDI Notation system, a patient's mouth is divided into four **quadrants**:

- upper-right.
- upper-left.
- lower-left.
- lower-right.

Left and right refer to the patient's left and right side.

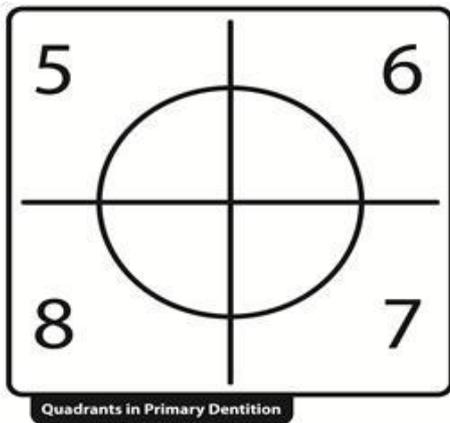
Quadrants are numbered from:

- 1 to 4 for secondary dentition (adult teeth).
- 5 to 8 for primary dentition (baby teeth).

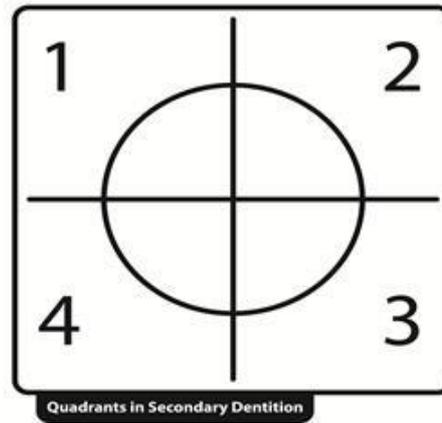
The numbering starts from the upper-right quadrant and moves in a clockwise direction.

Quadrants	
1 or 5 Upper-right or maxillary (upper) right quadrant	2 or 6 Upper-left or maxillary (upper) left quadrant
4 or 8 Lower-right or mandibular (lower) right quadrant	3 or 7 Lower-left or mandibular (lower) left quadrant

Key word	Meaning
primary dentition	the first teeth that humans have. Also called 'baby teeth' and 'deciduous teeth'
quadrant	the name the FDI notation system gives to each of the quarters in the mouth
secondary dentition	the teeth that replace deciduous teeth. Also called 'adult teeth' and 'permanent teeth'



Quadrants in primary dentition



Quadrants in secondary dentition

Tooth notation

Within each quadrant, every tooth is given a number. For secondary dentition the numbers go from 1 to 8. For primary dentition the numbers go from 1 to 5. The number sequence starts at the central incisor (number 1) and moves in a clockwise direction.

Two-digit notation

The combination of the tooth number and the quadrant number is what is known as the two-digit notation system. Every tooth has both its own identification number and a quadrant number. The quadrant number is always written first followed by the tooth number, for example:

- 21 refers to the central incisor (2) in the upper left quadrant in an adult mouth (1).
- 73 refers to the canine (7) in the lower left quadrant (3).

Primary dentition teeth

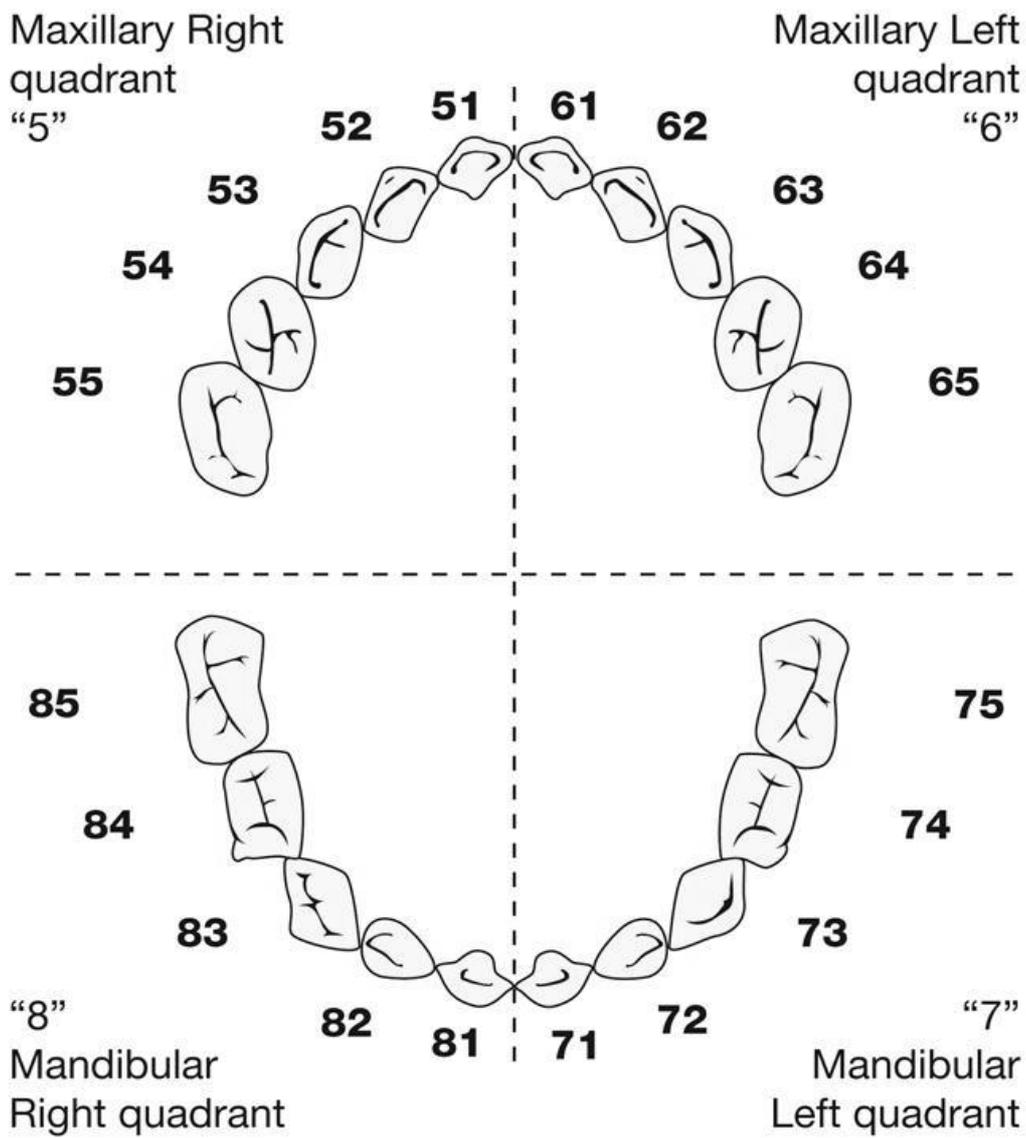
Primary dentition refers to the first set of deciduous teeth that appear in infants. These 20 teeth consist of eight incisors, four canines and eight molars.

