



## **THE 2<sup>th</sup>, THE WHOLE 2<sup>th</sup> AND NOTHING BUT THE 2<sup>th</sup>**

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### **Housekeeping Notes**

- While we realize that there is abundant parking in the road outside our premises, we should really appreciate it if you could park inside the property to avoid any inconvenience to the neighbours.
- Please remember that I am always available after hours should you have any problems. The after hours number is (021)683 0898. If I am not at home my cell phone number is 08257 08557.



I was playing tooth fairy when my daughter suddenly woke up. Seeing the money in my hand, she cried out, "I caught you!"

I froze and tried to think of an explanation for why I, instead of the tooth fairy, was putting the money under her pillow--but her next words let me off the hook.

"You put that money back!" she said indignantly. "The tooth fairy left that for me!"

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Mr. Gable had a leak in the roof over his dining room, so he called a repairman to take a look at it. "When did you first notice the leak?" the repairman inquired.

Mr. Gable scowled. "Last night, when it took me two hours to finish my soup!"

### **Health Snippets**

- a) More good news for chocolate lovers. We have covered the benefits in previous letters viz. the presence of the anti-oxidant procyanidins which have important anti-aging properties, polyphenols which counteract free radicals and this forms an important anti-cancer defence. It also has a unique saturated fat which promotes the "good cholesterol" and thereby prevents heart disease and, to top it all, dark chocolate is cholesterol free. Flavinoids reduce blood pressure significantly and now they have found that the bromine and caffeine in chocolate reduces fatigue. The latest research indicates that chocolate does not cause acne. Now isn't that good news?
- b) Ginseng, long used to boost energy levels, enhance mental function and counter the effects of stress, has now been shown to offer immunity to the common cold in a study conducted in Canada. Only 1 in 10 people in the study suffered more than 2 colds in winter compared to more than 25% in the control group.
- c) A study at NYU has shown that high blood sugar may be an important culprit in age-related memory loss. Many older people have a problem processing glucose out of their system a condition known as glucose intolerance. How can we avoid this trap? Get the weight down, ensure good exercise programme, eat reasonable sized meals at regular intervals choosing vegetables and fibre rich grains instead of refined carbohydrates and avoid.....margarine!
- d) The emergence of antibiotic resistant bacteria is a universal problem. The latest trend is to use higher doses for shorter periods. The higher dose allows the antibiotic to work more effectively against the strains

which are not resistant allowing the body to come in and knock out the resistant stragglers.

### ***TV, YOU, ME and REALITY***

In recent years there has been a significant increase in the awareness of “image”. Consequently when one looks at the plethora of courses offered in continuing dental education, there is an overwhelming number dealing with “cosmetic” dentistry. What exactly is “cosmetic” dentistry and what is its role for you, the patient, and me, the practitioner?

When we get breakdown of tooth substance or of gum health due to disease or trauma, it has always been the aim of the practitioner to try and restore the structures to as close as possible to what was there before. Modern technology and materials have really made this much more of a reality today than it was a few decades ago. Where possible, we will use tooth coloured materials, avoid surgery on the gums which would interfere with the smile and try and blend our restorations with what is already present.

However, a new “consultant” has arrived on the scene in the guise of programmes such as Extreme Makeover and the myriad of articles published in lay publications on how changing the image will change the person underneath. Consequently many health professionals are being pressured to provide this service. The placing of veneers on the teeth, to straighten them, is a case in point. Often one has to destroy so much tooth structure to place a satisfactory veneer that both the health of the tooth and the success of the veneer is compromised. The veneers fall off or break (usually at the very dinner party for which the new image was desired) with catastrophic results for everyone concerned.

My role as a practitioner is to assess the changes that can realistically be made which will enhance the appearance and smile of the individual. Your role, as patient, is not to have unrealistic expectations of what can be achieved, to remember that in the TV programmes you are seeing the end result but not the long term consequence and to be aware that images in publications are extensively digitally doctored. One should also be aware that in the programmes, cost is also not a factor as this is borne by the studio producing the series.

I think it is imperative that the health care professions should continue to strive to ensure that they are primarily health care providers and not beauticians. To this end, all factors will be taken into account - whether the envisaged changes will really provide an improvement, whether it is practical to undertake the procedures and whether there are any long term contra-indications in doing the work.



Eleven people were hanging on a rope under a helicopter, ten men and one woman. The rope was not strong enough to carry them all, so they decided that one has to leave, because otherwise they are all going to fall.

They were not able to name that person, until the woman held a very touching speech. She said that she will voluntarily let go of the rope, because as a woman she is used to giving up everything for her husband and kids, or for men in general, and was used to always making sacrifices with little in return.

As soon as she finished her speech, all the men started clapping their hands.....

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A Sunday school teacher asked her little children, as they were on the way to church service, "And why is it necessary to be quiet in church?" One bright little girl replied, "Because people are sleeping."

### ***Conscious Sedation***

Numerous surveys carried out in different countries around the world show that dentistry is a major source of anxiety. Often the anxiety is so profound that it keeps people from seeking treatment until driven to do so by severe pain and discomfort. Fortunately today this anxiety is recognised and can be treated effectively in such a way as to take all the trauma out of visiting the dentist routinely. This ensures that effective preventive programmes can be put in place to ensure that one's teeth can in fact last a lifetime.

