

“We're changing lives... One smile at a time!”

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Why are your oral health examinations so important?

- Perhaps the biggest role in an oral health assessment is to listen intently to your concerns. We will not rush you, pressure you into any forms of treatment, or make judgments about your oral health status, and your fears or apprehensions about dental treatment. We need to learn your priorities when it comes to dental problems and tailor your care accordingly.

- There are strong links between oral health and overall health, including airway issues, mouth-breathing, snoring, OSA, orofacial pain, headache, and gum disease.
- In children facial and jaw growth is dictated by heredity and by the function of the tongue, swallowing pattern, lip posture, and mouth-breathing.
- Tongue tie (ankyloglossia) and lip tie can impact heavily on jaw growth and airway problems.
- Airway assessment in children is a normal protocol at Future Dental. We routinely work in with local ENT Specialists when needed.
- In adolescents and adults, snoring and obstructive sleep apnoea (OSA) can have life-long effects and effect life expectancy adversely.

OSA is associated with increased risk of heart attack, hypertension which is hard to control, stroke, diabetes, dementia, depression, anxiety, erectile dysfunction, industrial and motor vehicle accidents, cognitive decline, poor concentration, reduced work and academic performance, and increased cancer risk and poorer outcomes of cancer, amongst other problems.

We routinely assess your oral and throat risks for OSA as part of every examination.

If we suspect OSA, we will recommend a diagnostic Home Sleep Test, which is far quicker than a hospital-based sleep test, and a formal diagnosis is made by a sleep specialist within a few weeks.

Thereafter we can determine your suitability for the two main types of treatment, being CPAP (Continuous Positive Airway Pressure), the face mask attached to a pump beside the bed) or a dental splint called a mandibular advancement splint, MAS. Other forms of treatment may be suggested including ENT Specialist assessment and myofunctional therapy to strengthen the respiratory muscles and retrain the tongue-posture. Rarely some forms of surgery may be suitable.

- Gum disease (periodontal disease) in moderate to advanced forms is associated with many similar risk factors to OSA but also include premature birth of babies and low birth weight babies. Heart disease, stroke, and diabetes are direct products of advanced gum disease. Periodontal disease is usually completely painless until the terminal stages where the teeth are becoming very loose and painful.

A detailed assessment of your gums is routine with every examination.

- Oral Cancer is on the increase in this century with young people suddenly being at far greater risk due to the prevalence of HPV (papilloma virus) through sexual activity. Other risk factors include being over age 50, smoking, vaping (e-cigarettes), alcohol consumption, especially spirits, consumption of highly spiced foods, chewing habits of the tongue, lips and cheeks, and heredity.

- After thorough soft tissue examination in the mouth, we palpate the lymph nodes under the jaw and beside the neck for signs of infection or potentially more serious problems.
- We routinely examine for oral cancer and skin cancer on the lips, face, and neck.
- Mouth, facial and headache pain are the second most common reason people see a dentist with pain, with toothache being the most common.
- Your chewing, facial, and neck muscles often cause pain conditions and often this refers pain to the teeth.

These conditions are called MPD which is myofascial pain dysfunction or myofascial pain dysfunction with referral.

Far too many teeth are either removed or have root-canal treatments that did not need them because of professional failure to recognise referred pain as the source of “tooth ache”.

More orofacial problems occur from these muscles than the jaw joints, TMJs.

- The TMJs (temporomandibular joints) are a common source of jaw pain with probably a third of people suffering TMD (temporomandibular disorders) during their lives. It often starts as just clicking in the joints but may progress to very painful conditions. Not a lot of dentists attempt to treat TMDs, and of those who do, the standard treatment is an occlusal splint, a type of night-guard designed to lessen TMDs and MPD.
- Each type of condition requires the right type of splint (night-guard) and the wrong splint made for someone can worsen their TMD/MPD.
- Treating TMD and MPD often involves being referred to a physiotherapist with special skills in this area as the first line of treatment, the right type of splint next and the use of Botox as the last resort.
- We also make referrals to our network of other specialists for orofacial pain, joint pain, and headaches.
- We will assess jaw shape, palate width and depth, malocclusions, and tooth alignment.
- X-Rays are likely to be suggested, and these include small x-rays within the mouth to look for decay problems and bone loss associated with gum disease. They may also show pathology from infected teeth.

