



Bentele Orthodontics

Fall Newsletter

We posted the last newsletter on the www.inner-smiles.com website but we realized that after you download the initial forms that our website may not make it to your *Favorites* list. We're hoping that you are enjoying the cool fall weather and are able to enjoy the Colorado outdoors.

Dr. Bentele took the picture above while camping with his 8 year old son Timothy at Skaguay Lake in Teller County. Caught a few rainbow trout, too.

We really believe that successful and enjoyable orthodontic treatment is a collaborative effort involving the patient, family, general dentist and the whole orthodontic office staff. Each newsletter we'll pass on items of orthodontic interest such as healthy snack ideas, tips from Angela on insurance issues and a review of an issue of controversy in orthodontics. In the last newsletter available on the website, Dr. Bentele reviewed what clinical research is telling the profession about the effectiveness of the popular Invisalign method.



Want a healthy snack during orthodontic treatment?

Jamba Juice Smoothie Recipe

- 1/2 cup apple juice
- 3/4 cup strawberry nectar
- 1 cup frozen blueberries
- 1 banana
- 1 scoop of sugar free raspberry sherbet
- 1 scoop fat-free vanilla yogurt
- 1 cup of ice
- Blend and enjoy



Clarity Translucent Braces



ANGELA'S INSURANCE CORNER

How does my insurance cover the cost of orthodontics? Insurance usually only covers a portion of the treatment cost. The amount applied towards orthodontics is dependent upon the policy and that amount is disbursed over the course of treatment and not all upfront. We strive to obtain the best estimate of benefits when calling the insurance companies on your behalf to include history of orthodontic services used, actual billing codes, and associated charges to inform patients of their financial obligation towards treatment. We also sit down with patients to discuss the various options of payment prior to the start of treatment.

Typically insurance will pay 50% up to a set amount. That does not mean they will pay 50% of the total treatment amount. We strive to maximize the insurance benefits available to you.

It is important to keep us informed when insurance changes occur to prevent delays. If we are unable to provide an answer we may refer you to the human resources department that negotiated your benefits for your employer or the insurance company.



What's the latest story about extractions for orthodontics?

Orthodontics has gone through several cycles with respect to extractions. Extractions were common early on in the profession then fell out of favor only to resurface as a common treatment mode when I was treated by Dr. Jaynes. (Things have come full circle – Dr. Jaynes was an early mentor of Dr. Shaner in a St. Louis study club). Then in the 1980's extraction of permanent teeth once again came under scrutiny mainly by general dentists and some orthodontists.

Here are the opinions against extractions followed by a sample of what the scientific evidence actually says:

Extractions will "dish" in the profile	Johnston, University of Michigan Extraction and non extraction patients were equally pleased with their facial appearance. Excess lip protrusion is reduced in extraction cases.
Extractions will cause jaw joint problems	Johnston, University of Michigan No evidence that the jaw joint is pushed back in extraction cases or that extraction patients have any higher rate of joint problems.
Extractions are undesirable because every tooth should be preserved	Kim, Seoul University Nonextraction patients were more likely to experience impacted wisdom teeth. Impacted wisdom teeth are often associated with pathology and have to be extracted. Even the 12 year molars can be impacted and lost by pushing the teeth back in crowded cases.
Non extraction treatment leads to a wider more pleasing smile	Gianelly, Boston University Virtually no difference between the smile width or the attractiveness when extraction and non extraction groups were compared

So the opinions against orthodontic extractions do not stand up to scientific scrutiny. Avoiding premolar extractions is desirable but not at all costs such as risking losing other teeth. So here's my take on extractions: Avoid extractions as much as possible by managing the excess space available in the baby molar area. Assess the ability of the patient's soft tissues to withstand squeezing the crowded teeth into the limits of the anatomy. The presence of thin, recession prone gum tissue; protruding lips; lips apart at rest and incisor teeth already angled outwards all lean me towards extraction. If the top teeth stick out too far, can the patient tolerate treatment to push all the top molars back or would it be more effective to remove two premolars for "camouflage" treatment?

So here's my promise to you. Treat every patient with a blend of art, science and experience to come up with the best individualized answer that meets our treatment goals. That is why objectives are such an important discussion for us. When do I extract teeth? -- Only when I need to in order to meet your goals for a great outcome