TEXAS MEETING
The Annual Session of the Texas Dental Association
PREVIEW

Treating Patients with Anxiety or Special Needs: There's Always a Way

Harvey Levy, DMD, MAGD

Imagine you are driving to work and encounter a roadblock. You detour and make it to your destination, albeit late. Management of anxious patients similarly starts out on a main road. Due to circumstances beyond your control, you are forced to try another approach or 2, or even 3. Eventually, you arrive, having treated your patient successfully.

Anxious Patients

Anxiety by definition is "worry gone out of control" (Figure 1]. It is irrational but frighteningly real to the patient. Unless you've experienced anxiety, you cannot understand it. Try describing the color blue to a congenitally blind person and you will appreciate the impossibility of understanding a patient's situational anxiety.

Now magnify that anxiety with the kind of fear felt by children too young to understand, Alzheimer's patients who can no longer understand, mentally challenged patients who never understood, or autistic patients who live within an isolated world. Not all anxious people are special-needs patients, but all patients with special needs are anxious.

How do we gain the cooperation of anxious patients so we can treat them? There is always a way. Always!

Figure 1. *Anxiety is worry gone out of control.*

Prescription Drugs for Conscious Sedation, Plus Nitrous Oxide

We start by relaxing the patient with some medicine. We prescribe an oral sedative the night before and/or just before the appointment. Nitrous oxide gas may be given as a supplement.

Our office protocol has been successful in 96% of our 35,000 oral sedation cases. Patients are relaxed enough to be wrapped, propped, radiographed, and treated to completion.

Figure 2. *Anxious patient relaxing comfortably with nitrous oxide.*

Wraps

To prevent patients' self-injurious behavior, we restrain their hands using soft wraps (Figure 3).

We place the wrap onto the operatory chair before the patient is seated (Figure 4). We then seat the patient and gently secure the wrists with Velcro (Figure 5) and the legs (Figure 6) to prevent sudden movement.

Figure 3. *Anxious boy is comfortable and safely restrained with wrap.*

The head is immobilized by commercial head restraints or by a caregiver.

Figures 4-6. *Applying the wrap in 3 easy steps.*

Dr Harvey Levy's Class Schedule at the TEXAS Meeting:

Harvey Levy, DMD, MAGD

FRIDAY, MAY 8TH

Successful Office Management of Anxious and Special-Needs Patients
8:00 AM – 11:00 AM
Course Code F48

Portable Dentistry: Successful OR and Off-Site Management of Patients
1:00 PM – 4:00 PM
Course Code F49

SATURDAY, MAY 9TH

Tips, Tricks, Techniques and Tools for Managing Anxious Patients
8:30 AM – 11:30 AM
Course Code S20

Mouth Props

To open the mouth, we start with a foam-covered mouth rest (Figures 7,8).

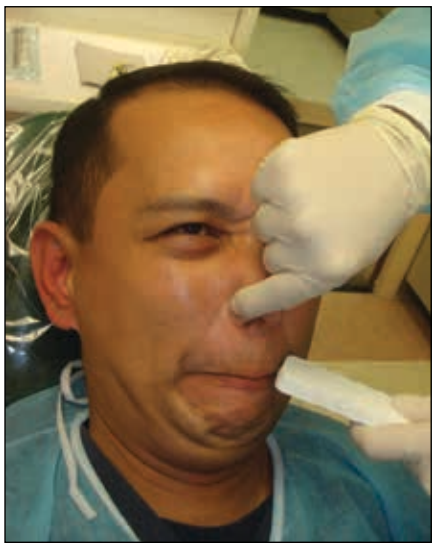
Figure 7. *Open Wide™ mouth rest is inserted horizontally.*

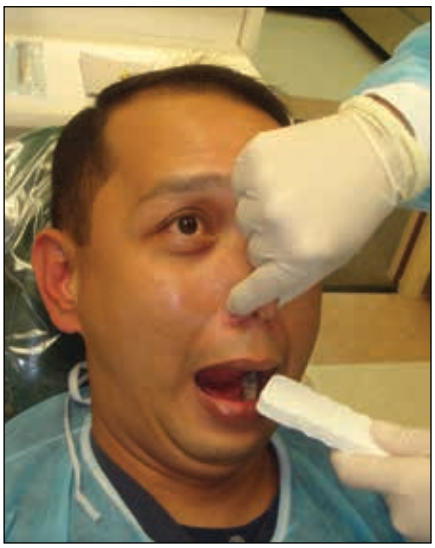
Figure 8. *Open Wide™ mouth rest is rotated vertically.*

We then switch to a ratchet mouth prop (Figure 9).

