



Dental Sealants

Approximately 90% of all dental caries manifests in pits and fissures of posterior teeth, (Oral Health in America: A Report of the Surgeon General, 2000). Therefore, in addition to traditional preventive regimens such as fluoride varnish and personal oral hygiene, we recommend applying sealants to the primary molars.



Effective sealants in primary molars are achievable through a modified technique that utilizes the properties of glass ionomer. Glass ionomer sealants are retained at a much lower rate than are resin sealants; one study showed that as much as 90% of resin sealants were retained after 4 1/2 years, compared to only 16% of glass ionomer sealants (Scand J Dent Res. 1990 Aug;98(4):345-50). However, the ability to prevent new decay is similar for both materials as long as they are retained.



When should you consider GI sealants?

Moisture control and isolation of the teeth are critical to the retention of resin dental sealants. In very young children, it is often difficult to obtain moisture control. For this reason, it is important to consider glass ionomer sealants, because we know that if dental caries is left untreated it almost always progresses. It is always better to do something rather than nothing. Glass ionomer sealants can help prevent dental caries.

Key Facts on GI sealants in pediatric dental patients

1. For the large majority of pediatric patients, moisture control cannot be easily obtained. For these patients glass ionomer sealants may be indicated.
2. Glass ionomer sealants are particularly useful in the primary dentition.
3. Patients with sealants benefit from recall appointments. However, even when follow-up cannot be ensured, sealants should still be placed.

Glass Ionomer Sealants are endorsed by the Indian Health Service Division of Oral Health in situations where moisture control cannot be achieved.

Glass Ionomer Sealant Technique

The technique for placing the glass ionomer sealant is very similar to the technique for placing interim treatment restorations (ITRs).

1. Provide anticipatory guidance to the child and guardian (tell and show).
2. Recline the child in a knee-to-knee position. See picture to the right.
3. Isolate two quadrants with a cotton 2x2 and condition enamel with manufacturer's conditioner and micro brush.
4. Remove excess conditioner, rinse with water, and dry occlusal surface with cotton.
5. Apply glass ionomer and force into occlusal grooves with moderate finger pressure.
6. Remove excess material. Isolate for an additional 30-60 seconds.
7. Repeat procedure for opposite quadrants and then apply fluoride varnish.



When do you code a 1351?

A dental sealant is coded 1351. If the resin or glass ionomer is “limited to the enamel” it is considered to be a dental sealant (Code D1351). This means that even if there is decay but it is limited to the enamel, it is a dental sealant.

See Current Dental Terminology 2009-10, Page 147, #12.

What is the IHS ECC Initiative?

The Indian Health Service (IHS) Early Childhood Caries (ECC) Initiative is a multi-faceted program designed to enhance knowledge about early childhood caries prevention and early intervention among not only dental providers, but also healthcare providers, community partners, and AI/AN families.



Together, we CAN make a difference!