

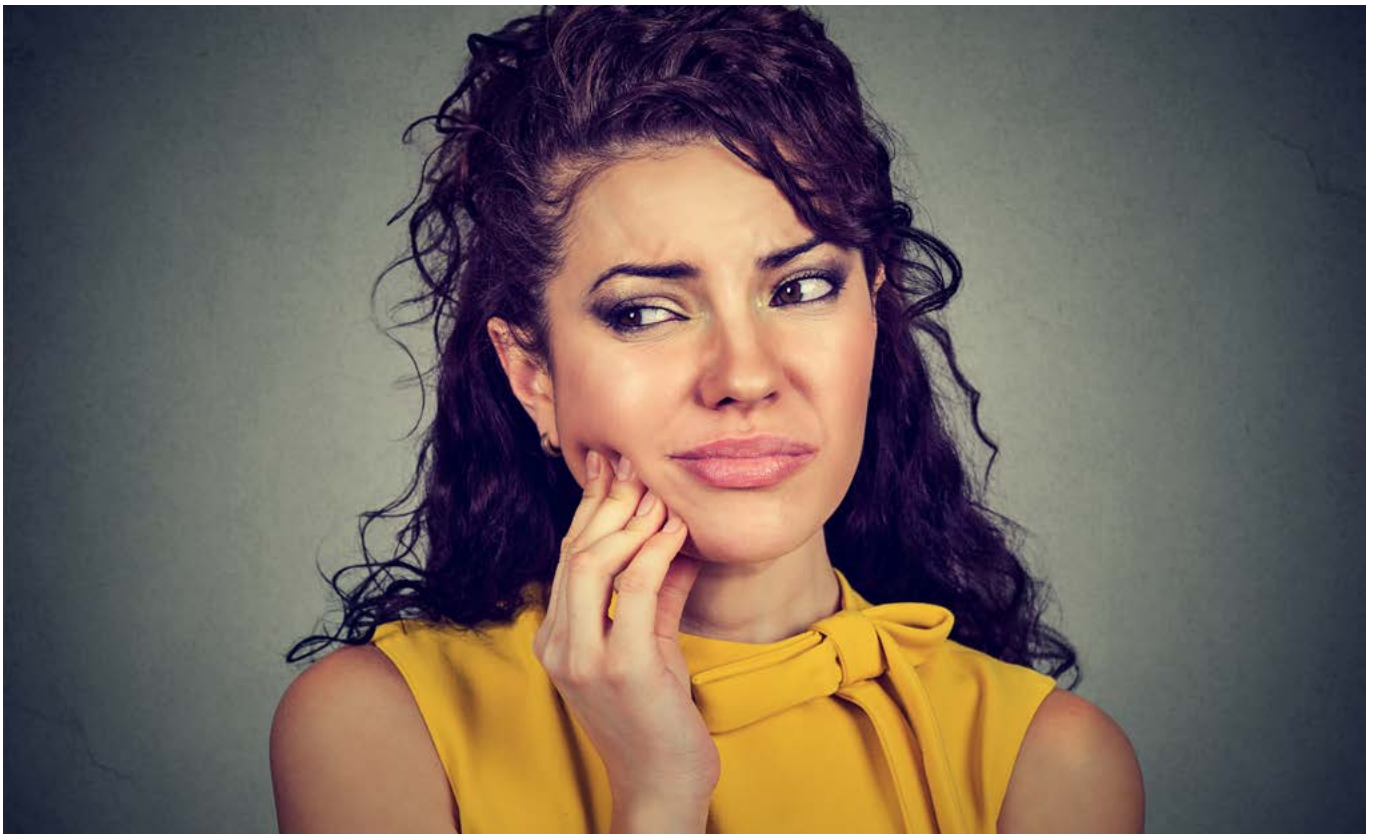
# POSSIBLE ISSUES AND SIDE EFFECTS

Tooth whitening is a very safe procedure when performed correctly. However, there are some potential side effects that you must inform the patient about prior to the procedure.

It is also important to have the knowledge to circumvent these issues to help patients achieve a fantastic result.

## Protocol for Extreme Sensitivity

The most common side effect of any whitening procedure is sensitivity. This problem affects, to varying degrees, up to 75% of whitening patients. Sensitivity is a major issue if the patient cannot continue with the whitening.



### The protocol for treating patients with extreme sensitivity is as follows:

- 1 Full examination.
- 2 Photographs with time stamp and shade tab.
- 3 Restore any exposed root dentine with composite or glass ionomer.
- 4 Use a chair-side desensitising agent on any areas of sensitivity, as directed in instructions.
- 5 Use Sensodyne Toothpaste in your whitening trays, overnight, for 3 nights.
- 6 Use Boutique Biomin Toothpaste for 2 weeks prior to, and throughout the whitening process.
- 7 Switch to using 10% Carbamide Peroxide - Boutique by Night.
- 8 If sensitivity is severe, use the ramp technique. Start the patient on 6% Carbamide Peroxide with only 1 or 2 hours wear time, gradually increasing the wear time so that after 2 weeks the patient can manage to wear the trays overnight. After 2 weeks switch to 10% Carbamide Peroxide.
- 9 If the sensitivity persists, then instruct the patient to whiten on alternate nights, and wear the Sensodyne Toothpaste in the trays overnight on the days in between.

## Gingival Irritation

Another potential side effect of the whitening process is gingival irritation. This occurs when the whitening gel has prolonged contact with the gingival tissue.

This can be avoided by educating the patient that they need only fill the dosing dots on the tray and no more, this will avoid an excess of gel and the subsequent gingival irritation. If they do get any excess of gel then this should be removed with a clean tissue or soft toothbrush.

The best way to limit most problems is to ensure that the trays are well made by a laboratory. The quality and precision required is impossible to recreate in surgery made trays. Isolation of the bleaching product from the rest of the mouth will successfully limit most problems. Likewise, patient education on how to properly fill the trays will also help.

## Disappointing Results

This is a classic example of making sure that you under promise, and over deliver, in your initial talks with the patient, and the treatment that follows.

Tooth whitening is not an exact science, and 1 pack of whitening does not always equal the perfect result for your patient. It may take more. This should always be made clear from the outset.

We know from the Van Haywood studies that hydrogen peroxide will whiten the teeth in almost all cases. If the teeth do not whiten, the answer is to extend the treatment time. This approach will rarely fail.

## Bruxists and Tooth Whitening

If you are attempting overnight whitening on a patient with nocturnal bruxism, the results will likely be poor.

As the patient clenches and grinds, the flexing of the trays will cause saliva ingress and washout of the whitening gel.

In these patients, the best option is to use Boutique by Day gel.

