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f you are looking for a dramatic new way to attract new patients who are in need of dentistry and willing to pay for it, then read on. You can treat these highly profitable patients and please them beyond their highest expectations. The trick is to make these people comfortable in your office.

I didn't invent anxiolysis or oral conscious sedation, together commonly referred to as oral sedation dentistry (OSD). The science and medicine that make OSD possible have been around for decades. But since 1999, I have been a significant force behind developing OSD techniques and applications into a safe, market-tested, consumer-endorsed approach that is readily available to every dental practice in the country today.

The beauty of OSD is that it improves the lives of everyone involved. For general dentists like me, the time and resources invested in mastering OSD techniques are small, while the satisfaction and financial rewards are abundant. For patients, oral sedation dentistry alleviates the single largest obstacle to regularly visiting a dentist: fear.

Nearly 140 million Americans neglect to make regular visits to their dentists, and the chief culprit is fear. Moreover, some 80 million Americans are so afraid of going to the dentist that it is not even appropriate to call them patients. They are non-patients. Oral sedation dentistry has proven particularly effective in drawing in such non-patients, who, because of years of dental neglect, often require extensive treatment.

A good example is 61-year-old Edna Drye, a child-care provider in Philadelphia who came to see me



by Michael Silverman, DMD

Thousands of people avoid the dental office due to fear and panic.

They put off treatment — sometimes for years. By using Oral Sedation Dentistry (OSD), practitioners can entice these high-anxiety patients back into the dental chair and turn the "panic room" into the profit room.

after 21 years of avoiding all dentists. Edna arrived four years ago with a mandibular abscess so brutal that it resulted in a weeping external fistula on her chin. A severe gag response and other acute dental issues complicated her care. In addition, she had one remaining maxillary tooth that gave her the nickname "Snagglepuss."

"As an adult you hate to even admit that you have this fear of going to the dentist," Ms. Drye recalls. Besides the enormous fear she faced, she acknowledges that "my self esteem was gone and I hated my appearance." Ms. Drye required multiple and complex visits that included root canals, extractions, bone augmentation, implant surgery, and prosthetics. Given her fear and the complexity of the treatment she required, Drye knew that any trip to a conventional dentist would be a nightmare both for her and for the dentist.

But Drye spotted a Yellow Pages ad that I had targeted to patients just like her. And despite the fact that her stomach was in a knot and her knees were knocking, she picked up the phone and called my office.

Dentists who belong to the Dental Organization for Conscious Sedation (DOCS) have been trained in OSD techniques and practices and have safely and successfully treated more than half a million patients, many of whom require complex work similar to what Ms. Drye required. Unlike conventional dental patients, patients with high levels of anxiety are willing to drive 20 miles, 50 miles, even more than 100 miles to reach an available oral sedation practitioner.

OSD is really surprisingly simple. The practitioner prescribes a single pill for the patient, which is taken prior to arriving to the office. A friend or relative can then drive the patient to the dentist's office. Once the medication takes full effect, the patient can respond appropriately to verbal commands and physical stimulation. Sedated patients are relaxed and in a minimally depressed level of consciousness. Although we constantly monitor all patients, they are able to maintain a continuous airway on their own. For longer procedures, we will administer one or more additional doses of the sedative during their office visit. Often, once the dental procedure is complete, the patient has only fuzzy recollections of the procedure and typically believes that he or she slept most of the time.

High-anxiety patients often turn out to be ideal patients, both for their favorable financial impact on the dental practice and because they are such a pleasure — yes, pleasure — to work with. Financially, the average OSD patient accounts for more than three-and-a-half times the profit of a standard dental patient.

Dentists who offer OSD tell us repeatedly that they are finding greater personal fulfillment in their practices because the work environment is less stressful (after all, the patients exhibit virtually no anxiety). The complexity of the required treatment provides greater professional challenge, and the lives of their patients are profoundly touched and enhanced thanks to OSD.

"I was getting a little bit tired, a little bit burned out," remembers Dr. Terrance Major, a general dentist in East Ridge, Tenn. Dr. Major began offering OSD in December 1999, after nearly 20 years in practice. "Dentistry is now a lot more fun for me. I'm revitalized," he says, noting that "you get these exciting cases and it really adds to your enjoyment of what you do."

There are literally tens of thousands of examples of lapsed patients who, after years of searching, have "returned to the fold" by visiting practitioners who've taken my courses and adopted my methods. Dentists who are members of DOCS have seen their annual net income grow by as much as \$100,000 a year or more, in their very first 12 months of offering oral sedation dentistry.

The case for adopting oral sedation dentistry is compelling, regardless of how one acquires the knowledge and skills. In this article and the two that follow, I will demonstrate the true elegance of OSD and detail what are the most important medical, safety, marketing, and office-practice steps to guarantee success.

Nationwide, already some 5,000 non-patients each week seek out OSD treatment through our network of 2,500-plus trained graduates. The single biggest reason that more dentists don't yet offer OSD and more patients don't yet demand it is because word of its availability has not yet reached the masses.

