

THE VOICE



The Newsletter of the Hawaii Dental Hygienist' Association

SPRING 2011



PRESIDENT'S MESSAGE...

Helping to Preserve our Profession

It's another glorious day on the Aina. I felt compelled to abandon the computer and perch myself on the lanai to write my expected President's Message. I stare at my water garden as the fantail guppies dart about the petals of the water lily. As I gaze at the blank paper in front of me, I feel my mind is just about as blank, not from a lack of things to think about, but rather numbed from the overload of information and events of the past few weeks.

The cataclysmic earthquake off the coast of Japan and the resulting tsunami that instantly swept away tens of thousands of people; the frantic evacuation in the middle of the night from my home by-the-sea in Kailua, leaving and not knowing if there would be anything to return to; the deaths of two beloved aunties. All of these events, compounded by the stresses of our daily lives, adds up to what I call AESO—Adult Excessive Stimulation Overload.



All of that aside, I ask myself “What can I say to inspire the very people who inspire me?” Thus, I find myself in an enigma. Nevertheless, I will make an attempt, no matter how feeble.

Serving as your President for the past five months has been equally as rewarding as it has been challenging. I have had the privilege of meeting with several State Legislators and building relationships that will serve as a foundation for future legislation. All of those with whom I’ve met have been receptive and supportive of us and our desire to serve the members of our community.

Current legislation passing through the House and Senate to become law is the requirement of an applicant to have passed the National Board Dental Hygiene Examination prior to applying for Dental Hygiene licensure. Presently, only the Hawaii Administrative Rules dictate that requisite. The proposed bill will bring the Hawaii State Statutes and the Hawaii Administrative Rules into congruency.



Another goal for future legislation is to require all Registered Dental Hygienists to display their licenses in their dental treatment room. The justification for this proposal is to increase public awareness of the qualifications of the individual treating them. The public has a right to know that the healthcare provider treating them is educated and licensed to provide that care.

By enlightening our patients that we are college educated in an accredited institution, and have been duly examined and licensed to perform our duties, we can repel the tide of

“on-the-job trained” unskilled, unlicensed workers that some dentists are employing to perform dental cleanings for their patients. You may be as incredulous as I was upon hearing this, but believe it or not it is happening. Educating the public and our legislators is key to preserving our profession and protecting the general public.

“What can I do?” you ask. First, stay involved with your professional organization and keep yourself informed. Secondly, inform and encourage dental hygienists you know who are not



members to become members of

Let them know that professional membership is more than a journal. Check out www.adha.org and explore the many benefits of membership. Thirdly, tell your colleagues about the threat to their profession and that they can help by simply becoming a dues paying member. The value far outweighs the daily cost of 68 cents.

I want to thank you for taking time to read this message and for your financial and moral support of your organization. You are vital to keeping the profession of dental hygiene extant. If you have any questions, concerns, or would like to become more involved with HDHA, you may call me directly at 808-351-0967, email me at gaylerubino@hotmail.com, or contact any of your HDHA officers.

Sincerely,

GAYLE RUBINO, RDH, BA, MSDH
HDHA President 2010-2011



A Healthy Mouth Protects More Than Just Teeth

You know that inflammation and infection in the mouth play a role in the management of many conditions including diabetes and heart disease. While research into the connection between oral health and systemic diseases continues, the fact is, high levels of bacteria in the mouth lead to higher levels of bacteria in the blood and trigger inflammatory processes which can be factors in certain diseases.

Thanks to mounting research, dentists are now aware that there are definite links between oral health and select systemic diseases. Researchers continue to debate how and why these links exist, but they are real and appear in the statistics of many current studies. Hawaii Medical Service Association (HMSA) is committed to the community and the health of its members, and in support of this research, has introduced a three-tiered approach to optimum oral care called Oral Health for Total Health. Because HMSA offers medical and dental coverage, we're able to analyze claims information and identify members who can benefit from focused attention and additional dental education. The three tiers of our Oral Health for Total Health approach include:



- Informing all our members about the connection between oral and overall health
- Educating members with coronary artery disease (CAD) or diabetes and women who are pregnant about the benefits of good oral health
- Engaging in targeted intervention for select members with CAD or diabetes that are not maintaining their oral health and encouraging them to schedule an appointment with their dentist.

