

- Good morning. Good morning, Virgin Islands. Virgin Islands, good morning. This is the Ability Radio, you and your life show. It's brought to you this morning by VI Lottery, making a difference. My name is Amelia Headley LaMont, I'm the executive director of the Disability Rights Center of the Virgin Islands. And I am joined this morning by my co-host, Iris Bermudez. Good morning, Iris.

- Good morning, Amelia.

- You, once again, have hit a homerun, and have brought us a very interesting topic this morning. It concerns something that we all have and, well, I hope it's something that we all have, and that is teeth. And that is how to best take care of your teeth. And I am privileged to welcome this morning, Waverly Henderson, who is a dental hygienist. Good morning.

- Good morning. Thank you for the invite on the show.

- Well, I know from person experience, I might say, that you have a wealth of information on hygiene for dental health, which is so important. So, tell us what does a dental hygienist do? What do you do?

- Well, primarily, we clean teeth, okay?

- Okay. [ laughs ] That's easy.

- No. But we have to educate our patients, educate the patients so they know how to take care of their mouth, they know how it affects their body, okay, and their health. So, your mouth is like your gateway. and you have to make sure that you take care of the gateway, or else it can affect other things in your body, like your, they say gum disease and heart disease go together, okay? But it's not just gum diseases, you know, gum disease, heart disease, liver, lung, pancreatic cancer, stomach cancer, Alzheimer's, there's like 25 things that they, you know, list or link together.

- With dental health?

- With dental health.

- That's amazing. You never think of it that way, you know?

- No.

- Yeah.

- No. But then she did say that it's the gateway...

- Yeah.

- ...of everything. So, that's quite interesting.

- Yeah.

- Quite interesting, because we hear so many things about, well, you know, you got to take care of this, with breast cancer, heart disease, and we kind of, don't know still where it's coming from, but that kind of, clears it up for me, too.

- Well, yeah, I worked in, like, let me see, I started on in Pittsburgh.

- Okay.

- That's where I went to school. And there are a lot of people there that are like educated about, you know, how to take care of their whole body. But right across the border in West Virginia, there's a lot of

people there that don't know, so you might see a lot of cavities there, and then in Pittsburgh, especially like, in the wealthy communities, their hygiene looks great. Yeah. So, I don't just want, you know, the people that have money to have great teeth. I want everybody to have great teeth. Everybody should have like, the same access. Yeah. And I've seen, you know, you work in some of those dental offices that have, you spend like an hour with your patient and you can talk to them about not just their hygiene, but you can talk to them about their family and you get to know the person, and they get to know you. But when you go to like a clinic, it's just run-of-the-mill, just like in and out. Five minutes, you clean their teeth and you don't tell them anything. So, I worked in settings like that. And if I have five minutes to clean your teeth, you're gonna know every single thing about your teeth.

- No way. I think that's what I, that's what I, I'm very glad that you came to the show because one of the things I know about you is that you do educate the patient while you are cleaning their teeth and that is so important. Dental hygienist that I've encountered in the past, they just do the perfunctory task of cleaning your teeth, you're in, you're out. But you tell the story and why it's so important.

- Yeah. I...

- You educate.

- Yeah. I, you know, I don't know as much as the dentist, you know, I know some things and I've seen a lot of things, but the why, I remember that for the test because I passed like every other hygienist. You know?

- What got you into this, by the way? Before we go into the nitty-gritty, what brought you to this profession?

- I used to be a social worker.

- That explains a lot.

- There was the connection there.

- Really? Okay. Yeah. I used to be a social worker and I used to work in a cancer unit. And I don't like people dying on me. Yeah. So, I figure that, you know, if I go into dental, you don't have your patient dying on you. The worse, you're gonna lose your teeth and I can live with that.

- Lose a teeth rather than lose a life, right?

- That's right.

- Yeah.

- You know, we could get you implants, dentures...

- Right. Right.

- You know?

- Wow. Okay.

- So...

- All right.

- So, how do you go about helping people learn about taking care of their teeth? You educate them, but what are some of the things that you do with them?

