

ORTHOWIRE

WINTER 2012



Welcome to our second digital edition of Orthowire! We strive to keep in touch with our patients, referring doctors, and friends, and hope that this newsletter will allow us to have even more contact with you.

Did you know that February is National Children's Dental Health Month? NCDHM began as a one-day event in Cleveland, Ohio on Feb. 3, 1941. The American Dental Association held the first national observance of Children's Dental Health Day on Feb. 8, 1949. This single day observance became a week-long event in 1955, and in 1981 the program was extended to a month-long celebration known today as National Children's Dental Health Month.

Click [here](#) for a fun NCDHM activity book!

Click [here](#) for the activity book in Spanish!

OFFICE SCHEDULE

Monday 8:45-5:00 pm
Tuesday 8:45-5:00 pm
Wednesday 8:45-5:00 pm
Thursday 10:15-6:30 pm
Mon-Wed Closed for Lunch
12:30-1:30 pm
Thursday Closed for Lunch
2:00-3:00 pm

We spend the first 15 minutes of each morning in a mini staff meeting to go over the schedule for the day so that we can be better prepared to serve you.

Longer appointments (such as bondings) are scheduled early in the day or early in the afternoon so we can give you the best care for these more complicated procedures.

Please call before coming to the office for any reason other than your regular appointment so you don't waste a trip. Vacations, meetings, and holidays may cause changes in our schedule.

We work one Saturday a month for short appointments only.

We see patients at the Key Biscayne office two Wednesday afternoons a month.

When we are out, there is always a phone number on the answering machine in case of emergency.

OFFICE GOSSIP!

- Steven moved to New York City in December to attend NYU for dental school. We miss him!
- Gina had to leave us and is now attending FIU. We miss her!
- Nancy's daughter, Aymee, graduated from law school, passed the Bar, got married, and went to Paris on her honeymoon.
- Lili is having a baby boy.
- Raquel adopted a cocker spaniel.
- Marissa was accepted to the Honors College at Miami-Dade.
- Johnny is back with us until he leaves at the end of summer for dental school. He will be attending Temple University.
- Stephanie is our new orthodontic assistant. She is married, has four kids, and has more than six years of orthodontic experience.

Feel free to e-mail us some of your own news for upcoming newsletters. We love hearing about what our patients get themselves into!

We look forward to seeing you and hearing from you. It is our goal to continue to provide you with healthy, beautiful smiles for a lifetime!



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[Our Website](#)
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Idalia Lastra, D.M.D.

