Digital radiography: Step out of the dark

By Carla Gantz, RDH

Are you in love with your dark room? Does the team fight over who “gets to clean” the processor? Will it break their hearts when they learn that they’ll never have to change the solutions again?

What about the controlled panic when someone realizes, “We’re out of film!” How many times have you gathered up your X-rays to mount only to discover these films are not your patient’s?

So why are you still using film? I’ve been in dentistry for 27 years, — 14 years as an extended duty dental assistant and the last 15 years as an RDH. I can relate to the above, as the saying goes: “Been there, done that.”

Nine months ago, I changed to a chartless practice, which means digital radiography. What are my thoughts about going digital? I love it! Please allow me to share some of my experiences, and hopefully, enlighten you about the benefits of digital radiography.

A little advice

We all learn from our mistakes so please learn from me. When using Eaglesoft software, you will need to pull up the X-ray section on the computer before you step out of the room and press the button, then to return and realize “zilch.”

Unless you are using a wireless sensor, the sensors are attached with a cable that connects to your computer. Don’t put the cable between you and the door.

Create this vision in your mind: I place the sensor in my patient’s mouth, ask him to bite down, turn for the door and then notice that the only way I’m making the door is by doing the limbo.

My first few of patients had the pleasure of watching me turn vari-

ADHA announces leadership

Caryn Loftis-Solie, RDH, of Sparks, Nev., was inaugurated as the 2010–2011 president of the Chicago-based American Dental Hygienists’ Association (ADHA) on June 29, at the association’s 87th annual session held in Las Vegas.

“Having the honor to serve as president of the American Dental Hygienists’ Association for the coming year should be both challenging and rewarding,” Solie said.

“When the changing landscape of oral health care in America, coupled with recent health care reform, there has never been a better opportunity for dental hygienists to utilize their education and training to their fullest potential in providing care to the public. I look forward to the opportunity of helping guide the ADHA through this period of change.”

Solie has served in numerous positions within the ADHA, including vice president, delegate, district XII trustee and as a member of the ADHA speakers bureau.
Dear Reader,

During my travels throughout the country, I have had the pleasure to come in contact with hundreds, if not a couple thousand, dental professionals. It is amazing to have this opportunity. I get to see professionals in settings of continuing education courses, large state or national meetings as well as in their office environments.

While most of my contacts are with dental hygienists, recently I have been spending a few minutes at a time with front desk personnel as I act as a product educator for Xylex.

I am most delighted how well I am received by our nation’s dental receptionists, office managers, hygiene coordinators, etc. While the vast majority of staffers give me a few minutes of their valuable time, there is something that baffles me. It appears as if the right hand doesn’t know what the left hand is doing. By this I mean that when I ask if the hygiene team is talking about xylitol, desk personnel quite often tell me that they “have no idea what they talk about back there.” Or they say, “I only the receptionist, I don’t know what goes on in the back.” Imagine how excited they are to learn about the benefits of xylitol? They can’t believe there is a natural substance that can do so much for our oral health.

If I get a minute of the hygienists’ time, of course they know what I am talking about. The issue here is not what I am asking the front desk personnel and the hygiene team, but rather why the staff up front do not know what the staff in “the back” are educating and recommending to the office’s patients.

This is a situation in which many people are missing out on valuable information and the office has the potential to be losing big.

It is imperative the “front” knows what is going on in the “back” and vice versa. Team members cannot support the mission of the office if they don’t know what each other is doing.

Patients will ask questions of team members regarding recommended treatment/home care/appointment recommendations/billing, etc., no matter what the role of the staff member is. Not being able to answer questions adequately can lead to lost production/revenue and, more importantly, patients.

Keeping the lines of communication open is not difficult. Consider talking about new procedures, products and protocols at a monthly meeting. This helps to assure every team member is aware of the implementation of anything new. This makes the team cohesive and able to talk to patients about things going on in every department of the office, not just in one area.

