

# INCORPORATING INTRAORAL CAMERA TECHNOLOGY INTO YOUR PRACTICE

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In my 22 years of practicing dentistry, I believe the intraoral camera has been one of the most influential marketing devices that I have had an opportunity to use. The intraoral camera educates the patient and improves our diagnostic capabilities. It is extremely easy to use and can be incorporated during the same allotted time for hygiene or new examination appointments.

The best location for the intraoral camera will depend on your practice. For example:

1. The size and the location of the treatment rooms.
2. Whether the doctor, auxiliary or hygienist shows the patient the intraoral camera.
3. In what sequence of time is the camera displayed to the patient in order to obtain the optimum effect.
4. Do you use multiple treatment rooms.
5. Do you have more than one intraoral camera.
6. The number of new patients versus hygiene patients.

We concluded that the most effective location for the intraoral camera was in the hygiene area. The rationale for this is: the hygienist will have the advantage of seeing more potential new work from existing patients rather than new patients entering the practice.

When the patient comes to our practice for his/her recall appointment with the hygienist, the procedure we use is as follows:

The patient is escorted into the hygiene room. They will usually inquire about the new piece of equipment in the room (intraoral camera). The hygienist explains that this is a new technological advancement in dentistry and they will be able to see (inside) their mouth on camera. They can also have a picture taken, a video of the area in question (i.e. calculus, swelling, etc.) and this information can be stored on a floppy disk for referral at anytime.

The hygienist proceeds to examine the patient. If the patient has calculus or inflammation, the patient will be shown this on the camera. During this time, the hygienist will take the opportunity to inform the patient of the doctor's continuing educational efforts in order to keep abreast of the latest scientific advancements in dentistry so that the best possible care can be provided for his/her patients.

When the prophylaxis is completed the hygienist will use the intraoral camera to show the patient areas where there are calculus build-up and inflammation which need to be observed on their next recall appointment. The intraoral camera serves as a great motivational tool because patients can see the areas for themselves and now have a reason to schedule a future appointment.

The hygienist will then proceed to show the patient their teeth and point out the difference between poor and quality restorations as they observe each one. This makes quite an impression with the patient and in most cases they will want these areas restored correctly. The hygienist will also point out any fracture lines, amalgam stains, defective fillings, open margins, over-contoured crowns, etc.

In our previous recall appointments, potential problems were only noted. On our current recall appointments, the hygienist can show the patient these problem areas and they can see for themselves why improvement is needed. Before I enter the room, the hygienist will inform me of where she feels treatment might be indicated. During my examination I will use the intraoral camera to reinforce this as well as any additional areas that might need attention. Since patients can see this for themselves they feel confident in my proposed treatment and are more than likely ready to proceed with any necessary restorations.

In certain cases, we will give the patient a hard copy (photograph) of any defects or send a photograph to the insurance company for pre-treatment approval. This can be very effective for large fracture lines or broken cusps that do not show up on an x-ray. The patient is told that the intraoral camera magnifies the mouth 10-28x. Because of this we are able to observe problems before there is any deterioration and eliminate future problems such as root canal therapy, abscess, etc.

If a new patient has a prophylaxis rather than an examination first (we prefer initially doing the examination) then the hygienist will explain the function of the intraoral camera and how it benefits the patient. She will also inform them that there is no additional fee for its use.

When a new patient is scheduled, the intraoral camera and cart are moved to the examination room. The new patient is brought into the treatment room and our dental auxiliaries collect the data needed: radiographs, medical and dental history, study models, etc. The auxiliary informs the patient that the doctor will review their history, examine them completely and then will use the intraoral camera. She will explain that the doctor can observe things better because the camera magnifies everything.

The auxiliary speaks to me before I enter the room so I am well informed of the patient's attitudes, fears and desires. After reviewing the patient's medical and dental history, I perform a clinical examination. I explain to the patient that we will examine their mouth together with the use of the intraoral camera. We use basically the same procedure as the hygienist in order to educate the patient on their oral health.

Frequently, when they have been going to the same dentist for more than twenty years, we will say, "It is amazing how well your dentist has managed to fill these tremendous cavities, but now as you can observe, it is time to restore these teeth in a different manner. You can see these exceptionally large holes (craters) and we do not want you to wind up with root canal therapy, abscesses or lose your teeth." Patients are informed of a potential treatment plan so they will have functionally, healthy and esthetically pleasing teeth and gums. They are told we will try to do this as inexpensively as possible.

There are other uses for the intraoral camera. If a friend or spouse accompanies the patient, they can be given a tour of your facility by an auxiliary and shown the intraoral camera. Using a video cassette in the reception room or an "Introduction to the Practice" pamphlet explaining your latest equipment can only enhance your practice.

We have recently purchased a second intraoral system because it has proven to be such an effective educational and marketing tool. The wonderful thing about this camera is the confidence that is instilled in our patients because they can see the problems for themselves. This makes my case presentations much easier knowing I have the latest technological equipment available for the benefit of my patients.