Coronary Artery Disease

Researchers have found that people with periodontal or gum disease are almost twice as likely to suffer from coronary artery disease as those without gum disease. There are several current theories of how this happens. When bacteria from the mouth enter the blood vessels, they attach to fatty proteins and may lead to blood clots and plaque build-up. Inflammation caused by periodontal disease could also increase plaque build-up, which may cause arteries to narrow and harden. Gum disease can also exacerbate existing heart conditions.

Diabetes

The relationship between periodontal disease and diabetes goes both ways. Those with diabetes are more susceptible to periodontal disease, and periodontal disease may increase blood sugar levels and complications for those already living with diabetes. This is especially evident for people with poorly controlled type 2 diabetes. Periodontal disease may also increase the progression of pre-diabetes and can increase insulin resistance and disrupt glycemic control.

Pregnancy

Pregnant women may develop pregnancy gingivitis with gums that are red, tender and likely to bleed. Untreated periodontal disease can assist the movement of bacteria from the mouth into the blood stream where it can increase the level of labor-inducing fluid and the likelihood of a pre-term delivery.



Over the next couple of months, we'll reach out to at-risk members with CAD or diabetes through a direct-mail campaign that promotes the health benefits of regular dental care. These targeted members will receive a letter reminding them that they haven't visited a dentist in the past 12 months, a brochure explaining our Oral Health for Total Health program and steps they can take for a healthier mouth and body, including scheduling an appointment with their dentist. You may have already had the opportunity to speak with patients who have looked to you for additional information about the connection between oral and overall health, and more of your patients may want to discuss this topic when they receive our letter.

HMSA continually strives to offer innovative programs that benefit our members and our partners. Our Oral Health for Total Health approach provides you with patients who are better informed, patients who want to participate in their care and treatment plans and opportunities to grow your patient base through our educational outreach. If you have questions about our upcoming outreach program or would like additional information about HMSA's innovative three-tiered approach to oral and overall health, please call (808) 948-6440 or (800) 792-4672.

SUBMITTED BY: KATHY OIDE, RDH, BENEFIT SERVICES OF HAWAII, DENTAL PROVIDER RELATIONS SPECIALIST, HMSA



HMSA presents Free CE Course for Dentists and Dental Hygienists
"The Connection Between Oral and Overall Health"
Dental and Medical Disease Interactions (2 CEUs)
Robert S. Lewando, DDS, MBA

There has been a lot of research in the last few years listing the commonality between improved oral health and improved general health. Much of the literature focuses on the two disease states of coronary artery disease and diabetes. Additionally, the lack of oral health in pregnant women has been linked to pre-term low birthweight babies. The main correlation between all of these medical/dental interactions seems to be infection or inflammation. Periodontal disease is the most common chronic infection found in the body. Infection affects different parts of the body differently, but in all instances, the interaction between the infection, inflammation and the body's defense mechanism to fight the disease can cause alterations leading to exacerbation of a disease state.

Individuals with poor oral health have been found to be up to twice as likely to have a heart attack. The connection between these two events have not been fully defined but plaques in the coronary arteries have been cultured and found to have oral bacteria present in a large percentage of these plaques. Additionally, an inflammatory marker called C - reactive protein (CRP) is found at high levels in patients with periodontal disease. A recent study published in the New England Journal of Medicine states that the correlation between this protein and coronary artery disease (CAD) is much more predictive than cholesterol level and heart disease.

Pre-term low birthweight deliveries in pregnancy account for one of the largest costs in healthcare. Studies have shown that the likelihood of a woman delivering a baby prematurely may be correlated with the degree of oral inflammation and periodontal disease found in that patient. If oral inflammation is reduced, the likelihood of a pre-term delivery may also be reduced. Oral health is no longer believed to improve only the dental condition but rather the systemic health of the patient as well.

Studies have indicated that the blood sugar of diabetics can be better controlled if there is oral health in the patient. Specifically, the improvement of a patient's periodontal condition may lead to better medical management of the diabetes. Additionally, better control of the diabetic condition can lead to a decrease in oral inflammation and periodontal disease.

This presentation will talk about the link between oral health and these various conditions and what strategies can be used to identify members with these various conditions and what programs can be put in place to incent members to go to the dentist to improve both their oral and overall health.