- Okay. First, I started out in Pittsburgh, okay? When I was in Pittsburgh, some of the dentists really care about their patients, you know, and they want the hygienist to educate the patient, okay? But when I moved to DC, Maryland, Virginia area? I had this one doctor that he said "Every time that patient is in the chair, you have to give them a mirror. And they have to see what you see."

- Wow.

- Yeah. So, I give them a mirror and I would, you know, get the probe out, a probe was a little like a measuring stick, sort of, and it goes into the gum line gently...

- [ laughs ] Good.

- ...and you can show them exactly where they're at and all the things that I tell them, they can Google everything, you know? Because I don't want you to just take my word, I wanna tell you the brief little thimble size information that I have, okay? And you can get online and you can look everything up. So, yeah, all right, so I give them this, I show them the probe, I give them the mirror, I explain, you know, why some places are bleeding, why some places are not bleeding, okay? I tell them it's bacteria, okay? Bacteria is in the mouth, it's inner bodies all through the inside and it's all on the outside, it's all over everything, okay? So, bacteria cause inflammation. If you have inflammation, you're gonna bleed, right? Your gums are gonna hurt. They're gonna be red. Okay. So, you get in there and you go into the gum line, gently, and you clean out that bacteria. Now, if you can clean it out in one setting and you don't have to go into the gum line, that's just a regular cleaning, if you have to go below the gum line more than maybe two millimeters, then that's a little bit more intense cleaning. So, that's probably gonna cost you more. And if you're gonna be paying for that, whether you're paying or not, okay? I want you to know. All right. And then there are some people that you have to go into the gum line like 10 millimeters. So, like, if you look at a, if you look at a pencil, you know the pencil sharpener?

- Yeah.

- When you put your pencil and pencil sharpener, you take it out the lead and then that wooden part, that's about 10 millimeters, I think. That's how far you can get in the gum line. Yeah. That's some serious stuff. Teeth are probably moving then, there's only tartar holding those teeth in, the bone is not doing its job, the gums are inflamed, they are red, it's bleeding. Nobody wants you to touch them then, okay? But you have to get in there because if your mouth is in bad shape, what about the rest of your body? You can't see the other organs.

- Yeah.

- So you have to get in there and clean all that stuff out. And if I clean it out of there, I'll want you to keep it clean. I don't want to have to do this twice, all right? So, I want to educate my patient about how to take care of their mouth. That's the most important. If I don't get everything done in that first visit, you're gonna know what I know today, and when you come back, you're gonna want me to clean things up for you. And after you're perfect, you're gonna have to still come back so I can tell you, hey, you're falling off or you're doing great.

- Right.

- Yeah. I don't wanna affect you negatively after you meet me, I want you to get better after you've met me.

- And before we started the show, you and I were having a conversation about thorough cleaning and you mentioned that people don't brush at night, don't brush their teeth at night.

- Some people, yeah, some people just brush in the morning.

- In the morning.

- You know? Because they think that's what they should do, I guess. You know? I want you to brush in the morning before you eat anything or drink anything, because you're gonna be swallowing that bacteria that's been multiplying in your mouth all night. Okay? So, you clean that out and it can be a quick brush, okay? And then you eat breakfast. And then you brush your teeth again because you wanna get rid of the stuff that's in there. And then after lunch, you're gonna clean your teeth again. And after dinner, you're gonna clean your teeth again. So, if you eat dinner at 5:00 or 6:00, you're gonna have to clean your teeth probably before you go to bed because you might have a snack. So, and if you don't have time to brush your teeth, like, say you're at work, you don't have time to brush your teeth, you can use those little floss picks, okay? The floss? You use the floss, you get into the gum line and you work it around. Some people just take the floss or a floss pick and they go up into the gum line, and then they just come out. So, they go up on one side and up the other side, and then out. So, you just push the plaque up into the gum line on one side and up into the gum line on the other side and then you take the floss out, okay? That's not cool.

