

DENTAL VISIT FRUSTRATIONS AND VERY SIMPLE SOLUTIONS (Part I)

Though many people at this time in the evolution of dentistry are very satisfied with their dental care, I receive some questions or statements for my column regarding frustrations with dental experiences. The delivery of dental care should be better each year for everyone. Many do not realize how much better it is now than for their parents and grandparents, and even than just a few years ago. The following are a series of short statements and answers that may help others:

I get cold at the dental office: Fear and anxiety shunts the blood to the bodies core, leaving the extremities cold. Also, dental offices are often kept cool to reduce the anxiety that comes from being too warm, and the equipment used (light, headlights) is very warm for the providers. Ask for a blanket, or bring a small one.

My neck/lower back/shoulder hurts in the dental chair: Most progressive offices have a variety of pillows for patient comfort. Ask for one, or bring a small one.

I hate the cost of dental treatment: Dental disease can be on-going and life-long, but most dental problems are preventable. It has been said, *"Each tooth that gets a cavity will cost that person over \$3,000 in their Lifetime"*. Start by giving your kids the gift of good oral health, and do the same for yourself. Also true, *"It is not dental care that is expensive; it is neglect, and delayed diagnosis and treatment of a problem that costs so much."* Preventive dental care starts at home, continues at the dental office, and costs very little compared to treating problems that could have been prevented, or diagnosed early with periodic, thorough examinations and x-rays. Each dental team tries very hard to save their patients money at every visit with their advice. Avoidance of dental offices almost guarantees complex treatment and high expenses.

I hate to wait: This is a common statement. With our present technology we are not used to waiting, i.e. fast-food, ATM's, instant airport check-in, high-speed internet, overnight delivery, cell phones at hand, call-waiting, etc. Providing healthcare to unique individuals with unique problems involves respect, patience, listening, and thought; everyone needs their own time and not be rushed. Some patients have unexpected questions or a story to tell. Some have difficulties, such as medical problems, anxiety, age related problems. Sometimes dentists find there is difficulty making the patient comfortable, have to work slowly and carefully due to fear, or planned treatment may be much more involved than expected. A dental team that is delayed is most likely dealing with something unexpected. Consider sometime that you may be the one that needs more time. Bring an MP3 or DVD player or a book to any healthcare visit. If you always have to wait, find an office that schedules more time in case of delays; it sure keeps everyone happier. Ask your office to call you if there has been a delay, or you could call before your visit, and ask to be updated while you wait, or if you have time to run an errand, or to reschedule if you cannot wait. Never book other appointments right after a healthcare visit, and know the length of your scheduled appointment ahead of time, and when you are scheduled to leave the office, so you will not be surprised.

I hate to wait for the doctor to check me after a cleaning: The hygienist has their own schedule and may be done earlier than the doctor is scheduled to examine you. As an example, we typically schedule a full hour for a thorough cleaning. I may not be scheduled to see that patient until the end of the visit, so it may involve a few minutes of waiting, but the patient will usually still be able to leave when originally planned. Time is planned for an oral cancer check, head and neck evaluation, cavity and gum disease examination, to read the x-rays, and discuss the findings. If scheduled separately for this periodic comprehensive procedure it would likely have to cost twice as much due to extra operating expenses. If done during a hygiene visit it saves patients money, a return visit, and a chance to have a silent problem diagnosed before it hurts. Skipping an examination and x-rays may seem like money-saved but often costs much more due to delayed diagnosis and treatment.

One interesting fact to add is from a recent study of thousands of nursing home patients. The question was, "Is there was one thing you wish you had done differently for yourself over the years?" The most frequent answer was, "I wish I had taken better care of my teeth!"

DENTAL VISIT FRUSTRATIONS AND VERY SIMPLE SOLUTIONS (Part II)

Though many people at this time in the evolution of dentistry are very satisfied with their dental care, I receive some short questions or statements for my column regarding frustrations with dental experiences that I cannot devote my biweekly column to. This series is dedicated to those questions and concerned individuals.

The delivery of dental care should be better each year for everyone. Many people do not realize how much better it is now than for their parents and grandparents, and even than just a few years ago. The following are short, sometimes combined, statements from people, and answers that may help others:

I hate it when I am put on hold when I call/my dentist keeps getting up and leaving: I agree. Similarly, I dislike call-waiting my kids and friends have, and when people answer their cell phone when I am talking to them. I feel all dental offices should organize themselves to not put people on hold unless the reason relates to the person on the phone (looking for their chart or other information), and not stop a business discussion or transaction with a patient at the front desk to answer the phone. It should be a goal for each office to respect each individuals time and be attentive while they are present. I think an appropriate time to leave a patient is while they are "getting numb", and unless there is an unexpected urgency, a time there is something an assistant has been trained do, or a natural pause in the procedure, the doctor should be present. A goal of mine has always been to try to only leave the patient once, and though it does not always happen, every effort is made. If this is an issue for you speak to your dentist about it, especially during the initial examination, but please be a little flexible, and understanding for the times it can't be avoided. There can be unexpected variables while working with people.

