

A belated implant adventure

I've had a new adventure. Since my dental implant experience a week ago, I have felt inclined to share my experience, as well as some insights with dental hygienist colleagues. I have a reason for this, so let me elaborate.

Tooth #13 owed me nothing. I had badly neglected it as a teenager. By the time I got to dental hygiene school, restoring the deep area of decay had resulted in a pulpal exposure that necessitated a root canal, followed by a post, core and crown. That was 27 years ago. When I fractured the tooth subgingivally a couple of weeks ago and learned it would need to be extracted, I was upset. But I was appreciative that I'd gotten as many good years out of the tooth as I did.

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Where to go from there? It was "implant adventure" time. I was about to experience what I'd spoken to so many patients about.

I had the pleasure of being treated by Dr. Paul Fugazzotto, a master periodontist and implant surgeon in Milton, Mass. Paul is a friend who I met four years ago when he came to lecture to the hygienists and doctors in my study club. I had told him my tale of woe, and, after looking at my film, he offered to treat me by extracting and

placing the implant at the same appointment. Apparently, everything about my particular situation lent itself to that. Since I'm a chicken, hearing that I could kill two birds with one stone was extremely appealing. I scheduled a return trip to Massachusetts.

When that day came, I drove 5½ hours from New Jersey to Massachusetts. Paul and his staff couldn't have been nicer. I was a nervous wreck. Paul explained in detail how he would proceed, assuring me that there would be no discomfort, and that I would be out of his office in less than an hour. The man lived up to his promises!

I will tell you that I felt absolutely nothing! Most of us have received dental injections. Paul is a gentleman, and a *gentle man*! After the injection, I quickly became numb. As the procedure progressed, although I heard some strange noises and felt pushing, I can honestly report to you that there was no pain. I felt a huge sense of relief when he told me, "The tooth is out." Yippeeee-aye-oh-ky-aaaaae! Placing the implant itself feels bumpy due to the instrumentation that is taking place, but I must again stress that there is absolutely no pain. I'm thinking it might be helpful for you to hear this from one of your own, so that you might share the information with your patients.

After an X-ray, some sutures, a bit of postop instruction and ice on my face, I was on my way. I got into my car, drove 50 minutes to Rhode Island, and met six of my gal-pals from college at a restaurant. We had a wonderful evening out. I chewed using the opposite side of my mouth with no difficulties. There was no swelling. When I told my friends I'd just had implant surgery, they were flabbergasted. I never did need that prescription for pain meds.

Why am I telling you this story? There is a big lesson here. As I underwent the procedure — despite the fact that Paul had gone through all the particulars ahead of time — I was a bit sketchy about details while it was actually happening. I'm ashamed to admit this. I have served as a clinical instructor and also practiced clinical dental hygiene part-time in two periodontal practices over a recent six-year period. Many times, during those six years, I spoke to patients about having implants placed. I was able to do this by skimming the surface with information, providing just enough facts to educate briefly. But I never really knew as much as I know now, because I had not participated in or even observed the procedure.

This bothers me. Working in a periodontal practice afforded me the unique opportunity to observe an

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Guest Commentary

implant procedure up *close and personal*. I never did that. I would have learned so much more had I seen it firsthand, which would then have enabled me to more effectively communicate with my patients who were considering implants.

What I think hygienists in general practices (and in perio, as well) need to do is to make the effort to observe the surgical phases of implant dentistry. I assume that those of you who are employed in general practice have good working relationships with the specialists your doctor refers patients to. (I can't help but chuckle to myself with regard to that assumption.) At any rate, if you don't, you should. (Any specialist who makes no effort to know the hygienists in his referring doctors' practices is not worth his or her salt, in my opinion.) Talk with your employer about how positive this will be for your continuing edu-

cation, as well as for improving your ability to communicate with your patients. Ask your employer to set up an observation — or to green-flag your making contact with the specialist personally.

If the periodontist or oral surgeon balks at the idea, I have to wonder what the heck he or she is trying to hide? (OK, in fairness, some practitioners just don't like audiences.) Paul Fugazzotto, who did my procedure, has a huge welcome sign to all adjuncts of referring doctors on the door of his practice. He's smart enough to realize that helping to educate the hygienists of his referring doctors is a winning proposition for everyone. And, by the way, Erica, who assisted Paul during my procedure, is one of the hygienists in the practice. She worked as a surgical assistant for him prior to attending dental hygiene school. Her unique background has

helped her to be the best possible communicator. What a tremendous asset she is to Paul's practice!

The very nicest of scenarios would be if the patient you observed having surgery was one from your practice. Imagine how the comfort level of that patient would improve, knowing he had his home-practice hygienist accompanying him.

Hygienists, I urge you to consider this. Until you actually view it, it's not going to mean as much to you. I was a hygienist who was educated from 1974-1976. We were rotated through all of the specialty clinics, and there was much that we were able to see. But, let's face it. When did implants become mainstream? (In fact, many doctors still are not offering them as an option). Hygienists who were educated prior to the last 10 years are in the same situation. (I believe that dental hygiene programs today make a concerted effort to educate dental hygiene students about cutting-edge clinical techniques.)

We owe it to ourselves and to our patients to be able to communicate effectively about all options available. If we have had less exposure to implant dentistry, we are less likely to discuss it as a treatment option. We will, instead, continue talking about the need to "fill the missing space with a 3-unit bridge" — because that's what we know, and that's what we feel comfortable discussing. And if we educate only like that, we are doing our patients a great injustice.

Cathy Hester Seckman authored an excellent article in the August 2001 issue of *RDH* (it can be found at www.rdhmag.com) about implants that, I am certain, was read by many hygienists. Now we need to take things one step further and go out to see this miracle of modern dentistry in motion. It will open your eyes and, ultimately, your lines of communication. Best of luck!



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