

## What To Expect During Your Child's Visit

Dear Parents,

Our office is dedicated to providing the highest quality dental care for your child. We strive to make your child's experience as positive and enjoyable as possible with their psychological and physical safety being paramount in importance. Your presence is requested during visits because we feel most children are more comfortable with a parent back with them and, medico-legally, we need to protect ourselves from any allegations or misunderstandings with an unattended child.

During your child's treatment, we will be utilizing several behavior management techniques. First and foremost is one called "tell-show-do." In this technique, we describe what we will be doing in child-friendly language, we show them what we'll be using, and then we do it. When explaining things to children, we use language that they can understand: "shot" becomes "medicine placed next to their tooth," "drill" becomes "whistle brush," "rubber dam" becomes "rubber raincoat," etc. We do ask that you refrain from over preparing your child for their dental visit. Just tell your child that they are coming in to have their teeth fixed, looked at, cleaned, etc. and we will explain the rest.

When sitting with your child, we ask that you sit quietly (the doctor likes to talk so he may engage you in conversation if your child is doing well). You are there to support your child and to hold their hand but we need their undivided attention when we give them direction (i.e. they need to listen to us). If you are talking with your child, they will listen to you and not to the doctor or the assistant. If we are to safely and efficiently complete treatment, your child needs to be able to respond to our prompts. During treatment, we may ask you to hold their hands and/or legs if your child is having a difficult time sitting still. This is for their protection and to allow us to complete the treatment. We may ask you to remove their shoes to avoid being kicked. Throughout their visit, we will constantly use positive reinforcement to acknowledge what they are doing well. You might hear us say things like, "You're doing a great job of holding still" or "Thank you for listening and keeping still." We find that this helps many patients tolerate treatment.

Occasionally, we may need to turn the television off to gain their attention if we are not getting their cooperation. If your child begins to become uncooperative or is crying or yelling uncontrollably, we may remove the nitrous oxide/oxygen mask and place it over their mouth. This serves two purposes. First, it quiets the child by muffling their voice which gives the doctor a chance to be heard. Second, it forces the child to breathe the nitrous oxide/oxygen which may help to calm them down. The doctor may also need to raise his voice so that he can be heard over your child's crying or screaming. This is not intended to frighten your child, nor is it done out of anger. It is simply to try to calm them down so that treatment can be safely completed. If your child still does not calm down, the doctor may ask you to leave the room as some children are more cooperative without their parent in the room.

Remember, crying is a normal consequence of a child's fear. It doesn't mean that they are in pain. Every effort is made to ensure that your child is comfortable throughout the procedure. Some children respond to vibration or noise as if it is pain. If we don't think your child has had enough local anesthetic, we will certainly give them more. Please don't ask your child if it hurts because the power of suggestion may make them think it is hurting or should hurt.

Please understand that there is no magic in what we do. We are more efficient and patient than most dentists. Our biggest asset is our ability to talk with your child and our behavior management techniques are intended to facilitate communication. The alternative to utilizing these behavior management techniques is to either restore your child's teeth when they are older and more cooperative or to treat your child via either oral or intravenous sedation. If you have questions about any of these techniques, please ask the doctor or staff. Remember, we both have the same goal: the safe and efficient care of your child's mouth.

Sincerely,

Gary D. Sabbadini, D.D.S.  
Diplomate, American Board of Pediatric Dentistry