

蛀牙和氟化物 Tooth Decay and Fluoride

Tooth decay begins when bacteria in our mouth break down sugar from the food we eat. They then produce acids that dissolve the outer layer (enamel) of our teeth. If the damage is not stopped, bacteria can penetrate enamel damaging the deeper layer of our teeth (dentin) resulting in tooth decay. Brushing, flossing and regular cleaning help to remove bacteria' they are important in keeping our teeth healthy.

Another key component to good oral health is fluoride. Fluoride fights tooth decay in two ways:
1. It makes our teeth more resistant to acid attacks from bacterial plaque
2. It can reverse early tooth decay

Fluoride is available in water, fluoridated toothpaste, mouthrinses, as well as through topical fluoride treatment in the dental office. For decades, dentists have used in-office fluoride treatment as an additional therapy to fight tooth decay and to strengthen developing teeth. Fluoride benefits both children and adults, especially those who are at a higher risk of developing tooth decay. Depending on your oral health status, in-office fluoride treatment may be recommended by your dentist every three, six or twelve months.

by Ms Victoria LEUNG

口腔的細菌分解我們進食的食物當中的糖份，便會引發蛀牙。它們產生的酸性物質以溶解我們的牙齒外層（琺瑯質）。如果未及時接受適切的護理，細菌可以穿透琺瑯質，破壞我們的牙齒更深一層（象牙質）而造成蛀牙。刷牙，使用牙線和定期洗牙能有助去除細菌，以上方法對於保持牙齒的健康都很重要。

保持良好的口腔健康的另一個要素是氟化物。氟化物對抗蛀牙有兩種方式：

1. 它使我們的牙齒更有效抵抗牙齒膜之酸性侵害
2. 它可以改善早期蛀牙

氟化物被添加於食水、牙膏、漱口水以及牙科診所提供的局部性之氟化物治療。幾十年來牙醫都使用氟化物治療作為一個額外治療，以幫助對抗蛀牙和強化生長中的牙齒。氟化物對兒童和成年人都有好處，尤其對於有較大機會患有蛀牙的朋友而言。根據你的口腔健康狀況，你的牙科醫生可能會建議你每三個月，六個月或十二個月到牙科診所接受氟化物治療。

資料由梁明慧姑娘提供



根管治療會痛嗎？ Is root canal treatment painful?

This is a question that has often been asked by patients before root canal treatment. Dentists recognize that most patients are apprehensive about undergoing such treatment and one of the major concerns is pain during and after treatment.

In terms of administering pain control, carrying out root canal treatment for a tooth is similar to having a tooth restored with a filling. The anaesthetics given to numb the tooth are the same for the 2 procedures and are equally effective in both situations. Therefore, complete anaesthesia of the tooth could be ensured in the overwhelming majority of root canal treatment procedures. However, on the odd occasions when the dental pulp has become extremely inflamed and hypersensitive, complete anaesthesia could be difficult to achieve for that tooth. In those situations, supplementary anaesthetic injections would be useful. Recently, the office has acquired a piece of new equipment which is very useful in overcoming this particular problem, thereby providing extra comfort to our patients.

After a root canal treatment procedure, the tooth could become mildly tender or sore as a natural reaction from the body. This usually lasts for 1 to 2 days and could be effectively controlled by painkillers provided by us at the end of each appointment. On other occasions, if a pre-existing infection around the tooth is present, then a course of antibiotics would also be prescribed to control pain & infection.

by Dr. Robert NG

這是個將要接受根管治療的病人常常問的問題。牙醫們知道大多數病人都恐懼接受此治療，而主要關注的問題是治療期間和之後所帶來的痛楚。

對於疼痛控制方面，替一顆牙齒進行根管治療的過程與補牙有點類似。兩種治療所用的麻醉藥是一樣的，並同樣有效。因此，絕大多數的根管治療程序可確保在牙齒完全麻醉的情況下進行。然而，在一些罕見的情況下，如牙髓已嚴重發炎和過敏，便難以把牙齒完全麻醉。在這些情況下，注射補充麻醉劑將非常有幫助。最近，診所添置了一部新儀器，它對於幫助病人克服這個問題十分有用，從而使我們的病人減少不適。