In the FDI system of notation, the quadrants are numbered from 5 to 8. The primary teeth are numbered from 1 to 5, starting from the central incisor and going through to the molars.

Quadrant	Quadrant name
5	Upper-right or maxillary right quadrant
6	Upper-left or maxillary left quadrant
7	Lower-left or mandibular left quadrant
8	Lower-right or mandibular right quadrant

Tooth number	Tooth name
1	Central incisor
2	Lateral incisor
3	Canine
4	First molar
5	Second molar

Primary dentition teeth and quadrants									
Upper right					Upper left				
55 upper right second molar	54 upper right first molar	53 upper right canine	52 upper right lateral incisor	51 upper right central incisor	61 upper left central incisor	62 upper left lateral incisor	63 upper left canine	64 upper left first molar	65 upper left second molar
85 lower right second molar	84 lower right first molar	83 lower right canine	82 lower right lateral incisor	81 lower right central incisor	71 lower left central incisor	72 lower left lateral incisor	73 lower left canine	74 lower left first molar	75 lower left second molar
Lower right					Lower left				



Quadrants and the numbering of primary dentition teeth

Secondary dentition teeth

Secondary dentition refers to the permanent dentition. These 32 teeth consist of:

- four central incisors.
- four lateral incisors.
- four canines.
- four first premolars.
- four second premolars.
- four first molars.
- four second molars.
- four third molars.

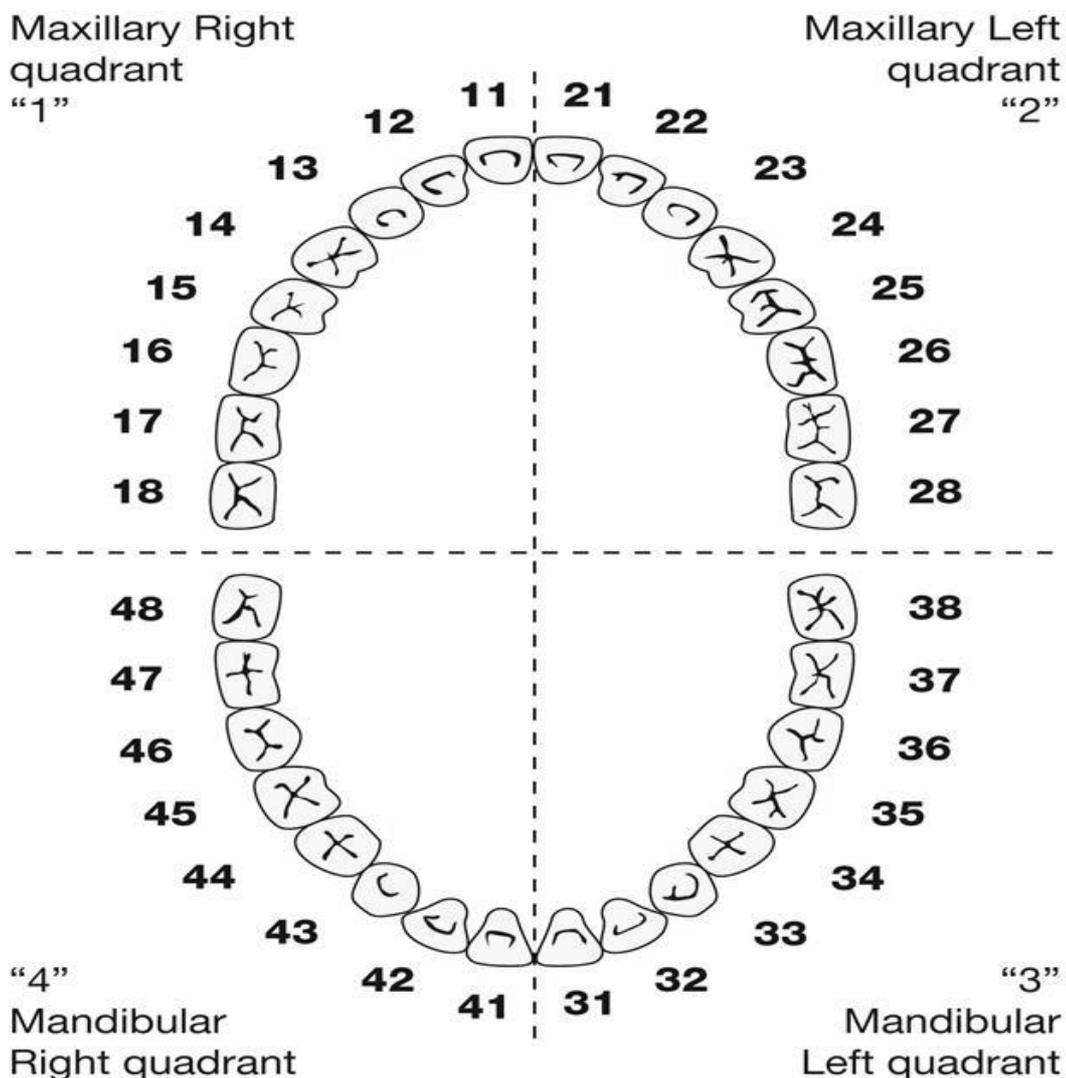
The quadrants are numbered from 1 to 4. The teeth are numbered from 1 to 8. The same starting point and rotation is used as in primary dentition, starting from the central incisor and going through to the molars.