Figure 9. *Molt ratchet prop is inserted for wider opening.*

What if the patient will not open? There's always a way. A simple technique prompts the patient to open the mouth, with a >98% success rate. We pinch the nose while hovering around the lips with the mouth rest. As soon as the patient takes a breath, we slide in the mouth rest and rotate as illustrated (Figures 10,11). The remaining 2% are opened by techniques taught in our hands-on courses.





Figures 10 and 11. *Pinching the nose forces patient to open mouth.*

Once the mouth prop is in the vertical position, you can easily insert and immobilize a ratchet prop (Figure 14).

Figure 14. *Finger on hinge of ratchet prop.*

We often use a combination mouth prop, tongue retractor, cheek retractor, saliva ejector, and light source to illuminate the mouth (Figures 15,16).

Figure 15. *Isolite™ retractor inserted into mouth.*

Figure 16. *Isolite™ with light illuminates the mouth.*

Accessibility

According to the Americans with Disabilities Act, an office must accommodate wheelchairs. We use movable operatory chairs, displayed below (Figures 17,18).

Figures 17 and 18. *DentalEZ Airglide™ chair can be pushed aside to allow patient to remain in own wheelchair.*

A switch turns the heavy operatory chair into a hovercraft. A cushion of forced air allows a clinician to move the chair out of the way with one finger. This enables patients to remain in the comfort of their wheelchair or gurney (Figure 19).

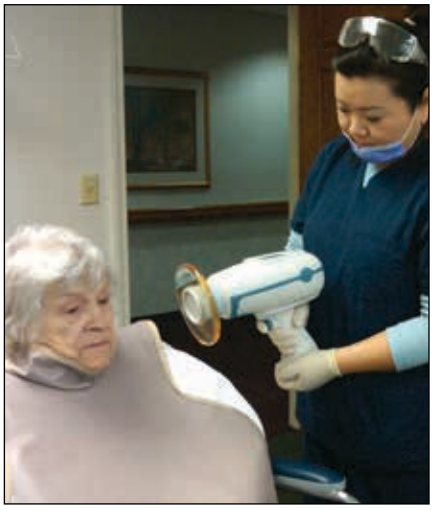
Figure 19. *Patient being treated in own gurney.*

When wheelchairs don't have a headrest we clip one on, or use the chest of a caregiver as shown in Figure 20.

Figure 20. *Our favorite headrest is a caregiver's chest.*

Radiographs

For radiographs we love the portable, hand-held, cordless x-ray units (Figures 21,22).



Figures 21 and 22. *Nomad™ and Nomad Pro™ hand-held X-ray units.*

Digital imaging X-ray systems enable us to expose, process and immediately view images, and retake within seconds (Figures 23,24).

What if you don't have an assistant, a functioning computer, or electric power? Our answer is self-developing dental film in conjunction with a hand-held X-ray unit (Figures 25,26). For about $1, you have a complete film and darkroom enclosed within a packet the size of a #2 dental film.

A high quality film results when the film packet is exposed, withdrawn, squeezed, and rinsed with water.

Moderate Sedation

Relaxing the patient more deeply requires moderate sedation. The dentist must hold a Class I permit, which generally requires a 3-day course, ACLS card, and site visit.

Operating Room: A Path that Always Works

When all else fails, I work on the ideal patient: one who is asleep and cannot spit, bite, kick, hit, or resist treatment in any way. When a patient is under general anesthesia, it is guaranteed that you will complete the case. Success depends only on your clinical dental skills, where you can do your finest dentistry (Figure 27).

We have calculated, based upon our latest 1,500 O.R. cases, that the hourly net income in the O.R. is more than 4 times that of our office cases. All our O.R. work is done with no interruptions by the patient (Figure 28).

Advantages to having work done in the O.R. include: 1) This may be the patient's last resort; 2) The patient has no memory of being restrained or operated on; 3) The work gets done 4 times faster than it would in an office.

Figures 23 and 24. *Nomad™ and DEXIS™ being used in the operating room.*

Figure 25. *Ergonom-X™ self-developing film.*

Figure 26. *Nomad-Pro™ and Ergonom-X™ self-developing film being used together.*

Figure 27. *A dentist's ideal clinical setting.*

Figure 28. *The author with a hygienist and 2 dental assistants treat a patient in the operating room.*

To treat patients in an O.R., you do not need a special permit. You only need what you already have: a license, insurance, and basic CPR card.

Conclusion

Every patient can be treated successfully, in a dental office or in an operating room. Determining the best path for each patient requires resourceful creativity that results from knowledge, skill, and practice. If you have the motivation, you can learn the clinical skills in CE courses. There's always a road that will enable you to treat any patient.

For copies or comments, please contact Dr Harvey Levy at DrHLevy@gmail.com or visit DrHLevyAssoc.com.