

Extract Damaged Teeth



Dr. H. Ryan Kazemi
Oral & Maxillofacial Surgery



(301) 654-7070
www.facialart.com

4825 Bethesda Ave., #310
Bethesda, MD 20814

You suddenly feel a 'crack' in your back tooth as you bite into an almond or another hard object. Your teen gets elbowed in the mouth at soccer practice and you know something is wrong. Perhaps you're presenting at a business event and suddenly felt pain in a tooth. You visit your dentist and he tells you the tooth has deep decay and an abscess and can not be saved.

If the tooth is severely damaged, you want it extracted as soon as possible with minimal pain and recovery, get a temporary prosthesis and get back to your demanding and busy life.

There may be concurrent pain and irritation making it difficult to work. It may be a cosmetic disaster if it's a front tooth. And the danger of infection is always a real possibility. Finding the time to get the proper treatment may be difficult. We recognize that most patients have time challenges, and make getting to our office fast, easy, and convenient.

Here are some FAQs to help you get the treatment you want.



Treatment choices when a tooth breaks or has deep decay:

Teeth that break or with deep decay require extraction if they are significantly damaged and restoration is not possible. In cases of moderate fracture or decay, it may be possible to save the tooth by having a root canal procedure, a build-up and a crown. In these cases, gum/bone tissue surgery may also be necessary to allow proper placement of the crown. While these procedures may be successful, they may only be a short-term solution. Extraction and replacement with a

dental implant offers the best long-term prognosis.

What happens if deeply broken or decayed teeth are not extracted?

Pain and infection are the main concerns. Infection can become dangerous if it spreads to the face and neck. It also causes gradual loss of jaw bone surrounding the tooth, not to mention severe pain. Immediate extraction is recommended to avoid such complications.

What is the emergency treatment?

Whether the tooth is broken from deep decay or trauma, the first step is an examination and X-ray evaluation by your dentist or oral surgeon. If it is restorable, root canal procedure may be recommended,

followed by build-up and a crown. If not restorable, then extraction is necessary. If it is a front tooth, your dentist may first obtain an impression to prepare a temporary prosthesis before referring you to an oral surgeon for extraction. Dr. Kazemi and his staff are well experienced in emergencies and can often see you right away. Your dentist can make a temporary prosthesis very quickly, sometimes on the same day, so you don't have to go without a tooth for long. This is especially important if it is a front tooth in the smile zone.

What are the possible treatments during extraction?

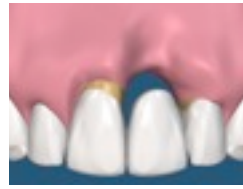
Dr. Kazemi will initially examine your tooth in question and evaluate X-rays provided by your dentist. Anesthesia options will be discussed and other X-rays may be taken. You are then prepared for the extraction. Depending on the tooth's location, root anatomy, and health of the surrounding tissues, Dr. Kazemi may decide to perform bone grafting or immediate implant placement after the extraction of the tooth. Treatment options include:

Extraction only: A tooth may be extracted only without bone grafting if the site has suffered no bone loss, has good bony anatomy, and delayed implant placement is planned in two to three months. This procedure often takes only a few minutes.

Bone grafting: If there is loss of bone from trauma or infection, it is best to immediately place bone-graft into the extraction site to preserve and augment the missing bone for future implant placement. This is known as **preservation / augmentation of extraction site** and is performed at the time of extraction. It is allowed to heal for four to six months before the site is ready for implant placement.



If the tooth is in the smile zone, a well-crafted temporary prosthesis must be placed by the restorative dentist to help guide gum tissue healing. Bone-grafting is also indicated when the bone is normal, but a patient, for whatever reason, may have decided to postpone an implant beyond three months.



Bone undergoes resorption and remodeling after an extraction, and it is best preserved by immediate bone-grafting. The upper front teeth are particularly

susceptible to bone shrinkage following extraction, and grafting is the only way to preserve it. Any loss of bone the results if grafting isn't done, will be more difficult and more costly to treat later. Bone-graft materials most often used are either freeze dried bone, bovine bone, or synthetic bone in form of calcified granules in pre-packed bottles. They are very safe and patients shouldn't be concerned about disease transmission. Once placed, the bone graft material is covered with a resorbable membrane that protects it and allows it to mature into actual bone over a four to six-months. A dental implant may then be placed safely into a mature and normal bone.

Immediate implant placement:

Sometimes, a dental implant can be placed at the time of extraction. This is called an immediate implant. This technique is safe and predictable if done in specific extraction sites. These include single-root teeth that have a short and narrow root form, are infection-free, and have a normal amount of bone present. Some minor bone-grafting may also be necessary during this procedure. Occasionally, a temporary crown may also be placed on the same day. This "Teeth-In-A-Day" concept is successful if performed in appropriate sites and techniques. Placement of an immediate implant in inappropriate sites have high risk of failure and should be avoided.