About the Speaker:



Dr. Bob Lewando is the Clinical Dental Director of HMSA and other Blue Cross Blue Shield plans throughout the US. Prior to this, Bob had spent approximately twenty years as Chief of a large dental group practice in Boston where he combined a clinical and administrative role. Bob still maintains a practice limited to periodontology approximately one day per week with the rest of his time at Blue Cross Blue Shield. Bob has helped to develop HMSA's total health strategy of trying to improve a member's overall health through the integration of medical and dental claims data to identify at-risk members not using their benefits so they can be educated about the importance of oral health as it relates to their particular condition. These members are also contacted to encourage appropriate dental use.

Bob graduated from Tufts University with a Bachelor of Science in Chemical Engineering. He then attended Columbia College of Dental Medicine and received specialty training in Periodontics from a combined program between the VA and Harvard School of Dental Medicine (HSDM). Bob also received an MBA from Boston College. Bob is a Diplomate of the American Board of Periodontology and maintains a clinical appointment at HSDM.

Registration Form

Check which session you would like to attend:

☐

HONOLULU Session: HMSA Multi-Purpose Room

818 Keeaumoku St – Lobby Floor

Thursday, July 21, 2011

Seminar: 6:30 – 8:30 pm

Validated parking in the HMSA bldg.

Enter from Sheridan St. – Light dinner provided

☐

HILO Session: Nihon Restaurant

123 Lihiwai St.

Tuesday, July 19, 2011

Seminar: 5:30 – 7:30 pm

Buffet dinner will be provided at 5:30 pm

Name: _____ Dentist _____ Hygienist _____

Daytime Phone: _____ Cellular Phone: _____ E-mail: _____

Mailing Address: _____

Registration Fee: FREE to Dentists and Dental Hygienists only

DEADLINE: July 8, 2011. Space is limited so mail, fax or e-mail your registration form today!

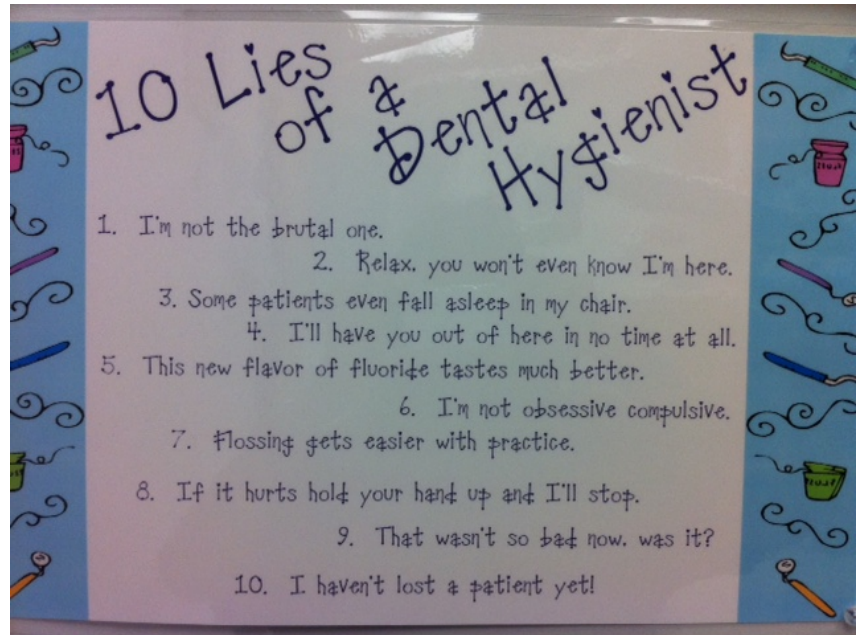


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Phone: 808.948.6440 **Toll-Free:** 800.792.4672 **Fax Number:** 808.538.8996
E-mail Address: dentalservice@mail.bshi.net

Dental Hygienist

From Wikipedia, the free encyclopedia

A **dental hygienist** is a licensed dental professional who specializes in preventive oral health, typically focusing on techniques in [oral hygiene](#). Local dental regulations determine the scope of practice of dental hygienists. In most jurisdictions, hygienists work for a [dentist](#), and some are licensed to administer [local anesthesia](#). Common procedures performed by hygienists include cleanings known as [prophylaxis](#), [scaling and root planing](#) for patients with [periodontal disease](#), taking of prescribed radiographs, dental sealants, administration of [fluoride](#), and providing instructions for proper [oral hygiene](#) and care.



