You are a master at doing all sorts of restorations: you’re highly skilled at bridges, partials, perio, most extractions and most endo – you’re even pretty good at implants and other high level procedures. Despite your talents, however, what do you do when a patient won’t open his mouth? How do you respond when he won’t stop thrashing, can’t understand your simplest directions or is so frightened that he can’t comply despite his best intentions? Finally, how do you treat a patient who is so medically compromised that you can’t use any local anesthetic?

It is possible for you to perform your normal dental procedures on patients that are currently impossible to work on, and make a handsome profit as well. This is how:

- Proper training
- Trained staff (including CPR, desensitization, familiarization with equipment and drugs, including nitrous oxide)
- Proper attitude
- Special equipment: Pedi-wrap, mouth props, self-developing film, handheld x-ray unit
I had already completed thousands of sedation cases in my 34 years of practice before obtaining my Fellowship and Diplomate from DOCS Education. I am now working with the greater confidence that comes from being more knowledgeable about “wise dosing,” and being more mindful and careful. I found that the DOCS protocols allow for safer management of difficult and apprehensive patients, while providing the best in dental care.

With the right training, staff, equipment and mindset, you can perform a valuable service to this niche of neglected and undertreated patients. You can feel great about your clinical and management successes, and be rewarded emotionally and financially.

I am not always successful on the first try. Sometimes I reschedule for another day. Sometimes I have to abort and treat the patient in a hospital or surgi-center operating room. Below are seven examples of different types of patients we treated successfully in our office, all of whom required anxiolysis or conscious sedation.

Examples of office sedation

1. Anxious: Ken is a large, anxious 26-year-old male who avoided dentists for years, but needed composites, periodontal scaling, and extraction of abscessed third molars. With 10 mg Valium and nitrous oxide, we elicited a smile from Ken and successfully performed the treatment.

2. Geriatric: Ruby is an 83-year-old female who is a partially deaf cancer patient. She required three extractions, two composites, periodontal scaling, and repair of her lower partial denture. She takes one aspirin a day for blood thinning, and is extremely anxious. In cooperation with her physician, we withheld her aspirin for 5 days preoperatively plus one day post-op, and gave her 20 mg Valium one hour pre-op. Using nitrous oxide, we scaled her salvageable teeth, then extracted the three abscessed teeth. A week later, with 5 mg Valium, we placed the two composites and delivered the repaired partial.

3. Fearful child: Andrew is a 4-year-old frightened boy who had dental caries and an abscessed tooth. We gave him 500 mg chloral hydrate plus 20 mg Atarax® plus nitrous oxide to place composites and extract the abscessed tooth. We used Pedi-Wrap® and dad’s lap for gentle protective restraint.

4. Autistic: Sophie is an autistic 8-year-old girl who had an abscessed tooth. With 1 gm chloral hydrate plus 20 mg Atarax®, we used Pedi-Wrap® to take impressions and then extract the abscessed tooth. Two weeks later, we employed the same protocol to cement the space maintainer.

5. Medically compromised: Ed is a 49-year-old male nursing home resident who was in a coma for 8 years following a 1991 direct lightning strike. He is non-verbal, unable to open wide or stop quivering. After placing 2 gm chloral hydrate plus 30 mg Atarax® elixir into his g-tube and playing his favorite country music, Ed remained in his gurney as our hygienist removed his calculus bridges.

6. Mentally challenged: Marylou is a 46-year-old mentally challenged female who had periodontitis, dental caries, and missing teeth. She is hyperactive with psych disorders and low blood pressure. With 1 mg Halcion®, we were able to scale the mouth, place four restorations, and take impressions for removable partial dentures. Currently, she is wearing her appliances, which her counselors insert and remove each day.
Mentally challenged and wheelchair-bound: Linda is a 62-year-old female with cerebral palsy, hypertension, hip fracture, psych disorders, and is mentally challenged and wheelchair bound. She had periodontitis and two abscessed teeth. With 0.5 mg Halcion®, she had an anxiety and hypertensive episode in our waiting room before even being seated. On a different day, with 10 mg Valium®, we uneventfully scaled her entire mouth, and extracted the two abscessed teeth as she remained in her wheelchair.

Sometimes no amount of office sedation suffices to relax the patient sufficiently. About 75 times per year I work on patients under general anesthesia at our hospital operating room? (OR). Prior to the OR we attempt, at the office, to obtain a thorough oral exam, radiographs and models, employing one of the DOCS protocols. We follow-up every OR case at the office, when we check the occlusion on the restorations, clean out the extraction socket, remove the sutures, get a post-op root canal film, cement a crown or bridge, insert a space maintainer, or deliver an appliance. Here are two examples of combined office/OR cases:

Example of combined office / or general anesthesia cases:

Seth is a 22-year-old male with Klippel-Feil syndrome. He is a deaf young man who has trismus, c-spine fusion with no neck mobility, and cardiomyopathy. With 10 mg Valium®, we were able to perform an oral exam and get some radiographs. We then went to the hospital OR to perform periodontal scaling, restorations, root canals, frenectomy, extractions, and crowns. Two weeks later, in the office, with 10 mg Valium®, we checked the surgical sites and occlusion on the restorations, and cemented all the crowns.

Loretta is 42-year-old female with Huntington’s Disease. She is a retired nurse whose disease includes poor balance and dexterity, constant head and body movement, and anxiety. In the office, we were able to obtain an exam, radiographs and models. In the hospital OR, we performed scaling, restorations, extractions, and seven crowns. In the office two weeks later, with 2 mg Ativan®, we checked the restorations, extraction sockets, and cemented all seven crowns. The patient’s constant movements were controlled enough for us to successfully complete the case.

We have had many similar cases where referral to an oral surgeon would have addressed only the surgical component of the treatment, and where a pedodontist would not have welcomed older patients. My staff and I have found sedation dentistry to be personally and professionally satisfying. It expands our repertoire of treatment offerings. We welcome the gratification that comes with the successful outcomes, for management failures in the office are invariably followed by success in the operating room.

The demand and the need are clearly there. These anxious and special-needs patients deserve the same quality of dental care as everyone else. They want it. They need it. They will pay for it. Everyone will benefit. Consider trying it yourself-go out and embrace it. You can definitely make the “impossible” happen.

Dr. Harvey Levy is a general dentist from Frederick, Maryland who has earned Mastership and Lifelong Learning Service Recognition in the AGD along with eight Fellowships and four Diplomate certifications. He completed a two-year residency in Rochester, NY, and was a GPR clinical residency director at the Univ. of Penn. Hospital. With 34 years of clinical experience in treating special-needs patients, he has written articles, produced audio and video tapes, taught many special-needs patient care courses, and lectured about the management of special patient care. His work earned him the 1986 AGD Humanitarian Award, the ADA Access to Care Award, and he was a 2002 Winter Olympic torch runner. To date, Dr. Levy has treated 1,000 patients in the OR and 30,000 patients in his office with oral sedation.

RESOURCES:
Aribex Nomad Handheld x-ray unit
Aseptico, Inc.
800-426-5913 | www.aseptico.com

Ergonom-X self-developing film
Cramer Dental Sales, Inc.
800-723-4895 | www.cramerdental.com

Pedi-wraps and foam mouth props
Specialized Care Co.
800-722-7375 | www.specializedcare.com