Are there any age limits for implants?



Dental implants should not be done until a patient has completed their growth, typically age 16 to 17 in females and 18 to 21 in males. Some older patients fear their

jaw bone is too weak. The fact is, dental implants are equally successful and have excellent prognosis. No one is too old for dental implants, and for many, improvement in chewing and aesthetics adds confidence and quality to their lives.

Can I get implants with my osteoporosis condition?

Absolutely. Osteoporosis does not affect the health of the jaw bone and dental implants are equally effective and successful.

Can dental implants be rejected?

Rejection does not occur with dental implants. The overall success rate for dental implants is 98 percent with almost 50 years of clinical research to back them up.

Because implants are made of completely biologically compatible “bone-friendly” titanium material, they naturally heal and integrate with the surrounding tissues.

Who is the right dentist for implant treatment?

Teeth replacement with dental implants require collaborative efforts of a surgeon and a restorative dentist and dental laboratory. Dental implant surgery is a highly skilled discipline, best performed by specialists who

are surgeons, well trained and perform this procedure daily. The prosthetic aspect (crown, bridge, etc) is performed by your restorative dentist who may be a general dentist or a prosthodontist, a specialist trained in more complex aesthetic and reconstructive restorative dentistry. Other specialists may be involved in your overall treatment as well, including an endodontist (root canal specialist) or orthodontist to assist the restorative dentist in reaching your treatment goals.

Are teeth extractions, grafting, and implants safe?

Extractions, grafting, and implants are quite safe and predictable, and complications can be avoided when performed by a trained, skillful, and experienced oral surgeon using specialized instruments and techniques. Dr. Kazemi specializes in these procedures and has performed them successfully on thousands of patients. The office is designed and equipped for the latest surgical procedures, and the team assisting Dr. Kazemi is highly trained. Methodical, exacting, and detailed protocols are followed strictly to make sure every patient is safe and has a successful result and pleasant experience.

What is the best anesthesia option for extraction, grafting, or implants? Is it safe?

The best way to manage anxiety and make sure you have the best possible experience is to opt for IV sedation. It is the most recommended and chosen by many patients. Dr. Kazemi is trained and licensed in administering office anesthesia. Its safety is attributed to continued monitoring techniques, short-acting nature of the medications, availability of emergency equipment, and most importantly, proper training of the surgeon and the staff. Other options are local anesthesia, with or without nitrous oxide (laughing gas) but patient is completely awake and fully aware of the procedure.

How soon can I return to work, school, or normal activities?

Most patients return to work, school, or some normal activities one to two days after surgery. Most schedule their surgery on a Friday and are ready to return to work or class by Monday. There is no problem with traveling or flying the following day, although it's best to rest for a day or two. Of course, there are always variations in overall response and recovery.

What is the expected recovery?

- **Pain:** Level and duration of pain depends on the complexity of the surgery, technique, and patient's tolerance. Most patients experience three to four days of elevated pain, commonly managed with pain medications such as Vicodin or Percocet. As pain gradually diminishes over the next two to three days, Ibuprofen (Advil) or Acetaminophen (Tylenol) can be used. After seven to ten days, most patients no longer have pain and may stop their medications.
- **Swelling:** Any swelling related to surgery will maximize in 36 to 48 hours following procedure, and gradually tapers over the next five to seven days. Ice helps to reduce swelling in the first 24 hours. If extractions were done in a conservative fashion, a patient may experience no swelling at all.
- **Diet:** Upon arrival home, patients may have water, juices, soups, shakes, puree, and very soft food. A soft diet is recommended up to five to seven days. Nothing hard, crispy, or spicy should be eaten during this period. The general rule is if you have to chew, it's probably too hard. After seven days, patients may gradually return to normal food.
- **Activity:** Get plenty of rest on the day of surgery. Some patients may feel well enough the following day to walk and go out. That's all right, but take it easy. Avoid strenuous activities for the first two to three days. Refrain from sports, lifting, or doing anything that requires exertion. After three days, if patients feel more comfortable, they can walk, go for a gentle swim, or do very low-impact exercises. Mild activities may cause some pain but not enough to disturb the surgery site or open the sutures.

Managing your anxiety:

Anxiety is not uncommon among those having oral surgery or extractions. This anxiety is mostly related to hearing of others' bad experiences with excessive pain, swelling, and complications. We resolve this in several ways. First, the use of IV sedation allows patients to nap during the surgery. This helps greatly to make them comfortable and reduce anxiety. Second, patients will be cared for by a group of affable staff members who take time to personally connect with each patient and allay their fears and concerns. Third, the surgery is done conservatively, which minimizes or avoids swelling, pain, and complications.

