

PSILENT PRODUCTIONS
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Think and Work Like a Pediatric Dentist

- 1. Pediatric patient's experience is the priority**
 - A. Create a safe, pain free experience and develop confidence
 - B. Time is an investment

- 2. Rubber dam—a tremendous management tool in pediatric care**
 - A. Punch two holes and cut a single slit—isolate a quadrant
 - B. Advantages
 1. No tongues or lips
 2. Dry field
 3. Easier access
 4. Current standard of care
 5. More comfortable for patients during sealants
 6. Less stressful for care provide during sealants
 - C. Clamps
 1. Maxillary teeth
 - a. Permanent molars= 3, 14, 14A, W5
 - b. Primary second molars= 3, 8A, W5, W8
 - c. Primary first molars and biscuspids= 2
 2. Mandibular teeth
 - a. Permanent molars= 3, 14, 14A
 - b. Primary second molars= 8A
 - c. Primary first molars and bicuspid= 2

- 2. Denovo matrix bands—a very simple matrix band system**
 - A. Come in a kit with varying sizes
 - B. Re-usable
 - C. Very fast for placement
 - D. Requires wedges

- 3. Local anesthesia—make it quicker and better**
 - A. Topical anesthetic- Caine Tips
 1. Caine Tips
 2. Can give to children for “loose tooth” extractions at home
 - B. Onset-- a local anesthetic buffering solution
 1. Uptake and onset is faster (average time is 1:51)
 2. Comfort is enhanced (72% felt injections was more comfortable)
 3. Speed makes restorative at recall visit possible
 4. Mixed with “pen” and done chairside

4. Maximum dosages for local anesthetics

- A. Septocaine 4%/articaine
 - 1. Very effective for infiltrations
 - 2. Not for use in children under the age of 3
 - 3. Helpful for difficult to numb patients
 - 4. Maximum dose: 3.2 mg/pound (*see dosage chart at end of handout*)
- B. Lidocaine 2%
 - 1. I use this exclusively for mandibular blocks
 - 2. I use this exclusively for children under the age of 3
 - 3. Infiltrations
 - 4. Maximum dose: 2.0 mg/pound (*see dosage chart at end of handout*)

5. Importance of radiographs

5A. Dental Age

- A. First concern of pediatric dentists
 - 1. Indicates longevity of primary teeth
 - 2. Provides basis for treatment for patients with slower dental development
- B. Always look at radiographs
 - 1. Check for unerupted six-year molars
 - 2. Determine extent of bone still over unerupted teeth
 - 3. Better way to approximate the dental age vs chronologic age

5B. Root structure

- A. Root structure on existing primary teeth
 - 1. If complete root is still present, tooth will remain in mouth for at least 2 years
 - 2. If root is about half-way present, tooth will remain in mouth for about 1 more year
- B. Check root development of unerupted permanent teeth
 - 1. Typically permanent teeth erupt when roots are $\frac{1}{2}$ - $\frac{2}{3}$ formed
 - 2. If root is more than $\frac{3}{4}$ formed and tooth is not erupting, this is a problem

6. Necessity of Radiograph

- A. Percentage of primary tooth decay that is interproximal: _____
 - 1. Demonstration via my own practice data
 - 2. You can check your own data
 - 3. Flossing becomes most important caries-reduction home-care procedure
- B. Many developmental issues are asymptomatic and only found with radiographs
 - 1. Supernumary teeth
 - 2. Odontomas
 - 3. Congenitally missing teeth
 - 4. Ectopic molars
 - 5. Over-retained teeth
 - 6. Impacted permanent teeth
- C. AAPD/ADA recommendations
 - 1. Posterior bitewings at 6-12 month intervals for at risk patients
 - 2. Posterior bitewings at 12-24 month intervals for lower risk patients

D. My recommendations

1. Beginning series: 2 anterior PA's and 2 bitewings as soon as they are obtainable
2. Panoramic when all mandibular incisors and all six-year molars are fully erupted