- [ laughs ] Okay. We'll pursue this line of discussion after we take a brief break. We're back. You're listening to Ability Radio, You and Your Life. I'm Amelia Headley LaMont. And I'm joined this morning by Iris Bermudez. Oh, this program is brought to you by VI Lottery making a difference. And we're talking this morning about teeth Taking care of your pearly whites, hopefully pearly whites with Waverly Henderson who's a dental hygienist. And Ms. Henderson, you were telling us about the frequency of brushing and how one should, maybe midday, yeah. And so, let's talk a little bit more about this. I mean, realistically for a lot of folks, brushing is a challenge, say, at lunch time. But let's again revisit how often once you take care of your teeth.

- Okay. Usually, people brush in the morning, sometimes at night. Okay. If you can brush in the morning, that's great. So, you get that stuff out of your mouth before you eat breakfast because you don't wanna eat your plaque.

- Uh-hmm.

- Okay?

- That's true.

- All right. And then after breakfast, you, if you're in a hurry or if you're eating in the car on the way to work, you can get those little floss picks and just, you know, I was gonna say floss and dry, but the cops might [ inaudible ]

- [ laughs ] That will work.

- Yeah. So, you should floss and get that food out as soon as you're finished eating. So, some things will, some places will say you have to floss, like, within five to seven minutes or get the food out within five to seven minutes after you eat because if you don't, then it's destroying your bone. Underneath, the bacteria is destroying your bone. But kind of recently I've seen where they say, you should not do that. Yeah. So...

- Is there a reason why you shouldn't do that?

- Well, you know, some people say it's not good. It's not good to do it. Um, it depends on which website you're looking at, I suppose. Yeah. I've had, I remember in 2007, I was working with that one dentist I told you that always told people to use a mirror.

- Uh-hmm.

- Okay? They changed the protocol like if you have to take pre-meds. Some people have to take antibiotics before they get their teeth cleaned. Okay, because it might have some wrong in their heart or something or, you know, artificial joints or whatever.

- Right.

- So, they changed it three times in 2007. So, they told you have to take it, then they told you, you don't have to take it, then they told you, you have to take it. [ chuckles ] So, everything, I don't know if there's a, like an authority. I mean, like who really knows what we're supposed to do. So, if I tell you that I want you to do this, this, or whatever. And then another hygienist will tell you, "Well, no, I want you to do that, that, and whatever." Okay. You have to do what makes sense for you.

- Right.

- So, I want you to clean your teeth in the morning and then floss and get the food out right after you're finished eating, get your food out after lunch, and get your food out right after dinner. And then brush your teeth and floss really well before you go to sleep at night. That's what I want you to do.

- Uh-hmm.

- If that doesn't make sense to you, you gotta do what's good for you.

- Right. Yeah. It makes sense.

- And that, I think what's really interesting to what you said at the beginning how not having good hygiene, dental hygiene affects your health because I had heard of that but I didn't really know that connection. But now that you've...

- You've heard of gum disease and heart disease, that's what everybody hears, so.

- Yeah, but now I...

- Yeah.

- Yeah. It makes sense.

- Yeah. So, I work with people that love to read and I don't love to read. So, if I had a book that will just tell me everything or if you could read the book and then tell me, it's cool with me.

- [ laughs ]

- But I've seen and I've heard and I, you know, there's, there, I've seen the list were there is, there's 25 things on that list that the bacteria on your mouth will affect. So, yeah, gum disease and heart disease, so it affects your heart or it affects every single organ in your body negatively, including your brain. So, that's why Alzheimer's is on the list. Yeah. So, and they see that if someone dies and they have heart disease, they also have gum disease, you know. So, if the person died from heart disease and you look in their mouth, they have gum disease. Okay. So, which one came first? The chicken or the egg?

- [ chuckles ] I knew that was coming.

- [ laughs ] Right?

- Yeah.

- Yeah. But if you die with heart, well, you don't want, you don't wanna have the gum disease, all right? Because that's only gonna help you positively, right?

- Right.

- Uh-hmm.