United States



To become a dental hygienist in the [United States](#), you must graduate from a dental hygiene program, with either an associate degree (most common), a certificate, a [bachelor's degree](#) or a [master's degree](#) from a dental hygienist school that is accredited by the [American Dental Association](#) (ADA).^[1]

All dental hygienists in the United States must be licensed by the state in which they practice, after completing a minimum of two years of school and passing a written board as well as a clinical board exam.

[Dental hygienists school programs](#) usually require both general education courses and courses specific to the field of dental hygiene. General education courses important to dental hygiene degrees include college level algebra, biology, and chemistry. Courses specific to dental hygiene may include anatomy, oral anatomy, [materials science](#), [pharmacology](#), [radiography](#), [periodontology](#), [nutrition](#), and clinical skills.

A Bachelor's of Science in Dental Hygiene is typically a four-year program. Students entering a bachelor's degree program are required to have a high school diploma or equivalent, but many dental hygienists with an associate's degree or certification enter the bachelor's degree programs to expand their clinical expertise and help advance their careers.

Graduate degrees in the field of dental hygiene are typically two-year programs and are completed after the bachelor's degree. Common graduate courses in dental hygiene include Healthcare Management, Lab Instruction, and Clinical Instruction. After completing one of the more than 200 accredited dental hygiene programs in the United States, dental hygienists must be licensed in the state in which they work.

Licensure requirements for becoming a Registered Dental Hygienist (RDH) vary from state to state, but most require a two-year degree, a written examination, and a clinical examination. The National Board Dental Hygiene Examination is intended to fulfill the written examination requirements. The clinical examination is typically administered by the state licensing board. In addition, the [American Dental Hygienists' Association](#) has defined a more advanced level of dental hygiene, the Advanced Dental Hygiene Practitioner otherwise known as a [dental therapist](#).

Salaries for dental hygienists in the US vary depending on experience and geographic location. The median [hourly wage](#) for hygienists in 2004 in the US was \$30.19 per hour.^[2] Dental hygienists have become saturated in many parts of the country. More dental hygiene programs are opening, producing more registered dental hygienists. The career is flexible and provides a wide range of autonomy.



MICHELE MCTAGUE, RDH, BS & GERRAÏNE HIGNITE, RDH,BS AT HAWAII DENTAL ASSOCIATION CONVENTION 2011

ALZHEIMER'S, DEMENTIA, & PARKINSON'S

6 CONTACT HOURS (Dentists and Dental Hygienists)

Tuition: \$89

Seminar registration is from 7:45 AM to 8:15 AM. The seminar will begin at 8:30 AM. A lunch break (on your own) will take place from approximately 11:30 AM to 12:20 PM. The course will adjourn at 3:30 PM, at which time course completion certificates are distributed.

LECTURE

- **Human Memory:** How Does it Work? Acquisition, Storage, and Retrieval.
- **Short-Term and Long-Term Memory:** Which Is Impaired in Alzheimer's Disease?
- **How Accurate Are Our Memories?** Startling Research Data on Memory Capacity, Eyewitness Testimony, and Recovered, "Repressed" Memories.
- **Improving Memory:** Which Techniques Work? Ten Ways to Sharpen Memory.
- **Aging and Memory Loss:** Does Normal Aging Produce Significant Memory Loss? Is Memory Loss in Older People Diagnostic of Alzheimer's Disease?
- **Normal Aging and Dementia:** Is Senility the End Product of Normal Aging?
- **Cortical and Subcortical Dementias:** Is Dementia the Same as Alzheimer's? Reversible Vs. Irreversible Dementia.
- **Heart Disease, Stroke, Diabetes, and Alzheimer's Disease:** Are They Linked?
- **Mild Cognitive Impairment (MCI):** Is It the First Stage of Alzheimer's Disease? Which Type Strongly Suggests Alzheimer's?
- **Deadly Combination:** "Metabolic Syndrome" and Inflammation. New Research on How Abdominal Fat, Hypertension, High Blood Sugar, and Low HDL Combine with Inflammation to Result in Cognitive Decline.
- **Is Periodontal Disease a Risk Factor for Alzheimer's Disease?** Surprising Connections Between Gum Disease and Alzheimer's, Heart Disease, and Stroke.
- **Can We Know For Sure It's Alzheimer's?** The Accuracy of Special Tests.
- **Early Diagnosis:** Is It Possible? Is It Accurate?
- **Disorders that Mimic Alzheimer's Disease:** The Problems of Differential Diagnosis in Early Alzheimer's Disease.
- **Do Patient's Inherit Alzheimer's?** Familial Patterns and Genetic Risk Factors.
- **Progression of Alzheimer's Disease:** Symptoms and Treatment Strategies for Mild, Moderate, and Severe Stages. Models of Brain Deterioration.
- **Diagnosing and Treating Depression in Alzheimer's Patients:** Differential Diagnosis Techniques for Either or Both? Treatment Strategies.
- **Medications for Alzheimer's Disease:** Cure or Brief Respite? The Acetylcholinesterase Inhibitors (Aricept, Exelon, Reminyl, Cognex) in Mild and Severe Stages. New Studies on Memantine, Vitamin E, Selegiline, and Ginkgo.
- **Behavioral Treatment and Management:** Strategies for Maintaining and Increasing Safety, Emotional Stability, Thinking Skills, Memory, and Learning. Managing Oral Health Care in Alzheimer's.
- **Prevention Strategies for Alzheimer's Disease:** Are There Any That Work?
- **Can Dietary Changes Prevent or Treat Alzheimer's?** Does Caloric Reduction Have Any Effect? How About Low-Fat or Low-Carbohydrate Diets?
- **Fish Oil, Omega-3 Fatty Acids, and Supplements:** Do They Prevent Alzheimer's? Latest Research on Antioxidants, Coenzyme Q10, and Others.
- **Treatment Pathways in Parkinson's:** Does Coenzyme Q10 Help? New Research on Drugs, Cell Transplants, Surgery, Gene Therapy, and Transcranial Magnetic Stimulation. Pathology of Parkinson's Disease.
- **Parkinson's and Oral Health Care:** Dental Applications of Diagnostic and Treatment Modalities.

