

Can't Do This? Think Again

by Harvey Levy, DMD, MAGD
www.DrHLevyAssoc.com

How do you feel when your patient suddenly jerks his or her head away while you are trying to give a local anesthetic injection? Or when he thrusts the head towards you as you are drilling a tooth...close to the pulp? Or moves her head suddenly during an endo procedure?

Recently I experienced all these unexpected movements on an almost nonstop basis, from a patient who had little motor control.

Laura is a 42-year-old retired nurse who manifested Huntington's Disease at age 28. She lives in a special-care facility, and is visited by her husband and two teenage children on weekends. When she first came to my office I wondered why her children were supporting her by the elbows while she walked ever so slowly and awkwardly. She was shaking as though she had just been in an accident, or like someone with advanced Parkinson's Disease. I quickly learned that this was her normal gait, which included constant and purposeless head and body movements.

She sat in my chair and announced with slurred speech that she had some cavities she wanted fixed. We performed a set of radiographs and oral exam, not easy on a constantly moving target. Our treatment plan included prophylaxis cleaning, 4 restorations, 2 molar extractions, and 7 crowns.

We wondered how we could accomplish all that. We needed to find a way to control the constant head movements, so as to reduce the risks and liabilities. We also had to determine how many sessions we would need, and if I failed, to whom I could refer her.

To test the waters we tried to clean her teeth in our office. Valium 20 mg and maximum nitrous oxide produced no reduction in head movements. An oral surgeon might take out the two fractured and abscessed second molars with office IV, but who would do the cleaning, fillings, and crowns?

If the oral sedation had succeeded in controlling the head movements we could have considered treating her in our office, a little at a time, over a long period. However, the ideal solution – also more convenient for Laura's family, who wouldn't have to drive her to our office numerous times – was to treat her in one session at a surgical center or OR.

We scheduled a few hours at the local hospital, where under general anesthesia Laura's head movements would stop. In one OR session we readily completed the cleaning, 4 restorations, 7 crowns, and 2 extractions. In our office two weeks later, despite her head movements we successfully cemented all the crowns.

Laura and her husband were delighted that the 4 upper front teeth crowns looked so good, and that all work was completed without incident. We were pleased to have done our best work on a sleeping patient, undeterred by inadvertent head and body movements.

Office sedation – often with special mouth props, and head or body restraints – dramatically increases the chance of completing treatment. There are times, however, when a single session of general anesthesia at a surgical center or hospital allows for successful outpatient treatment not otherwise possible in an office.

This work is very profitable due to the extraordinary efficiency of uninterrupted, 6-handed, saliva-free dentistry. It is also very gratifying because we are able to treat cases that cannot be effectively completed in an office setting, for whatever reasons – situational anxiety, dental phobias, too many visits, age of patient (infants or Alzheimers), mental challenges, physical impairments, or medical conditions.

“Management of Difficult Patients,” a 4-hour seminar on office sedation and hospital dental care, will be offered at the MSDA office in Columbia on October 31, 2008 at 9 AM. Dr. Harvey Levy, who holds fellowships and diplomates in special patient care and oral conscious sedation, will be presenting protocols and suggestions he gathered from 30,000 office sedation cases and 1,000 hospital general anesthesia cases. For more information contact Sue Camardese, 800-766-2880 or sue@msda.com.

Published in the MSDA Newsletter, August 2008