Quadrant	Quadrant name
1	Upper-right or maxillary right quadrant
2	Upper-left or maxillary left quadrant
3	Lower-left or mandibular left quadrant
4	Lower-right or mandibular right quadrant

Tooth number	Tooth name
1	Central incisor
2	Lateral incisor
3	Canine
4	First premolar
5	Second premolar
6	First molar
7	Second molar
8	Third molar

Secondary dentition teeth and quadrants

Upper right								Upper left							
18 upper right third molar	17 upper right second molar	16 upper right first molar	15 upper right second premolar	14 upper right first premolar	13 upper right canine	12 upper right lateral incisor	11 upper right central incisor	21 upper left central incisor	22 upper left lateral incisor	23 upper left canine	24 upper left first premolar	25 upper left second premolar	26 upper left first molar	27 upper left second molar	28 upper left third molar
48 lower right third molar	47 lower right second molar	46 lower right first molar	45 lower right second premolar	44 lower right first premolar	43 lower right canine	42 lower right lateral incisor	41 lower right central incisor	31 lower left central incisor	32 upper left lateral incisor	33 upper left canine	34 upper left first premolar	35 upper left second premolar	36 upper left first molar	37 upper left second molar	38 upper left third molar
Lower right								Lower left							



Quadrants and the numbering of secondary dentition teeth

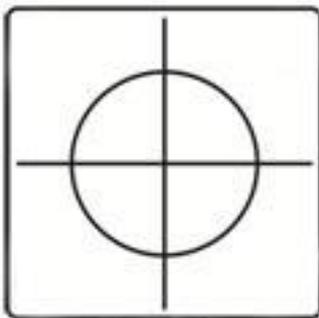
 **Write**

You need to be able to chart teeth and restorations according to the FDI World Dental Federation system of notation. For each quadrant, fill in the missing numbers or words on the dotted line.

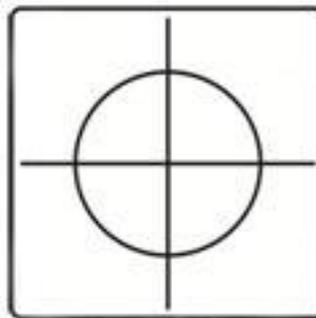
Quadrants	
<p>1 or 5</p> <p>-----</p>	<p>2 or 6</p> <p>-----</p>
<p>-----</p> <p>Lower-right or mandibular (lower) right quadrant</p>	<p>-----</p> <p>Lower-left or mandibular (lower) left quadrant</p>

Fill in the numbers for each quadrant for primary and secondary dentition.