TUITION:

\$89.00 per person with pre-registration (\$104.00 at the door if space remains). Tuition includes a syllabus.
(Group pre-registration rate: \$84.00 per person. To qualify, 3 or more registrations must be submitted together. Please list names of all registrants.)

TO REGISTER:

Please complete and return the registration form below. Or register toll-free with Visa, MasterCard, American Express®, or Discover® by calling **1-800-937-6878**.

MEETING TIME & LOCATION

HONOLULU, HI

Thu., May 26, 2011
8:30 AM to 3:30 PM
Pagoda Hotel
1525 Rycroft Street
Honolulu, HI

INSTRUCTOR

Dr. Michael E. Howard (Ph.D.) is a board-certified clinical neuro-psychologist and health psychologist who is an internationally-recognized authority on brain-behavior relationships, traumatic brain injury, dementia, stroke, psychiatric disorders, aging, forensic neuro-psychology, and rehabilitation.

INR reserves the right to change instructors without prior notice. Every instructor is either a compensated employee or independent contractor of INR.

ACCREDITATION INFORMATION

Hawaii-licensed dentists and dental hygienists successfully finishing this course will receive course completion certificates. INR is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by AGD for Fellowship/Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 06/01/08 to 05/31/12.



For all inquiries, please contact **customer service** at **1-877-246-6336** or **(925) 609-2820**.



✓ **Thu., May 26, 2011 (Honolulu, HI)**

REGISTRATION FORM

(This registration form may be copied.)

Please return form to:
Institute for Natural Resources
P.O. Box 6757, Concord, CA 94524-0757
TOLL-FREE: 1-877-246-6336
TEL: (925) 609-2820 • FAX: (925) 687-0860

REGISTRATION INFORMATION

Please register early and arrive before the scheduled start time. Space is limited. Attendees requiring special accommodation must advise INR in writing at least 50 days in advance and provide proof of disability. Registrations are subject to cancellation after the scheduled start time. A transfer can be made from one seminar location to another if space is available. Registrants cancelling up to 72 hours before a seminar will receive a tuition refund less a \$25.00 administrative fee or, if requested, a full-value voucher, good for one year, for a future seminar. Cancellation or voucher requests must be made in writing. If a seminar cannot be held for reasons beyond the control of the sponsor (e.g., acts of God), the registrant will receive free admission to a rescheduled seminar or a full-value voucher, good for one year, for a future seminar. A \$25.00 service charge applies to each returned check. Fees subject to change without notice.

