

Robert B. Gerber, DDS
Tower Dental Group
Tower Dental Implant Center

NEWS

Winter 2003

Tower Dental Group
Robert B. Gerber, DDS,
Director

Telephone
(310) 652-0450

FAX
(310) 652-0458

email
rbgdds@aol.com

Cedars-Sinai
Medical Towers
8631 West Third Street
Suite 730-East
Los Angeles,
California 90048-5911

Lila Pfefferman, RDHEF,
Dental Hygienist

Narine Navasardyan, RDHEF,
Dental Hygienist

Tenetia Smith, RDA,
Front Office

Lissett Uzunyan, RDA
Front Office

The CEREC 3 CAD/CAM computer has arrived!

**The most advanced dental technology
for the 21st century**

The Tower Dental Group has received delivery of the latest, most sophisticated model of the Sirona CAD/CAM system for the production of all-porcelain (ceramic) inlays, onlays, and crowns. Using an infrared video camera, a Windows NT-based computer, and a separate milling unit, which is electronically connected to the computer, we can prepare a tooth, fabricate the restoration, and cement the filling or crown in one office visit in most cases.

Dr. Gerber has been successfully using CEREC CAD/CAM dentistry in his practice for over eight years with the CEREC 1 and the CEREC 2. However, the new CEREC 3 is by far the most intuitive and sophisticated system available in the world today for the design and manufacture of dental restorations.

This advanced technology enables us to prepare a tooth, design the restoration on the computer, and manufacture the inlay, onlay, or crown from a block of tooth-colored porcelain. The final restoration is then cemented on the tooth—all within 90 minutes. This eliminates the need for temporary fillings, return visits with additional injections, and the delay caused by laboratory steps.

To make a CEREC 3 restoration, we place an anti-reflective powder on the prepared tooth and take an optical impression with an infrared 3-D camera. The image is instantly acquired on the computer screen. Dr. Gerber then designs the restoration to the proper dimensions, and the information is transmitted by wireless technology to the separate milling unit. Then before your very eyes, the restoration is milled out of a block of porcelain by two diamond instruments. After minor adjustments, it is polished and bonded to your tooth.

If you would like more information about the CEREC 3, call the Tower Dental Group at **(310) 652-0450** for a brochure, for answers to any questions, or to schedule an appointment.

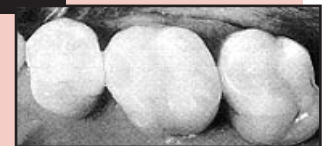


CEREC 3



Before

After



Visit our Web site: www.rbgerberdds.com
Thank you for your referrals. We appreciate them!



STRONG STUFF

Peppermint oil, one of the key ingredients in many breath mints, is strong stuff. In its purest form, it can cause discomfort to soft oral tissues. In spite of this, peppermint breath mints don't really pack much punch when it comes to battling bad breath.

Breath mints may taste pleasant—even strong—but they don't do a thing to counter the bacteria responsible for most cases of bad breath. Under certain conditions, these bacteria thrive, particularly at the back of the tongue. Conditions favorable to these bacteria include dry mouth, congestion caused by sinus problems or

allergies, periodontal disease, smoking, and consumption of alcoholic beverages. Some foods—chiefly garlic and onions—can cause bad breath as well, but this results from compounds released into the bloodstream rather than from a problem in the mouth.

Curing bad breath means more than popping a breath mint or using a mouthwash. In fact, some mouthwashes, those that contain alcohol, can make matters worse because they promote dry mouth. To cure bad breath, you need a diagnosis that goes to the initial cause and treats that

problem. If it's periodontal disease, treatment is available to help improve your breath and save your teeth.

There are some things, however, that you can do to help keep your breath sweet. Good oral hygiene, including brushing, flossing, and regular dental checkups, certainly helps. Be sure to brush your tongue as well. And anything that stimulates saliva flow, such as drinking water or chewing sugarless gum, can help remove bits of food that stick to the teeth and also the bacteria that eat the food and promote bad breath.

Who gets gum disease?