Primary dentition



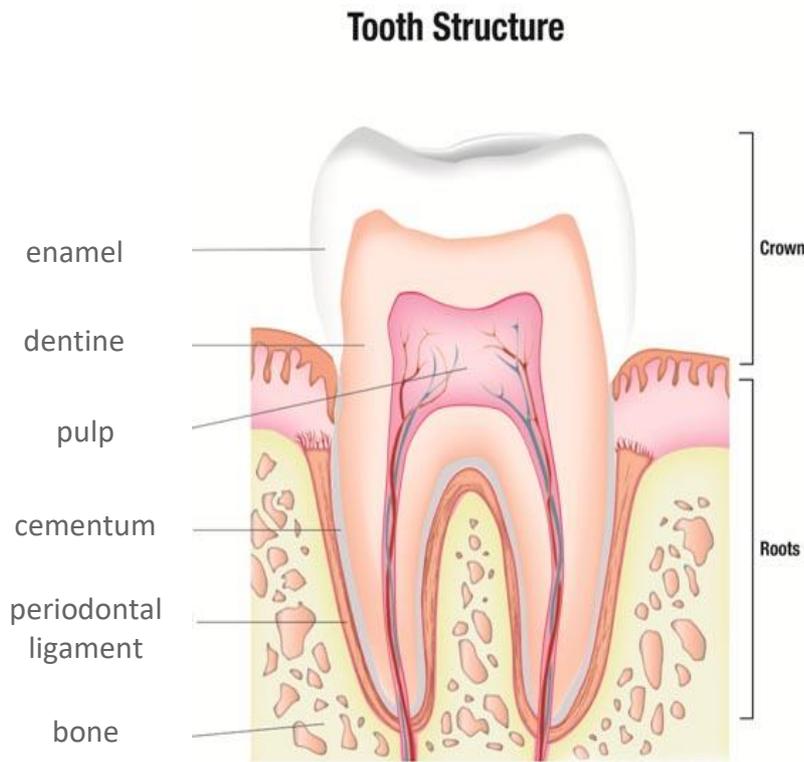
Secondary dentition



Tooth structure

Composition

Human teeth are made up of different layers and materials. These include the crown and the root, enamel, dentine, pulp, cementum, **periodontal** ligament and bone.



Enamel

Enamel is the smooth, shiny, outer layer of the tooth. It helps to protect the tooth. It is the hardest material in the body and this makes it able to break apart food during chewing. It is the enamel that gives teeth their white colour.

Dentine

Dentine is the layer under the enamel. It forms the bulk of the tooth. It is a hard, thick layer but is not as hard as the enamel. Dentine is elastic and compressible whereas enamel is more brittle. Dentine is sensitive. It has tiny channels (or tubules) running through it that make the tooth sensitive to hot and cold. These channels connect to the central nerve of the tooth within the pulp. Dentine is 'live' tissue.

Key word

periodontal	the structures surrounding and supporting the teeth
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More info

Find out more about the structure of teeth at Healthy Smiles, the New Zealand Dental Association website www.healthysmiles.org.nz

Go to 'Your Oral Health'.

This website also has specific information on oral health for infants and toddlers, children, teens and adults.

Pulp

The pulp forms the central chamber of the tooth. It is made up of nerves and blood vessels and other soft tissues. The nerves also allow the tooth to sense hot and cold while the blood vessels supply nutrients to the tooth. The pulp is the living part of the tooth and is very sensitive. The pulp also contains small lymph vessels that carry white blood cells to the tooth to help fight bacteria.

Cementum

The cementum is a thin layer of a hard bone-like substance that covers the dentine of the root. Below the gum, lies the root. The dentine of the root is covered by cementum rather than enamel. The cementum helps to hold the root of the tooth in the jaw.

Periodontal ligament

The periodontal ligament is a thin, fibrous ligament that connects or holds the tooth in its socket. It is attached to the cementum. Teeth are not in direct contact with the jaw bone; instead they are suspended in their sockets by the fibres of the periodontal ligament. This allows each tooth a little movement, with the fibres of the ligament acting as 'shock absorbers' to help cushion some of the impact created by biting and chewing.

The periodontal ligament also feels and sends information to the brain. For example, when a person bites an apple it tells the brain that the teeth are biting down, and this in turn activates the chewing motion. This area of the tooth is also capable of feeling pain.

Jawbone

The jawbones help to anchor the teeth in their correct position in the mouth. The buds of the baby and permanent teeth are formed in the jawbones well before the teeth eventually appear.

Crown

The crown of the tooth that can be seen above the gum. The crown has a coating of enamel that protects the dentine layer underneath.

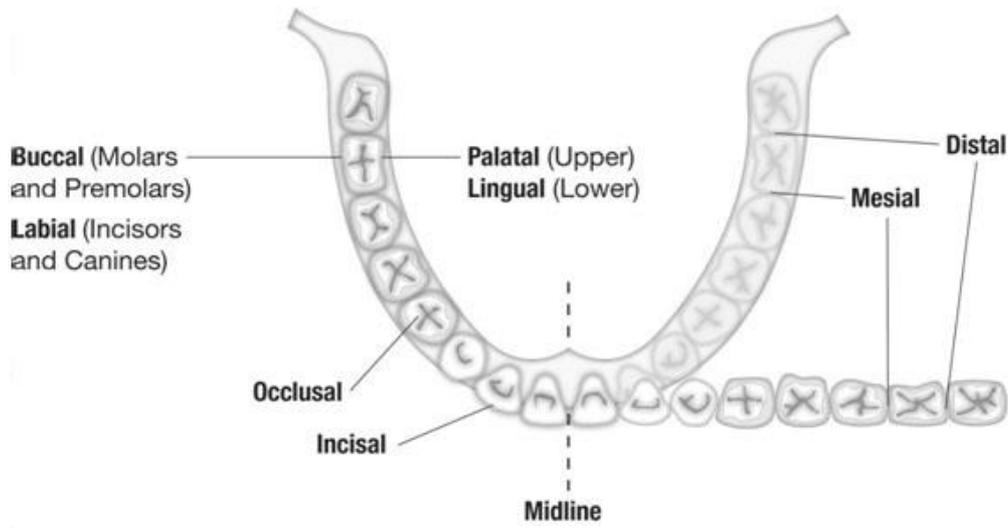
Root

The root is below the gum and it cannot be seen. The root anchors the tooth in the jawbone. Incisors and canines usually have one root. Premolars have one or two roots, depending on their location. Lower molars have two roots and upper molars have three roots per tooth.

