

Advanced Education



by Wm. J. Schlotz, D.D.S.

"Doc, I never knew that." "Boy, I wish I'd heard that before." These quips, and many like them, help serve as our purpose in penning this column. These sincere if-I-would've-could've-should've lamentations are big-time disheartening to patient and dentist alike. Considering we are squarely in the middle of the "information age", it's especially irksome. Dentist to patient verbal instant messaging, as it were, could use an upgrade. Is it possible that we DDS' act too often as tooth mechanics rather than the passionate educators of dental disease that we should be? Doctor, after all, is derived from the Latin word for teacher.

Patient education has always been important, however years ago the curriculum was pretty much entry-level. Wikipedia cites the existence of dental services as early as 7000 BC including tooth removal and, are you ready for this, dental drills (can't you just see dental assistants, dressed in white robes and sandals, pedaling to spin the drills at #1 Pyramid Place)? Pain-deadening potions pre-date laughing gas and silver-mercury fillings which have been around for almost 200 years. Dentistry advanced a bit more post 1900 through 1980 or so; upgrading with fluoride, Novocaine, the air turbine/high speed handpiece, gum disease treatment (surgery) and modern orthodontics. Basically, though, around this time period, dentistry still involved numbing, drilling, silver fillings, surgery, bridges and dentures. Treatment option discussions likely were rather short.

In contrast, dental science discovery over the past 30 years has brought about impressive clinical change. Dentists have begun using the laser to treat gum disease and decay, as well as to detect cavities. We are employing a variety of non-surgical gum treatments with much success. Single visit, esthetically pleasing, conservative crowns are here to stay. High-tech, computer-assisted digital imaging, cosmetic dentistry and invisible orthodontics have emerged as wonderful treatment options for adults looking to enhance their smile. Implant dentistry, with 3-D computer-guidance, has provided a second chance at permanent teeth for countless patients. Composite resin, tooth-colored fillings are now an even better option than silver-mercury fillings. TMJ dysfunction is no longer an educated guess with mystically hopeful treatment. Oral sedation with a small pill can help even the most fearful of dental patients' neglected teeth become rehabilitated.

This explosion of clinical dentistry brings with it an obligation for the teacher-dentist to offer and explain numerous and sometimes complex options for treatment, at times using creatively flexible and customized solutions to oral health improvement. Mix in some discussion of risk-benefit and pros/cons of treatment vs no-treatment and you have a thorough informed consent owed to patients. Patients can now select the treatment that makes sense for them. No longer showing in 2009 is *Doctor Knows Best* (starring Jane Wyatt and Marcus Welby, MD - is it possible I am suffering from name confusion?) with the all-knowing DDS making all the treatment choices.

Technological advancements add plenty of non-elective course material for dentists and patients alike. School is in session and the bell is about to ring. A Smile is a prerequisite, so be sure to wear one to class.

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