根管治療後，牙齒可能有輕微敏感或疼痛，這都是身體的自然反應。這通常會持續1至2天，每次治療後我們都會提供止痛藥，它能有效控制痛楚。有些情況，如果牙齒周已受到感染，那麼服用一個抗生素療程便可有助控制疼痛及感染。

資料由吳邦彥醫生提供

牙科冷知識 Dental Trivia

- People who tend to drink 3 or more glasses of sweetened soft drinks daily have 62% more tooth decay, fillings and tooth loss than others.
- Most tooth loss in people under 35 years of age is caused by athletic trauma, fights or accidents. Most tooth loss in people over age 35 is from gum disease.
- Athletes are 60 times more likely to damage their teeth when not wearing a mouth guard during athletic activities.
- Children begin to develop their primary teeth 6 weeks after conception while in their mothers womb.
- If you don't floss, you miss cleaning 35% of your tooth surfaces.

by Dr. Ellen YIU

每天飲用三杯或以上含糖份非酒精的飲品人士比其他人士患蛀牙、補牙和牙齒脫落機會高出62%。35歲以下人士中大多數牙齒脫落是由於運動創傷，打架或意外事故所造成。而35歲以上人士中大多數牙齒脫落則是由於牙齦疾病。胚胎在母親子宮受孕後6個星期便開始發展他們的乳齒。如果你不使用牙線，你便沒有清潔35%牙齒表面。運動員在體育活動時不佩戴牙膠，那麼損害他們的牙齒的機會便會高60倍。

資料由姚靄安醫生提供

公司動向 OFFICE UPDATE

The old

After 10 years of service, our Dental Surgery Assistant Ms. Arias Kong decided to become a full-time mother and resigned this May. Ms. Ivy Ngai has also resigned due to family reason. We are grateful for their excellent service to the practice and wish them all the best in their future endeavor.



The new

• Dr. Simon K.Y. Ho, a Specialist in Periodontology (Gum Disease Specialist) has joined our office in February, 2011. Dr. Ho comes to our practice once or twice a week and is available by appointment. In addition to practice, Dr. Ho is also a part time lecturer participating in the undergraduate and postgraduate teaching in the Faculty of Dentistry at The University of Hong Kong.

• We recruited Ms. Heidi Lam as our new Administrative Assistant. Heidi is a very cheerful and helpful person.

• We also recruited Ms. Wendy Choi and Ms. Flora Leung. Wendy and Flora have more than 10 years of experience as dental nurse before they joined us.

We welcome Dr. Ho, Wendy, Flora and Heidi on board!

The environment

Beginning Nov 1, 2011 we will not be mailing invoice in order to reduce paper consumption for conservation of natural resources. Payment is expected at the time service is rendered. You can settle your account by Cash, Visa, or MasterCard.

個人事

服務了我們10年的牙科手術助理江慧儀姑娘為了當全職媽媽而於今年五月離職。危芷君姑娘亦因家庭理由而請辭。我們感謝她們過往的盡心服務，並祝福她們事事順利。

更新事

• 牙周治療科專科何錦源醫生於2011年2月成為我們的一份子。何醫生每週一至兩次於本診所應診，歡迎預約。此外，何醫生還於香港大學牙科學院任教，是學士及深造課程的兼職講師。

• 我們聘請了林凱盈小姐為我們的新的行政助理。她為人開朗而且樂於助人。

• 我們亦聘請了蔡漫橋姑娘和梁詩銘姑娘。蔡姑娘和梁姑娘加入我們隊伍前已有超過 10年從事牙科護士的經驗。

我們歡迎何醫生，蔡姑娘，梁姑娘和林凱盈小姐加入我們的大家庭。

保護環境

為了減少用紙以節約天然資源，由2011年11月1日起，我們將不郵寄賬單，費用請於治療後以現金、Visa或MasterCard繳付。



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骨質疏鬆症 Osteoporosis

There are two types of Osteoporosis, postmenopausal osteoporosis and senile osteoporosis. Postmenopausal osteoporosis mainly affects women after menopause. With the loss of estrogen, bone mineral density is reduced gradually. In senile osteoporosis, calcium is lost slowly due to old age; this happens to both men and women. Although in most cases, osteoporosis does not directly cause death, it will increase the chance of bone fracture.