But glance ahead just another couple of years and the OSD numbers become strongly compelling. By 2006, we anticipate at least 10,000 general dentists will be successfully offering OSD in their practices. That will still be a long way from commonplace, but represents a large enough base of dentists that the public's awareness of OSD will be heightened exponentially.

Not only does that suggest the upside of practicing OSD, it foreshadows the downside of not offering the technique: More than one

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million Americans over the next several years will demand OSD as their preferred treatment method. Those dentists who don't offer it will be at an extreme disadvantage in the competitive marketplace.

dding OSD to your list of services is a relatively simple, inexpensive, and straightforward process. It can be grouped into four components: training and safety, equipment and office structure, marketing, and patient interaction. Of course, I believe that the best possible way to learn both the science and market-

ing techniques associated with oral sedation dentistry is to take one of my frequent courses and join DOCS. (See www.sedation1.com for dates, locations, and tuition.) I created DOCS for that very purpose: to serve general dentists just like me who would like the chance to simultaneously treat their patients better and do well financially.

Dentists who have shown the most success in offering OSD have typically been able to work their way through all four steps, while maintaining their full workload, in three months or less. The cost of setting up an OSD practice, including all training and equipment, is typically recovered after treating as few as four new patients. Many dentists who have wholeheartedly embraced the DOCS approach to OSD average a dozen or more oral sedation patients per month.

But even practitioners such as Dr. Jeff Elliott, 48, a Santa Rosa, Calif. dentist who averages about four oral sedation cases a month, have found it has made an important difference in their practices. "It's increased the quality of care tremendously," Dr. Elliott explains. "It puts a lot of pressure on us to do complete dentistry."

Of course, the very first step for

general dentists considering how oral sedation dentistry might fit into their practices is to keep an open mind. The process, new as it is, remains somewhat misunderstood. Like most new concepts, OSD has given rise to some zany rumors and unfounded health concerns, among them schoolyard-type gossip that the practice has resulted in some fatalities. Well, not on this planet!

Safety — before *any* other consideration — is and will always be the number-one priority. When practiced according to the methods

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we've developed and tested at DOCS, oral sedation is an extraordinarily safe dental process. Indeed, among the more than one-half million patients who have been seen by DOCS-trained dentists, we are unaware of even a single patient who has suffered serious health consequences from our sedation methods.

first consideration is to screen out all inappropriate dental patients. That includes 100 percent of children and 100 percent of those patients with complex or contraindicated medical conditions. Anyone who suggests otherwise is badly misinformed. Before accepting a patient for OSD treatment, we conduct an in-depth medical history to ascertain any conditions that might conflict with the medications and procedures we use.

Our DOCS members are trained and retrained on the application of

oral sedatives and on how to monitor the patient. Triazolam and lorazepam, members of the drug class known as Benzodiazepines, are among the sedatives we most frequently recommend. Also known as Halcion and Ativan, these are two of the most vetted, most prescribed, and most trusted prescription medications on the market today.

Once a patient is sedated, we use special equipment to monitor the patient's key vital signs. If a complication arises — and this has happened to me only once in more than 2,500 patients — we train our

dentists on how to safely reverse the effects of the sedative and tend to the patient. (In my single experience, the patient was fine and I continued treatment without further incident.)

As an extra measure of safety, we strongly recommend our dentists take an additional course to help them cope with medical

emergencies. We've tailored ACLS (Advanced Cardiac Life Support) specifically for dentists. This course, incidentally, is a smart idea for all dentists, not just those offering oral sedation dentistry.

or do we rest solely on the experiences of our trained dentists. DOCS has established a research fund that supports third-party, university-based research to verify our own positive experiences with safety. We meet on a regular basis with our peers and with dental regulators, who are there to help make certain that OSD remains safe.

Regulation of OSD varies from state to state depending on the level of sedation. Anxiolysis is, of course, within the scope of every general practitioner without regulation. Conscious sedation certification is typically satisfied by the completion of our DOCS courses. Nevertheless, dentists seeking to

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offer oral sedation dentistry must familiarize themselves with the particulars of their own state's rules. To practice oral conscious sedation, a few states require continuing education beyond the DOCS methods.

For the general dentist, the key point is that experience has clearly demonstrated that oral sedation dentistry, practiced according to our high standards, is safe. Indeed, because the patient is anxiety-free and the dentist can work uninterrupted, some argue that the same procedure, such as an extraction, performed using OSD is actually safer than an extraction performed using traditional injections and topical anesthetic.

Once the issue of safety is satisfied, the chief obstacles that face most dentists who want to offer oral sedation dentistry are cost, time, marketing, and implementation. I will examine each of these in greater detail in parts two and three of this series.

Of course, the best testimonials for OSD come from the patients themselves. Edna Drye, my oral sedation dentistry patient who had previously gone 21 years without seeing a dentist, is now a healthy, happy, self-confident OSD success story. Indeed, she proudly displays a beaming smile when she talks about her experiences with OSD. To me, that is the ultimate payback on my investment.

Bio:

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