

Honduras Baptist Medical Dental Mission

THE DENTAL CLINIC

THE PLANNING:

Find out as soon as possible who will be on the dental team. Teach them simple things, like loading syringes, taking blood pressure, and how to clean and sterilize instruments. If at all possible, plan to have some kind of program in dental health; this is very important to the Honduran government. OH instruction, demonstrations, sealants, posters, puppets -- all help in this field. This could be a good place for dental assistants and hygienists to step in and fill a real void. Have two copies of your diploma, state license, and passport identity page made. Give them both to your team captain and he will send one copy of each to the Laurel mission office two months in advance. He will keep the other for you to have on the field. Also, plan to see about 40-60 patients a day per dentist. Some see more, some less.

PROCEDURES:

Simple extractions will make up 99% of the work done. Very few, if any, impacted 3rd molars are encountered.

Many older patients will want all of their teeth extracted, whether or not caries is present. The Honduran government discourages more than five teeth extracted per person, per day. Also, the age and health of the patient make him, or her, a poor risk for such surgery. Caution should be taken when considering more than the standard five teeth. Do not pull good teeth!

Some dentists like to do some minor alveoplasty in these situations to prepare the patient for dentures. Again, caution is advised. Much time can be consumed in such procedures and the health of the patient can make for post-op complications.

One problem often encountered is in trying to reach an agreement with the patient as to how many teeth should be extracted. Most often the patient wants far more taken out than the dentist sees an immediate need for. The Hondurans have learned that many dentists will not take out a tooth unless there is pain involved; consequently, if asked, they will respond positively to a request for pain on percussion.

There will be no teeth extracted on the final day in the field (the day of travel). It is important that we leave the community knowing that bleeding and other problems have had time to surface and be dealt with.

SUPPLIES AND INSTRUMENTS:

In ordering or taking free supplies, follow the KIS principle..."Keep it Simple." Remember, people who never have seen the inside of a syringe may be loading them. Several different kinds of needles, anesthetics, and syringes will get very confusing.

Order anesthetic with at least one year remaining on the expiration date at time of trip. Check with supplier before committing to buying; often it is not current enough.

Gloves (AIDS) - Recent reports from Honduras indicate that AIDS is a critical problem in the country. At present, 60% of all reported AIDS cases in all of Central America are in Honduras. All fifteen provinces report confirmed cases of AIDS in both the heterosexual and homosexual populations. Because of this, all Dentists are asked to recap their own syringes. Do not allow others to handle sharps. Bring enough sharps containers to handle the carpules, needles, and suture waste for each day. Bloodied gauze and gloves will be burned.

For the dental team, this means that personal protection for the dentist, his assistants, and the patient are going to have to approach the standards practiced in the United States. Furthermore, blood waste will need to be monitored more closely, and gloves will need to be changed after every dental procedure.

The dentist should not assume any supplies are in Honduras for his use unless told specifically by a recently returning dentist who can give specific instructions as to their whereabouts.

Each dentist is responsible for supplying his own instruments, including forceps, elevators, syringes, and miscellaneous surgical instruments. However, there are two sets of instruments in the area that can be borrowed for the trip. Multiple pairs of the most commonly used forceps and 6-7 elevators are a must. Also, lower molars are by far the most commonly extracted teeth. Four to five lower molar forceps would not be too many.

SETUP PROCEDURE:

Expect to have to change your operation after you get to your destination. Be flexible. But make sure that, if at all possible, you have the necessary instruments to fulfill your basic mission. (Most dentists carry their instruments in their carry-on onto the plane.)

One dentist should have a minimum of three auxiliaries. Four would make life a lot easier. Two dentists could get by with five. Much depends on how medication is handed out, whether blood pressure is taken pre-op, and whether a translator is present in the clinic.