The usual treatment of osteoporosis is to prescribe medication such as bisphosphonates, available in the form of oral pastille or injection. Long-term use of bisphosphonates may cause adverse reactions and side effect. Patients who take bisphosphonates may experience a rare but extremely severe form of osteonecrosis of the jaw (ONJ) after an oral surgical procedure. Such risk is higher in patients who take bisphosphonates for more than three years as well as in those who take bisphosphonates by injection. Patients with osteoporosis should consult the doctor on the effect of medication and side effects before starting bisphosphonates treatment. Long-term users of bisphosphonates should ask for the advice of their dentist before oral surgery so that they can be evaluated carefully prior to surgery.

by Dr. Philip LEE Kin Man

骨質疏鬆症主要可分為兩類：更年期引致的骨質疏鬆症及因年老所引致的骨質疏鬆症。更年期引致的骨質疏鬆症主要影響踏入更年期後的女性；隨著女性荷爾蒙的流失，骨質慢慢流失。另一方面，因年老所引致的骨質疏鬆症則是隨著年紀老邁，鈣質慢慢流失所引致；無論男性或女性都同樣受影響。雖然骨質疏鬆症多數情況下並不會直接導致死亡，但骨質疏鬆症增加骨折機會。

骨質疏鬆症的治療一般都是使用雙磷酸鹽類藥物(bisphosphonates)，有口服錠劑、注射針劑等劑型。病人長期服用雙磷酸鹽類藥物可能導致不良反和副作用。雙磷酸鹽類藥物可能導致罕見卻極嚴重之顎骨壞死(Osteonecrosis of the jaw；簡稱ONJ)。口腔頰面外科醫生面對的是病人用雙磷酸鹽類骨鬆藥可能提升顎骨壞死的嚴重副作用的風險，雖然一般來說風險不高但是病人如果服用雙磷酸鹽類藥物超過三年以上，而需要進行口腔手術如脫牙或植牙手術，風險相對增加，而注射針劑會比口服錠劑大風險。

骨質疏鬆症的病人開始雙磷酸鹽類藥物治療前應該多向醫生了解藥物的療效和副作用。長期服用的病人如要接受口腔手術應先諮詢口腔頰面外科專科醫生的意見。

資料由李健民醫生提供



牙齦疾病 Gum Disease

Over 90% of the Hong Kong population is suffering from some form of gum disease. Symptoms could present from bleeding and mild swelling of the gums to severe bone destruction leading to tooth mobility and tooth loss. Bacteria are the primary cause of gum disease. Studies have shown that patients with a family history of gum disease, who smoke heavily, with poorly controlled diabetic condition and stressful life style are at higher risk of developing gum disease. Besides, there are growing evidences showing that patients who suffer from severe gum problems may run a higher risk for several systemic conditions such as cardiovascular diseases, adverse pregnancy outcome and diabetes.

Preventive measures include:
• Proper oral hygiene and home care: brushing, flossing, as well as other techniques prescribed by us
• Regular cleaning: frequency of teeth cleaning may vary from person to person
• Maintain overall health: conditions such as diabetes & pregnancy may affect oral health
• Stop smoking: nicotine has been shown to be a risk factor in gum disease

• Early diagnosis and treatment: it is much easier to treat and stop the progress of gum disease at an early stage. Once disease is allowed to progress to an advanced stage, it will most likely result in tooth loss

by Dr. Simon HO

超過九成香港人患有某些牙齦疾病。症狀輕則出現牙齦腫痛，重則有骨質破壞，以導致牙齒鬆動甚至脫落。細菌是引發牙齦疾病的主因。研究發現有牙齦疾病家族史的患者，若他們是煙不離手、糖尿病病情控制不穩和生活壓力大，引發牙齦疾病的風險便會較高。此外，越來越多證據顯示患有嚴重牙齦問題的患者或有較高風險患上幾種全身體疾病，如心血管疾病，不良妊娠結果和糖尿病。

預防措施包括：

- 正確的口腔衛生和家居護理：刷牙，使用牙線，以及接受牙科醫生所提供的其他治療技術
- 定期洗牙：洗牙的次數可能因應個人情況而異
- 保持整體健康：患有糖尿病及懷孕期間，口腔健康都可能受到影響
- 戒煙：尼古丁已被證實是一種致病因素以導致牙齦疾病
- 及早診斷和治療：所謂病向淺中醫，及早治療能有效治癒並阻止牙齦疾病進一步惡化。一旦惡化的話，牙齒很可能會不保

資料由何錦源醫生提供