- So, if your gums are bleeding and if they hurt, then you know something is wrong and it's not because you're doing something. It's because you're not doing enough to get the bacteria out. So, if my patient comes to me for five years and your gums are still bleeding, then I need to go work somewhere else. That's my opinion.

- Uh-hmm.

- Uh-hmm.

- You know, because I am not affecting you in a good way.

- Yeah. So, if someone presents themselves with bleeding gums and you do a cleaning. I mean, okay, is a bleeding gum situation reversible? That's my question.

- Yes.

- Okay.

- Yeah. So, if you just have, okay. You are from healthy, that's stage one, healthy, okay? There's no bleeding in the mouth. If you have bleeding, then you could have gingivitis or you have gingivitis. That's why your gums are bleeding. All right. So, if you have severe gingivitis that's called periodontal disease. That's bone loss. There's bone loss in the mouth, okay? So, that's why that little probe that we use, okay? If you have, like, zero to, some places say two, some places say three millimeters. So, let's say you have zero to three millimeters, you're healthy. Okay? If you have, some places say three, some places say four. Okay. If you have three to four millimeters of bone loss or inflame the gums, then you have gingivitis. Okay? If you have five millimeters, if you, if the probe goes in five millimeters into the gum line, then you have bone loss. Okay? But you should be able to see that bone loss on the x-rays. So, when we take x-rays, you're looking at the bone and you'll, if you're able to see the bacteria on the tooth or down inside the gum line, the hygienist or assistant or doctor, they should be able to show you where it is and they should be able to show you the bone loss. So you can have horizontal bone loss or you can have vertical bone loss. But either way, you should see that the bone is not around the neck of the tooth, so you have the crown of the tooth which is the fat part, the part everybody sees. Okay. And then you have the neck which is right underneath that crown. And then you have the root. So, if you have bone loss and yours, your bone is not at the neck, it's further down the tooth. Okay? The more bone loss you have, the tooth is gonna get loose. It's gonna fall out.

- Is it possible to replenish the bone in any way or once it's lost, it's [ inaudible ] way?

- People that, you can go to a periodontics office and you can buy bone, you know.

- [ laughs ]

- Periodontics, let's see. If you have a tooth that's very loose, okay, tooth is in bad shape, it's gotta go. So, they pull it out and now you want an implant. Okay? So, there, they might have to do a bone graft, okay, so they mix up the bone and they open the gum line and they put it in there and they stitch it up, sits in there for a while. Okay? So, we're talking three, four, five, maybe six months. It depends.

- Right.

- Okay? The periodontics is gonna make that determination.

- Okay.

- And then, he's going to put the implants in. Okay, implant is a little piece of metal, it looks like a little piece of metal.

- Uh-hmm.

- He puts that in there and that's gonna sit in there three, four, whatever. Five, whatever how long he determines it's gonna be there, it stays in there. Okay? And then, once they determine that's good, then he, he's gonna tell the dentist that he can make the crown for the implant. Okay? So, then you go to your dentist and he puts the implant. So, the whole implant process can take a year.

- Right.

- But you asked me about bone. Yes, you can, you can get bone back, but sometimes, they will put bone in your mouth.

- To, yeah, strengthen it or replenish or whatnot?

- Yeah. So, you can get bone from, like, cows or they can get you synthetic bone, fake bone. Right?

- Oh, my goodness.

- Or they can get you bone from, like, dead bodies.

- Okay. Well, on that chewy note, we're gonna take another brief break. You're listening to Ability Radio, you and your life, brought to you by VI Lottery, making a difference. We're back. You're listening to Ability Radio, you and your life. I'm Amelia Headley LaMont, joined this morning by Iris Bermudez. This program is also brought to you by the Disability Rights Center of the Virgin Islands. If for any reason you missed any portion of this program, you can hear it because this program will be recorded or is recorded and it's posted on our website which is located at [drvci.org](http://drvci.org). This is also a call-in program, so if you're so inclined, you can certainly call in at 713-1079 or 779-1079. Our guest this morning is Waverly Henderson and she is a dental hygienist, and we've been learning a lot about the importance of taking care of our teeth, how it's connected with our overall health and wellbeing, and we were talking about bones. [ laughs ] It's getting a little intense, but this is very important things. People need to come in to a dental office, informed and not fearful.

