Redwood Pediatric Dentistry
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Dental Sealants: Your Child's Shield Against Cavities

Sealants are one of the most effective tools we have for preventing cavities in kids, reducing risk by up to 80% on back teeth. Think of them as a raincoat for your child's molars

1 What Is a Sealant?

The chewing surfaces of back teeth have deep grooves, called **occlusal, lingual, and buccal pits**, that are nearly impossible to clean completely with a toothbrush. Bacteria settle in and cause cavities, even in kids who brush well.

A sealant is a thin protective coating that flows into these grooves and hardens, creating a smooth, easy-to-clean surface that bacteria can't grip. They don't replace brushing and flossing. They're an extra layer of defense in the places that need it most.



Sealants flow into deep grooves and harden, blocking bacteria before they can cause cavities

2 The Two Types We Use

Dr. Franklin selects the best material for your child based on their individual cavity risk, age, and how cooperative they can be in the chair. If you have a preference, just let us know!

	✎ Glass Ionomer (Equia Forte)	● Resin Based (Ultraseal)
BEST FOR	Higher cavity-risk kids	Most patients; long-lasting
FLUORIDE	✓ Releases fluoride	× No fluoride release
MOISTURE	✓ Moisture-tolerant	Needs DryShield
DURABILITY	Good (may wear faster)	✓ Excellent durability

- **Glass Ionomer (Equia Forte):** Bonds chemically to the tooth and can handle a bit of moisture, which is great for younger or wiggly patients. The fluoride release actively protects the surrounding enamel.
- **Resin Based (Ultraseal):** We use a DryShield (a soft, comfortable vacuum mouthpiece) to keep the tooth perfectly dry. A bonding agent is applied, then the sealant is flowed in and hardened with a special curing light.
- **Nitrous oxide ("laughing gas")** is available for both types if your child needs a little extra comfort. Just ask!

3 How Long Do Sealants Last?

Sealants typically last **3 to 5 years**, but longevity depends on a few factors:

- Chewing or grinding habits (bruxism can wear them down faster)
- **Sticky or hard foods:** ice, caramel, hard candy, and sticky snacks are the biggest culprits
- **Oral hygiene:** poor brushing can allow leakage or decay around the edges of a sealant

- **Even if a sealant wears down and is no longer visible, it may still be offering protection** deep in the groove. Dr. Franklin checks sealants at every cleaning visit.

Our Sealant Guarantee

✅ **Complimentary sealant repairs for the first 3 years**, as long as your child keeps up with regular 6 month checkups.

After 3 years: if insurance doesn't cover repairs, we offer a 50% discount on our office fee.

4 What to Expect During Placement

The whole process is quick, comfortable, and doesn't require any numbing! Here's what happens:

- **Clean:** The tooth is cleaned with pumice or air abrasion to remove any plaque or debris from the grooves.
- **"Shampoo" the tooth:** A gentle cleaning agent conditions the tooth surface so the sealant bonds properly.
- **Isolate and dry:** For resin based sealants, we use DryShield to keep the tooth perfectly dry. Glass ionomer can tolerate a bit of moisture.
- **Apply:** The sealant flows into the grooves and is shaped. For resin based, a bonding agent is applied first.
- **Cure:** A small blue curing light hardens the sealant in seconds. We check the bite and make any adjustments.
- **Done!** Your child can eat and drink normally right away.

Questions about sealants? Ask us!

Not sure if your child is a candidate, or curious about which type is right for them? We love talking through options at your next visit.

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References

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4. Rirattanapong P et al. Fluoride release from glass ionomer sealants and its effect on adjacent enamel demineralization. Southeast Asian J Trop Med. 2011;42(5):1278-1283.

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Disclaimer: All information reflects the clinical approach of Dr. Niekia Franklin and is intended for general guidance only. Instructions given during your visit always take precedence. • www.redwoodpediatricdentist.com