Endo treatment softening the blow

Offering care and reassurance to patients frightened of pain, should really start before they even get into the chair, so carrying out treatment isn’t made difficult, says Dr Michael Sultan

To most of our patients, root canal treatment is synonymous with pain. If a patient’s finding treatment uncom- fortable and is anxious, this type of complex treatment can be made better, so it’s important that they’re made to feel at ease from the start.

A patient’s first point of contact is usually the receptionist, who should be prepared to put the patient at ease, by greeting them in an empathic, reassuring, informative and helpful way. A medical background is far less important than excellent people skills at this point, and makes the difference between having a defensive and anxious patient and a fully informed pa- tient who knows what to expect, how long treatment will take and how much it will cost.

Recording pain history
After the initial gentle greeting, the first step is to take a full history of the patient’s experience with pain, as well as a social and medical history. The pain history quickly allows us to assess whether the pain is of dental or non-dental origin, and if tooth related whether it may be primarily endodontic or periodontal. It also makes the patient feel they are talking to someone who is genuinely listening with real empathy.

Any special tests required should be explained to the pa- tient from the start, and maintain- ing a reassuring dialogue during the process will maximise results. Once the diagnosis has been ascertained and treat- ment plan explained and agreed can treatment actually begin.

Sedation as an option
If the patient is particularly anxious, it’s a good time to discuss sedation so that they can be treated in a more comfortable state. Many are only nervous about the actual injection – doing this slowly and calmly is a real skill. In our experi- ence, the Wand has proved the most successful method in giving a great local anaesthetic.

Although the rubber dam has been used to great advantage in dentistry for over 100 years, it is a common sight in a lot of prac- tices. It effectively ‘takes the tooth out of the mouth’ for treatment. Not only does it save time and maintain a clean, dry field, it can also stop potential legal problems later. Dam placement can take as little as 10 seconds and once the clamp has been placed, my DSA will pass me the dam already on the frame ready for placement.

The best way to improve a pa- tients’ acceptance of the rubber dam is for clinicians to use it fre- quently and proficiently. If the patient is claustrophobic, the dam can be cut back to provide a breathing hole. Many of the pa- tients appreciate not having wa- ter and fluids building up at the back of their throat and genu- inely feel more comfortable.

Props are used as routine. This stops the patients suffering from aching joints and jaws and reduces TMJ problems later. At the end of the procedure, many cannot remember if their mouths are open or not as their muscles have relaxed so much.

Given that endodontic treat- ment is lengthy, noisy and poten- tially quite stressful for a patient, it is good to offer a pleasant dis- traction such as a personal music player or the latest video glasses for listening to music or watching DVDs.

Communicate clearly
On completion of any treat- ment/procedure, it is a good idea to tell the patient what to expect in terms of pain, bruising and swelling. It really helps to take an analgesic at the end of the proce- dure before the injections wear off and if pain is expected, alter- nating regular three-hourly doses of paracetamol (600mg) and ibuprofen (400mg) give opti- mal pain relief.

Endodontic treatment may involve a certain amount of dis- comfort, but if time is taken to ex- plain to the patient exactly what you are going to do and how it will feel afterwards, they will be pre- pared and able to tolerate a greater degree of discomfort than if they are taken by surprise.

A sympathetic follow up phone call the day after treatment is reassuring and allows the pa- tient to voice any anxieties associ- ated with their recovery. Patients really respond to and appreciate clear and concise communication at every stage of the process.

About the author

Dr Michael Sultan
BDS Msc DFO

Michael qualified at Bristol Uni- versity in 1993 and worked as an in-house endodontist in various group of specialist practices. Dr Sultan has been involved with nu- merous dental groups, has been chairman of the Alpha Omega dental fraternity and in 2008, became clinical director of Endocare, a group of specialist practices. Dr Michael Sultan can be contacted for advice regarding patients or any issues raised by the articles on michael@endocare.co.uk

Clinical
Smartseal in practice

In the last issue, Sandra Watson outlined how she uses Smartseal for successful endo treatment. This week in part two, we ask Sandra why she prefers it to her old method of treatment and why she would recommend it to her colleagues.

Predictable Endo 
for the General Dental Practitioner

smartseal are delighted to announce dates for their popular evening seminars. The events will be hosted by Jerry Watson BDS, a practising GDP from Lincolnshire.