Surfaces of teeth

Our teeth have different surfaces. How these surfaces are named depends on whether the teeth are **posterior** (back of the mouth) or **anterior** (front of the mouth). The table below describes the different surfaces on teeth.

Tooth surface	Description
<p>Posterior (back) teeth have what is known as an occlusal surface.</p> <p>Anterior (front) teeth have what is known as an incisal edge.</p>	<p>The occlusal surface is the top or biting surface of the premolars and molar teeth. It is the bumpy surface that does the chewing. It has two parts:</p> <ul style="list-style-type: none"> • cusp – the surface that is raised. • groove – the surface that is indented. <p>Incisors and canines have an incisal edge. This is the cutting edge of the tooth.</p>
Mesial	The mesial surface faces the front or side of the mouth. It is the surface of the tooth nearest to the mid-line of the tooth arch.
Distal	<p>The distal surface faces the back part of the mouth and is the back part of the tooth, away from the mid-line of the tooth arch.</p> <p>Note: The mesial and distal surfaces are those surfaces that come into contact with other teeth. The mesial and distal surfaces are always opposite each other.</p>
Lingual or palatal	<p>This is the surface that faces the inside of the mouth.</p> <p>On the upper teeth it is the palatal surface (the surface facing the palate of all upper teeth).</p> <p>On the lower teeth it is the lingual surface (the surface facing the tongue of all lower teeth).</p>
Facial – buccal or labial	<p>This is the outside surface. It is the surface that faces the cheek.</p> <p>The tooth surface of molars and premolars that faces the cheek is called the buccal surface.</p> <p>In incisors and canines, this surface is closer to the lips and is called the labial surface.</p>



Surfaces of teeth

Dental caries

Dental **caries** is the medical term for tooth decay.

Decay in teeth is caused by the demineralisation of the teeth. Through demineralisation, the natural minerals found in teeth (such as calcium) are reduced and this can result in the hard, protective tissue layers of teeth (enamel, dentin, cementum) becoming vulnerable to penetration and lead to a cavity (or hole) being created in the enamel. This allows bacteria to enter and further decay the softer parts of teeth.

Dental caries are one of the most common health afflictions in the world, affecting both children and adults alike. Demineralisation happens over time through bacteria causing acidic waste products, plaque formation, low saliva levels and other health risk factors.

Bacteria

Everyone's mouth contains a certain amount of bacteria. The bacteria that cause teeth decay are created by sugars such as sucrose, glucose, fructose and lactose that enter our mouths with some of our food. The bacteria process these sugars and create highly acidic waste products called acidic metabolites.

The two most common bacteria that produce acidic metabolites are:

- streptococcus mutans.
- lactobacillus spp.

Plaque formation

Plaque is produced when bacteria, their acidic waste products, food and saliva combine to form plaque which sticks to your teeth.

Plaque is an excellent home for the bacteria that create the acidic waste products that contribute to demineralisation. Some of the acidic waste products in the plaque will attach to the surface of the teeth and demineralise the enamel.

Plaque generally builds up:

- in cracks, pits or grooves in the back teeth.
- between the teeth.
- around the edges of fillings or other dental work.
- just above the gum line on all teeth.



More info

Visit the Healthy Smiles website for more information on dental caries:

www.healthysmiles.org.nz

Go to 'Your Oral Health'.

Key word	Meaning
caries	decay of a tooth or bone

How often and for how long teeth are exposed to acidic waste products affects the likelihood of dental caries developing. The more frequently and longer teeth are exposed to an acidic environment, the more likely dental caries will develop or worsen. Where a person follows good dental hygiene practices, caries can be minimised and only form slowly over a period of time. Where a person does not carry out regular dental hygiene, caries may form very quickly.

Low saliva levels

Saliva works to prevent dental caries by:

- diluting the acidic environment created by the waste products of bacteria.
- assisting with the remineralisation of teeth.

Saliva forms part of the body's natural protection for the teeth. Saliva neutralises the acidic waste products and helps to repair the enamel by replacing the lost minerals. It contains calcium and phosphate that allow the enamel crystals to be repaired.

When there is a large build-up of plaque over the teeth, the saliva is unable to neutralise the acidic waste products beneath the plaque on the teeth surfaces. People who have low saliva flow levels may be more at risk of dental caries.

