

边专 主编

口腔医学专业英语

系列专业英语

ENGLISH



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IN STOMATOLOGY



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前 言

随着 21 世纪的到来,我国对高层次专业人才的需求将越来越大,专业英语对口腔医学生而言愈发显得重要,为帮助口腔医学专业本科生、研究生提高专业英语水平,顺应我国改革发展的步伐,拓展就业范围,我们特组织了一批专家学者编写了《口腔专业外语》一书,以期满足这方面的要求。

本书为武汉大学“十五”规划系列教材之一,共分为三部分,第一部分为临床情景对话,由 10 章组成,涉及门诊预约、口腔检查、治疗计划等各种临床场景;第二部分为口腔专业知识,由 32 章组成,涉及口腔生物学、口腔病理学、牙体牙髓学、牙周病学、预防医学和儿童口腔医学、口腔修复学、口腔颌面外科学、口腔正畸学、口腔影像学、口腔材料学等学科;第三部分为附录,由两章组成,包括在 IADR 投稿须知和词汇表。为了方便读者的阅读,我们在每篇文章后面附有专业词汇、音标和较复杂句子的中文翻译。

本书的编写过程中还特别得到香港大学牙学院的 Dr. Robert Ng 和英语学习中心的 Dr. Vivien Berry 的大力支持和帮助,他们撰写的情景英语一章为本书增加了特色,在此表示衷心的感谢。

本书不仅可以作为本科生、研究生的专业英语的教材,还可以作为广大的临床医师提高英语水平,接诊外籍患者的一本工具书。

由于参加本教材编写的时间短,编写过程中限于编者的水平,书中难免会有许多疏漏、粗浅甚至谬误之处,恳请广大读者和老师提出宝贵意见。

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Section 1 Conversation in Dental Clinics

1

Making an appointment I

Mr Johnson: I'd like to make an appointment to see a dentist.

Dr Robbins: Of course. Do you just want to have a check-up or do you have a particular problem?

Mr Johnson: Yes, I'm having trouble with a tooth which is very painful to chew on.

Dr Robbins: We'd better take a look at this tooth soon to find out what's wrong with it. If you are available, we have a vacant slot to see you tomorrow afternoon at 3 pm.

Mr Johnson: That's very thoughtful of you. I'll take that appointment.

Dr Robbins: Can I have your name and contact number please?

Mr Johnson: Thank you very much. My name is Mark Johnson and my phone number is 21, 43, 77, 16. One more thing, what will you do tomorrow and how much is it likely to cost?

Dr Robbins: I'll examine the tooth and probably need to take some radiographs. Once I know what's wrong with the tooth, I'll discuss the choice of treatment available with you. The initial consultation fee including the radiographs is XX dollars.

Making an appointment II

Mrs Adams: Hello, I'm Mary Adams. Can I make an appointment for a dental check-up next Monday morning?

Dr Jones: I'm sorry we're all booked up on that day. How about the day after, on Tuesday morning at 10?

Mrs Adams: I think that'll be okay. But, if you have a cancellation on Monday morning, can you contact me and let me know? My telephone number is 754, 909, 88.

Dr Jones: No problem, I'll make a note in the appointment book. Have you been to our surgery before? If you are one of our patients, can I have your patient record number?

Mrs Adams: No, I am a new patient but I know where you are because you were recommended by one of my colleagues, Mrs Lee...

Dr Jones: Good, I look forward to seeing you tomorrow.

2

Examination I

Dr McDonald: Good afternoon Mr Underwood. I'm Dr McDonald and I'm going to carry out an examination of your teeth and mouth. Do you feel you have any specific problems with your teeth or mouth?

Mr Underwood: Good afternoon, Dr McDonald. I'm not getting pain from my teeth but I haven't had a check-up for a long time and I'm a bit nervous.

Dr McDonald: I understand how you feel and I'll take care not to cause you any discomfort. By the way, how long ago was your last visit to a dentist?

Mr Underwood: I think my last visit was about two and a half years ago but I'm not entirely sure.

Dr McDonald: Usually how often do you see a dentist?

