

The Stress-Free Dentist: Overcoming Burnout and Start Loving Dentistry Again

Eric Block*

Boston University Henry M. Goldman School of Dental Medicine, CA 94305, USA

Abstract

Dentistry is a physically and mentally demanding profession. According to the World Health Organization burnout syndrome is a result of chronic workplace stress that has not been successfully managed. Healthcare providers suffer from burnout at an alarming rate. Healthcare providers and dental professionals who suffer from burnout may deliver less than satisfactory patient care due to their overwhelming stress level. This interactive discussion will provide an overview on how to identify burnout, as well as provides strategies a clinician can take to overcome its damaging effects.

Course Objective

- A. To reduce stress
- B. Avoid or overcome burnout
- C. Practice more efficiently and productively

Dental school does not prepare us for the non-clinical side of dentistry: student loans, overhead, patient interaction, insurance companies, and staff issues to name a few. Although many of us share these struggles, we also feel deeply alone.

Introduction

Pulp therapy includes pulpectomy in primary and permanent teeth and vital pulp therapy techniques. Successful pulp therapy is always challenging to the dentist due to the morphology of the root canal in primary and permanent teeth, delayed presentation of patient for treatment due to financial constraint, dental neglect, lack of co-operation in paediatric patients etc. This delay in availing treatment until the caries progresses further to involve pulp; causing symptoms with excessive external root resorption and excessive peri-radicular bone resorption which makes the prognosis less favourable for conventional endodontic therapy. Many treatment procedures have been proposed such as indirect pulp capping, partial pulpotomy, pulpotomy, pulpectomy and extraction of the primary teeth followed by a space maintainer to treat these issues. In spite of appropriate biomechanical preparation in permanent teeth, irrigation and obturation, the Root Canal Treatment (RCT) fails whereas in

young permanent teeth, obturation in teeth with open apices is difficult [1,2].

Early loss of primary teeth can cause a number of problems, such as, drifting of erupted teeth, ectopic eruption, improper eruption sequence, impairment of function, speech alteration and development of oral habits like tongue thrusting [2,3]. Some authors have advocated the extraction of teeth with poor prognosis followed by removable or fixed space maintainers [4]. Yet, these appliances have some inherent disadvantages like patient nonco- operation, frequent breakage, function and oral hygiene. All authors have concluded that the preservation of primary teeth is the best space maintainer for its successor if resolution of the pathological process can be achieved [5]. Thus, it is important that the primary dentition should be maintained in the dental arch provided it can be restored to function and remain disease-free. Also, as the permanent teeth are the last set of teeth in humans, they need to be preserved life-long for mastication and other functions [2].

History and Evolution of Lesion Sterilization and Tissue Repair

In recent years, the Cariology Research Unit at Niigata University School of Dentistry has developed the concept of Lesion Sterilization and Tissue Repair (LSTR) therapy that employed a mixture of antibacterial drugs for disinfection. Repair of damaged tissues can be expected if lesions are disinfected.

Corresponding Author: Dr. Block. E., Professor of Orthodontics, Royal College of Surgeons in University of Edinburgh, Scotland. United Kingdom. **Tel:** +19272796728, **Email:** info@thestressfreedentist.com.

Received Date: October 21, 2021; **Accepted Date:** November 05, 2021; **Published Date:** November 21, 2021.

Copyright: © 2021 Dr. Block. E. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Since the overwhelming majority of bacteria in the deep layers of infected root canal wall dentine consist of obligate anaerobes, metronidazole was selected as the first choice among the antibacterial drugs. Metronidazole, even at high concentrations cannot kill all the bacteria indicating the necessity for other drugs. Thus in addition to Metronidazole, Ciprofloxacin and Minocycline were added to sterilize the infected root dentin.

Metronidazole has a wide spectrum of bacterial action against oral obligate anaerobes. It has been found that obligate anaerobes form the majority of isolates from carious lesions, infected root dentin, and from non-exposed pulp tissue. Thus, it was observed that a mixture of antibacterial drugs i.e., Ciprofloxacin, Metronidazole and Minocycline can sterilize carious lesions, necrotic pulp and infected root dentine of primary and permanent teeth.

Conclusions

The following conclusions were drawn from this review of LSTR:

It is a simple, time-saving and cost-effective method for relief of symptoms in community based dental programmes especially in underdeveloped regions of service provision.

Endodontic treatment using an antibacterial mix (a combination of Ciprofloxacin, and Metronidazole mixed with propylene glycol) in primary teeth has shown good clinical success.

Few cases were radiographically unsuccessful with continuation of internal resorption but clinically asymptomatic.

Lastly, due to the concerns regarding usage of antibiotics, 2-Mix can be placed as an intermediate intra-canal medicament in low concentrations for 2 weeks followed by conventional obturation, once the tooth is asymptomatic.

References

1. Taneja S, Kumari M. Use of triple antibiotic paste in the treatment of large periradicular lesions. *J Investig Clin Dent.* 2012;3:72-76.
2. Fabris AS, Nakano V, Avila-Campos MJ. Bacteriological analysis of necrotic pulp and fistulae in primary teeth. *J Appl Oral Sci.* 2014;22:118-124.
3. Fuks AB, Peretz B. Current concepts in pulp therapy for primary and young permanent teeth. *Pediatric Endodontics.* 2016.
4. Holan G, Fuks AB. A comparison of pulpectomies using ZOE and KRI paste in primary molars: a retrospective study. *Pediatr Dent.* 1993;15:403-407.
5. Hoshino E, Sato I, Uematsim H, Sato M, Kota K, Iwaku M, et al. In-vitro antibacterial susceptibility of bacteria taken from infected root dentine to a mixture of ciprofloxacin, metronidazole and minocycline. *Int Endod J.* 1996;29:125-130.
6. Takushige T, Cruz E V, Asgor Moral A, Hoshino E. Endodontic treatment of primary teeth using a combination of antibacterial drugs. *Int Endod J.* 2004;37:132-138.
7. Cruz EV, Kota K, Huque J, Iwaku M, Hoshino E. Penetration of propylene glycol into dentine. *Int Endod J.* 2002;35:330-336.