While it is not necessary to be able to fully explain everything in detail, it is essential every team member knows which products are being talked about, which services are being offered and what office policies are in motion.

Best Regards,

Angie Stone, RDH, BS

Have you been thinking ‘outside of the box’ and seeing wonderful results? If so, share your story with us and it might be featured in Hygiene Tribune! Please send stories to Group Editor Robin Goodman at r.goodman@dental-tribune.com.

Mark your calendar!

ADHA 88th Annual Session in Nashville, Tenn.
June 15–21, 2011
Nashville Convention Center and Renaissance Marriott Hotel

• Registration will open in mid-January
• ADHA members: $190 (Members who register online from mid-January through mid-February will pay only $145, a $50 savings.)
• ADHA student members: $99
• C.E. courses: Prices range from $50 to $60 per course, and can be added to your registration.
uous shades of red when I realized my blunder.

Reasons to go digital
Some offices are not chartless, but have gone digital for other reason, such as the ability to e-mail radiographs to insurance companies and other professionals, instant images and an end to the dark room.

Ask the front office team how many times they’ve received a phone call from the insurance company requesting another X-ray? If you are still using conventional radiography and if you are not taking duplicates, you have nothing to send. With digital, no problem; we can send as many as they need. Remember the hassle of rummaging through the chart whenever you want to compare X-rays? With digital, it’s just one click and presto! You have a list of all X-rays. Moreover, just think — you did this without changing your gloves.

Just like learning anything new, there is a short learning curve. You will need to ask for help more than once. We sometimes think, “Oh, I’ve been shown once I can do this.” There are no stupid questions compared to: “What happened to my X-ray?” The answer is: “Did you remember to save?”

Adjuvant products
Because digital sensors are thicker than conventional film, you will need to purchase some products to keep your patients comfortable. If you choose to take the disposable route, may I suggest you check out DENTSPLY Rinn? DENTSPLY offers a disposable holder call the Uni-Grip®. The Uni-Grip is designed to take a full mouth series with just one holder. It works with any #1 or #2 sensor or phosphor plate, is easy to attach, uses color-coding to ensure correct positioning and may be discarded when done.

DENTSPLY also makes the XCP-DS® sensor position system that is fully steam autoclavable. The aiming rings, bite pieces and arms are all color-coded, not only to ensure correct positioning but also to save time with assembling (and we all need to save time).

Also, check out DENTSPLY’S XCP-DS disposable cord holder. It snaps on the side of the arm and holds that unruly, crazy cable.

Some people are not fond of the XCP position system, so test out the Ezeee-Grip® and the Snap-A-Ray® holders that are available. The Ezeee-Grip has a nice little cushion bite pad. It’s universal and all you do is insert the sensor and squeeze.

The Snap-A-Ray® works like the conventional Snap-A-Ray film holder but will not accommodate the Schick CDR Elite sensor.

Infection control
With conventional radiography you discard the film backing and autoclave the XCP or Snap-A-Ray. With a digital sensor, you can use it repeatedly. Thus, you need a barrier to fit the sensor, plus something to help protect the patient’s soft tissue.

Because the sensors are thicker than film, and we already know how patients react when we need to take lower periapicals, sensor softness is a consideration.

New Wave Dental makes a cushion for the sensor. It’s an all-in-one barrier sleeve called Wrap-Ease® and can be purchased from Crosstex.

New Wave Dental also makes what are called Sensor Slippers® (also available through Crosstex), which are for when you are using the Snap-A-Ray or the Ezeee-Grip and the sensor keeps slipping due to the barrier. The cushion prevents the slippage and at the same time creates a softer edge for the patient’s mouth. The company also has something called the Edge-Ease®, which adheres to the edge of the sensor barrier.

Indeed, New Wave Dental did not forget about patients that have a problem biting on the XCP bite piece, so you can “trick” the patient by using Bitewing-Ease®. This barrier pad adjusts to fit all manufacturer’s sensor and folds to create a bite tab.