- Right. Right. Because my question to you, Waverly, is how do you help a person get over the fear of going to a dentist? I personally had an experience that, you know, was very scary to me when I was younger. And in general, you know, what can a person do to prepare to see a dentist or to go to the dentist based on some negative experience they've had in the past?

- Well, you just have to make up your mind to go.

- [ laughs ] Okay.

- You know, I figure, you're gonna see the dentist either to take care of your teeth or you're gonna see the dentist one day to pull your teeth.

- Uh-hmm.

- So either way, you will see the dentist.

- True.

- If you have fear about coming to the dentist and you make up your mind, "Okay. I'm gonna go." And you come in, the first thing you should do is say, "You know, I'm really scared to be here." Kind of like what I told you this morning.

- Uh-hmm.

- [ laughs ]

- [ laughs ] Yeah, "I'm really scared to be here." And that way, we know exactly how to deal with you. I'm not gonna sit you back in the chair like if you're a professional.

- Right.

- You know, I'm not gonna just jump in there and, like, [ makes sound ] clean your teeth and you're out. I'm gonna explain to you everything we're gonna do before we do it.

- Uh-hmm.

- I'm gonna talk to you probably for, I don't know, 10, 15 minutes. I want you to know who I am, tell me about you, I want you to feel really comfortable with me. And then, once we get past that, then I can sit you back, I'm gonna ask you if you're comfortable.

- [ laughs ]

- I'm gonna adjust your headrest.

- Uh-hmm.

- If you need a blanket or a pillow, I'll get that for you. Whatever you need, I am there for you. This is your time. I'm gonna spend this time with you. You're the most important person to me in this hour, okay? So I want you to be very relaxed. And then, we can go from there. I'll show you what the instruments are, I'll tell you what I'm gonna do. First, I'll give you the mirror, you can look if you want. If you don't want, it's okay. I just want you to feel relaxed. On that visit, if I'm not able to clean everything out of there, it's okay with me. I can live with that. And you probably gonna be happy to go.

- [ laughs ]

- But, you know, as long as I know you're coming back and I'm gonna get another chance to clean everything out and get you on the right page, we just go from there. But it's not like it all has to get done today.

- Right.

- Yeah.

- Right.

- Because we're working on the behavior change first. Yeah.

- I like that.

- So once we do that part and we're good with part one, then we can move on to getting you to be a regular patient and, you know, clean your teeth. I want you to care about your mouth more than what I care about your mouth.

- Right.

- And I really care about your mouth. [ chuckles ] So...

- I wanna get your opinion on this and, you know, there's been a lot of promotion for this, what do you, what's your opinion of the teeth whitening products? Is, does that, how does that impact your, the health of your teeth?

- I think teeth whitening is fine, you know. If you wanna do it, I did it in the past when I first became a hygienist. It was really important to have white teeth.

- Uh-hmm.

- So, yeah, I was in school and everyone said, you know, "Yes, we can do that," and they had all the info to back it up, and I was cool with it. And I whitened my teeth and all the hygienists in my class whitened their teeth, and, you know, I just thought the world should whiten their teeth. [ laughs ]

- [ laughs ]

- So I've been dealing...

- [ inaudible ] like a social worker. [ laughs ]

- [ laughs ]

- You know. I think if you, if you, let's say you're on television and you look at people's teeth on television, and some of them have white teeth, especially if they have dark brown skin.

- Uh-hmm, uh-hmm.

- If all teeth look exactly the same, those are probably some crowns in there.

- Uh-hmm.

- Oh, okay.

- And I know you probably thinking who I'm thinking.

- Uh-hmm.

- But sometimes they make those teeth where they look natural, one might be a little longer, one might be a little bit more discolored, that is cool. It looks natural then.

- Uh-hmm.

- But yeah, okay. Back to whitening. So yeah, you should whiten your teeth, I think if you want to.

- Uh-hmm.