Mr Underwood: As I said, I'm nervous of dentists and I also have a busy schedule, so I don't see a dentist regularly. I usually have a check-up if I think I've left it for too long or I believe I have some problems with my teeth.

Dr McDonald: I see. As you've never been here before, I just need you to answer a few questions related to your health. The questions are printed on this sheet of paper and I'd be grateful if you could go through the questions and answer them. Then we can proceed to the examination.

(during the oral examination)

Dr McDonald: Mr Underwood, you're going to feel me using an instrument on your teeth as I have to check whether there are any cavities in your teeth and the condition of the existing fillings and crowns. Then I'm going to check the condition of your gums and it might feel a little bit uncomfortable as I have to examine around and in between your teeth.

Dr McDonald: I've finished the examination and I'd like to take a set of x-ray films to check for any problems in between your teeth and underneath the gums.

Examination II

Dr Peters: Good morning, Mr Busby. How are you today? What can I do for you?

Mr Busby: Good morning Dr Liu. I'm fine except for this tooth in the upper right side that's been hurting on and off for the past few weeks.

Dr Peters: Okay. When did you last attend a dental surgery? Can you remember where your last dentist was?

Mr Busby: I normally try to see a dentist at least once a year but sometimes it can

be difficult as I have to travel around the country due to work. I think I last saw a dentist about 6 months ago when I was working in Guangzhou.

Dr Peters: Did you receive any treatment from your previous dentist?

Mr Busby: Yes, I noticed there was a cavity in one of my teeth from the upper right side and the dentist put a filling in there.

Dr Peters: From the medical history you've just filled out, you state that you suffer from high blood pressure. Are you under the care of a medical doctor or a hospital? Also, apart from the medications you've listed, have you been advised to do anything else to control the blood pressure?

Mr Busby: Yes, my blood pressure is checked regularly and I've been asked by my doctor to eat more healthy food and avoid very salty food.

Dr Busby: Alright. I think I'll take a look inside your mouth now and check your teeth and gums.

Examination III

Miss Ridgeway: Good afternoon, Dr Towers. I'm here for a dental check-up but I'm worried about my wisdom teeth. I've been getting some pain from the lower right side and my friends told me that it'd be my wisdom tooth.

Dr Towers: Okay. Before we check on your wisdom teeth, we need to know about your general health. Here's a standard medical questionnaire, please answer all the questions listed and take your time.

(after completion of the questionnaire)

Dr Towers: I see you're generally fit and healthy. Let me proceed to the oral examination.

(during the examination)

Dr Towers: The conditions of your teeth and gums appear to be fine. I'd see that the lower right wisdom tooth is erupting and the gums around the tooth looks a bit swollen. However, I'd not see any of the other wisdom teeth. I'd recommend taking a big x-ray film of your jaws to determine the number and positions of your wisdom teeth.

Miss Ridgeway: Yes, I'll have the x-ray taken but can you tell me whether it's going to hurt.

Dr Towers: No, Miss Ridgeway. Having this type of x-ray taken is usually painless. However, you'll have to keep very still while it's being done.

Miss Ridgeway: Thank you.

3

Presentation of Treatment Plan I

Dr Samson: Mrs Wu, I've now completed the examination and the x-rays films have been developed. Let me just double-check your teeth and gums with the x-rays.

Mrs Wu: Okay, doctor.

Dr Samson: I can see there are a couple of cavities in your teeth that require some attention. According to the x-ray, one of them seems to be very deep and might affect the nerve inside the tooth. There's also a broken old filling in one of your upper front teeth. That needs to be replaced. However, before we start on the fillings, you will need to see the hygienist to have your teeth and gums cleaned.

Mrs Wu: Is it necessary to have my teeth and gums cleaned? I don't feel any pain from them.

Dr Samson: I know you're probably not suffering any pain but I can see that some areas of your gums are red and swollen and that's usually due to problems in cleaning those areas. Also, some of your teeth are stained, probably from tea, and there are multiple deposits of tartar around your teeth.

Mrs Wu: Can I delay the cleaning to a later date? I'd prefer to have the fillings done first.

Dr Samson: That's possible but I would advise against it. The reason why I'd recommend cleaning the teeth and gums first is to improve the condition of your mouth and it'll make providing the fillings an easier task.