A full-mouth X-Ray called an OPG is a fairly standard base-line assessment that shows all the teeth, the jaws, TMJs, sinuses, nasal airways, and nasal septum, impacted teeth, pathology in the jaws, and over-all bone levels around all the teeth in your gum health assessment.

- Depending on your risk factors for oral disease, we will suggest repetition of x-rays over varying periods from yearly up to 3 yearly.
- We may advise necessity for other x-ray types like TMJ x-rays, CT scans of your jaws or MRI scans for TMJ pathology, or other tests including pathology tests.
- Examination of the teeth then follows looking for problems like decay, leaking or defective fillings, cracked teeth, heavy wear patterns, evidence of chemical erosion from either diet or from gastric reflux, infection, and assessing what could be offered if you would like to improve the appearance of your smile.
- We measure the depth of the gingival sulcus (the small cuff of gum around each tooth) to determine if gingivitis, periodontitis, or any other gum problems exist. This is an essential part of maintaining gum health.
- Assessment of subconscious oral habits that effect oral and overall health are assessed and where risk factors are determined, we explain them to you and how you can manage. These habits may include lifestyle factors, biting the cheeks, tongue or lips, grinding and clenching the teeth, chewing gum for too long, dietary risks to teeth and gums and less common habits.

- We look at your risk factors in your oral health and discuss them.
- Finally, we discuss any treatment options for you which may include doing no treatment for a problem, treating it to slow the rate of deterioration, or more optimal long-term options. The pros and cons of each relevant option will be discussed as well as the likely effects of procrastination in accepting treatment, or doing no treatment, as any treatment plan should include doing no treatment.
- We discuss the costs involved and ask the time scale over which you can undertake care.
- You may find that the full cost of care is beyond your means at a point in time, so we do whatever we can to triage your needs and deliver care at a pace that suits your budget.

We offer a comprehensive level of care in your oral health examinations that is probably beyond what you have ever experienced before.

Our approach is holistic and fully acknowledges the big effect your oral health has on your overall health

We are not just a drill, fill, and bill dental practice.

This thoroughness of examination is more time-consuming and informative than the average dental checkup and our fees for this level of service unapologetically reflect this. We look forward to looking after you, your family and friends for decades and we continue to see patients who have attended regularly for up to nearly 50 years.

Your examination fees will vary by length and complexity and are based on:

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| • Your very first examination or any examination where we have not seen you for at least 18 months item | #011 | Fee \$135 |
| • Your regular examination | #012 | \$98 |
| • X-Rays | #022 | \$59 each |
| OPG X-Ray | #037 | \$149 |
| • Examination and long consultation | #014 | \$165 |
| • Extra-long Consultation | #015 | \$235 to \$295 |
| • Consultation on referral | #016 unless long or extra long | \$165 |
| • Written report | #018 | Dependent on length \$99 to \$195 |
| • Letter of referral | #019 | Dependent on length \$99 to \$195 |

Other services may be needed if you desire them to be done at this same appointment and will be invoiced separately.

At the time of your booking, it is not always predictable as to what item numbers and fees will apply, so giving a fee estimate over the phone or at the reception desk is not always reflective of what will need to be done at the time.

If a variation from the anticipated fee is likely, we will inform you at the time.

We look forward to being a part of your health team of practitioners and continuing to attend to your oral health needs and that of your family and friends for the future.

Dr Bob Gibbins, BDDSc HONS, Senior Consultant, and author of two published dental textbooks. Fellow of the Pierre Fauchard Academy. Member Australian Dental Association.

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