- You know, it's not gonna destroy anything. Some people have really sensitive teeth, they can't chew into, they can't bite into an ice cream cone.

- Uh-hmm.

- Okay. I cannot bite into an ice cream cone.

- Hmm.

- And I do not drink cold water with ice cubes in it.

- Okay.

- So I have sensitive teeth.

- Uh-hmm.

- And I whitened my teeth in the past. So, what I would do is, you know, they tell you this product, you can use it for two hours for the next two weeks, you know, use this like this. They tell you how, you can get directions on how to use it.

- Uh-hmm.

- Well, if you can't use it every single day because your teeth are so sensitive that it's driving you crazy, skip two, three days, and then use the product again. So, in the two weeks that you might use the system, it might take you a month to complete that two weeks. You still done the two weeks, it just took you a little longer.

- Uh-hmm. Okay. [ laughs ]

- It's kind of like when you drop Clorox on a black shirt. Eventually, that little brown spot is gonna turn white.

- Uh-hmm.

- Yeah.

- Hmm.

- But it doesn't really destroy your teeth. It doesn't. It doesn't hurt you in any way. It just makes your teeth whiter.

- Yeah. Okay.

- What about braces, Waverly? And, you know, some people, like, have gaps in their teeth and I am, I know that braces help...

- To bring things where they're supposed to be.

- Where they're supposed to be.

- Into proper alignment.

- Right.

- Yes.

- But I have seen people wearing braces just because they wanna wear braces. Yeah, it's a style. I think at one time, it was, you know, people wearing braces because, you know, everybody's doing it, so why not me?

- Really?

- Yeah.

- Really.

- Oh. [ laughs ] Oops.

- Was that here?

- Not necessarily. Not here. It was in the States.

- In the States?

- Yeah.

- Huh.

- Yeah. Because braces are expensive.

- Yeah. I mean, where I was up there, it was, like, 10,000 bucks for braces.

- Uh-hmm.

- Yeah. I, I'm not sure how much it costs here.

- Uh-hmm.

- But if it's, like, below 5,000 bucks, I think you're probably getting a deal.

- Hmm, okay.

- Yeah. But then you want all your teeth to sit in alignment. They're supposed to sit together. If you're missing a tooth, you should replace it.

- Uh-hmm.

- Because if not, then that tooth is going to drift and turn, it might lie down in the mouth, then you get more bone loss if you lose a tooth on the bottom, the tooth right above it is gonna drop, sort of, out of your head.

- Uh-hmm.

- Right? So, it's kind of like the domino thing. You know, one falls, it hits the other, and then there they go. So, yeah, braces is, it's kind of important because you want all your teeth to sit where they're supposed to sit, because they all affect all the others.

- And at the beginning, I'm pretty sure that putting on braces is a painful experience, but do they hurt more than spacers or do spacers hurt more than braces?

- See, I had, I had braces back in the day. And I can't remember if I had spacer, I probably did have spacers. Yeah. So I can't remember though if those hurt at all. I don't think.

- Okay.

- Yeah. I do remember when they turn or move your braces, sort of, you know, move your teeth a little bit, that hurt.

- Uh-hmm.

- Uh-hmm.

- But it wasn't hurt like, "Oh, my God, I'm dying."

- It wasn't like that, you know? Your mouth felt uncomfortable so, I mean, so many people do it. Yeah. You can get past that. It's not, what do you call it? Debilitate...

- Debilitating.

- Debilitating.

- Yeah. The pain is not, it's not gonna knock you down. You don't have to stay home.

- Uh-hmm.

- Uh-hmm. Uh-hmm.

- Yeah.

- Okay. What about dentures?

- Dentures?

- Yes.

- All right. Dentures. I don't like my patients to get dentures.

- Uh-hmm. Uh-hmm.

- Okay.

- Because if you, I had an aunt one time and she pulled all her teeth.

- Oh.

- Wow.

