



Sealing the Gaps: How Prevention Makes Profit by Mary Jane Livingston

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Sealing the GAPS

by Mary Jane Livingston

Tooth decay is the largest chronic disease in the United States for children ages 6–11, beating out asthma and hay fever, according to the Centers for Disease Control and Prevention. Forty percent of decay occurs in the pit and fissure areas, and dental sealants can play a large role in prevention. This statistic begs the question: Are we doing enough for our pediatric patients?

Why does tooth decay remain the highest chronic disease among children if tooth decay is—as we know—a preventable disease? This is a public health concern. As practitioners, we can help our patients and our community by using dental sealants to increase caries prevention.

Protocols in the office

Establishing protocols and having all team members on the same page is key for the office. It's essential to have the dental assistants, dental hygienists and front-office staff properly trained in educating patients and parents about the benefits of sealants.

Morning huddles are the best time to review your daily schedule. At this time, the team can discuss who is a good candidate or who has pending treatment for sealants. This works great, both for offices that practice same-day dentistry and for those that have time-constrained patients.

Rather than leave it to the doctor to educate and make treatment recommendations, having the team introduce sealants to patients shows consistency throughout the office. Ultimately, it is the patient's choice, but this allows patients to be part of the decision-making process.

Most patients agree that they would much rather have a sealant applied than have a cavity fixed, especially since a sealant application is a fraction of the price. While pit-and-fissure sealant is a method of preventive dentistry, it could also become lucrative for the office.

Are we doing enough for our pediatric patients? Why does tooth decay remain the highest chronic disease among children if tooth decay is—as we know— a preventable disease?

We're not selling snake oil

Advertising and marketing seem to be taboo in the medical and dental world. What office hasn't run into the skeptical patient who believes that the doctor is trying to make a sell? Presenting treatment is not selling treatment.

We are offering options for how to treat or prevent dental diseases. For whatever reason, we take on the burden for our patients and fail to recognize that it is the patients' responsibility to take care of their oral health. It is, however, our obligation as health care providers to treat patients and help them achieve a healthier lifestyle.

Education is the magic word that supersedes advertising and marketing. We are educating our patients about preventive care that is beneficial to their oral health. In order to do so, we need to inform patients about the options available to them through the practice.

For example, using the wall space in the waiting room to play educational videos will teach patients and parents about sealants and their benefits.

Social media is a huge marketing and advertising tool. Reaching out to the public is as simple as the touch of a button. The beauty of social media is that a practice has the potential to reach out to thousands of people in the community, or simply to current patients.

As clinicians we forget that sealants aren't strictly for children and adolescents. Why aren't sealants recommended or treatment-planned for adults more often? We may have mentally trained ourselves to believe that our adult patients won't consider sealants because often the treatment is not covered by insurance. This is why education is key.

A hygiene appointment is the perfect time to introduce preventive medicine and allow the patient to make an educated decision. At best, we can try not to let insurance companies dictate our patients' oral health.

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What works best

You've established your protocol and advertised the service, but what products work best? This is a personal preference.

The two common types of sealants are resin-based sealants and glass ionomer cements. As we know, technique is crucial. As with most dental procedures, the patient's cooperation and keeping the area dry are challenges to placing sealants. A majority of clinicians place sealants independently, while others have assistants helping.

Drs. David Shipper and Howard Vogel of Central Park West Dental in New York City said that it's easier to set a new appointment for patients rather than run overtime on an existing appointment and sacrifice quality. This is their technique: Vogel cleans the surface area with an air abrasive, isolates the tooth, and then applies etch and bond. Next, he uses composite material rather than traditional sealant material (due to better retention), and cures the surface for 15 seconds.

Hygienist Michele Banks, who works for Arizona's Dental Sealant Program with the Maricopa County Office of Oral Health, said, "I do not have dental assistants so I use a two-handed technique. I have started to use BeautiSealant by Shofu. I love it. It is easy and fast to place. No etching. The kids seem to like this better."

SEALANT TECHNIQUE

By Michele Banks, RDH, Maricopa County Department of Public Health

- 1** Clean the tooth surface with a prophylaxis brush.
- 2** Isolate the tooth.
- 3** Dispense adequate amount of primer onto V-dish. Apply onto the enamel surface of pit and fissure using a fine microbrush. Leave undisturbed at least for five seconds. Air-dry with gentle air to avoid dispersing primer.
- 4** Apply the paste directly from the syringe into pit and fissure.
- 5** Light-cure for 20 seconds.
- 6** Remove unpolymerized resin.

