

Prevention better
than cure



**ASSIGN
BUSTER**

Every dentist I have met says people don't floss enough. They say we have to floss more often. Floss if you want to keep your teeth. Not flossing regularly leads to tooth decay and other periodontal disease which can also mean tooth loss in adults.

When children lose their baby teeth, new ones take their place. However, if baby teeth are lost prematurely, permanent teeth may come out malpositioned, giving rise to uneven teeth. This means a child may need orthodontics or braces later on. In adults, bad teeth can mean the need for extraction, root canal, crown, bridge or implants. Ignoring oral health and hygiene can be painful not only physically but also financially.

In children with special needs, any dental work can mean admission to the hospital, usually as a day case. My son Omar had a beautiful set of baby teeth. Because of his condition and disabilities, we minimised sweetened foods as well as those that are goeey and which stick to the teeth. He never had cavities in his baby teeth and they came off according to his age, truly a textbook case.

So when his permanent teeth grew, it grew nice, straight and strong, albeit with slight gaps in between. The dentist and I agreed that in his case, it was a good thing because this meant that less food could get stuck between his teeth and it certainly made cleaning them easier. In other children, braces may have been suggested.

However, despite that and his annual check-ups, he had cavities as a teenager. When Omar was younger, before he was 10 years old, going to the

dentist was fairly easy. I would gently hold him down and the very skilled dentist would make a swift check once he opened his mouth long enough.

When Omar grew older, he learnt to clench his jaws and protest, and all his dentist could see was the front of his teeth. Omar would yelp and attempt to get off the chair. The dentist would tell us that if Omar was eating well

and generally maintained good oral hygiene, he was fine.

When Omar was 17, a large lump could be seen next to his Adam's apple.

The neurologist was concerned and suggested that we explored that lump to ensure that it wasn't anything untoward. The best time to do so would be at his next dental check-up. With a note to his dental surgeon, Omar was given an appointment for day-case admission because now he required sedation for this procedure. The dentist also remembered Omar's last visit. As a strapping and buff teenager, Omar had managed to "fight" and struggle his way through four male attendants, out of the dentist's chair and clinic to sit in angry protest in his wheelchair.

"A sedation would be absolutely necessary for the next visit," said the dentist.

On that day, Omar was wheeled into the preparations room and waited for the anaesthesiologist. I gave the doctor a run-down of what Omar was like and what he was quite capable of doing should he feel insecure or threatened. With that, the doctor worked quickly, not giving Omar a chance to protest. But I registered Omar's look. He gave the anaesthesiologist "the eye" as he was dozing off.

The dental surgeon checked the lump and declared it benign. Since the lump did not interfere with Omar's eating or breathing, it would not be necessary to surgically remove it. Such an operation may do more harm than good for someone with Omar's condition. He also took the opportunity to clean, polish and fix a few cavities found along the way. Omar was given a complete dental overhaul.

It lasted about an hour. Omar woke up groggy from sedation but when the anaesthesiologist came by to check on him, Omar swung a well aimed punch at the doctor's cheek for sticking a needle in him earlier. No one foresaw what was coming. I felt terrible for my son's action. I had forgotten " the eye" Omar glared at the doctor earlier on.