

Raleigh Pediatric Dentistry

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CHILDREN, PEDIATRIC DENTISTRY AND YOU

Parents are welcome to accompany their child into the treatment area during the initial examination and all recare appointments. This gives you the opportunity to see our staff in action and allows the doctor to discuss dental findings and treatment needs directly with you. We do ask that if you choose to accompany your child, assume the role of a silent observer. **Your presence is greatly enhanced if you play a passive role.** If more than one person is speaking to the child, they may become confused. Cooperation and trust must be established directly between the doctor and your child, and not through you. There may be times when a child's experience is enhanced by a parent's absence. We encourage older children, those 5 years and older, to come back to the treatment area by themselves as this builds autonomy and trust. Typically, children of all ages will do better without a parent present in the treatment room during an operative (filling) appointment. You are welcome to observe through our glass treatment doors. Children who are very apprehensive may look for an "escape" by going to their parents. In this case, we may ask that a parent wait in the reception room during treatment in order to facilitate a more direct line of communication between the child and the doctor. The following is a brief explanation of some of the methods we use to guide your child's behavior and provide a positive dental experience. Since each child is unique, no list can be complete and other methods may be explained as needed.

TELL, SHOW, DO

This is the most important tool for teaching your child. The child is told in simple terms what is going to be done. They are shown what is going to be done and then the procedure is performed.

IMAGERY

We tell children in simple terms what is going to be done. For example, a dental exam becomes "looking and counting your teeth". A dental prophylaxis and cleaning becomes "brush and tickle your teeth". We encourage you to use these terms when talking to your child about their dental experiences.

DISTRACTION

Sometimes it is necessary to distract your child from an unpleasant sensation by focusing his/her thoughts on something other than what is being done.

POSITIVE REINFORCEMENT

This is a technique used to reinforce good behavior by praising your child or providing a reward following a desired response in hopes of promoting continued good behavior.

VOICE CONTROL

Voice control is a controlled change of voice volume, tone or pace to influence and direct the child's behavior. This technique is used to establish a line of communication between the doctor and child.

RESTORATIVE RELATED PROCEDURES

Almost all procedures to repair teeth involve the use of the **dental handpiece**, which many people think of as the "drill". We refer to it as "Mr. Whistle" and the slow speed handpiece as "Mr. Bumpy". The sensations these instruments produce will be introduced to your child in a non-threatening manner. A **rubber dam** or "rain coat" is used to isolate the teeth being repaired. This helps keep saliva away from the tooth, protects the soft tissues of the mouth and keeps unfamiliar tastes out of your child's mouth. A **mouth prop** or "tooth pillow" is used occasionally so the child's jaw muscles don't become overtired during the procedure to prevent the child from biting the handpiece.

LOCAL ANESTHESIA

Most restorative procedures require the use of local anesthetic. We grew up calling it "novocaine". Please do not use words such as "shot, needle or injection". We never use these words around children. A topical anesthetic is used to help numb the soft tissue at the injection site. The child is told we are going to "wiggle and pinch and put their tooth to sleep". The dental assistant places their arm lightly across the child's chest or holds their hands during the injection to protect the child from reaching up and grabbing the syringe and hurting themselves.