Community minded

Many people who are most at risk for tooth decay do not have access to a regular dentist. However, community and public-health services can help bridge the gap for this population. Volunteering can make a difference in your community. Research your state to see if there is an available school-based dental sealant program. If not, Seal America provides resources on how to create one.

The Maricopa County Office of Oral Health has a successful program. Hygienist Vincent Torres, a program supervisor, said that the program follows the protocols of Seal America. Public sector programs are managed differently than private practice.

The two types of sealants that the program places are preventive or therapeutic sealants. In private practice, we generally use preventive sealants.

In the public sector, therapeutic sealants are placed in the pits and fissures with incipient caries. The reason is simple: sealant material may arrest or stop the progression of the carious lesion, and clinicians have no way of knowing if the child will receive dental treatment in the near future. Therefore, placing sealants will be beneficial for the child, regardless of whether or not there is incipient decay.

You can also reach out to your community by creating public service announcements through social media, or writing articles for your local school or community newspaper. Public health organizations can always use a helping hand, so checking out your local chapter is a great place to start. Better yet, offering a “free clinic day” for those in need will boost your office morale and provide services to your community while increasing your practice’s visibility.

More people are seeking preventive and natural-health treatment alternatives. By establishing protocols, preparing patients, finding dental materials that work for your office, and helping out in our communities, we as dental professionals can help make a positive impact. Let’s get back to basics and make dental sealants a priority.

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Mary Jane Livingston, RDH, BSDH, knew she wanted to be a dental hygienist from the time she was in high school. She joined the dental community more than eight years ago, fostering her passion while working as a sterilization tech. Livingston worked her way up and gained experience while learning the front and back offices in hopes of pursuing her dream. Livingston has been practicing for six years as a hygienist and started her teaching career with Phoenix College's dental hygiene program. She now lives in New York City, where she practices full time in private practice and works as an adjunct professor at New York University College of Dentistry.

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Does Zirconia Crowns Have Disadvantages? The zirconia bridge may break if the tooth cavity is long. Therefore, zirconia crowns are not preferred in such cases. Another disadvantage of zirconia crowns is that they are priced higher than alternative treatment options. How Long Does Zirconia Crowns Last? Zirconia crowns can be used for many years if oral care is performed correctly and checks are performed regularly. Zirconia crowns may break in the event of heavy impacts. There is a possibility of cracking in movements such as breaking the nut shell or opening the bottle cap. But there is no problem in chewing hard foods. Do Zirconia Crowns Need Special Care? There is no need for extra care for zirconia. Why am I seeing these problems with zirconia crowns? A: Many of us are also seeing the challenges you stated. In my opinion, there are some identifiable reasons. In my answer to you, I will describe the apparent reasons for zirconia crown failure and suggest some potential solutions. Dental education. The level of education and clinical experience of some new dentists are major challenges. Zirconia is not zirconia. I have discussed the most frequently occurring challenges with these crowns. Most of the problems can be avoided by using the potential solutions described in this article for each of the identifiable challenges. Zirconia is here. It is not going away. Zirconia crowns are generally used to restore or replace decaying, damaged teeth. It is very important to understand the pros and cons of zirconia crowns before the treatment. The advantages of zirconia crowns are their durability, their high quality and their perfectly natural appearance. They can be used after root canal treatments for aesthetic reasons or they can also be placed onto implants to replace missing teeth. The advantages of zirconia crowns. Biocompatible. Strong, durable material. Long lasting and reliable restoration. Safe for patients with metal-allergies. The appearance of th Zirconia crowns initially became extensively used in the 1990s. It contains around 90% zirconium oxide, offering it unique strength and bio-compatibility. Some of the critical features of zirconia crowns include: Resistant to chipping, cracking, and discoloration. Safe, biocompatible material and causes no metal-sensitivity in patients. Smooth exterior prevents abrasion to adjoining teeth and gum tissue. Multicolored, highly translucent. Provides the most natural appearance to the tooth. Click the link to learn more. Zirconia Crown VS Porcelain Crown: Features, Costs & Disadvantages. Zirconia crowns offer advantages over composite ceramic crowns and can be made in one day. Zirconia is made from zirconium, a metal with similar properties to titanium. Zirconium makes a good choice for dental material because it is chemically unreactive. Zirconia has many properties that make it a good choice for dental crown material. Some of these beneficial properties include