Just about anyone can develop periodontal disease; however, about 30 percent of the population may be predisposed to the condition because of genetic factors. Myths persist that the only people who get gum disease are those who don't practice good home care or who don't get regular professional treatment, but this is not necessarily true.

People with a predisposition to gum disease may have problems in spite of their best home-care efforts. In these situations, early professional intervention is the best remedy. There are professional techniques that can be used to stem the progression of the disease and save teeth.

The early signs of gum disease include bleeding gums, redness, swelling, and tenderness. Bleeding from the gums is never

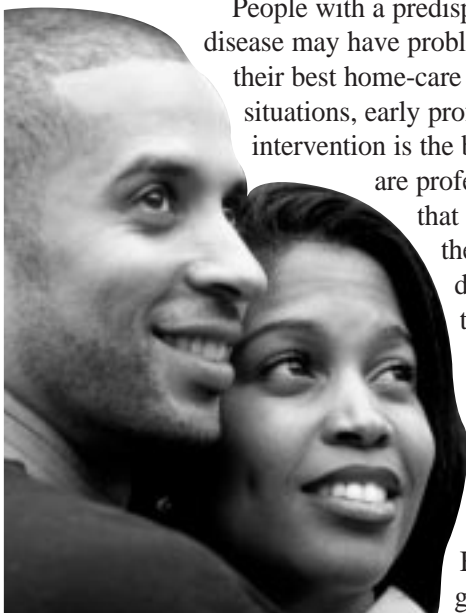
normal, nor should it be easily dismissed. Bleeding of the gums is a symptom that indicates the need for professional diagnosis.

Unfortunately, gum disease isn't always taken seriously. Periodontal disease is an infection. Untreated, it can cause tooth loss, which can dramatically affect...

- * appearance
- * breath
- * diet
- * overall health.

Add to this the need to adjust to dentures, and it's evident how tooth loss can interfere with quality of life. Also, when any part of your body is infected, it can affect your whole body.

The best course of action is to treat the symptoms of periodontal disease as signs of a serious infection. Don't delay in seeking a professional diagnosis, and follow the treatment course that is recommended to help you save your teeth.





Ulcers from nowhere

The causes of mouth ulcers, or cankers, are not very well known. However, there are factors that seem to trigger the appearance of these painful sores. They include:

- acidic foods, such as tomatoes and lemons
- stress
- allergies to certain foods
- using a toothbrush with hard bristles
- genetics
- poor nutrition
- hormonal changes
- trauma from hard foods, such as nuts
- a small wound (such as one caused by biting the tongue or inside of the cheek).

Those who are prone to mouth ulcers should avoid using hard-bristled toothbrushes and eating too many acidic foods or foods they are allergic to. They should also be sure to eat a balanced diet.

Once an ulcer forms, it may take seven to ten days to heal. During this time, it can be very painful. To prevent further irritation of the site, avoid hard or crunchy foods. Many over-the-counter remedies containing benzocaine or lidocaine can help relieve the pain until the ulcer heals. However, if the ulcers are numerous, recur often, or are extremely painful, professional dental attention should be sought.

The first sign of an ulcer is usually a burning or tingling feeling at the site. Once you identify an ulcer, begin treatment with over-the-counter products to lessen the pain you will suffer while waiting for it to heal.



When your mouth is on FIRE...

It's a burning sensation on your tongue and the inside of your lips. The mouth may also feel dry and have an unusual metallic taste. The pain is continuous and nothing seems to bring relief.

Burning mouth syndrome is a mysterious ailment often suffered by women around the age of menopause. However, it may affect men as well. At this point, several possible causes for the discomfort have been identified. They include:

- **hormonal imbalances**, such as those related to menopause.
- **lack of vitamins**, especially B-complex vitamins—which may cause pernicious anemia.
- **diabetes**.
- **Sjögren's syndrome**—This problem causes severe dryness in the eyes and mouth.
- **certain medications**, particularly those used to treat hypertension.
- **the effects of tobacco**.
- **thrush infections**.