Mrs Wu: Okay. I have 2 other questions. What sort of material are you going to use to replace the broken filling in my upper front tooth? I want the final result to look nice. Secondly, you said one of the cavities is very deep and might affect the nerve. Does it mean you'll have to pull the tooth?

Dr Samson: I'll use a tooth-coloured material to replace the broken filling and the new filling will look like part of your tooth. Even if the nerve is affected by dental decay, we don't have to extract the tooth if you want to save it. We can save the tooth by carrying out root canal treatment but a crown is required afterwards.

Mrs Wu: Thank you for taking the time to answer all my questions, doctor.

Presentation of Treatment Plan II

Dr Quinn: Mr Ryan, you can probably guess that the state of your teeth is not very good. After examining your mouth, I can say that you need extensive treatment if you want to eliminate all the dental diseases in your mouth.

Mr Ryan: Yes, I have been aware that my teeth are in a poor condition for some

time. Can you please tell me what sort of treatment is needed? I'd like to save as many teeth as possible.

Dr Quinn: First of all, you'll need to visit our hygienist. She'll help you to improve your oral hygiene standard as well as spending a few sessions cleaning your teeth and gums. There are four back teeth which are hopeless and I recommend their extraction as soon as possible. Then the cavities inside your teeth will be restored and I think two teeth which have deep decay will need root canal treatment and crowns. Also, some sort of replacement will be required to fill in the gaps left by the extracted teeth.

Mr Ryan: That sounds like a lot of dental treatment. Could you tell me more about replacing the hopeless teeth?

Dr Quinn: To replace missing teeth, we could construct dentures, bridges or use implants. I have some leaflets here explaining each option. Please take one home to read and let me know if you have any questions at your next appointment.

Mr Ryan: Thank you. As I need so much dental treatment, I'm worried about the cost involved. Could you give me an estimate on the cost and what are the arrangements for payment?

Dr Quinn: I understand your concern. If you like, I'll provide you with a breakdown of the treatment cost. As for payment, you can pay as you go along. Our office accepts cash, the usual credit cards and cheques.

4

Treatment-Simple Operative Procedures

Dr Jacobs: Good morning, Johnny. How are you today?

Johnny: I'm fine, thank you.

Dr Jacobs: Did you go to school this morning?

Johnny: Yes, I did but I had to leave school early in order to come here. What are you doing to me today?

Dr Jacobs: You remember I looked at your teeth last week, don't you? I saw a little hole in one of your upper back teeth and I'll need to clean it and put a small filling in there. Otherwise, the hole will get bigger and bigger.

Johnny: Is it going to hurt?

Dr Jacobs: I'll need to numb the gums and tooth with some special paste and a small injection. Once the tooth is numbed, it won't feel any pain. Will you let me do that?

Johnny: I suppose so. However, I'd like to hold my mother's hand.

Dr Jacobs: No problem. Mrs Lawrence, can you hold Johnny's hand, please.

Mrs Lawrence: Okay, doctor.

Dr Jacobs: Johnny, now I am going to put some paste on the gums next to the tooth. The paste will make the gums go a bit numb. Keep your mouth open and don't put your tongue up there as the paste tastes a bit strange.

(after 1 to 2 minutes)

Dr Jacobs: I'm now going to numb the tooth further, just keep still. I have to do this part slowly and you won't feel anything. You might want to squeeze your mother's hand a little.

(after injection)

Dr Jacobs: Have a quick rinse and we'll have to wait a few minutes for the tooth to go numb.

(after 3 to 4 minutes)

Dr Jacobs: Does your cheek feel a bit funny and swollen?

Johnny: Yes, it does. It feels really strange. Do I look swollen up?

Dr Jacobs: No, you look quite normal. It is just the feeling that is different in that area. This will go away after around 2 hours. Mrs Lawrence, please make sure Johnny doesn't bite his cheek accidentally after you leave here.

Dr Jacobs: Johnny, I'll start cleaning the tooth with the small hole. You'll hear a lot of noise and you might feel some vibrations. There'll be lots of water splashing around inside your mouth. My nurse will help me by sucking out all the water with this suction tip. If you can keep your mouth wide open and keep still, it will all be over very quickly.