Sometimes stress comes about as a result of a previous traumatic experience but often it is a learned pattern and has no rational explanation. It may be acquired from hearsay stories, cartoons and films. Which child can watch the dentist in the movie "Little Shop of Horrors" and not be affected by it? Fear relating to dentistry is usually related to avoiding 2 main things - sudden, severe and unexpected pain during a procedure or the sounds associated with the equipment used. Both of these aspects are recognised and catered for in modern dentistry. Our anaesthesia is extremely effective and a caring dentist will ensure that the anaesthetic has taken full effect prior to doing anything. However, despite our most re-assuring attitudes, many people are just not able to relax and will remain tense throughout treatment waiting for the discomfort.

It is a well established fact that when the body is tensed up, pain is more easily felt while a relaxed person will have a much higher pain threshold. The aim of a good approach is to relax the patient as much as possible so that the level at which any discomfort is felt, is raised. Conscious sedation is the method used to achieve such a state of relaxation. It ensures that the patient is conscious yet remains totally comfortable and pain free during any procedure. Its major advantage is that all the body's protective reflexes remain intact thereby eliminating many of the risks associated with previous methods.

As degrees of anxiety vary, so does the application of the principles of conscious sedation. It all starts by creating a calm, accepting and comforting ambience throughout the entire office. This is often more than enough to relieve the anxiety in the vast majority of the population. As the severity of the stress rises, different approaches can be used to achieve the state of relaxation necessary to create a perfectly comfortable dental experience.

Initially the patient can be taught simple relaxation techniques. If these are, of themselves, not enough other methods are used. Hypnosis is often effective and very useful. The most commonly known conscious sedation technique is the use of nitrous oxide and oxygen which is inhaled through the nose. This method has the advantage of not only creating a relaxed state but also raises the pain threshold to a degree. Today we are combining the nitrous oxide with minute quantities of other inhaled agents to make it more

effective. Nitrous oxide is not effective in all cases and where we need further depth to our relaxation we can use sedatives as well. These are given either by mouth or preferably by intra-venous infusion as then we can assess the exact dosage required to get to the correct level of relaxation for that person.

The experienced conscious sedation practitioner will be competent to decide on which technique would best suit the individual and it may be that, during any session, one or more techniques may be used.

With the enormous costs of resorting to general anaesthesia for minor surgery, conscious sedation is being utilized more and more for many procedures other than dental. Many practitioners, both dental and medical, have done post-graduate training in the field and are members of the Society of Sedation Practitioners of Southern Africa (SOSPOSA). This organization lays down the guidelines for conscious sedation and runs continuing education courses regularly for those practitioners registered with it. SOSPOSA is affiliated with the International Federation of Dental Anaesthetists and Sedationists.



A man goes to the doctor and tells him that he hasn't been feeling well. The doctor examines him, leaves the room and comes back with three different bottles of pills.

The doctor says, "Take the green pill with a big glass of water when you get up. Take the blue pill with a big glass of water after lunch. Then just before going to bed, take the red pill with another big glass of water." Startled to be put on so much medicine the man stammers, "But doc, exactly what's my problem?"

The Doctor says, "You're not drinking enough water."

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As reported in the Cape Argus – A family was on the way to the hospital where the 16 year old was scheduled to undergo a tonsillectomy. The teenager was enquiring how the procedure would be performed. Her father explained that it is done through the mouth. "Dad," she asked, "how are they going to keep my mouth open during surgery?" Without hesitation the father retorted – "they are going to give you a phone."

### ***Too many choices***

There you are - eating a healthy breakfast of muesli when you hear that awful sound of a tooth breaking. What are our options?

If the tooth has a small to moderate restoration, we can usually just restore the broken piece with a tooth coloured material which we bond to the healthy remaining tooth. This should serve you well for many years.

If the tooth has a large restoration, we usually find that the piece that fractures off, is part of the tooth which actually supports the restoration. Here we usually have to remove the existing restoration, place a bonded re-enforced core material onto which we can place a crown. At this point one has to realize that the foundation on which the crown is being placed is compromised as instead of strong tooth material, it is a resin material that will rely on bonding to keep it in place. If the bonding fails then everything fails. It is at this point that one realizes that one should have placed a crown on the tooth before that piece broke off as we would have had greater support. But the tooth wasn't hurting, the medical aid benefit had been used up elsewhere so it was left. That healthy breakfast is now becoming very expensive.

The real problem comes where we have a tooth which either has previously been root treated or will need root treatment. Should one now resort to expensive and time consuming procedures such as placing pins into the roots, building up a core and then placing a crown, or should one cut ones losses and remove the tooth and replace it with an implant or a bridge (which is where a dummy tooth is supported by two adjacent crowns). The cost of that breakfast is now making you resolve never to eat again! There is an increasing tendency not to undertake "heroic" measures to save a tooth which probably will only last 5-8 years anyway and remove it and place a dummy tooth. Usually we have to try and overcome the emotion surrounding the removal of the tooth and have a good look at the pros and cons of trying to keep it. It would often appear to be prudent to weigh up all these factors before making a decision but removal is fast becoming the more common choice as our success with implants gets better and better.



There's a new Barbie doll on the market. Comes with no shoes, no clothes, no make-up, no car, no food, no house, no farm . it's called .....Zimbarbie!

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A Buddhist monk goes into a pizza restaurant. The waiter comes up and says "Sir, what would you like?". And the monk replies -" make me one with everything".