- And I think she was in her 50s, I believe. Maybe her 60s. But when you pull all your teeth, then your bone has nothing to hold on to, so your bone begins to recede. So if you go to the nursing home and you look at the old people that don't even wear their dentures anymore, you'll see like their cheeks are all loose skin and sunk in, yeah. And it looks like they don't have much there and it's because they don't.

- Uh-hmm.

- So if, you shouldn't pull your, you should try to hold onto your teeth. If you hold onto your teeth and your mouth stays, your face shape, everything stays perfect. But if you, if you pull the teeth because you have to, you should try to, if you pull one or two, you should try to get an implant. Or if you can't afford an implant, you try to get a bridge. If you can't afford a bridge, then you have to do the partial to replace that tooth or those three teeth, whatever. If you have to pull all your teeth because you just have severe periodontal disease and you can't afford to do any of those other things, then you have to get the denture. And hopefully by the time you do that, you're like in your 80s.

- Yeah. Yeah.

- Because it's...

- Because the bone just, it goes away. So you'll see some people, they don't have dentures, they don't wear dentures because the dentures fall out. We've realigned them many times to try to get them to fit. They don't fit anymore. It's very frustrating. And so they just gum their food.

- Yeah. That's not a very healthy prospect. We're gonna take another break and we'll be right back. You're listening to Ability Radio, You and Your Life.

- What did you say?

- We're back here listening to Ability Radio, You and Your Life. I'm Amelia Headley LaMont, and I'm joined this morning by Iris Bermudez. This program is brought to you by VI Lottery, making a difference. Waverly Henderson is our guest today. She is a dental hygienist and she's brought today a wealth of information about taking care of what we really is important in our overall health and well-being, and that is our teeth, because a lot of us like to enjoy food, I hope. And certainly taking care of those parts of your body that delivers such nourishment to us is very important. Ms. Henderson, you mentioned before about, you know, a patient coming in to your office and the examination and looking within, opening your mouth. What kinds of things have you seen in your world?

- Huh, I've seen some really weird things.

- I'm sure you have.

- I think the weirdest thing I ever saw was this one guy, this was not here. This was in Maryland. He had a growth in his mouth, and it was about maybe two inches long and maybe an inch or so wide. And it was cancer. And he had the growth, you know, it was growing over time, but he never came in because I guess he feared it would go away.

- Where was it positioned in his mouth, do you recall?

- Just down on the inside, you know, like, let's say from the front of your mouth, you go towards underneath your eye, straight down, on the bottom jaw, on the inside of his lip. And it was just this really big growth. I mean, growths can be anywhere in your mouth, or you can have red spots, or white spots and, you know, you look, you should look in your mouth. Every day you should look in your mouth. If you can't do it every day, at least, you know, once a week, you should look in your mouth and see if there's anything in there that's different on one side as opposed to the other side. You know, look for red spots and white spots or little bumps, and you should question things. If you're not sure, come see the dentist and find out because people get oral cancer. I know, personally, I know someone that got oral cancer. They used to chew tobacco, okay? And it was really bad to the point where that person have to get their face, kind of, their face replaced. You know, they had to remake the face.

- Uh-hmm.

- They had to get a new eye. And the nose was, the whole thing. The whole jaw. The whole, from chewing tobacco.

- Uh-hmm.

- You know, I mean, if somebody comes in and then they told me they're chewing tobacco, I'm gonna tell them to smoke.

- Uh-hmm. Because it is a very extreme remedy, yeah.

- It's fast.

- Yeah.

- It's really bad. So...

- Uh-hmm.

- Hmm, well, going back to dentures, what can you do to help, or what can people, what tips can you give people that are new to using dentures so that that whole situation that you described about losing their bone doesn't happen, because, yeah, we've seen a lot of people that have no teeth, no dentures, and, honestly, I don't know how they are able to eat or chew because they have nothing to grind the food down to swallowable...

- Yeah. Dentures is kind of like the end of the road. I don't really like to say that, but it's sort of is.

- Okay.

