

scant evidence that the lights actually do anything of real value.

Home whitening products use a much lower concentration of gel that is held against the teeth by special custom-made trays. Because of the lower concentration of whitening agent the effect is more gradual and these devices need to be worn for one or two hours a day for about two weeks. The trays need to be a very close fit to hold the gel against the tooth and to prevent the gel from being washed away by the patient's saliva, so the home option also involves having impressions or moulds taken so that a bespoke tray can be made by a technician.

WHICH IS BETTER?

Stephen Franks, cosmetic dentist at the Moor Park Specialist D Centre prefers home whitening for his patients rather than in-surgery whitening. "I have used both techniques over many years but now tend to prefer home whitening; the results are far more predictable. There is also the benefit of having greater control over the level of whiteness, patients being able to increase or decrease the number of applications." Home whitening is also usually more affordable than in surgery whitening.

IS WHITENING FOR EVERYBODY?

Not all tooth discolorations are caused by a build-up of absorbed stain. Sometimes the colour is part of the crystalline structure of the tooth enamel. As a good rule of thumb, yellow or brown stains tend to respond well to whitening whereas greyer stains tend to be harder to treat, often needing months rather than weeks to respond. Teeth can also darken in response to the gradual leaching of metal salts from old metal fillings or as a result of the death of a tooth nerve. If you have one or two teeth that are darker than the rest then this may well be the cause.

If you have had fillings or crowns on your front teeth the dentist has probably taken care to match these to the colour of your teeth. Dental filling materials and porcelains are designed to be colour stable and will probably not whiten along with the teeth. If you have front fillings and are considering whitening then you need to be aware that they may end up looking darker than the newly whitened teeth and will need to be replaced to complete your new smile.

Lastly, if you feel your teeth are too stained it is worth treating yourself to a hygienist visit first. The staining may well be only on the surface in which case improved brushing and regular professional cleaning is the answer.

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TEETH WHITENING

In the good old days there was only one way to change the colour of your teeth; drill away all that stained but healthy enamel and replace it with porcelain! Well, unless you were looking for a career in Hollywood this seemed a tad on the drastic side. After all teeth are living things and there is only so much drilling they can cope with. Then along came whitening.

Despite their glassy hardness teeth are actually porous. As the years pass the porous surface absorbs colour pigment from food, drink and smoking. This gradually stains and colours the teeth. However every cloud has a silver lining and since the tooth surface is porous enough to absorb stain it will also absorb whitening agents and so the stains that have been built up over the years can be reversed and the tooth returned to its original pearly colour.

For all the glamour of the marketing, the principles of tooth whitening are very straightforward. All the available products are variations on the same theme, a viscous

gel containing whitening or bleaching agent. Whitening agents have been around in dentistry for decades but were usually in the form of strong liquid bleach that was difficult to use, far too caustic and not very effective. The breakthrough has been in formulating a gel thick enough not to be washed away by the mouth's constant flow of saliva, strong enough to whiten the teeth but mild enough not to cause pain to the teeth or chemical burns to the gums.

There are two standard ways of applying the gel, known in the trade as in-surgery or home whitening.

In-surgery products include Britesmile and Zoom. These involve use of a high strength gel for a short period of time, usually three applications of 20 minutes each. Because the gel is very strong the gums and lips need to be protected first with special barrier materials and so these materials must be limited to in-surgery use. All of them also make use of a light of some sort to 'activate' or 'accelerate' the gel. The issue of the effectiveness of the light remains controversial and there is

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