(after cavity preparation)

Dr Jacobs: Well done, Johnny! I've finished cleaning out the hole in your tooth. Now I'll have to fill the hole with a filling to stop food from getting inside it.

Mrs Lawrence: Excuse me, doctor. What sort of filling are you going to use to fill Johnny's cavity? I'd prefer something durable which doesn't fall out easily.

Dr Jacobs: Of course. There are 2 main types of filling materials that I could use. I could use the silver amalgam which is a traditional material used by dentists to fill cavities in back teeth. The material is fairly long-lasting but some patients don't like its appearance. Alternatively, I could fill the cavity with a white filling material. It's a type of resin material which blends into the tooth as its colour is very similar to that of a tooth. However, the material is more technique-sensitive and time-consuming to use. Perhaps, its longevity is not as good as silver amalgam. In Johnny's case, the cavity is really not that visible and I think the silver amalgam will be okay.

Mrs Lawrence: Thank you for your explanation. I think we'll take your advice and have the silver amalgam.

Dr Jacobs: Johnny, I'm going to start filling the cavity in the tooth. I'll have to use several different materials to fill the cavity and you'll feel me applying some pressure when I place the material in the cavity. You won't feel any pain but try to keep your mouth open as the cavity needs to be dry. My nurse will remove the saliva in your mouth

with this salivary ejector.

(after placement of restoration)

Dr Jacobs: Johnny, please gently close together on your back teeth. I've placed a small red film between your teeth to check the way you bite together. ... It looks okay, please close together gently again. This time, please slowly grind your teeth against each other.

(after checking the occlusion and articulation)

Dr Jacobs: It's all done, Johnny. You can have a rinse but be careful as your face is still numb and you might spill some water accidentally.

Dr Jacobs: Mrs Lawrence, please make sure Johnny doesn't bite his cheek while he's numb. He can eat at 7 this evening, by then the numbness will be all gone. But, please give him some soft food and remind him to chew on the other side to prevent biting on the new filling when it's still a bit weak.

Mrs Lawrence: I'll follow your advice. Thank you. When do I need to bring him back again? I think you said there were a few teeth that need treatment last time.

Dr Jacobs: Please see the receptionist on your way out. She'll be able to fix up Johnny's next appointment. Johnny has some back teeth with some stained and slightly sticky areas on the biting surfaces. I don't think those areas have decayed yet but I'd recommend carrying out some cleaning and then sealing them over with a plastic resin to prevent decay.

Mrs Lawrence: That sounds like a good idea. I'll arrange the appointment with reception outside.

5

Treatment-Scaling and Oral Hygiene Instructions

Dr Shore: Good morning Mrs Fan. How are you this morning?

Mrs Fan: I'm fine, thank you. What are you going to do today?

Dr Shore: I'm going to carry out cleaning for your teeth and gums. Then I'll go through some oral hygiene instructions so you can keep your teeth clean at home.

Mrs Fan: What exactly are you going to do when you clean my teeth? Is it going to hurt a lot?

Dr Shore: First of all, I have to remove all the tartar deposits on your teeth. They are usually found around the gum line of your teeth but are also located underneath the gums inside the gum pockets. I'll need to use an ultrasonic scaler which produces vibrations, a lot of noise and water. I also need to use some hand instruments to clean the areas which are more difficult to get to with the ultrasonic scaler. Then the teeth will be polished. Since your teeth have had a lot of tartar deposits for a long period of time,

your gums are very inflamed. What that means is that, you'll experience a bit of discomfort when I'm scaling your teeth. Also, you'll notice that there'll be some bleeding from your gums as I clean around your mouth. This is because of the inflamed condition of your gums.

Mrs Fan: Okay doctor, but please be gentle.

(after completing the scaling)

Dr Shore: Well done, Mrs Fan. I've finished the cleaning for this session. Before you go, I think it's necessary for me to explain some techniques to keep your teeth and gums healthy. Let's start with tooth brushing. What sort of tooth brush and toothpaste do you use and how often do you change your tooth brush?

