



Principals

Dr Jennifer L. Levecke B.D.Sc.

Dr William Levecke B.D.Sc.

Dr Wynne Yip B.D.Sc.

Digital Radiographs (X-rays)

At Blackburn Dental Group we have invested in many new technologies in order to provide a better, safer and easier dental service. Digital radiographs (x-rays) are one of these technologies.

Why do we need dental radiographs? Dental radiographs allow us to detect decay between teeth and under old fillings much earlier than visual and tactile methods, hence we can catch the decay when it is much smaller. They are required during root canal therapy to verify root lengths and shape. Radiographs prior to removal of teeth warn us of potential difficulties and so we can plan for the appropriate approach. They can alert us to bone loss associated with periodontal (gum) disease. Radiographs are essential prior to orthodontic work to ensure that all the teeth are present and in a position where they will erupt unassisted and to correctly treatment plan the case. Prior to placement of dental implants radiographs are required to evaluate the volume of bone available in which to place the implant.

Why digital radiographs? A digital sensor, similar to that in a digital camera, captures the image instead of film. We always aim to keep x-ray exposure to a minimum and as digital sensors require about one tenth of the exposure time of regular dental film the exposure is minute. In fact, you will receive more radiation on a flight to Sydney than you receive with a standard set of bite-wing digital radiographs. Processing of the digital image only takes a couple of seconds compared with up to 5 minutes with film and we avoid the use of environmentally unfriendly chemicals. The images are viewed on a computer screen at increased magnification making detection of problems easier and demonstration to our patients of these problems far clearer. As the images are stored permanently on our server they cannot be deleted or lost, and they are backed up to secure media nightly. These images do not deteriorate with time like film does. Lastly, we can email or print out images easily for our patients or specialists involved in their treatment.



Left: Digital radiograph of decay on the side of tooth 27 which resulted from overgrowth of the tooth after early loss of the opposing lower molar.

This decay was not visible in the mouth and would have remained undetected until it ached and required more extensive work.

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Blackburn Dental Group

23 Blackburn Road Blackburn 3130 Victoria
office@blackburndental.com.au

Tel: (03) 9878 1411 Fax: (03) 9894 1997
www.blackburndental.com.au