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 uncomfor- table and is anxious, this type of complex treatment can be made easier, 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 promote the idea of putting 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 patient 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 patient from the start, and maintaining a reassuring dialogue during the process will maximise results. Only once the diagnosis has been ascertained and treatment 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 experience, the Wand has proved the most successful method in giving a local anaesthetic.

Although the rubber dam has been used to great advantage in dentistry for over 100 years, it isn’t a common sight in a lot of practices. 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 patients’ acceptance of the rubber dam is for clinicians to use it frequently and proficiently. If the patient is claustrophobic, the dam can be cut back to provide a breathing hole. Many of the patients appreciate not having water and fluids building up at the back of their throat and genuinely 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 treatment is lengthy, noisy and potentially quite stressful for a patient, it is good to offer a pleasant distraction such as a personal music player or the latest video glasses for listening to music or watching DVDs.

Communicate clearly
On completion of any treatment/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 procedure before the injections wear off and if pain is expected, alternating regular three-hourly doses of paracetamol (500mg) and ibuprofen (400mg) give optimal pain relief.

Endodontic treatment may involve a certain amount of discomfort, but if time is taken to explain to the patient exactly what you are going to do and how it will feel afterwards, they will be prepared 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 patient to voice any anxieties associated with their recovery. Patients really respond to and appreciate clear and concise communication at every stage of the process.

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About the author
Dr Michael Sultan BDS MSc DFO
is a specialist in endodontics and the clinical director of EndoCare. Michael qualified at Bristol University in 1986 and worked as a general dental practitioner for five years before commencing specialist studies at Guy’s Hospital in London. He completed his MSc in endodontics in 1995 and worked as an in-house endodontist in various practices before setting up in Harley Street, London in 2000. He was admitted onto the specialist register in endodontics in 1999 and has lectured extensively in postgraduate dental courses. He has lectured extensively in postgraduate dental courses, as well as lecturing on endodontic courses at Eastman CDU, University of London. He has been involved with numerous 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@endo.co.uk.

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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.

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**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**
- have an understanding of the science behind the Smartseal system
- have knowledge of the polymer plastics used in the system
- have the necessary skills to be able to use the Smartseal system
- understand the nature of the material and its uses
- 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
- hands-on session using endo blocks, allowing delegates to see exactly how the Smartseal system works and get a feel for using it
- 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 Wesseley Hotel
- 05 February North London Hilton Hall
- 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.

**Aim of the course**
By the end of the course participants should:
- understand the nature of the material and its uses
- be able to interpret x-rays where a Smartseal endodontic treatment has been used.

**Contact Tel:** 01452 886367 to book.

**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 2AY

**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 Pre 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 sealed 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 naturally 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 be able to offer more advanced and better results.

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 I was interested 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...