

Mighty Mouth 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, IHS recommends applying sealants to primary molars.



Effective sealants in primary molars are achievable through a modified technique that utilizes the properties of glass ionomer. Glass ionomer sealants, also known as Mighty Mouth sealants in IHS, may be retained at a lower rate than are resin sealants; 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 will progress. 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. Follow up care including daily brushing with fluoride toothpaste and fluoride varnish treatments may improve the treatment outcome.
4. Children for whom follow-up cannot be ensured should still receive sealants.

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

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Glass Ionomer Sealant Technique

1. The technique for placing the glass ionomer sealant is very similar to the technique for placing interim treatment restorations (ITRs).
2. Provide anticipatory guidance to the child and parent/guardian (tell and show).
3. Recline the child in a knee-to-knee position.
4. Isolate two quadrants with a cotton 2x2 and condition enamel with manufacturer's conditioner and micro brush.
5. Remove excess conditioner, rinse with water, and dry occlusal surface with cotton.
6. Apply glass ionomer and force into occlusal grooves with moderate finger pressure.
7. Remove excess material. Isolate for an additional 30-60 seconds.
8. Repeat procedure for opposite quadrants and then apply fluoride varnish. Give the patient a Mighty Mouth sticker and remind them to brush daily with fluoride toothpaste.



When do you code a I35I?

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.

What is the IHS ECC Collaborative?

The Indian Health Service (IHS) Early Childhood Caries (ECC) Collaborative 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.