Mrs Fan: I don't use a particular brand of tooth brush; usually I pick the cheapest and hardest one on the supermarket shelf. I change the tooth brush when the bristles look very worn out and I'd say, I get a new one every 5 or 6 months. As for the toothpaste, I use a smoker's toothpaste to help to get rid of the stains but it doesn't seem to be too effective.

Dr Shore: I'd recommend using a major brand of tooth brush and not the cheapest and hardest one. A major brand tooth brush is usually of a better quality but is also slightly more expensive. However, a better quality tooth brush is better in keeping your teeth and gums healthy. A hard tooth brush could possibly damage your teeth and gums over a long period of time. You should brush your teeth twice a day and change your tooth brush every 2 to 3 months. Regarding the toothpaste for smokers, it's usually more abrasive and again could harm your teeth. I'd advise you to use a normal type of toothpaste containing fluoride. I'll show you a good technique to clean your teeth on this model and I'll give you a leaflet about tooth brushing technique for you to take home. Do you use dental floss?

Mrs Fan: Thank you for all your advice and instructions. I'll try to do as you recommended. I've tried using dental floss before but I've always found it very tricky to use.

Dr Shore: Yes, most patients find dental floss difficult to use initially and end up giving it up. However, if you persevere, you'll be able to use it without any problems. Dental floss is a simple way to keep the areas between your teeth and areas underneath the gums clean. Normal tooth brushing isn't capable of cleaning these areas effectively. Let me show you on a model how flossing should be done. Then you can try it in front of a mirror.

(after practising tooth brushing and flossing)

Mrs Fan: Dr Shore, thank you for your patience and time. I'm a bit worried about the blood from the gums and also, they feel slightly sore.

Dr Shore: At this stage, it's unavoidable that your gums will bleed easily and the teeth and gums will feel uncomfortable. However, if you keep them clean, like how I've just shown you, the inflammation around your gums will improve and you'll notice the

amount of bleeding and discomfort will lessen after a short time.

6

Treatment-Root Canal Treatment

Dr Harrison: Good morning, Mr Morris. How are you today?

Mr Morris: I'm fine, thank you. I'm sorry I'm a bit late for my appointment. The traffic outside is chaotic.

Dr Harrison: No problem. You're only a little bit late and the traffic's always busy when the weather's bad. Anyway, we're hoping to start the root canal treatment for your upper left molar this session. How's the tooth been?

Mr Morris: The tooth's been giving me some pain whenever I chew on that side. Otherwise, it's been okay. I'd like to know if it's really necessary to have the root canal treatment for this tooth. Can you just put a filling in the cavity? I don't like the sound of this root canal treatment. It sounds painful.

Dr Harrison: I can understand your worries about root canal treatment, Mr Morris. However, the decay in that tooth is very extensive and it's already reached the nerve of the tooth. The tooth's now dead and the infection inside the tooth needs to be gotten rid of if you wish to save the tooth. Otherwise, extracting the tooth is an alternative.

Mr Morris: Okay, I want to keep my tooth, but how long will the root canal treatment take? Will I have pain after my appointment?

Dr Harrison: The root canal treatment will take a few appointments and each appointment will be around an hour long. Sometimes, the tooth becomes uncomfortable for 1 or 2 days after each appointment but it's usually controllable with painkillers.

Mr Morris: Why does it have to take so long? I'd prefer it if everything can be finished in 1 visit.

Dr Harrison: Of course, I'd prefer to finish the root canal treatment in 1 visit. However, this tooth has 3 or 4 root canals. Each canal appears to be quite small and curved and therefore, it takes time to clean out each canal thoroughly. So, although I'd like to be fast, in order to carry out the treatment properly, we have to be patient and take our time.

Mr Morris: Thank you for explaining the matter to me. I'd prefer the treatment done right the first time and not need to have it redone later.

Dr Harrison: Fine. Before we start, I need to numb up the tooth with a local anaesthetic injection. Then I'll put a piece of rubber dam around the tooth to isolate it. You'll have to breathe through your nose while I'm carrying out the treatment.

Mr Morris: Please go ahead.

Treatment-Extraction

Mrs Young: Dr Windsor, thank you for fitting me in this morning as an emergency. I broke a tooth last night eating some peanuts. It's been really painful since and I couldn't sleep last night even after taking some painkillers.

