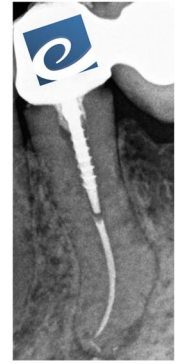




*Merry
Christmas!
2015*




**XMAS
NOT EXO'S**

**DEC
2015**

Dentists love saving the teeth of their patients and are certainly motivated to save their own as well. With the holiday season upon us, it is an opportune time to think of those less fortunate and consider what their preferences may be.

The working poor (WP) account for about 6.4% of our population. They are defined as those who work over twenty hours a week, are not students, and have a net family income of less than \$34,500 per annum. A study published this month in the Journal of Endodontics found that 86% of WP Canadians would prefer to save an aching tooth even if endodontic treatment or retreatment is necessary. It is perhaps surprising that such a high proportion of the WP would prefer to retain a tooth when possible.

Cost is the major reason the WP choose extraction despite a preference for retention. Publicly funded programmes do not address access to oral care for the WP and 31% of Canadians do not have dental insurance. Other factors found to increase the tendency to choose extraction are:

- Age, the older one is the more likely extraction will be seen as favourable
- Partially dentate, if aching teeth were removed in the past one is likely to choose that option again
- Lack of access
 - Three or more years since the last visit to a dentist
 - A history of only seeing a dentist when there is an ache or problem

Please consider and address these factors when faced with a patient who is reluctant to entertain any option other than extraction. Pride may prevent some from having an open dialogue with you or fellow team members about the cost of saving a tooth. The person may be dental phobic and mistakenly considers extraction a quick fix with few long-term consequences. There are myriad of reasons why a person may choose extraction despite an inherent preference for retention. It is our duty to discover and delineate those issues in a constructive manner.

So when in doubt do not pull it out, as a uniformed decision is not the right decision. We now know that the WP are not that much different than you and I in having a preference for saving a restorable tooth.

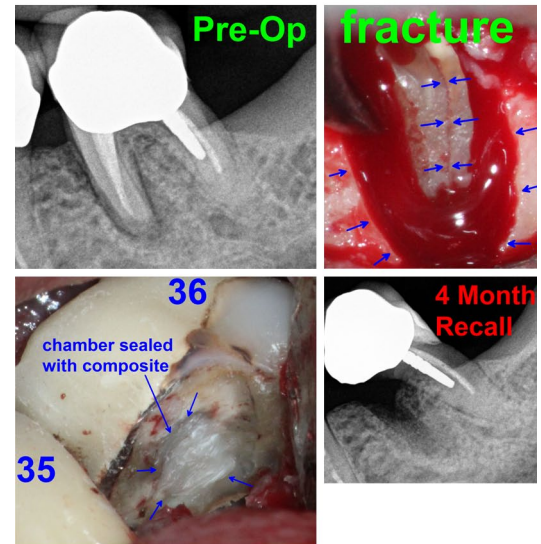
There are a number of options we can consider to help those less fortunate than ourselves to save a sore but restorable tooth. From a technical perspective, a pulpotomy or pulpectomy with a stable coronal seal could provide time for some to save enough money for the completion of treatment. The four images above are of an interesting case where the healthy 69 year-old man did not want to lose the 36. An implant was cost prohibitive and a partial was not desirable. A diagnostic surgery confirmed the presence of a vertical root fracture on the mesial root which was subsequently amputated. At the four month recall the tooth is asymptomatic and functional with a good long-term prognosis. This treatment is not ideal for all but it suited this gentleman well.

From a patient management perspective, a frank and open discussion with each patient will allow that person to make the best possible decision, an informed decision.

I hope you find these newsletters informative and enjoyable to read. Please let me know if there is a particular issue you would like me to address in 2016. I wish all of the best for the Christmas holidays and a happy New Year.

Regards,

Dr. Joel N. Fransen
BSc(OT), DMD, FRCD(C)
Certified Specialist in Endodontics



Richmond Endodontic Centre
Dr. Joel N. Fransen

110-11300 No.5 Rd
Richmond, BC V7A 5J7
office@endodonticcentre.com
T 604.274.3499
F 604.274.3477

Office Hours
8am to 5pm - Monday to Friday
Extended hours are also available

The Richmond Endodontic Centre Boardroom is open; it is available for meetings, lectures, and study clubs. Please come by and have a look at our new presentation centre!



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