Pedonomics: lasers in paediatric dentistry

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We live in an era in which time is the basis for many decisions: what saves time is what gets chosen. Introducing better technology helps to work with time economics in paediatric dentistry. The recent term coined for this perspective of expanded thinking is “Pedonomics”. Pedonomics refers to the impact of the changing world of paediatric dentistry in the dental practice.1

Time economics goes hand in hand with pedonomics. The selective niches of dentistry are expanding far more today than in the past years. Few reasons that account for this need of the level of advanced healthcare are:

1. Some parents who have their children later in life are referred to as drone parents. These parents self-educate a lot via social networks and extensive internet research. With less inherent trust in healthcare providers, they generally form a strong opinion about the dental care of their children and are most demanding of their paediatric dentist.
2. This category of parents are often tech-savvy and are quite updated with latest technologies. They appreciate a “no pain, no drill, no memory” dentistry.
3. Caries rate in dentistry is ever-increasing, with a heightened frequency of cariogenic diet and a decline in caries prevention.
4. There are more and more general dentists that would “do the job” and only if it is mismanage, would they refer the child to the specialist. Increased availability of advanced technology can put an end to this trial practice.

Lasers as game changers

Lasers are introduced as excellent instruments in everyday dentistry. However, the idea of dentistry is generally connected to discomfort and pain in children’s minds. Any treatment trend that can help ease pain is welcome because of this connection by the use of contemporary technologies can increase patient referrals and treatment acceptance.

Although the hand piece does remove the dental decay, it may also cause abrasion of the tooth structure and a significant amount of discomfort that may not be taken very well by the children. In addition, the vibration and noise of the drill can be unpleasant to young ears, thereby lasers can prove a better tool as they do overcome all these fears of drill dentistry.2 Additional benefits must far supersede the costs and investment when it comes to completing the laser requirements of any practice.

Marketing protocols help us to see a larger number of patients per day, but to have these patients accept the proposed treatments better, it is advisable to introduce them tools that can truly help. As applicable in any field, an experience that exceeds the expectations will motivate the patients to keep appointments, accept recommended care and hence allow to build up positive clientele.

Lasers indications in dentistry

Medicine began to integrate lasers in the mid-1970s for soft tissue procedures. The first laser specifically for dental use was a neodymium-doped yttrium aluminium garnet developed in 1987 and approved by the Food and Drug Administration in 1990.5

Benefits

- Less thermal necrosis of adjacent tissues is produced with lasers than with electrosurgical instruments.1,3
- Haemostasis can be obtained without the need for sutures in most cases.1,3
- Little or no local anaesthesia is required for most soft tissue treatments.4,5
- Reduced operator chair time has been observed when soft tissue procedures have been completed using lasers.
- Lasers feature decontaminating and bactericidal properties on tissues, requiring less prescriptions of antibiotics post operatively.5,6
- Lasers provide relief from pain and inflammation associated with aphthous ulcers and herpetic lesions without pharmacological intervention.5,6
- Erbium lasers can remove caries effectively with minimal invasion of the surrounding tooth structure because caries-affected tissue has a higher water content than healthy tissue.7,8
- As erbium lasers have no direct contact with hard tissue, the reactionary effects of conventional high speed handpieces are eliminated, allowing tooth preparations to be comfortable.
- As a consequence, anxiety in both children and adolescents is reduced.7,9,10

Lasers costs

Cost is the primary determinant in any acquisition. In the most common manner, it is defined as the amount of money paid or charged for something. It is termed as price in the economic language. Another important factor here is the opportunity cost. It is the added cost of using resources (as for production or speculative investment) forms the difference between the actual value resulting of using this opportunity and that of its alternative.

Opportunity costs is a major determinant as it describes the following:

1. Cost of the acquisition of a laser
2. Costs incurred when not having the laser, which include: loss of...
income due to loss of high-end, cutting edge dentistry, loss of referrals.

The final decision to purchase is worked out after looking at both financial and the opportunity costs. 6

Laser as a profit centre

There are many ways that can help us calculate the profits based on Laser procedures. In any private practice, time is money. This can be best determined on the basis of the average hourly income. There should be a certain specific amount that needs to be earned per hour that can keep the practice flourishing. Apart from this basic income, any additional ability to perform the procedure more efficiently means extra income. The average amount of one hour chair time should be able to yield approximately 100 to 150 US Dollars. This is not the fixed amount but an approximate average that can keep the practice on profitable ends.