- So if you see that you're losing a lot of bone because you've been wearing this dentures now, maybe, I don't know, 10 years, you know? And you've, or you know other people that have been wearing dentures and now they can't because there's no bone to hold the denture in. Sometimes people get implants. Like, I've seen people that get, like, maybe four implants on the bottom. And those four implants are joined together by a bar. And then they make a denture to sit on top of that bar. So the bone now has four implants on the bottom jaw to hold on to.

- Okay.

- So once there's something in the bottom for the bone to hold onto them, it doesn't disappear.

- Uh-hmm.

- Yeah. And then you can get the four implants on top, and you can get that denture on the top, the implant-supported denture on the top. Then you're set.

- Okay. Then you're set. Okay. Before the break, we were talking about mercury fillings.

- Oh, yes. Okay.

- You know, what are the dangers with that, if there are any?

- They say that the mercury is, affects you negatively if it's in liquid form, okay? So once it, the filling is in your mouth and it's cured, it's hard, you're good.

- Okay.

- However, you know, I have mercury fillings in my mouth from the '70s, yeah. And sometimes if you have a mercury filling in your mouth, you'll get what they call an amalgam tattoo. So, like, if you have a filling on number 14, okay, which is on the upper right, a tooth in the upper right. Hmm, no, sorry. Number 14 is on the upper left. I forget where those teeth are. Okay. So then you'll have like, you might get a little gray spot. It looks like a tattoo.

- Oh, on your face?

- No.

- Oh, on the inside?

- On your gum tissue.

- Okay.

- Okay.

- Yeah. But I've never seen any cancer or anything happen from those. I think they're fine. It's just a tattoo.

- Okay.

- So they say that you should be fine.

- Well, it's like as she said, you said, you have to keep looking inside your mouth to see if you see any irregularities.

- Yeah.

- Right? Okay. So, all right.

- Yeah. So those mercury fillings probably affect you only if you're putting it in or taking it out. Some people take them out so they can get white fillings.

- Right. So, yeah.

- Yeah.

- Hmm, okay.

- We will take another break, and we'll be back. You're listening to Ability Radio, You and Your Life. We're back, you're listening to Ability Radio, You and Your Life. And You and Your Life. My name is Amelia Headley LaMont. I'm joined by my co-host, Iris Bermudez. And our special guest this morning was Waverly, or is Waverly Henderson, Dental Hygienist. How would you summarize, what would you like our listening audience to know about taking care of themselves and their dental hygiene?

- Huh, that the mouth is where, the mouth is the gateway.

- Uh-hmm.

- So you're either gonna put good things into your body or bad things into your body, okay? There's bacteria all over us. There's bacteria in the mouth. If you wanna eat that, it's gonna affect you negatively, okay? You can never get it all out, so you just wanna try to keep that environment as clean as possible. Brushing as much as, you know, what I told you before. You know, brush in the morning, brush at night. Try to floss after you eat. Some people asked me about mouthwashes. I don't know anyone in the dental office that uses mouthwash on a regular basis, even every day.

- Uh-hmm.

- Uh-hmm.

- I know that we brush very well and we floss. I see my dentist doing that in the morning and at lunch time, and I do it too. Sometimes I can't, but, hey, I try. And that's all I want them to do. You know, take good care of your mouth because it will affect you in a bad way, if you don't. Look in your mouth at night after you brush your teeth. I try to tell people to brush four minutes every night. Most people brush a minute, a minute and a half. That's not gonna do it. If you have bridges, crowns, whatever in your mouth, you have crooked teeth, braces, you can't brush one or two minutes. It's not gonna get everything out. So you have to make sure you brush four minutes every night, or try to, and then floss.

- Well, that seems to be a very clear prescription for good dental care. I hope that our listening audience has benefited from this. I know we have certainly. Again, if you've missed any portion of this show, it is recorded, and it will be posted on our website, [drcvi.org](http://drcvi.org). Who do we have next week, Iris?

- Next week, we'll have Dr. Chester Copeman.

- Excellent. Excellent. He is a well-known psychologist here in the US Virgin Islands, so I'm looking forward to that.

- Yes.

- Thank you so much for listening. Again, this program was brought to you by VI Lottery, making a difference in our, in our community. Have a good weekend.