Dr Windsor: Don't mention it. I always try to see a patient who's in pain. Can you recall any problems from any of your teeth before you broke this tooth? Which tooth did you break last night?

Mrs Young: As far as I can remember, I haven't noticed any problems with my teeth before last night. But, I haven't had a dental check-up for over a year. The painful tooth is on the lower left side, you'll see it as soon as you look inside my mouth, it feels very sharp to my tongue as well.

Dr Windsor: Okay, let me have a look inside.

(after dental examination)

Dr Windsor: Mrs Young, I could see the tooth in question. It's suffered a serious fracture and more than half the tooth is missing. The nerve is now exposed and I think that's the main reason why you're in so much pain.

Mrs Young: Can the tooth be saved? I don't want to lose it, if possible.

Dr Windsor: I think it's possible to save the tooth but it'll need extensive treatment to stop the pain, rebuild the tooth and make it strong enough for you to use. The tooth will need root canal treatment, a post and core and finally a crown to protect it.

Mrs Young: Yes, that seems like a lot of work. How long will it take and how much is it going to cost?

Dr Windsor: You need to come back for a few appointments, probably four or five appointments. As for the cost, my nurse will work out an estimate for you in a moment but it's likely to be in the region of seven or eight thousand dollars.

Mrs Young: Four or five appointments won't be too much of a problem but the cost of saving this tooth isn't cheap. How long do you think it'll last? From your experience, do you think it's worthwhile saving this tooth? What alternatives are there?

Dr Windsor: It's difficult to tell you exactly how long my work will last. To a certain extent, it depends on how you use the tooth once the treatment is finished. However, a great deal of your tooth has fractured off and I think it probably won't survive for more than 3 years, even if every aspect of the treatment goes according to plan. In my opinion, I'd suggest extraction of this tooth to remove the pain. Then you can consider replacing it if necessary. Briefly, the options available are a denture, a bridge or an implant. However, you don't have to decide whether you want a replacement at this point.

Mrs Young: I'll take your advice and have the tooth extracted. Regarding the replacement, I'll decide later. Can you extract the tooth for me this morning?

Dr Windsor: I think the extraction can be done this session. It's a busy morning and I'll give you a local anaesthetic first. Then, you'll have to sit in the waiting room for a short time while I see some of my scheduled patients. Is that okay?

Mrs Young: I'd be grateful if you could extract the tooth today. I don't mind waiting outside as you suggested.

Dr Windsor: Thank you for being so understanding. From the medical form, I see that you are fit and healthy and aren't taking any medication. Have you had any breakfast this morning?

Mrs Young: No, I've been in so much pain that I've lost my appetite completely.

Dr Windsor: In that case, my nurse will give you a glucose drink to boost your blood sugar level before the local anaesthetic injections. I don't want you to faint during the treatment.

(after local anaesthetic injections)

Dr Windsor: Has the toothache stopped, Mrs Young? Does the area feel numb?

Mrs Young: Yes, the whole lower left side feels very numb. How long is this going to last?

Dr Windsor: It usually lasts for 2 to 3 hours. You'll feel me applying some pressure to the tooth now but you won't feel any sharp pain. Let me know if you feel any pain.

(after extraction)

Dr Windsor: Mrs Young, the tooth has been extracted in 1 piece. I'm now squeezing the socket and I'll ask you to bite firmly on a gauze pad for a few minutes to stop the bleeding.

(after checking the socket)

Dr Windsor: I've just checked the socket and the bleeding has stopped. You can leave now but I'd like you to bite on another piece of gauze pad for another 15 minutes. My nurse will give you a leaflet on what to do after an extraction. She'll also give you some extra gauze pads and painkiller tablets. Just be careful over the next few hours while your lip and tongue are still numb. It's very easy to bite them accidentally. I think you should come back to see me in a week's time. I want to check the socket is healing properly and it's advisable to have your other teeth checked as well.

Mrs Young: Thank you doctor. I'll make an appointment outside.

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Treatment-Minor Oral Surgery

Dr Chambers: Hello, Mr King. How are you today?