Low saliva flow can be caused by:

- surgery, trauma or injury to the mouth that has damaged the salivary glands.
- radiation or chemotherapy treatment which can damage the salivary glands.
- medical conditions (congenital or acquired conditions), such as HIV/AIDS, diabetes, cystic fibrosis, Sjogren's syndrome, or stroke.
- growing older.
- some medications and their side effects.

Medications

Prescription and pharmaceutical medications can reduce the amount of saliva produced in the mouth. The lack of saliva can cause xerostomia, or 'dry mouth'. Medications that can cause low saliva levels are:

- pain medications.
- blood pressure medications.
- antidepressants.
- Parkinson's disease medications.
- antihistamines.

Smoking/drugs

Smoking and chewing tobacco can decrease saliva levels, as do narcotic drugs such as cannabis and heroin.

Serious illness

A serious illness can stimulate a person's sympathetic nervous system to respond by reducing the amount of saliva produced by the saliva glands.

Lifestyle

A person's lifestyle is the way they live their life as a result of the choices they make regarding diet, exercise, leisure and health care. Some lifestyle factors can contribute to an increased risk of dental caries. These lifestyle factors can include:

- lack of oral hygiene and tooth care.
- diet – frequently eating high sugar, sticky or starchy foods.
- smoking.
- alcohol consumption.

Young children can also develop dental caries if they are given feeding bottles with high sugar liquids (for example, fruit juice) many times during the day or if they are allowed to fall asleep with bottles that have sweetened liquids.

Good dental care includes:

- regular teeth cleaning and flossing.
- regular visits to the dentist or dental and oral health therapist.
- limiting the amount of sugar in foods and drinks.

Fluoride and caries

Research has found that by adding fluoride to drinking water, the amount of dental teeth decay is reduced. However, some people object to fluoride being added on ethical and human rights grounds. Most local authorities in New Zealand do however add fluoride to public water supplies.

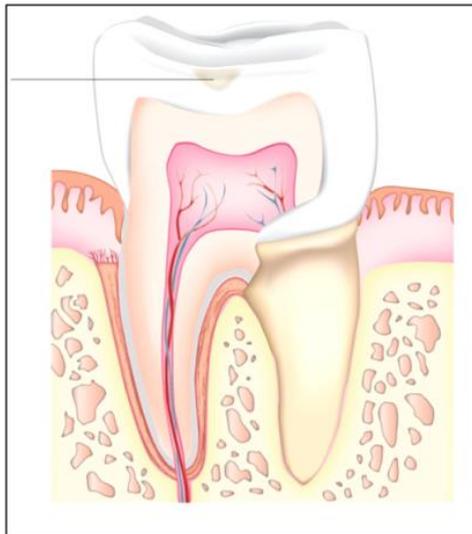
Progression of dental caries

1 Early stages

Brown spot

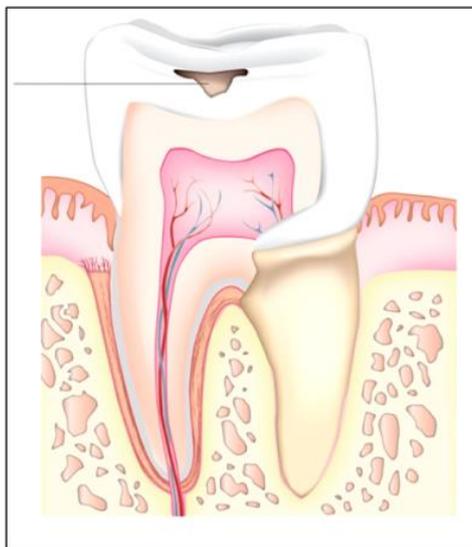
In the early stages, the tooth enamel is dissolved by acids. Signs that a dental carie is forming include:

- a chalky white spot on the surface of the tooth.
- a brown discolouration.



Enamel decay

As the enamel continues to demineralise, there will be a stronger visual change in the tooth's enamel. The white or brown area will become larger and more noticeable. A cavity will form. If untreated, the cavity will continue to grow as the enamel is destroyed.

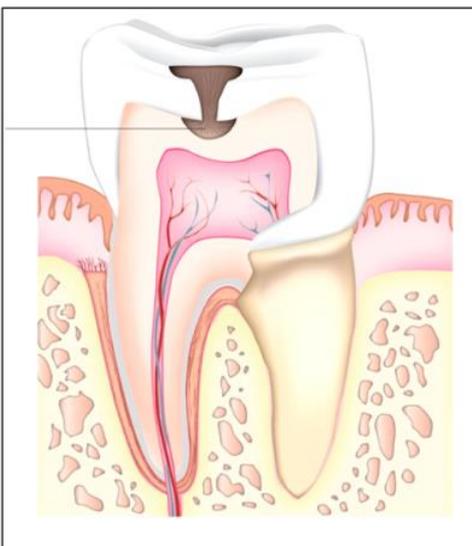


2 Moderate stage

Dentin decay

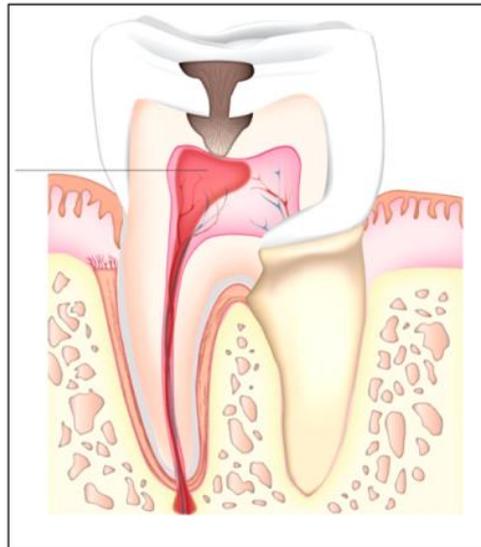
In the moderate stage, the enamel is worn away to expose the dentine. Bacteria enter the cavity.