Sometimes I need to get up to stretch/use the bathroom: We do, too. Don't be uncomfortable, let your dental team know and prepare them ahead of time if it is an expected problem. Morning patients sometimes have consumed a lot of coffee, and men with prostate problems or anyone with an active bladder cannot wait

without being miserable. When you arrive at the office, ask to use the restroom then, ideally before you are called in to be seen for treatment. Reclining and being on your back too long can be uncomfortable. Use of the dental chair back massager helps a lot. If there isn't one, ask to get up and stretch; it could help us, too, to take a short break, as we can get back and neck pain from bending over our patients too long. Signal the dentist or assistant if you ever need anything.

I am scared of dental visits: First of all, you are not alone. Let your dental care team know as there are many ways they can help make your treatment tolerable, if not relaxing and pleasant. Our goal is for each patient to be able to sleep during our procedures, and about half are snoring by their second visit without the use of any medication. However, there are at least four Flathead Valley dentists that are certified to provide oral sedation for a relaxing visit. "Laughing gas", is common to many offices, though I do not recommend it. There is a well-known medication available to help not remember a visit later, which allows the patient to know everything that is going on and respond normally at the time, fully being aware, just not remembering the visit the next day very well. This is very helpful to some to block the memory, and is very relaxing.

I hate shots/drilling noises/feeling pain: This does not need to be a problem anymore as there are new techniques, equipment, anesthetics, and alternatives. The key to a comfortable dental shot is doing it slowly, not being rushed. I firmly believe every dentist should have a shot at least once a year to be sensitive to their patient's feelings. I do that myself, as it helps with my technique. If it is given fast it will hurt, so tell your dentist you are fearful of shots and hopefully they will go slow. There is a wonderful way to give injections with a specialized dental computer that makes the procedure virtually painless. Many say they don't feel it at all, and it is true. There are newer forms of anesthetic (similar to Novocain) that make numbing more effective than even 5 years ago. Disassociation is important for the positive dental experience. Unless you are determined to have a miserable experience, use headphones for music or audio books, use the chair massagers, use dark sunglasses, and/or meditate. Do something to not focus on what we are doing and you will be more comfortable.

The old saying, "An ounce of prevention is worth a pound of cure", is especially true in dentistry. Your dental healthcare team can help you prevent almost all of those things you dislike about dentistry, including cost, and help you age successfully.

Part 3: COMMON DENTAL QUESTIONS AND FRUSTRATIONS

The following is a continuation of frequently asked questions, and responses:

Is fluoride really safe? In the quantities that the American Medical Association and American Dental Association recommends, yes. The Center for Disease Control (CDC) called fluoride the most important disease-controlling discovery in the 20th century, and the World Health Organization (WHO) agrees. Every year more cities are adding fluoride to their drinking water for the benefit of all. There is no question that this naturally found ion can make teeth harder, and reduce cavities, which is the most common disease in mankind. Studies have been conducted world-wide, using large populations, over long periods of time, and at much expense. Fluoride is the most studied disease preventer in the world. Fluoridated areas have less cavities, and less bone fractures than un-fluoridated areas.

Why have I had past occurrences of a toothache when flying, especially during take-off? During take-off pressure changes occur rapidly, faster than in an elevator. Just as your ears may pop because of expanding air in the ear, the air expands in the sinus, pressing down on the nerves in the root tips of your back upper teeth. Once the sinus opens the pressure is relieved and pain is gone. To reduce this risk take an anti-histamine or decongestant, and maybe an anti-inflammatory, such as ibuprofen, if you can and your physician approves, about an hour before your flight.

Why does my dentist take my blood pressure, and what does it mean? It is important to know how your heart is doing, for general health knowledge, and before a stressful procedure such as surgery. High blood pressure can lead to stroke or heart attack, and bleeding complications. The top number is the pumping pressure, and the lower is the resting pressure. 120/70 is considered fairly common in healthy individuals, but everyone has their own range in different situations and times of day. 130/80 or higher can be an early sign of a problem if it is taken at rest, and the person should see a physician for early control. One does not feel heart disease until the advanced stages, which is the same for most disease, including cavities and gum disease. There is a direct correlation between gum disease and cardiovascular disease.

If my dental insurance does not cover something I must not need it, right? Wrong. Your insurance company is in the business of making profit from your premiums and does not want to lose money paying for some procedures even though they may benefit you or be needed. They are not healthcare providers that have knowledge of oral disease or treatment needed for your wellbeing. For example, most insurance companies will not pay for preventing a cavity with a sealant, but will pay for part of the cost of a filling. A sealant means less cost, no shot, no weakened tooth from a cavity and filling, less risk of needing a root canal and crown, a shorter and more comfortable visit, and little risk that tooth will decay where protected. Everyone would benefit with sealants at all ages, and the insurance companies would rather save the money and gamble that a tooth will not decay while you have their policy. The clerks that decline payment of your dental procedures often get a bonus from the company for saving them money. Dental insurance is not like medical insurance.

