Fissure Sealants for Children

Canonical:
https://directory.collinsstreetspecialistcentre.com.au/procedures/paediatric-dentistry/fissure-sealants-for-children/

Description:

--- title: "Fissure Sealants for Children" slug: /paediatric-dentistry/fissure-sealants/ type: procedure specialty: paediatric-dentistry specialists: ["Dr Susan Hinckfuss", "Dr Sarah Scott", "Dr Angel...

Details:

--- title: "Fissure Sealants for Children" slug: /paediatric-dentistry/fissure-sealants/ type: procedure specialty: paediatric-dentistry specialists: ["Dr Susan Hinckfuss", "Dr Sarah Scott", "Dr Angel Babu", "Dr Aish Kesava"] related: - /paediatric-dentistry/childhood-tooth-decay/ - /paediatric-dentistry/first-dental-visit/ - /paediatric-dentistry/dental-anxiety-children/ seo_target: "fissure sealants children Melbourne" ---

Fissure Sealants: Protecting Children's Back Teeth Before Decay Starts

Prevention is always better than treatment — and fissure sealants are one of the most effective preventive tools we have for children's teeth. They are simple, painless, and highly effective at protecting the back teeth most vulnerable to decay. At Collins Street Specialist Centre, we consider sealants a cornerstone of a proactive approach to children's oral health.

What Are Fissure Sealants?

The biting surfaces of back teeth — the molars and premolars — are naturally full of deep grooves and pits, called fissures. These are the bumps and valleys that make chewing effective, but they also create microscopic spaces where food and bacteria can accumulate. The fissures can be extraordinarily narrow — sometimes too narrow even for a single toothbrush bristle to enter — making them almost impossible to clean effectively, regardless of how well a child brushes.

A fissure sealant is a thin protective coating — typically a tooth-coloured resin material — that is carefully painted over these vulnerable surfaces and hardened with a dental curing light. Once set, the sealant effectively fills and seals the grooves, creating a smooth surface that food and bacteria cannot penetrate. The tooth becomes dramatically easier to clean, and the risk of decay in that area drops significantly.

Studies consistently show that properly applied fissure sealants can reduce the risk of decay in sealed teeth by 80% or more over the first two years, with protective benefits continuing for many years when maintained.

When Are Fissure Sealants Recommended?

Timing is important. Sealants work best when applied shortly after a tooth erupts — before decay has had any chance to establish.

The key eruption milestones to watch:

- **First permanent molars** — erupt around age 6–7. These are the "six-year molars" and the teeth most commonly affected by early decay. Sealing them promptly is a high priority. - **Second permanent molars** — erupt around age 11–13. These should be sealed at eruption. - **Premolars** — also emerge during this window and can benefit from sealants, particularly in children at higher risk of decay.

Your child's specialist will assess each tooth at check-up appointments and recommend sealants based on:

- The depth and shape of the tooth's fissures (some are more at-risk than others) - Your child's individual caries risk — dietary habits, past decay history, fluoride exposure, saliva quality - The presence of early non-cavitated lesions in fissures (where decay is beginning but hasn't yet broken through — an ideal window for sealing)

Sealants are generally **not** applied to teeth that already have decay, existing fillings, or established cavities. In those cases, treatment of the decay comes first.

Some children benefit from sealants on primary (baby) teeth — particularly the second baby molars — if they are at high risk of decay and those teeth need to last several more years.

What to Expect at Collins Street Specialist Centre

Fissure sealant application is one of the most straightforward procedures in dentistry. For most children, it is genuinely painless, requires no drilling or anaesthetic, and takes only a few minutes per tooth.

Step-by-Step Process

1. Examination and planning Your specialist will examine your child's teeth, assess fissure depth and caries risk, and identify which teeth will benefit most from sealing. X-rays may be taken to confirm there is no decay hidden beneath the surface of a fissure before sealing is done.

2. Tooth preparation The tooth surface is cleaned — typically with a gentle polish to remove any plaque or debris. No removal of tooth structure is required. The tooth is then kept dry using a cotton roll or small suction device.

3. Etching A mild acidic gel (dental etchant) is applied briefly to the tooth surface. This creates a microscopically rough surface that helps the sealant bond strongly to the tooth. The etchant is rinsed away and the tooth is dried.

