

Keeping teeth and tooth fairies happy

by Marika Azzopardi

If you ever sat in a dentist's chair and was asked to choose between strawberry or banana flavoured gel, you must have been paying Dr Audrey Camilleri a visit. A dentist with a special interest in Paediatric Dentistry, her clinic welcomes its visitors with all that children would enjoy – soft toys, a screen for showing animated cartoons, colourful charts, a notice board jam packed with pretty hand drawn posters and thank-you cards and a smiling young lady who could never possibly be cruel enough to inflict pain. Is she the tooth fairy in disguise perhaps?

I learn that the screen is in actual fact an intra-oral camera which helps Dr Camilleri show her junior patients what on earth she's up to in their mouth. "I get them to choose between viewing a film and viewing their mouth. We take snap shots of their smile, before and after, and many just love to poke their noses into my work – and all the while their mouth is just as I need it to be – wide open."

With a practice that focuses a rough 70% of its energy towards caring for children's teeth, her patients are aged as young as two and on to sixteen. "In actual fact it's a bit of a hazy line that is drawn at age 16, because many children who get used to me over the years, are reluctant to trust their mouth to another dentist. Some adults also come in, mostly those who are generally terrified of dental intervention."

But does her skill work with adults too? Apparently it does and successfully so, as what she uses to win over the trust of children, also works with adults. She describes this as 'behaviour management techniques' wherein she has learnt more about the psychology of the child and adopted a different approach in her interaction than she normally would when interacting with adult patients. "However, this kind of approach works just as well with adults who have a terrific fear. I literally treat them as I would a child, no more, no less. And it works well enough to control their fear. Incidentally I also do removable braces and cosmetic dentistry which are needed by many adults through the years." Another technique which she uses is nitrous oxide/oxygen inhalation sedation, also known as 'laughing gas', which reduced anxiety and pain and has a relaxing effect on patients, helping them to allow treatment. It is a very safe technique with no pre-op preparations and the patient goes home immediately after the treatment. It is also very useful with children or adults who suffer from a pronounced gag reflex as it suppresses this reflex.

Dr Camilleri tries to get children into the dental clinic as young as two or three years of age. She strongly believes that getting them accustomed to the ambience of a dental clinic, its smell, its instruments and its reasons of existence, is of crucial importance before any dental problems ever arise. That way, they walk in happily with their parents, allowing her to check their teeth even if they do not take to sitting in her chair willingly. They might even get a free tooth fairy envelope to keep their first milk teeth and discuss what is happening in their little mouth.

"I have learnt to adapt my language to them, what I call children-eze. Any intervention involves three stages, telling, showing and doing. Basically I tell them what must be



done, show what will be done on a puppet or doll, and finally get them to allow me to do what must be done."

She strongly feels that it is highly important to get young children to hold on to their baby teeth as long as possible, allowing these to fall out spontaneously. "The back teeth are lost at ages 10, 11 or 12. Sometimes kids walk in here with cavities in them as early as age four or five. Healthy milk teeth are important because they help to keep the space for the new permanent teeth, maintain a situation which is extraction-free because a filling is always less traumatic than an extraction could ever be, and avoid pain which results from decaying milk teeth."

Her work touches other specific requirements as are those of children with special needs, such as autistic or ADHD sufferers with whom she has to work that much harder in order to get them familiarized with herself and the clinic. She admits that in the most difficult cases and with very young patients, it is necessary to use general anesthesia in a private hospital setting. That way she can work through the required fillings and/or extractions, inflicting the least possible trauma to the child.

Then there are very sick children who are being administered continuous medication. This category touches upon a sore spot. "There are several specific cases which I feel need particularly sensitive attention, as in the case of children with heart problems. Damaged teeth can aggravate heart problems considerably and so it is tantamount to stress the importance of regular and constant dental check-ups with a special look-out for insidious infections. Where children undergoing chemotherapy are involved, things can look particularly bleak. It is highly recommended to treat the child's mouth as soon as the cancer is diagnosed – get him/her to have a full dental check-up and treatment before chemotherapy begins. That way, teeth which are weak can be treated suitably and minor harm prevented from causing ravage which is irreversible in the long-term." □

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Another specific area involves trauma. When this happens to a child's mouth and anterior teeth, through accidents or falls, it is imperative to have the correct initial treatment. The success of the treatment of a case of trauma does in fact depend highly on the kind of initial treatment carried out and the time lapse between the time of

trauma and dental treatment.

One of a team of dentists, Dr Audrey Camilleri has been in the profession for the past 10 years and forms part of a very busy family practice which includes two orthodontists, an oral surgeon, a general dental practitioner and three young dentists. She is also enthusiastic about her University

lecturing which helps her keep updated with regards to research and dental health. Her most recent travels have seen her lecturing at a Young Dentists Worldwide Congress in Hungary.

Research has in fact highlighted one very specific area of children's dental care and this involves the long-term ingestion of formula milk.

tooth fairies happy

“The presentation of widespread decay is a very big problem in Maltese children and this is surprisingly due to the intake of formula milk, well beyond the recommended age. A child should not be taking formula milk beyond the age of 18 months, once s/he is eating normally. Most formula milk is not only high in lactose but also

includes additional sucrose – a killer for milk teeth. Then there is digit sucking which is hard to combat and does a different sort of damage to a child’s mouth and teeth formation. Unfortunately, it doesn’t end there. We have a very high national intake of soft drinks and juices which does not merely cause decay but also dental erosion. This is due to the high

acidic content of these liquids which causes the enamel to erode. If parents minimize acidic food and drinks, or at least give the child a straw with drinks, this can cut down the erosion. Ultimately however, prevention is the best option all round and it is this which I try to stress continuously to all my patients – junior or senior, whichever their age may be!” 