I don't need x-rays once a year. My teeth feel fine. Why should I waste the money? Dental x-rays are money savers, not wasters. They are an important, small investment in your health. Most dental problems occur where you cannot, or do not, clean well between teeth or in microscopic defects. Dentists cannot visually see the most critical 2/5^{ths} of the teeth where gum disease and serious cavities occur as we age, and if floss is not used every day. To decline x-rays reduces the chance of your dentist detecting a hidden problem and treating it early. Dental x-rays have long been known to be insignificant to our health, not dangerous and an important tool to maintain good health and reduce costs of healthcare. A early treated problem will cost much less and be less traumatic than a problem that is felt and is far along. X-rays often help us find hidden tumors, cysts, abnormalities, and cancer. Periodic x-rays can help us see changes, and have for yearly comparisons. Declining x-rays not only can hurt you and cost you much more money than the cost of x-rays, but since your dentist must be able to diagnose problems with the tools they have, you may not be able to be treated (cleanings are treatment) there, and you may have to be seen by another dentist that will also need x-rays. Trust your dentist to know what is best for your dental health. They are full of recommendations to improve health and reduce your costs. Avoiding dentists, examinations, x-rays, and cleanings will cost much more in the future than being seen regularly, preventing problems, and getting treatment early.

Why do my gums hurt when I get my teeth cleaned? It means that you have a disease. Periodontal disease, pyorrhea, gingivitis, jaw-bone infection are all painless in the early stages if you do not clean under the gumline. A wound anywhere may not hurt until you touch or clean it. Pain in the gums means you have disease caused by bacteria living in your mouth, especially between your teeth. If your gums are red, puffy, sore, or bleed, you have gum disease. Painful cleanings are usually not due to the hygienist, but the fact that you have a disease. Periodontal disease is the most common reason adults lose teeth, and has been found to cause or aggravate other problems in the body, contribute to heart disease, pancreatic cancer, lead to early labor and low weight babies. It is most common in people with a history of smoking, and those that do not floss between their teeth or see the dentist regularly. It seems

to have a genetic factor but is preventable. If your physician says it is OK, take two ibuprofen an hour before your cleaning or any dental treatment, and maybe two Tylenol if you anticipate discomfort. Follow your hygienists' advice to maintain good oral health.

MISCELLANEOUS QUESTIONS

-What should my first dental appointment entail to know if it is thorough? The first visit to a new dentist is extremely important as it allows you and the dental team to get to know each other, and for the dentist to determine your present state of dental health. This should not be a quick visit, but should be focused, detailed, and educational. You should leave impressed.

The initial dental visit should involve a comprehensive examination including the following: Introduction to the office, a thorough explanation of what will be done during that visit, review of your health history including past medical problems, treatment, and present medications and herbs, taking all necessary current dental x-rays to compare with the visual examination (modern dental x-rays are not harmful or cumulative and are extremely important for your health and in reducing your costs of treatment), a thorough head and neck evaluation to include looking for signs of cancer, checking the TMJ (the jaw-joint in front of your ears) and feeling for swollen lymph nodes or thyroid enlargement, charting all restorations (filling, crowns, bridges, implants) and noting all pathology (signs of oral lesions or cancer, cavities, damaged fillings, cracks, and abnormal or excessive wear) and potential problems, scanning the teeth with a laser to check for hidden cavities, checking the condition of the gums and structures that support the teeth, viewing your teeth with the use of an intra-oral camera so you can actually see the problems and concerns detected by the dentist, focused oral hygiene instructions and recommendations of products to improve oral health, review of problems detected, discussion of options, desires, risks and benefits, and treatment planning.

This is an important time that sets the stage for future dental health care in that office, and can be a time of deciding if it is the right place for you to receive the care you may need and desire. Expect to hear, see, and learn a lot of new things related to the current state of dental care and individualized instructions for your home care between appointments.

All future examinations (ideally at 6 month intervals) should include a head and neck evaluation, oral cancer screening, TMJ evaluation, lymph node and thyroid enlargement check, cavity and gum health examination, and x-ray review.

-I receive many questions or comments about the difficulty of the local population being seen for dental visits in the summer. Since our area population increases so much between June and August, the easiest time for our year-round community members to schedule themselves conveniently is between September and May. Often, dental visits are not thought about until the summer, but that is the hardest time to get an appointment in the Flathead Valley, especially for small kids seeing one of the two children's dental specialists or three orthodontists during their summer break. Plan on being seen before the return of our snowbirds and not have to think about appointment delays during the next 3-6 months. Unexpected recreational and tourist dental emergencies can alter schedules quickly. Call your dental office soon to reserve an appointment early.

-Lately, with the economy being down, recession present, and gas prices up, I receive many questions regarding dental planning. My advice is to be seen as soon as possible for the diagnosis and treatment of any problems before they get worse and could cost more due to delays. Climbing gas prices will affect every future expense. Cost of treatment will likely never be less expensive than the present. Recession time is a time of being careful with unnecessary spending; good health is a necessity. Your health, comfort, and well-being, are very important to you, your job, and your family. Dental disease is a silently progressing disease that is preventable, and less costly to treat in the early, un-felt stages. Don't assume all is well because there is no discomfort. Be proactive and stop problems from occurring by doing your homework and being seen regularly to prevent problems, and allow others to be caught when they are small. There is no time better than the present.