Planning Your Visit



Planning the procedure around your schedule:

We understand that taking time off work or school for a procedure may be challenging. Therefore, we have designed the **All-In-One Visit** program that provides both consultation and procedure on the same day. Post-operative follow-up, although always recommended, can be done via telephone or email.

Forms maybe completed prior to your visit on our Web site or by fax. These prearrangements make it easy to have diagnostic X-rays, consultation, and procedure completed **all on the same day**. Finally, in five to seven days, Dr. Kazemi will check up on patient's progress via phone or email. As a convenience, prescriptions are available right in our office. We offer a flexible appointment schedule, Monday through Friday between the hours of eight and five, and early morning or late-day appointments per special arrangements. Weekend appointments are available for our VIP and presidential service packages and can be reserved per special arrangements.



What your escort can do during your procedure?

Your loved ones can relax in our lounge and enjoy a cup of tea or coffee and read the daily newspaper and wide selection of magazines. Or take advantage of our free Wi-Fi computer lounge to check emails and browse the internet on either your computer or ours. They may also take a stroll on convenient Bethesda Avenue and visit the many stores, coffee shops, and restaurants. We'll call them when procedure is complete so they can return to office and join you in the recovery room.

Necessary information prior to the procedure:



- Patient registration form, medical history, signed HIPAA forms. All forms may be completed online or sent by fax prior to your visit.
- Referral form from your dentist indicating the recommended teeth for extraction and other treatments.
- Panoramic X-ray done within the past six months. Your dentist may send it to us electronically or give you the film to bring. If you don't have a panoramic X-ray, we can obtain one in our office.



What is the ~~cost~~, payment options, and insurance protocol?

The cost of the surgery depends on the number of teeth extracted, bone-graft needs, and type of anesthesia. Once an X-ray has been reviewed and treatment plan completed, the exact cost will be discussed. Teeth extraction and anesthesia are often considered under dental insurances. We have several payment options including short- and long-term plans. Those with insurance may choose to pay the surgical fees and receive reimbursement directly from their insurance company, or pay an approximate co-pay and we will submit the necessary claims. If you need special financial assistance to prepare for your desired procedures, a separate consultation appointment is recommended.

About Dr. H. Ryan Kazemi



Dr. H. Ryan Kazemi is an oral and maxillofacial surgeon certified by the American Board of Oral and Maxillofacial Surgeons. He received his dental degree from the University of Pennsylvania, School of Dental Medicine in 1990. Following a one-year internship at the Albert Einstein Medical Center in Philadelphia, he pursued surgical training at The Washington Hospital Center in Washington, DC, where he received his certificate in Oral and Maxillofacial Surgery. Dr. Kazemi has practiced in Bethesda, Maryland, since 1997, providing a full spectrum of oral and maxillofacial surgery procedures with emphasis on extractions, dental implants, bone grafting, and corrective jaw surgery.

Dr. Kazemi is a diplomat of the American Board of Oral and Maxillofacial Surgeons, and an active member of the American Association of Oral and Maxillofacial Surgeons, American College of Oral and Maxillofacial Surgery, Academy of Osseointegration, American Dental Association and Entrepreneur Organization.

He has served as the founder and president of several dental and implant study clubs in the Washington DC area. Dr. Kazemi has published and lectured extensively on dental implants, bone grafting, and practice management. His newsletter, *To-The-Point* is read by more than 2000 dentists every month. He is also the founder of DDSForums.com, a professional networking site for dentists.

Dr. Kazemi serves on the medical staff for D.C. United, the major soccer league team in Washington, D.C. and the US national soccer team for the care of their athletes.

Our expertise and service allow you to:

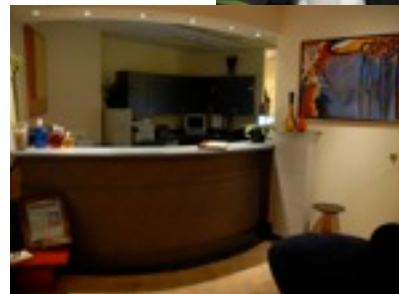
- Be treated by a specialty trained and skilled doctor
- Achieve the results you expect
- Have a speedy recovery
- Make appointments easily and efficiently
- Be seen quickly and on time
- Feel safe and comfortable
- Experience a warm and personal service

Experience oral surgery care that...

Patients talk about

Referring doctors brag about

And our team delivers everyday



appointment
emergency
solutions
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