Please print:

Name: _____ Profession: _____
Home Address: _____ Professional License #: _____
City: _____ State: _____ Zip: _____ Lic. Exp. Date: _____
Home Phone: () _____ Work Phone: () _____ Employer: _____
Please enclose full payment with registration form. Check method of payment. E-Mail: _____ (needed for confirmation & receipt)
_____ Check for \$ _____ (Make payable to **INR**)
_____ Charge the amount of \$ _____ to my _____ Visa _____ MasterCard _____ American Express® _____ Discover®
Card Number: _____ (enter all raised numbers) Exp. Date: _____
Signature: _____

Please provide an e-mail address above to receive a confirmation and directions to the meeting site.

WELCOME TO THE OHANA!

*Aloha! I'm delighted to accept the position and serving as your "NEW" editor in the Hawaii Dental Hygiene Association!

I've been a dental hygienist for 6 years and still loving it! Aside from being a clinical hygienist; I love to spend lots of time with my family traveling and just enjoying God's vast creation.



I will reach out to our dental community as well as the general public, extracting useful information to utilize in our practice.

Please feel free to send in articles, photos, and ideas to post with a brief description. Photos can include your clinical or community service with permission of the subjects involved. Please abide by the privacy act, note that we normally will not include photos that reveal patient's health or status without their given consent.

I have posted the definition of a dental hygienist as stated in Wikipedia when GOOGLED: Dental Hygiene; just as a reminder of the role we play as healthcare providers.

Continue to do what you all do best, that is to make a difference in someone's life!

Joyfully Yours,

Michele McTague, RDH, BS

Email: Pnkshel@yahoo.com

DENTAL HYGIENE IN ACTION!



Representing HDHA/WHDDHA on Saturday: April 2, 2011. Kim Schneider, RDH, BS and Diane Brucato-Thomas, RDH, EF, BS, FAADH; participated at the Puna Community Medical Center's Annual Health Fair. They provided education on oral disease prevention and screened interested individuals with the Eastman Periodontal Index Screening.

The main focus of their message was to "Strive for Five" exposures of xylitol per day. Participants were happy to receive samples of various xylitol products, compliments of Xlear, Inc. This included granulated xylitol, xylitol gum/mints, Xlear Nasal Wash, and Rain (an oral moisturizing spray).

Kim and Diane were honored to spend some time at the health fair with Hawaii State Representative Faye Hanohano. The day was filled with sweet success!

-SUBMITTED BY: DIANE BRUCATO-THOMAS, RDH, EF, BS, FAADH

ORAL, HEAD, and NECK CANCER AWARENESS WEEK

Oral, Head and Neck Cancer Awareness Week (OHANCAW) 2011 is May 8-14. OHANCAW is a weeklong series of events to promote education and awareness organized through the Head and Neck Cancer Alliance, formerly known as the Yul Brynner Head and Neck Cancer Foundation. The highlight of OHANCAW is a day of free screenings across the country. Do You Know the Oral, Head and Neck Cancer Risk Factors? Tobacco (including smokeless tobacco) and alcohol use are the most important risk factors for head and neck cancers. People who use both tobacco and alcohol are at greater risk for developing these cancers than people who use either tobacco or alcohol alone. Over the past decade, an increasing number of young, non- smokers have developed mouth and throat cancer associated with the human papilloma virus, or HPV.

Signs & Symptoms May Include:

- A sore in your mouth that doesn't heal or increases in size
- Persistent pain in your mouth
- Lumps or white, red or dark patches inside your mouth
- Thickening of your cheek
- Difficulty chewing or swallowing or moving your tongue
- Difficulty moving your jaw, or swelling or pain in your jaw
- Soreness in your throat or feeling that something is caught in your throat
- Pain around your teeth, or loosening of your teeth
- Numbness of your tongue or elsewhere in your mouth
- Changes in your voice
- A lump in your neck
- Bad breath

Oral, Head and Neck Cancer:

- Cancer that arises in the head or neck region, including the nasal cavity, sinuses, lips, mouth, salivary glands, throat, or larynx (voice box)
- In the United States, over 47,000 cases were diagnosed in 2008

-ADHA UPDATE NEWS 03-30-2011 (Updatenews@adha.net)

My Experience With Oral Cancer Patients

Her thirty-year-old eyes grew wide and sad as she explains that she will soon start radiation therapy for tongue cancer. I reviewed her medical history and saw the big X on the tongue diagram depicting the cancer location. She has no history of tobacco or alcohol use. I later see her quivering and ask if she is cold, offering her an extra gown to warm her up during the appointment. She accepts my offer, allowing me to exit the room for a few minutes to locate her Dentist. This dentist will perform a comprehensive oral/dental assessment as indicated in the referral forms. Treatment plan includes any necessary dental extractions and Scale and Root Planing therapy. A healthy mouth will allow her cancer to respond well to radiation therapy.