Orthodontist

Yami Alvarez

Orthodontic Assistant

Johnny Echeverri

Orthodontic Assistant

Vickie Fournier

Bookkeeper

Carmen Fundora

New Patient Coordinator

Nancy Gonzalez

Scheduling Coordinator

Millie Granda

Orthodontic Assistant

Lili Jorge

Orthodontic Assistant

Alba Majano

Lab Technician

Marissa Mejia

Part-Time Assistant

Raquel Pauth

Part-Time Assistant

Dorina Sanchez

Orthodontic Assistant

Stephanie Sanchez

Orthodontic Assistant

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Children's Dental Tips

By American Academy of Cosmetic Dentistry

Dental Tips for Kids

1. Think "Clean not Green." Teeth should be clean so there is no leftover food on them for the bacteria (bugs) that live in your mouth to eat. Bacteria cause decay by eating sugary leftovers and turning them into acid. The acid rots the teeth and makes holes (cavities). Clean teeth have no sugar leftovers on them and therefore don't decay. Clean teeth = no cavities.
2. Brush your teeth twice a day. An adult should help at least one of those times until the child has the skills and dexterity to do the job well by him or herself.
3. Floss every day. Even baby teeth benefit from being clean, and nothing cleans between teeth as well as dental floss.
4. Sealants prevent decay. A sealant is a hard plastic that is bonded into the grooves of the biting surfaces of back permanent teeth. The teeth should be sealed as soon as possible after they come in.
5. Fluoride really does make teeth harder and less likely to decay. Use a fluoride toothpaste. Fluoride prescriptions (drops or tablets to chew daily) come in different strengths and are advantageous for most kids. Even when the water supply is fluoridated, some additional fluoride is usually still a great idea since most kids don't drink very much tap water. School programs like "Swish and spit" are also a good thing. For kids with a higher decay rate, extra fluoride rinses should also help.
6. Orthodontia (braces) should be started early if possible. By starting early, there is less likelihood that permanent teeth will have to be removed. Early ortho also usually results in being done with the braces at an earlier age. Let your regular dentist take x-rays to check for missing permanent teeth (preferably by age 6). If baby teeth must be removed early due to decay, make sure to have a space maintainer put in to help keep the teeth from drifting.
7. Never put a baby to bed with a bottle of any liquid other than water. Milk and juices have acids and sugar in them, and they can quickly rot a baby's teeth if they are in contact with these liquids all night long. Water is safe.
8. Teeth are not tools; they are for eating. Don't use them as package openers, wire strippers, nut-crackers, or pliers. Protect them. Wear a mouth guard if playing sports. Do not do piercings in the mouth – they can permanently chip, break, and ruin teeth.
9. Get regular professional cleanings from a hygienist or dentist (usually at least once every six months).
10. See the dentist. The first trip should be as early as age 1. Most dentists prefer to wait until age 2 or 3 unless there are any problems or possible problems. Plan on a check-up about twice a year for most kids. These routine

checkups give your dentist the best chance to diagnose any problems early, and make specific recommendations for each child. Remember -- prevention and early treatment are the best medicine.

Content provided courtesy of the American Academy of Cosmetic Dentistry, www.AACD.com.



Orthodontic Treatment for Children

For children who need orthodontic treatment, there is a best time to begin treatment in order to achieve the best results. For this reason, the American Association of Orthodontists recommends that all children be examined by an orthodontist by age seven, or earlier if there are indications of a problem.

Why age seven? By age seven, most children have a mix of primary (baby) teeth and permanent teeth, and your orthodontist will be able to spot even subtle problems with jaw growth and emerging teeth. Whether your child has an inherited predisposition to a "bad bite," such as crowded teeth or unequal jaw growth, or an acquired orthodontic problem, such as from thumb sucking or an accident, the advantage of early diagnosis and treatment is that some orthodontic problems are easier to correct if they are found and treated early, during the years that the treatment may work in conjunction with your child's natural growth spurts. Waiting until your child's permanent teeth have come in or until her/his facial growth is nearly complete may make correction of some problems more difficult.

If an orthodontist recommends that your child needs treatment now, then s/he should be able to answer these questions for you:

- If we begin treatment now, will we avoid extracting permanent teeth?
- Will beginning now simplify the treatment that will be needed later?
- Will my child have to wear braces, and if yes, will treatment now reduce the time in braces later?
- Will beginning now influence the growth of my child's jaws in a positive manner?
- Will treating now eliminate a problem that could do damage if it's not treated?

If the answer is yes to most of these questions, there are the three types of treatment that your orthodontist may recommend...

- Preventive - Intended to keep a bad bite or crooked teeth from developing in an otherwise normal mouth and to provide adequate space for permanent teeth to come in.

- **Interceptive** - For problems that, left untreated, could lead to the development of more serious dental problems over time. This could include correction of thumb- and finger-sucking habits, tooth removal or resizing to guide permanent teeth into correct positions, or using a space maintainer to hold space for permanent teeth.
- **Comprehensive** - Involves problems with the alignment of your child's teeth, how his/her jaws function and how her/his top and bottom teeth fit together. The goal is to correct the identified problem and restore your child's bite to its optimum condition.