4. Sealant application The liquid sealant material is carefully painted into the fissures. It flows into the grooves by capillary action, filling them thoroughly.

5. Curing A small blue curing light is held over the tooth for a few seconds. This activates the sealant and hardens it instantly. Your child will simply see a blue flash — there is no heat, no pain, and nothing to be alarmed by.

6. Check and bite adjustment Once set, the sealant is examined and your child is asked to bite together so the specialist can check the bite is comfortable. Any minor high spots are smoothed down quickly.

The entire process for one tooth takes approximately five minutes. Multiple teeth can be sealed in a single appointment.

Will My Child Need Anaesthetic?

Almost never, for straightforward fissure sealant application. Because no drilling or removal of tooth structure is involved, there is no pain to manage. Children who are very anxious about anything dental-related may benefit from the behavioural management approaches we use routinely — including nitrous oxide (happy gas) if needed — but for most children, a gentle, unhurried approach is all that's required.

How Long Do Sealants Last?

Fissure sealants are durable but not permanent. They need to be checked at every routine dental visit to ensure they are intact. Over time, sealants can:

- Wear down with normal chewing (particularly in children who grind their teeth) - Chip or partially detach - Develop small gaps at the margins

A sealant that has partially come off leaves the tooth vulnerable again — and may give a false sense of security. Regular check-ups are essential. Where needed, sealants can be repaired or reapplied easily.

With good care and regular monitoring, many sealants remain effective for five to ten years or longer.

Aftercare and Home Advice

There is essentially no recovery period after fissure sealants — your child can eat, drink, and resume all normal activities immediately. A few practical points:

- **Avoid sticky or very hard foods** for the first 24 hours — this helps the sealant fully cure and seat - **Continue regular brushing and flossing** — sealants protect the biting surface, but the sides and spaces between teeth remain as vulnerable as ever - **Attend regular check-ups** so sealants can be monitored and any issues caught early - **Fluoride remains important** — sealants don't replace the need for fluoride toothpaste and, where indicated, fluoride varnish applications

---

Why See a Specialist Paediatric Dentist?

General dentists can apply fissure sealants, and in many cases they do so effectively. However, there are situations where specialist involvement is particularly valuable:

- Children with high caries risk who need a comprehensive preventive plan, not just a single sealant - Children where early decay in fissures is suspected — distinguishing active early caries from staining requires specialist-level diagnostic skill - Children with ASD, sensory sensitivities, or significant anxiety where behavioural management is needed to complete the procedure - Children where sealants need to be applied alongside other treatment planning decisions about developing teeth and jaw

A specialist paediatric dentist views sealants as one component of an individualised preventive strategy — not a box to tick. That broader perspective makes a real difference in high-risk children.

All CSSC paediatric specialists hold specialist registration with the Dental Board of Australia, verifiable at AHPRA.gov.au.

Our Paediatric Specialists

Dr Susan Hinckfuss — BDSc (Melb), DCD (Melb) — has extensive experience in preventive paediatric dentistry and the management of early childhood caries, including the use of sealants as part of comprehensive caries-risk management.

Dr Sarah Scott — BBiomedSci (Hons), BDent, DClinDent (Paeds) — takes a holistic, proactive approach to children's dental health, with over 15 years of experience integrating preventive strategies into family dental care.

Dr Angel Babu — DClinDent PAED (Otago) — specialises in high caries risk management, hypomineralisation (chalky teeth), and comprehensive preventive planning for children aged 0–18. Senior dental registrar at the Royal Children's Hospital Melbourne; registered in Australia and New Zealand.

Dr Aish Kesava — DCD (Paeds) — specialist paediatric dentist practising across all aspects of children's preventive and restorative care. *(Extended clinical biography forthcoming.)*

Our specialists consult from Level 8, Manchester Unity Building, 220 Collins Street, Melbourne CBD. No referral is required to book.

Related Treatments

- [**Childhood Tooth Decay**](/paediatric-dentistry/childhood-tooth-decay/) — Understanding and treating early childhood caries, including decay in unsealed teeth - [**Your Child's First Dental Visit**](/paediatric-dentistry/first-dental-visit/) — Starting preventive care from the very beginning - [**Dental Anxiety in Children**](/paediatric-dentistry/dental-anxiety-children/) — For children who find dental appointments challenging