Treatment for this problem is going to depend on the cause. It may be as simple as changing medications or adding vitamins to your diet.

Any pain in your mouth should be taken seriously. Professional diagnosis and treatment are necessary to remedy the problem and bring much-needed relief.

"I SEE A NEW TOOTH...."

During the first year of a child's life, there are many "firsts" to watch for and record—first smile, first steps, first tooth. Sometimes, new parents become apprehensive about when new teeth should appear. In general, a child should have six or more teeth by his or her first birthday. If that's not the case, contact us.

Here is a guide that shows at what point to expect certain teeth.

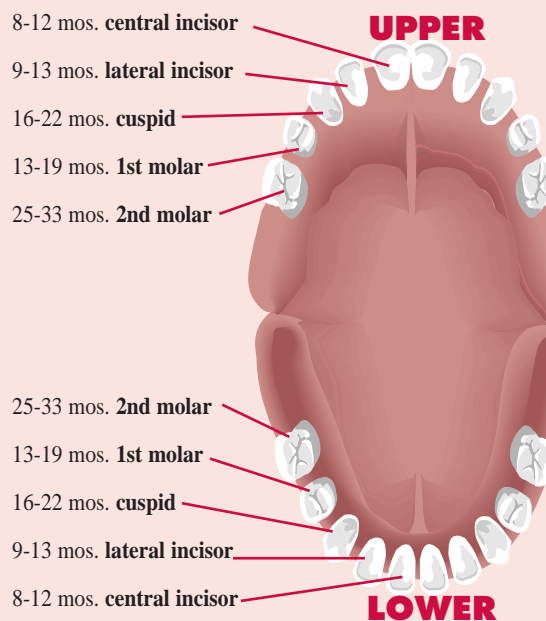


8–12 months—The four front teeth in the upper jaw and some front teeth in the lower should show up.

15 months—The first back teeth should appear.

24 months—The canine teeth should erupt.

36 months—All the baby teeth should be present.



Robert B. Gerber, DDS
Tower Dental Group
Tower Dental Implant Center
Cedars-Sinai Medical Towers
8631 West Third Street, Suite 730 East
Los Angeles, CA 90048-5911

*Here's your
dental newsletter!*

PRESORTED
STANDARD
U.S. POSTAGE PAID
MAILED FROM ZIP CODE 17543
PERMIT NO. 30

© Copyright 2003. Newsletters, Ink. Corp. All rights reserved. Printed in the U.S.A. www.newslettersink.com

Our Services

Office hours are:

8:30 a.m.-5:30 p.m.

Monday through Friday

24-hour emergency care

Telephone: (310) 652-0450

- **Cosmetic bonding to cover chips, cracks, and stains**
- **Porcelain laminate veneers**
- **Tooth bleaching**
- **CEREC porcelain inlays**
- **Emergency care**
- **Crowns and bridges**
- **Full and partial dentures**
- **Implants to replace missing teeth**
- **Periodontal treatment for gum disease**
- **Complete preventive services: prophylaxis, fluoride treatments, sealants**
- **TMJ therapy**
- **Root canal therapy**
- **Extractions**

To schedule a consultation or appointment, call:

(310) 652-0450

Robert B. Gerber, DDS
Tower Dental Group
Tower Dental Implant Center



It was reported in a recent issue of *Dental Practice Magazine* that a new study supports the use of **panoramic dental x-rays** as a screening tool for potentially life-threatening heart conditions and strokes. The study was conducted by the Division of Neurology Stroke Program at Cedars-Sinai Medical Center. It was reported that panoramic x-rays could be used to identify carotid-artery calcifications, a condition that may contribute to strokes.

Although previous studies suggested similar information, the Cedars-Sinai study was able to define a clearer and more significant relationship between carotid calcifications and coronary problems.

According to the Cedars-Sinai study, patients with calcification of the carotid arteries had a higher risk for both strokes and serious cardiac problems. When carotid calcifications are identified, the patient will be referred to their primary care physician or a cardiologist for definitive cardiac evaluation and aggressive control of vascular risk factors. For more information, call **310-652-0450**.