 Aim of the course
To provide course participants with the necessary knowledge and skills to be able to implement the smartseal endodontic system in their practice.

Course objectives
By the end of the course participants should:

G have an understanding of the science behind the smartseal system
G have knowledge of the polymer plastics used in the system
G have the necessary skills to be able to use the smartseal system
G understand the nature of the material and its uses
G be able to interpret x-rays where a smartseal endodontic treatment has been used.

Format of the evening
6.30pm buffet supper/networking with colleagues
7.00pm overview of the system, science behind the material and how it works
9.00pm close

Dates and venues
06 November Leeds Novotel
07 November Belfast Hilton Hotel (afternoon event)
13 November Swindon Holiday Inn
20 November Taunton Holiday Inn
27 November Winchester Mercure Wessex Hotel
05 February North London Holiday Inn
12 February Slough Copthorne
19 February Oxford Holiday Inn
26 February Solihull St Johns
05 March Preston Marriott Hotel
12 March Newcastle upon Tyne Holiday Inn
19 March Edinburgh Marriott Hotel

Delegate rates: £65 - dentists, accompanying nurse free of charge*. Delegates attending the seminar will receive a 50% discount against the purchase of an introductory pack of smartseal.* "one nurse per dentist!

About the speaker: Jerry Watson is a general dental practitioner based near Stamford. He works in two locations - Peterborough and Easton on the Hill. Jerry is a well respected trainer and has worked with many companies and organisations to deliver training for dental teams; he is particularly interested in facilitating customer care and team work training events.

New dates and venues for 2009!

booking form

Please indicate below which date you would like to attend and the number of tickets required.

Venue Date No of tickets
Leeds 06 Nov 2008
Belfast 07 Nov 2008
Swindon 13 Nov 2008
Taunton 20 Nov 2008
Winchester 27 Nov 2008
North London 05 Feb 2009
Slough 12 Feb 2009
Oxford 19 Feb 2009
Solihull 26 Feb 2009
Preston 05 Mar 2009
Newcastle upon Tyne 12 Mar 2009
Edinburgh 19 Mar 2009

Name & job title:
Address for correspondence:

Contact Tel:
Contact Email:

Payment by cheque
Please send this booking form with cheque attached (payable to DRFP Ltd) to: smartseal seminar bookings. Adams Partnership 3 Kestrel Court Waterwells Drive Waterwells Business Park Gloucester GL2 2AZ

Payment by debit card
Please contact the smartseal events team on 01452 886567 to book.

Cancellation policy: seminars fees are non-refundable for cancellations received less than 72 hours before the event.

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1. What product/s and brands have you used in the past?
   I used to use hand files and then fill with GP using lateral condensation. More recently I have used K Files with Pro Fit GP.

2. What prompted you to consider new kinds of products?
   I was interested to use a product which expanded laterally because of the obvious potential benefits. I had heard that Smartpoint swelled laterally, adapting to the shape of the canal and that once a seal was created, the point would stop swelling and its controlled hoop strength prevented root fracture. I recognised that these inherent characteristics could improve the outcome of root canal treatments and so decided to investigate further.

3. What decision-making process do you use to purchase new products?
   From personal experience dentists are natural creatures of habit and although I believe we’re reticent to try new technologies and products, I do think we have a responsibility to be aware of and investigate new products that may help us to deliver an improved service and/or outcome for our patients. I form purchasing decisions by keeping abreast of information presented in literature sent to me and featured in the dental press, and I listen to what my colleagues have to say about products they have tried.

4. When did you become aware of Smartseal and what interested you most about it?
   I have been aware of Smartseal’s development for some time and have been watching the outcome of the trials with great interest. GP has been used for over 100 years and while it has served a purpose, we are all aware of its limitations. It makes sense that new, 21st-century technologies should find a better way to perform an essential function; it seemed time for a new product.

5. Did you use Smartseal as soon as you had purchased it and if not, why not?
   I must admit that it had sat in the cupboard for a couple of weeks before my nurse persuaded me to use it. Again it’s just habit and that reticence to try something new. Using a different product does take us out of our comfort zone but if we never tried anything new we would still only be pulling teeth out rather than discussing the merits of different root canal treatments.

6. Even though you had purchased Smartseal, what...