A final word
If you are not using digital radiographs, my advice is to start researching. Yes, expect to spend some money, but did you know that most offices use a conventional dental X-ray unit as the source for radiation?

Take into account that digital sensors are more sensitive to radiation and require 50 percent to 80 percent less of a radiation dose than film.* Even though we are using less radiation, the lead aprons are still needed to protect patients.

Can you tell I like digital radiography? Once I learned how to use the magnification feature, it occurred to me that I had been in the dark long enough. **


About the author
Carla Gantz is currently a practicing dental hygiene clinician and treatment planner coordinator for the office of Dr. Thurman, Welborn and Cassidy in Glasgow, Ky. She is a 1996 alumni of Western Kentucky University, past president of the Kentucky Dental Hygienists’ Association and a CareerFusion member. In addition, Ganz has been presenting webinars since 2006. You may contact Gantz at dsoho@scrtc.com.
ADHA meeting Las Vegas

No. 1: Caesars Palace lobby.
No. 2: ADHA registration desk.
No. 3: Eiffel Tower restaurant.
No. 4: Robert Boyd, DDS, chairman of the Department of Orthodontics at the Arthur A. Dugoni School of Dentistry of the University of the Pacific in San Francisco, speaks on ‘Improving Periodontal Health Through Orthodontic Treatment.’
No. 5: This line equates to a one hour and 45 minute wait to check into the Caesars Palace Hotel.
No. 6: The pool at Caesars Palace is a constant buzz of activity.
No. 7: Celebrity chef Danny Boome (left) with Dental Tribune America Group Editor Robin Goodman. Boome joined forces with Crest Pro Health System to host the ADHA Annual Session: P&G Oral Health Breakfast Event. Boome delivered a presentation on breakfast foods that are good for your oral health and demonstrated how to make the perfect omelet, a Morning Glory fruit salad and his super smoothie.
No. 8: It looks quite peaceful outside the students and new professionals room.
No. 9: A waterhorse statue outside the Caesars Palace Hotel.
No. 10: Despite the calm appearance outside its door (No. 8), inside the students and new professionals room is jammed with attendees enjoying themselves.
No. 11: Attendees line up early for the opening of the exhibition hall. The line snaked down the hallway and around a corner.

No. 12: Colgate-Palmolive Academic Manager Judy O'Brien, RDH, (left) with Colgate-Palmolive Senior Manager of Professional Relations Karen A. Raposa, RDH, MBA. Raposa spoke on, ‘Bridging the Gap: Dental Treatment for Patients with Autism,’ during the meeting.

No. 13: Sharie Burch, RDH, MPH, EdD (left) and Audrey Ticknor, RDH, MA, speak on, ‘What’s the Big Deal About Meth and How do Hygienists Respond?’

No. 14: The chocolate fountain at Jean Philippe Patisserie in the Bellagio Hotel. The chocolate is inedible because it has a high oil content to keep it flowing.

No. 15: A close-up of one of the fish tanks at Beijing Noodle House No. 9 at Caesars Palace Hotel.

No. 16: Edward Haas and Eve, a 4-year-old Colombian boa constrictor that Haas rescued as part of his company Reptile R.E.P.S. (relocation, education and protection services). The company is a privately funded rescue organization that is open to any exotic animal in need, but specializing in reptiles. You may visit them on Facebook at REPTILE REPS, or e-mail Haas at reprilereps@yahoo.com for more information or to make a donation.

No. 17: The Bellagio Hotel water show attracts a crowd during the day and at night, when the waterfalls are lit up.
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“I just got back from LVI and my world has changed. I can’t possibly look at dentistry the same way again!”
– Dr. Balaji Srinivasan

“My LVI education has enabled me to not only survive, but to thrive.”
– Dr. James R. Harold

“There is nothing out there that even comes close to the LVI experience. The amount of enthusiasm I am bringing home with me is unbelievable. What an experience and a treat!”
– Dr. Robert S. Maupin

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