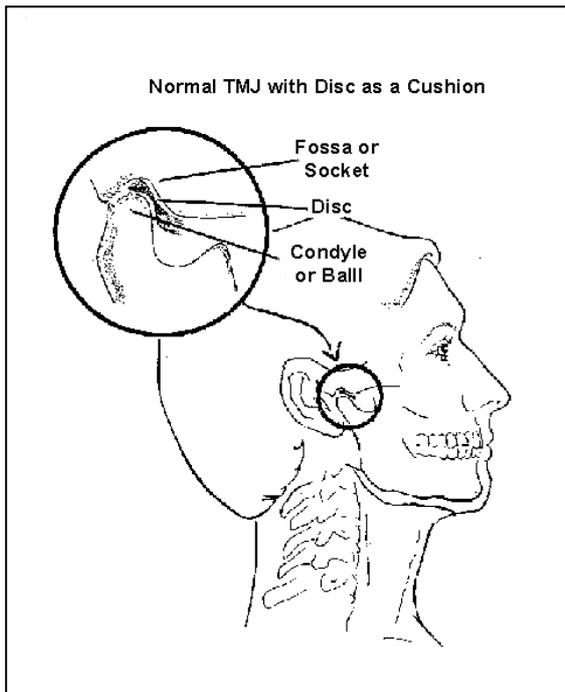


Temporomandibular Joint (TMJ) Pain



Your exam shows that you have a problem with your TMJ, the joint that moves when you open your mouth or chew food. TMJ problems are common and occur in 5-15% of the population. TMJ problems can result from direct injuries, bite abnormalities, grinding or clenching your teeth at night, or from arthritis of the jaw joint. Typically, pain is felt deep in the ear or immediately in front of the ear. Others may notice dull headaches on one side of their face. TMJ injuries are like a sprained ankle- most will resolve with rest and pain relief. Occasionally, dental treatment is necessary to correct the underlying cause.

CARE OF YOUR TMJ.

The TMJ is like any other joint in the body; when it is strained, it needs rest to repair itself. To keep the joint at rest it is important that you limit how often you open your mouth widely. If you must yawn, be sure to support your chin with your hand so your mouth does not open wide. Eat a soft diet (nothing firmer than minced beef, no raw vegetables), do not chew gum and limit talking if it causes you pain.

Take Panadol® regularly when you have pain (maximum 4g/day paracetamol) and you may additionally take ibuprofen or another anti-inflammatory for a short period if you have no trouble with asthma or stomach ulcers. Apply topical heat by using a warm, moist cloth placed in front of the ear for 15-20 minutes several times daily. Alternating heat and ice may give even more relief.

For patients with ongoing problems, tricyclic antidepressant (TCA) medication (amitryptiline etc) has been proven helpful. Most likely there is a shared nerve stabilizing effect. Your GP will be familiar with use of TCA's and may prescribe it for you. If you choose to try a TCA, use it for at least 6 weeks as benefits may not be immediate.

WHY SEE YOUR DENTIST?

Dr Iseli can rule out any other cause for your ear pain (such as ear problems, pain coming from the throat or sinus trouble) but you dentist can better evaluate your bite if TMJ problems are ongoing. Sometimes a high filling or wear on your teeth can cause the TMJ to work in an abnormal alignment which will eventually cause problems. Also, your dentist

A dental orthotic or splint may be used for chronic nighttime teeth grinding or clenching. Additionally, your dentist may recommend treatment to balance the biting surface of teeth including braces or surgery.

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A HEALTHY LIFESTYLE

TMJ dysfunction is usually worse when you are stressed and have inadequate rest, perhaps due to worsening of teeth clenching or grinding at night. Regular exercise can help with both stress and improving your sleep quality. Certain substances have been shown to make TMJ worse including alcohol, caffeine and nicotine. See your GP to discuss smoking cessation. Try to limit caffeine and alcohol intake especially in the evening.

Acupuncture has been proven to help many people with difficult to manage TMJ. Many GPs perform acupuncture. Ask your GP to recommend someone near you who is skilled at acupuncture if you are interested in trying this treatment.

Patients with severe TMJ often benefit from psychologist counseling to learn coping strategies when TMJ is most disabling.

SURGERY

Patients who fail to improve with rest and pain killers, bite correction and trying a splint may consider surgery which is performed by an oral maxillofacial surgeon. This may include surgery on the disk in the TMJ or rarely partial or total TMJ replacement. Dr Iseli, your dentist or GP can refer you to an oral surgeon if your symptoms are persistent to discuss this.



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