Once the dentin is exposed, the tooth may start to hurt. The person may also notice that they are sensitive to changes in temperature and to sweet flavours. The person may also have bad breath and have a bad taste in their mouth.



3 Advanced stage

Infected pulp



In the advanced stage, the decay spreads into the pulp and the pulp becomes inflamed.

4 Necrosis stage

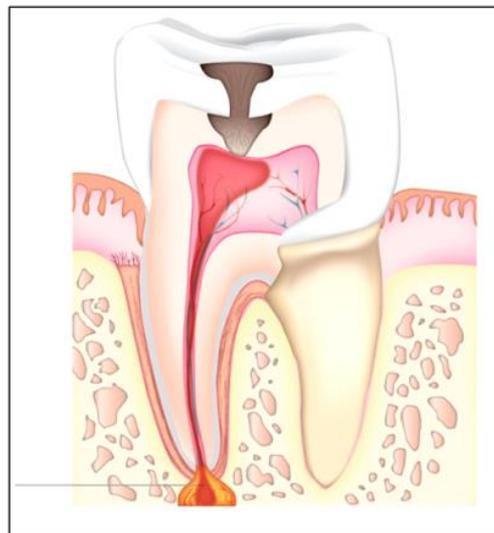
In the necrosis stage, the pulp tissue dies.

5 Abscess stage

An abscess forms at the top of the root.

In highly advanced cases, the infection can spread from the tooth to the surrounding soft tissues and make the person seriously ill.

Abscess



Periodontal disease

Periodontal disease is a chronic bacterial infection that affects the supporting structures of the teeth. It affects the periodontal ligaments that anchor the teeth, the alveolar bone and the gums and it is often referred to as gum disease.

Teeth are supported by the gums (gingiva). The gums hold the teeth in place, while the roots anchor the tooth in the bone. This leaves a shallow V-shaped gap called the sulcus between the gums and the teeth.

Periodontal disease most often attacks the sulcus, causing the tissue supporting the teeth to break down. This can result in the deterioration of the gum as well as the supporting bone and can lead to the loss of teeth if left untreated.

Where the gums break down, this is referred to as **gingivitis**. Where the connecting tissues and bones are involved, this is referred to as **periodontitis**.

The main cause of periodontal disease is plaque, which if not removed will form tartar and can only be removed by a dentist or dental hygienist.

Stages of periodontal disease

There are four stages to periodontal disease.



1 Gingivitis

Plaque and tartar form around the teeth on the gum line and cause inflammation of the gums. Gingivitis can be stopped by:

- regular and correct brushing of the teeth.
- daily flossing.
- regular professional cleaning by either a dentist or dental hygienist.



2 Early periodontitis

Untreated gingivitis can lead to periodontitis or inflammation around the tooth. The gums pull away from the tooth resulting in the sulcus becoming swollen and more inflamed. The plaque and tartar that form under the gum line in this gap (also known as 'pockets') can cause infection.



3 Moderate periodontitis

As the infection worsens, the pockets further deepen and the periodontal ligament becomes inflamed along with the alveolar bone. The gums and bone start to break down.



4 Advanced periodontitis

Once there is so much bone loss that the tooth is no longer properly supported and anchored, the tooth becomes loose. It either falls out or needs extracting by a dentist or oral surgeon.

Risk factors and periodontal disease

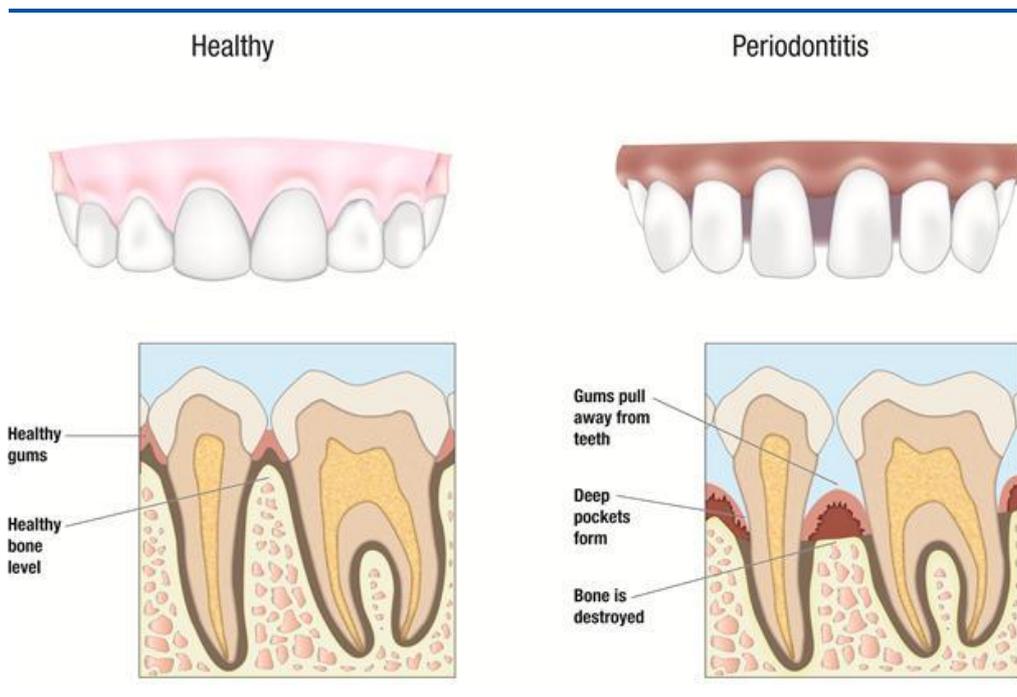
There are many risky situations that can result in periodontal disease. Some of these are listed below.

