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Word Count 1,250
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“A Visit to the Dentist”

Parents’ Rights and What to Expect

By Kimberly Blaker

My seven year old son, Caleb, was terrified of having his teeth filled after his first experience with the procedure, which involved a painful shot and a family dentist not adept at handling fearful children. So when cavities were discovered again, we opted for a pediatric dentist with the expertise to handle the situation.

The morning of Caleb’s appointment, I administered a sedative that had been prescribed to help him relax. I knew it was necessary because of Caleb’s over reactive personality and his past dental experience.

When we arrived at the dentist office, Caleb was escorted behind locked doors where he would be given nitrous oxide, as I had requested, to ensure his cooperation.

Fifteen minutes later, I heard a scream and inquired about Caleb. The receptionist disappeared, returned a moment later, and led me to his room.

When I arrived, I discovered to my astonishment, an agitated little boy who showed no signs of being administered the nitrous oxide. The dentist proceeded to explain that Caleb had been unresponsive to the treatment, and that because he was uncooperative, he had to be restrained.

I was taken aback as the board to which Caleb had been strapped caught my eye.

I stood in complete wonderment as to my rights as a parent. Did the practitioner have the right to take such a measure without consulting me?

As the discussion continued, it became apparent we would leave with Caleb’s teeth unfilled.

Fortunately, Caleb’s dental work was finally performed by a former dentist who was able to do so without the use of nitrous oxide or restraint, revealing the effectiveness of good communicative skills.

Your child and the dentist--behind closed doors

Fears of experiences such as this lead many parents to worry needlessly when they are asked to remain in the lobby during their child’s first visit to the dentist. Such negative experiences as this are not the norm, and separating a child from parents usually results in fuller cooperation.

When your child is placed in the care of the dental staff, they'll try to make the first experience fun and informative. The dentist will explain and demonstrate routine procedures to your child, and then follow through as discussed. Your child soon learns the dentist is someone he can trust. When your child has nonroutine dental work done, the dentist should work with your child in a similar manner to help alleviate fears.

For some parents, sending their child off alone wouldn't be heard of. If you have concerns with this practice, discuss it with your practitioner. If you're opposed to not attending your child, ask if your dentist will make an exception. If you're still not satisfied, seek a dentist with policies with which you feel more comfortable.

Approaching scared or uncooperative children

There are many reasons children may become fearful or uncooperative during a visit to the dentist. A child who arrives unprepared or senses a parent's own fears may develop undue worry. A past experience could also cause anxiety. Children who are ill, have a physical or mental disability, a behavioral disorder, or developmental delay may also be difficult to treat. Whatever the reason, how your dentist handles your child's fears and behavior is important to your child's well being and to his ability to cope with future visits.

The American Academy of Pediatric Dentistry has developed guidelines for behavior management that dentists should follow. Your dentist should use the communication

techniques she learned in dental school, including positive reinforcement, distraction, voice control, non-verbal communication, and the tell-show-do approach. These approaches all help to reassure patients and gain their trust and in most cases, are effective, leading to visits that end on a positive note.

When a practitioner lacks the expertise for handling a situation, your child should be referred to a dentist with the appropriate skills.

Child restraint and other nonroutine approaches

Unfortunately, some children will require approaches beyond specialized communicative skills. The AAPD recommends several approaches when communication isn't enough. Such approaches include Hand-Over-Mouth (HOM), immobilization, nitrous oxide, conscious sedation, or general anesthesia.

The circumstances under which any of these methods are used depends on several factors including the necessity of the dental work, the particular procedure, and the reason the child isn't able to cooperate.

The Hand-Over-Mouth method is often used to gain a child's cooperation so that he can listen attentively while the dentist explains behavioral expectations. Defiance or hysterical behavior related to the dental visit might indicate the use of this measure.

However, it should not be used with children who are incapable of understanding and cooperating.

Nitrous Oxide or conscious sedation is sometimes used to calm children and to prevent injurious movement. These relatively safe procedures may be indicated under several conditions. However, in some instances they should not be used.

Restraint or immobilization is another option. This can be used to prevent injury and gain cooperation as well. However, some practitioners express concern with the use of this method.

Dr. Kimberly A. Loos, D.D.S. of San Jose, California explains at ParentsPlace.com, “I believe that because restraint might be viewed as some type of punishment by the child, it should be used exceedingly sparingly. . . . While some think that the wrap may help the patient to feel secure, it may also serve to increase and intensify any feelings of helplessness the child might have.”

Dr. Loos reports she has treated hundreds of children and has only opted for the method on one occasion and with the parent’s consent but acknowledges it may be appropriate for use with a child who is not apprehensive yet is unable to remain still for the procedure.

Finally, general anesthesia is occasionally necessary. This is usually used only when other methods are deemed inappropriate and necessary dental services otherwise could not be rendered.

Whatever the situation, should your dentist find any of these approaches necessary, the measures should not be executed without your prior consent, as the AAPD points out.

Preventing an experience that heightens your child’s fears

*Contact your state’s board of dentistry when choosing a practitioner to make sure no disciplinary actions have been taken.

*Inform your dentist of any medical, behavior, or other conditions that might affect your child’s visit so the dentist can communicate with your child accordingly.

*Pediatric dentists have specialized training for dealing with situations that can arise with children. Seek a pediatric dentist if you suspect your child may have difficulty with dental visits.

Tips for easing your child’s fears

*Read to your child before her first visit to the dentist. Try one of the following: Going to the Dentist by Helen Frost, Open Wide: A Visit to the Dentist) by Cecile Schoberle

and Barry Goldberg, Freddie Visits the Dentist by Nicola Smee, or The Berenstain Bears Visit the Dentist by Stan Berenstain and Jan Berenstain.

*Share a video with your child such as My First Dental Visit from Pinnacle Marketing Group, (800) 833-8456 or A Trip to the Dentist through Pinatta’s View from Amazon.com.

*Express positive feelings about your own dental experiences.

*Explain to your child the procedures he will undergo, but avoid frightening terminology.

*Don’t try to sooth your child by lying about a procedure or possible pain. Instead, try to alleviate fears that may be out of proportion to the situation.

*Offer coping strategies to your child. Have her practice taking long deep breaths, and if you know you’ll be attending your child throughout the procedure, offer your hand to squeeze.

The End

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SIDEBAR IDEAS OR WAYS TO LOCALIZE: Supply a list of local pediatric dentists. Quote a local pediatric dentist.

Kimberly Blaker of Michigan writes for parenting and women's magazines throughout the United States.

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