

Editorial

The Gift of Dental Service

When we chose our profession, making the now pivotal decision to enter dental school, a myriad of issues certainly factored into that determination. Lofty goals and as yet ill-defined challenges were soon clouded by the need to survive the rigors of the educational process. After graduation, these goals began to crystalize. Primary among them, certainly, was the need to succeed and for many of us, to pursue knowledge beyond our foundational education.

For me, underneath those obvious and necessary skills burned a need to serve—an altruism that had been instilled in me as a tenet of professionalism. As we grew into the profession, we perhaps realized that our skills could be translated into life-altering gifts for those who trust us with their care. The history of our profession is replete with examples of donated services, gifts of time and skill. Those gifts are now, I hope, central, even essential to our combined definition of success. A practitioner cannot truly succeed today without providing pro bono service.

One such opportunity arose for me last year at the AAP meeting, when I was asked to participate in a study sponsored by Zest. The essence of this investigation was to locate two individuals who were edentulous on the mandibular arch. Simple enough, but I wanted to make a difference, to join those who placed altruism above profit. My search led

me to two disparate individuals who represented an interesting spectrum of the edentulous population.

The first candidate was a woman, aged 31 years, unmarried with a child, who was completing her obligation in a substance abuse program. She had graduated to a mentorship phase and was initiating a job search within the public domain. She had lost all of her teeth at the age of 19, had a maxillary full denture but no lower appliance, and had been unable to wear one for the past 12 years. After careful evaluation of the criteria and a thorough examination, she was selected for participation.

The periodontist with whom I worked, Scott I. Silverstein, DDS, MSD, also graciously donated his time. He executed a midcrestal incision and placed four small-diameter implants for Locator attachments. After healing, a reline impression was taken and forwarded to the lab for incorporation of the attachments. The implant company donated the surgical and all prosthetic components used in the case. In addition, the laboratory donated all its time and materials. After a short adjustment period, the patient was easily able to make the transition from an edentulous mandible to full function.

The impact that this service has had on her life is the most rewarding aspect of this case. Not only did we dramatically improve her speech

and mastication, we inspired a new level of confidence in her demeanor. She procured new, meaningful, responsible employment and is now contemplating marriage.

The second candidate was significantly more challenging. At 91 years old, she would certainly be among the oldest participants. She had been fully edentulous for more than 40 years and while she did wear a maxillary denture, she had never been able to tolerate a mandibular denture, her last appliance having been lost to the ages. She presented as fully alert, remarkably engaging, and fully conversational. Taking a minimum of medication, she was totally ambulatory, without any assistance. Unfortunately, her mandibular arch was completely atrophied and fully resorbed. A panoramic radiograph and cone beam computed tomography (CBCT) scan revealed no more than 11 mm of bone height in any one area, with the vast majority of potential implant sites measuring less than 8 mm. In addition, as suspected, she presented with bilateral dehiscence of the mental foramen, exposing the mental nerve on the superior surface of the mandible.

After considerable evaluation, this patient was also accepted as a candidate. Two small-diameter implants were placed with a small incision along the crestal ridge in the anterior mandible. As a note, this

case could never have been properly attempted without the use of a CBCT. Our protocol differed from the standard immediate restoration. Due to our decision to be as conservative as possible to potentially increase the chances of comfort and success, we decided not to place the appliances for either patient at the time of implant surgery. However, Locator impression copings were placed over the implant abutments to protect the soft tissue collar. After 1 week, at suture removal, a soft, relined mandibular denture was placed and was well tolerated with the lab abutments still secure on the abutments. The impression copings remained attached to the abutments during healing and were not removed by the soft tissue reline. At the 8-week mark, an impression was made and the Locators were fully incorporated. Though the 91-year-old candidate took somewhat longer to adapt, she has now fully incorporated the appliance into her daily routine. Her family reports her attitude

has brightened, her speech has improved, and her nutrition has been dramatically enhanced.

As physicians of the mouth, we are asked to perform tasks from the mundane to the virtually impossible, to continually educate ourselves to render the finest care, to hold ourselves to the highest technical and ethical standards. However, our paramount mission may be one of service. Every practicing dentist has given of themselves to improve the quality of life for those to whom they render care.

If we reflect on this premise for a moment, these thoughts can be understood as a call to arms. We are blessed with the skills to change lives. Opportunities to provide discounted and donated services abound. Whether you are a generalist or a specialist, I am certain that you could easily recruit a team to perform needed services. A strategically placed implant or two could support an otherwise compromised removable appliance, for example.

The gifts of time and skill reward not only the recipient but also the practitioner. Our profession rates near the top of the food chain for remuneration and job satisfaction. We are rewarded in countless ways. Make it your practice to give back in meaningful ways.

It would perhaps serve us all well to take a moment to reflect on the benefits of these services to the provider himself. So much is demanded of us that often little time remains for such reflection. In many ways, we enhance life quality every day. So, please take a moment for a breath of satisfaction. This was our primary purpose as we began our education—to gain the skills (both interpersonal and technical) to change lives. We do it every day. We simply don't take that moment to relish the benefits that we ourselves have accrued through that service to others.

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