Hondurans have been used in the past to cover some of the gaps in personnel. Areas that need personnel include:

- light holder
- assistant
- translator
- instrument washer
- blood pressure station
- medicine dispenser
- crowd control

Obviously, many of these can be combined or largely reduced with cooperation from other areas such as the pharmacy and/or medical. It should be noted that some missionary dentists have gotten along just fine with no help at all from other North Americans, so don't be discouraged if the proper number doesn't appear at your doorstep.

PATIENT LOAD:

On a normal day, a dentist with a moderate background in oral surgery and with a full compliment of personnel should expect to see between 40-60 patients. However, a wider range of patient load has frequently been reported, from 30 to as high as 100 for some dentists.

RECORDS:

The Honduran government requires us to keep a record of each patient and what medications are given to that patient. For the past couple of years either a Honduran dentist or a Honduran dental assistant has accompanied each team to aid in compiling these records. The dentist also aids in the oral surgery part of the team while in the field. The dental assistant is available for assisting and other duties when she is not giving oral hygiene lectures.

At the time of extraction, every effort should be made to note what kind of extraction was encountered (abscess, root, alveoplasty, etc.). To aid in this, the dentist should review the Honduran reporting sheet that will be turned in at the end of the trip.

EQUIPMENT AND SETUP:

Portable dental chairs are available at all sites.

Light is provided by flashlight. Make sure that you carry a couple of good ones -- ones that do not have a dead spot in the middle of the beam. Also, make sure that your light holder has a very strong stomach.

Many dentists prefer to work on porches instead of indoors due to the lack of electricity. Porches tend to stay lighter longer than indoors, and are not as stuffy. Crowd control, however, is more difficult when working in these areas. Many dentists believe that an isolated back porch makes the ideal work place.

Water will also be limited; many areas turn on their water late in the afternoon, and then for only a few hours. In other words, plan on NOT having water, electricity, a clean work station, and adequate light.

Again, FLEXIBILITY is the key. Don't expect too much and you may be pleasantly surprised.

SAMPLE PATIENT RUN-THROUGH:

Patients must receive a dental registration card before seeing the dentist. This is normally handled at a different location than the dental clinic. They are then required to attend a church service where some proof of their attendance is put on their card. They then get in the dental line to see the dentist.

Many teams take their blood pressures at this point. Very few people in mountain villages have a problem with hypertension; however, many have very low blood pressure which can clue the dentist to intolerance to excessive stress or dental anesthesia. Hypertension is very prevalent in the Caribbean Coastal areas and in the coastal south of Honduras.

The patient is then seated for examination. Some dentists like for the Honduran dentist to give this initial examination. He can explain clearly our limitations while at the same time mark on their card exactly what teeth he feels should be extracted. The patient is usually anesthetized at this time.

To speed the line, several patients are examined and anesthetized before beginning any extractions. Seven to ten is the usual backlog of anesthetized patients;

however, some dentists like to have as many as 15 in this group. The important point of the process is not to have to wait for patients to become numb. If several dentists are in the team, then the process can be considerably more flexible. The bottleneck should always be the dentist extracting teeth, nowhere else.

It is very important for the patient to hold on to his own dental card after he has been examined since it may be as much as an hour before he is back in the dental chair. His card will be the only record the dentist has of which teeth are to be extracted.

After the extractions are done, the patient is given simple post-op instructions and medication. Most dentists give all patients some kind of pain medication, either ibuprophen, aspirin, or acetaminophen. This can be done as the patient leaves the dental clinic or the patient can be sent to the pharmacy to have the Rx filled. Either way, the type of medicine must be written on the card.

If the pharmacy has prepackaged this type of medicine into units suitable for the dental clinic, then it is a simple matter to give them the medication as they leave the dental clinic. This saves the patient another wait in another line and their card never leaves the dental clinic. This method is preferred.

ORAL HYGIENE INSTRUCTIONS:

The Honduran government, specifically the Ministry of Health, is becoming increasingly interested in the oral health of its citizens in the countryside. That is, the areas where we most often set up our clinics. They encourage any programs that promote oral hygiene, especially in the young.