After the thorough examination by the dentist, an attending oral surgeon will discuss the appearance of her tongue and review her intra-oral photographs. A thorough examination is necessary prior to the start of radiation therapy.

She is aware that she has stage 1 cancer, a PEP Scan may reveal her cancer to be much worse, perhaps even at stage 4. After examining her tongue, I noticed painful lesion that has been slowly growing in her mouth for months. Her left lymph node is swollen in comparison to the right side. She guides my fingers to palpate a tiny nodule in her neck.

I earnestly wish I could magically reverse time to bring back her wellness and not have this cancer growing inside of her. She explains how she discovered the lateral left sore on her tongue. Her journey through this story, leads me to be more vigilant about my patient's oral health as well as my own. She had taken all the right steps: visited her dentist, had several follow up appointments with an Ear Nose & Throat doctor, and continued with a biopsy that resulted in a normal diagnosis.

She claims that during a dental visit for a crown preparation on tooth #30, her tongue got irritated and flared up to an all time high. It was the suction resting against her tongue for extended period of time that brought her current cancer to life.

At the end of the prophylaxis appointment I quickly mixed the fluffy pink alginate material to take a maxillary and mandibular impression, being a lot more gentle on the mandible to avoid the tongue. I explained that making fluoride trays will help her during the radiation of the head and neck region to lessen her treatment-related complications including dry mouth (xerostomia), oral infections, and jawbone destruction (osteoradionecrosis).

Fortunately she did not need any dental extractions. If it was indicated, it could have delayed or postponed her cancer treatment.

It was an honor to have met such a brave young woman facing such a difficult time in her life. Instead of just saying goodbye, we embraced.

Several weeks later I called to follow up on her condition. I was able to leave a voice message saying, “ This is Maria your Dental Hygienist from the Queen’s Medical Center Dental Clinic. I have been thinking a lot about you lately and wanted you to know that I care about you.”



Though I have portrayed a composite picture of a less dramatic case, I would like to share some of the presenting symptoms encountered in oral cancer patients. Some of my patients’ have had surgeries that involved removal of half of their tongue, which also included a portion of their lip and neck. If chemotherapy treatment is included, it can result in weakness and fatigue to the patient. It will take extra patience and compassion to help them without bringing in extra fatigue to their current condition. Radiation treatment can also engender osteoradionecrosis of the jawbone. This produces a strong fetid odor to missing teeth with improper gum healing.

Oral cancer patients are susceptible to extreme pain. The saliva ejector can provoke patients to crying because it touches the mouth causing excruciating pain. A patient once begged not to administer local anesthesia in fear of accidentally biting their tongue and causing extreme post operative pain.

Another unforgiving symptom is extreme dry mouth. This symptom gives individuals sleepless nights, waking up about every thirty minutes to get a drink of water. I normally witness rampant caries in oral cancer patients who does not comply with prescribed home fluoride treatments. On most occasions, tongue cancer eats away the back end of the throat at an acute rate. After seeing the ravages of oral cancer firsthand, I would only hope clinicians spend the extra time to exaggerate the importance of preventative dental treatment on a consistent basis. In an event of an oral cancer diagnosis, treatment will not be delayed in a healthy mouth.

I am committed to doing all I can to screen for oral cancer, including educating patient to receive consistent preventative/curative treatment. Oral cancer is a harsh reality we encounter as dental hygienists', we can tackle it as it comes and treat the patients with professionalism and compassion!



**SUBMITTED BY: MARIA E. ABBOTT, RDH, BS
QUEEN'S MEDICAL CENTER DENTAL CLINIC
MARIARDH@GMAIL.COM**

I have a great passion for healthy smiles, making all dental visits fun as possible for my patients'. My favorite day consists of hiking up Koko Head with my husband John, eating at Bubbies, then ending with a nice swim in the Ocean. We have a 16 year old daughter: Hannah Elise and an 11 year old son Noah J.C.!

THANK YOU FOR READING THIS EDITION OF: THE VOICE.

Please stay tuned for the Summer and Fall/Winter editions!