- Severe illnesses and some medical treatments can affect the health of gums.
- Some medications can reduce the flow of saliva, which in turn affects the gums and lowers the resistance of teeth to acidity.
- Smoking can also affect saliva flow.
- Diabetic people are at a higher risk of developing gum infections.
- Hormonal changes in girls and women can make the gums more sensitive and lead to the development of gingivitis.
- Some people are more at risk of sustaining severe gum disease than others due to family genetics.



More info

Find out more about periodontal (gum) disease on the Healthy Smiles website www.healthysmiles.org.nz



Managing dental caries and periodontal disease

Dental caries and periodontal disease are managed in two ways:

- 1 by the person carrying out good oral hygiene practices.
- 2 with professional care and management by a dentist or dental and oral health therapist.

Good oral hygiene practices

Practising a good oral hygiene regime can reduce the risk of dental caries and periodontal disease. Good practices include:

- brushing teeth at least twice a day (morning and night), and using a mouthwash. Do not rinse the mouth after using the mouthwash.
- flossing teeth daily. Floss down below the gum line to remove any food and plaque that is present.
- avoiding sugary foods and drinks outside of main meal times and limiting the amount of sugars in the diet, because sugar eats away at the enamel of the teeth within 20 minutes of entering the mouth.
- using sugar-free chewing gum, which can help stop the build-up of plaque on the teeth.
- visiting a dentist or dental hygienist twice a year (once every six months). They will professionally clean teeth and also provide special dental products that, when used correctly, can reduce the spread and development of dental caries. These products include: special toothpastes, medicated and treatment mouth rinses, neutralising (bacterial acid) gels and mouth sprays, topical agents that can prevent the production of acid, and gum or breath mints.

If a person has an abscess or an infection in a tooth, the gums or other tissues, the dentist will be able to treat the problem with antibiotics or remove the affected tooth.

A dentist will determine the level of intervention required for either dental caries or periodontal disease in the least invasive way.

Professional care and management by a dentist

Teeth

A dentist can manage dental caries. There are many procedures a dentist may do.

- Removal of infection, which involves removing the decayed material in the cavity.
- Protecting the tooth, which may involve:
 - filling the tooth with a dental amalgam or composite resin. Amalgams are mainly used in molars and bicuspids. Resins are used in the front teeth, although it is now possible to use them in all teeth.
 - applying a sealant in areas that are at high risk of infection.
- If a cavity is large, the remaining tooth may not be able to support the amount of filling material that would be needed to repair it. In this case, the dentist may remove the decay, fill the cavity and cover the tooth with an artificial crown. A root canal may be needed if the tooth is badly decayed or infected. During a root canal procedure, the nerve and pulp is removed and the inside of the tooth is cleaned and sealed.
- Discussing other suitable treatments or products or lifestyle choices to prevent dental caries occurring.

Periodontal

Moderate to advanced periodontal disease needs professional care and management. This may include:

- initial cleaning, scaling and root planing.
- continued cleaning, including curettage.
- periodontal surgery, that is:
 - pocket reduction procedures.
 - regenerative procedures (flap surgery).
 - crown lengthening.
 - bone and soft tissue grafts.
 - periodontal laser therapy.
- low dose oral or antibiotics.
- patient education.
- a strict maintenance programme.



There is more information about the materials and medicaments mentioned here in the learning guide for 29454, Oral health care procedures.

Glossary

Key words	Meaning
caries	decay of a tooth or bone
deciduous teeth	the first teeth that humans have. Also called 'baby teeth' and 'primary dentition'
mandible	lower jaw
maxilla	upper jaw
periodontal	refers to the structures surrounding and supporting the teeth
permanent teeth	the teeth that replace deciduous teeth. Also called 'adult teeth' and 'secondary dentition'
primary dentition	the first teeth that humans have. Also called 'baby teeth' and 'deciduous teeth'
quadrant	the name the FDI notation system gives to each of the quarters in the mouth
secondary dentition	the teeth that replace deciduous teeth. Also called 'adult teeth' and 'permanent teeth'