7. Patient Napkins—hands-free information

A. Hands-free information at the chair

B. Advantages

1. No need to check charts or computers
2. Codes can convey information without speaking
 - a. Patient name
 - b. Procedures to be done
 - c. Latex allergies
 - d. Any other codes you may determine

8. Stainless Steel Crowns

A. Diagnosis

1. Radiographic indications for crowns
 - a. Very large interproximal lesions
 - b. One-third or more of tooth broken down
 - b. Space loss due to mesial drifting into carious areas
2. Clinical indications for crowns
 - a. Insufficient periphery into which to place a reliable restoration
 - b. Broadly extended interproximal areas of coronal breakdown
 - c. Space loss due to mesial drifting into carious areas

B. Technique

1. Posterior stainless steel crowns
 - a. Reduce occlusal surface with diamond wheel bur (1-1.5mm only)
 - b. Remove all caries
 - c. With wedges in place, interproximal cuts with 169 bur or thin diamond
 - d. Minimally reduce buccal and lingual surfaces,
 - e. Place a bevel toward the occlusal surface
 - f. Round off corners to match interior aspect of stainless steel crown itself
2. Select crown size
 - a. Should fit snugly, but still go down over tooth
 - b. Check for crown length-- if tissues blanch, you will need to trim
7. Shape crown
 - a. Contouring pliers to basic curvature
 - b. Crimping pliers to engage undercuts of prep
 - c. With pre-crimped crowns, these steps are not necessary
8. Cement crown
 - a. RelyX Luting Plus cement-- excellent material
 - b. ZnPO4 is OK

9. Dealing with Parents- the best promotional plan going

A. Your first job is to be sure the parents feel heard by you-- establish credibility

B. Prepare them and set guidelines-- teach them positive behavior

1. Prepare them for their children's visits
 - a. Explain your techniques of empowering their children

- b. Outline the procedures that are to be done
- 2. Set clear guidelines around operative appointments
 - a. Be optimistic, but realistic
 - b. Acknowledge potential areas of difficulty
 - c. Discuss strategies
 - d. Make agreements regarding their role
- 3. My office's **guidelines**
 - a. Do not over-prepare the child
 - b. Use our terminology
 - c. Be a silent observer only
 - d. Leave when asked (this must be agreed upon up front)
 - e. Do not make promises
- C. Studies show 82% of parents follow instructions

10. Toy Tower

11. Patient traditions—another way to connect with patients

- A. We give a book for high school graduation
- B. Photographs at every cleaning visit

12. Silver diamine fluoride

- A. Caries retardant—not an arresting agent
- B. Important to learn technique due to potential staining
- C. Indications
 - a. Medically compromised patients
 - b. Patients at extreme risk of caries
 - c. Non-candidates for conventional care
 - d. Stabilization until final care is possible
 - e. Minimal access to care patients

13. Heighten Your Sense of Gratitude—your non-fiscal “pay”

- A. This comes in many forms
- B. Advantages
 - 1. Government does not tax it
 - 2. You keep it forever
 - 3. Can lead to surprising long-term results

LOCAL ANESTHETIC MAXIMUM DOSAGE CHART

<u>4% Articaine</u>			
<u>Age</u>	<u>Weight</u>	<u>Max Dose</u>	<u>Carpules</u>
< 3 years	<i>NOT</i>	<i>RECOM</i>	<i>MENDED</i>
3-5 years	25-40#	80-128 mg	1- 1.8
5-8 years	40-70#	128-224 mg	1.8- 3
> 8 years	70-100#	224-320 mg	3- 4.5

<u>2% Lidocaine</u>			
<u>Age</u>	<u>Weight</u>	<u>Max Dose</u>	<u>Carpules</u>
< 3 years	20-25#	40-50 mg	1- 1.5
3-5 years	25-40#	50- 80 mg	1.5- 2
5-8 years	40-70#	80- 140 mg	3- 3.5
> 8 years	70-100#	140- 200 mg	3.5- 5.5

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