A check-up may reveal that your child's bite is fine and that he or she doesn't require treatment. In many cases, your orthodontist may simply want to watch your child and his/her orthodontic condition, doing periodic examinations to "keep an eye" on development. Any of these diagnoses ultimately will give you the peace of mind of knowing that you're doing the best for your child.

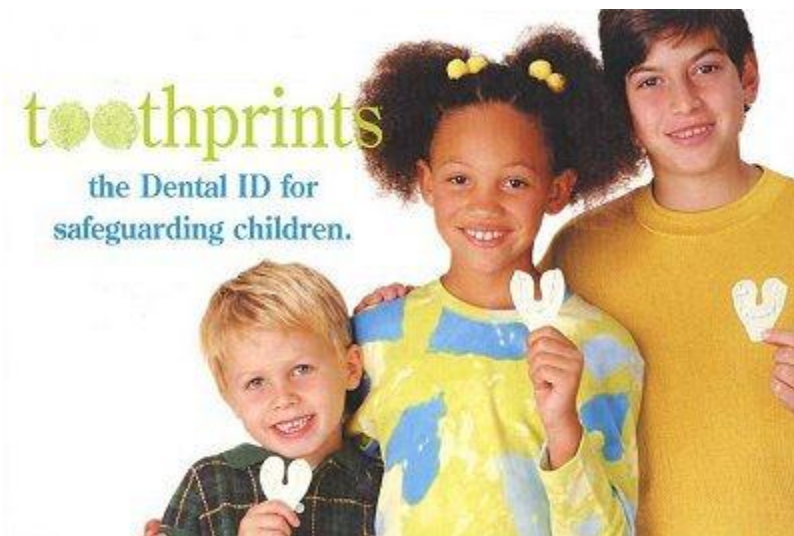
Toothprints lead way in child identification



Dental characteristics are unique to each individual. Not even identical twins carry the same dental characteristics. This distinctive trait has led to the creation of a new way to safeguard your children, the Toothprints® dental ID.

Dental records are often a prime source of identification, but with the incidence of tooth decay on the decline, today's children have fewer and fewer cavities, resulting in limited dental records. Parents can now use this valuable innovation to protect their children from being lost or abducted.

The Toothprints dental ID is a horseshoe-shaped soft wafer that can record the unique dental characteristics of each child. The child bites into the wafer to record individual tooth characteristics and tooth position within the arch. The device also collects a saliva sample, an effective tool for scent-dog tracking. Dental professionals recommend the first Toothprint be taken at age 3 with updates at least twice during childhood, generally between ages 7-8 and 12-13. Parents keep the Toothprints themselves for quick access and confidentiality.



According to statistics compiled by the U.S. Department of Justice in late 2002, nearly 800,000 children are reported missing every year with 58,000 of those being abducted by nonfamily members. This new form of identification comes on the heels of President George W. Bush's signing into law the PROTECT act, which created the nationally recognized AMBER (America's Missing: Broadcast Emergency Response) Alert system.

Dr. David A. Tesini, an associate clinical professor at Tufts University School of Dental Medicine, researched the Toothprints bite impression in July 2003 and concluded the effectiveness of Toothprints. One study had shown that a Toothprint that had been swabbed in the routine manner as for all general forensic samples could produce an obtainable genetic profile nearly three years after it was taken. The sample Toothprint had been immediately placed in a Ziploc bag after it was taken and stored unrefrigerated in a normal home environment.

Tesini also noted the importance of the saliva DNA sample on the wafer. He referenced a test in Las Vegas in 2002 where scent dogs were given a month old, dried wafer. The dogs were still able to locate the individual hiding in a paint closet on the basement floor of an eight-story building, all within 10 minutes.

These bite impressions are acknowledged as a key component in child identification by many groups including law enforcement officials, school boards, dental professionals and missing children organizations. Toothprints only takes a few minutes, and a few minutes are worth a parent's piece of mind, and possibly, a child's life. Contact your local orthodontist or dentist for more details on Toothprints.