The procedures that can be effectively and efficiently performed by using laser in the paediatric dental office are:

1. Restorative laser dentistry
2. Laser-assisted endodontics
3. Freectomy
4. Sealants
5. Minor surgical procedures
6. Tooth desensitisation
7. Lingual frenum removal
8. Exposure of unerupted teeth
9. Laser tooth whitening
10. Treatment of orthodontic or drug-induced hypertrophy.

Return on Investment*

Once the laser is bought, pedonomics suggests that there should be a fair return on the investment made. Just to break even, the income generated by laser must include covering the price of the laser, maintenance, supplies as well as an additional amount to cover the income lost from the money used to purchase the equipment and not otherwise generating its own income. The profit that exceeds the break-even point is called the return on investment (ROI).

Some of the items that should be included in ROI would entail the profit from the following:

1. Novelty of procedures with lasers.
2. Reduced out referrals, caused by the new laser procedures.
3. In-referrals due to the uniqueness of laser-assisted paediatric dentistry.

Tracking

To actually calculate the accurate financial return of introducing the laser to the practice, the income derived from laser must be monitored over time. A new terminology used in pedonomics is KPIs which stands for key performance indicators.

These are the factors that are used in evaluating the success of the profit centre as follows:

1. Laser-assisted procedures.
2. In-referrals for laser procedures.
3. New patients that come asking for laser.

If KPIs seem to increase or even remain at a good level, this indicates that break even and the much awaited ROI will not be far off.

Unique selling proposition

The USP is the unique cutting edge of any practice. When it comes to paediatric dentistry, lasers are indeed a unique selling proposition due to their contemporary benefits. In the field of marketing and management, USP is defined as the factor or consideration presented by a seller as the reason that the product or service is different from and better than that of the competition. The USP of lasers are as follows:

- Non-surgical minor procedures
- No drill
- No anesthesia
- No pressure on or contact with the tooth.
- Easier healing.
- Less need of analgesics and antibiotics.

Six Sigma approach of pedonomics

Six Sigma is defined as the set of techniques and tools for process improvement. It was introduced in 1986, and by 1990, it was introduced to healthcare. Six Sigma approach is a continuous improvement. It was introduced by Motorola. Six Sigma is defined as the set of techniques and tools for process improvement. It was introduced in 1986, and by 1990, it was introduced to healthcare.

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A Six Sigma process is one in which 99.99966% of all opportunities to produce some feature of a part are statistically expected to be free of defects (3.4 defective features per million opportunities). When applied to medical or healthcare systems, the most important dimensions of the quality of the medical act are:

- Safety
- Professional competence
- Acceptability
- Efficacy and Relevance
- Efficiency
- Continuity
- Interpersonal relations
- The patient’s satisfaction
- Patient compliance.

Lasers as the Six Sigma in pedonomics

To make the delivery of the treatment best accepted by the family, it must be fit to comply with the level of patient acceptance. The average amount that can be generated by laser treatment quite exceeds the amount generated by conventional treatment.

The approximate amounts ranging in our practice which runs its costs parallel to the costs in the United States can be seen from Table 1 and 2 and the following numbers:

- The average amount spent on purchasing as laser: 350,000 AED.
- Equated monthly instalments calculated with interest: the purchase of laser was made with complete down payment.
- Average cost per month over three years period: 10,000 AED.
- Average increase in treatments with laser vs conventional approach: about 200 per type of treatment.
- Fillings: approximately 300 more with laser than Conventional way; average 45 per month.
- Pulpectomy: only lasers. Average 30 per month.
- Frenectomy: 2 per month.
- Laser pulpotomy: 15 per month.
- Laser sealants: average 30 per month.

Based on the above figures, the average amount gained from laser approach of treatment:

- Fillings: 50 x 300: 15,000 AED.
- Pulpectomy: 30 x 300: 9,000 AED.
- Frenectomy: 500 AED.
- Seals: 20 x 300: 6,000 AED.
- Laser pulpotomy: 15 x 300: 4,500 AED.

Based on the above numbers, the approximate profit earned on laser vs. conventional approach:

- Net profit: 41,000 to 10,000 (monthly investment on laser over three years period) = 31,000 AED per month.

Break even was tentatively achieved at the end of 14 months. Profit started roughly after this period.

Conclusion

The Six Sigma approach with lasers teaches us to apply the zero-defects principal. This degree of excellence is not just in a word, but there is a realistic possibility of making it happen. It is an approach that can actually accelerate the rhythm of development and of the distribution of new ideas within an organisation. Laser is a tool that helps in the application of the Six Sigma principle in the dental office. In conclusion, it is statistically proven that laser with all its attributes is quite efficient in bringing “more dentistry” to a dental office.

Editorial note: A complete list of references is available from the publisher.