Various teams have implemented many types of representations over the last few years. Some have targeted mothers, other pre-schoolers, and still others, school children. The only restrictions are supplies and personnel to carry out the programs.

One note of warning; If you want to see all six year olds, you should be prepared to have a Honduran visit the school early in your stay to arrange a time and place. In other words, the more the program will take you out of the normal routine, the more planning and possible personnel will be needed.

In the recent past, it has been the policy of the government to send a dental assistant with the teams to aid in these kinds of programs. This person should be worked into any programs brought by the team; however, you should not totally depend on having such a person available. Sometimes they are not provided.

GENERAL INFORMATION:

The duration of your working time in the field will generally be 3 to 3-1/2 days, during which time you will see between 300 to 400 people. This figure depends on or varies with the number of dentists that you will be taking with you. One dentist can expect to see about 300 patients -- two dentists, anywhere from 375 to 400 -- three dentists, probably not many more than 400.

Each team can expect to have a Honduran dentist and possibly a Honduran dental assistant travel to the field with them. These professionals are best utilized if you have the Honduran dentist screening patients and determining their needs and giving anesthesia and the Honduran dental assistant aiding in patient education. Each dentist will require one dental assistant and at least one other person to serve as a person to gather the instruments and clean them between patients. In addition, an interpreter will be necessary to aid the dentist and assistants in their usual routine.

DENTAL SUPPLIES:

The following is a list of suggested dental supplies that will accommodate approximately 300 patients:

Heavy Playtex Living Gloves	2 pairs for scrubbers
Paper Towels	1 case (or reusable absorbent towels for drying instruments)
2% Lidocaine w/1:100,000 epi.	1200 carpules
3% Mepivacaine	200 carpules
Dental needles for injection	750
2 x 2 gauze	1 case
Patient napkins	1 case
Concentrated germicide	4 quarts
Betadine	1 gallon
Topical spray	1 can
Gloves	1 case
#15 surgical blades	1 box
Gelform	1 bottle
3/0 plain gut with needles	4 boxes
Face masks	1 box
Plastic backs surgical drapes	1 dozen
Sharps disposal container	4
Pans for sterilization	3
Scrub brushes	2
Cotton Applicators	
Tea Bags	1 box (small)

The above dental supplies should adequately cover all needs for approximately 300 patients. If more than one dentist is going, the amounts should be adjusted up slightly to accommodate for more patients. You are also supplying gloves for the Honduran dentists who generally have small or medium hands.

DENTAL INSTRUMENTS:

In terms of dental instruments, the dentist should take whatever surgical instruments he commonly uses in his regular practice. He can expect to see quite a number of surgical type extractions. Therefore, I suggest that in addition to your normal regimen of instruments that you include a variety of root tip picks and root tip elevators, a good periosteal elevator, a large and a small pair of rongours and a mallet and chisels.

If a large table is available, it could be covered with a plastic back surgical drape with the paper side up. On this you can lay your instruments out in groups and with a magic marker put the number of the elevator or forceps directly beneath each group of instruments. This will allow someone who is cleaning the instruments and is not very well versed in placement of the particular instruments to put them back where they belong.

It will be necessary that you take a number of 12 x 12 plastic tubs normally used at a hospital to clean instruments in. One tub should be filled with betadine and water solution to clean, another with water to rinse and a third with germicide into which the instruments can be placed for whatever time is available. These tubs also work well for placing the particular types on patient's lap so that easy access may be gained to the

instruments while you are working. It should be noted that portable dental chairs will be provided for your use.

PATIENT EDUCATION:

In the area of patient education, we feel that this is one of the most important services that we can provide to the people of Honduras. We would like to be able to provide each patient seen in the dental clinic with a toothbrush or even toothbrushes for their family and instructions on how to properly use them. This is best handled through the Honduran dental assistant, if possible. Written instructions in Spanish may be provided if possible and we strongly suggest the use of posters or visual aids to augment in the education.