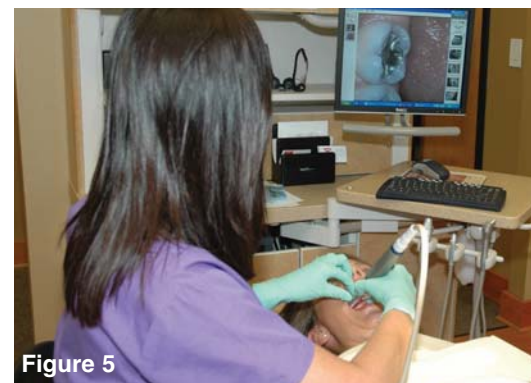


# Effective Use of the Intra-oral Camera: A Real Practice Booster

USING YOUR INTRA-ORAL CAMERAS



*Getting the most from your intra-oral camera sometimes seems to be impossible. Often doctors wonder why they bought them. We asked several offices if they regularly used their cameras and if they found them to be effective and productive for the practice. The responses were varied.*

*The hygiene department at Dr. Eli Jackson's and Dr. Brad Graham's office, of Bowling Green, Kentucky, were very enthusiastic about the role the camera plays in their practice. So we asked them to help us outline the criteria for getting the most out of the intra-oral camera investment.*

### 1. Is the camera in your operatory a worthwhile tool for education?

Definitely! In today's world there is a lot of skepticism. When we tell a patient what's going on in their mouth, many times it seems to get little reaction. When we show them on our monitors what's going on, they start to ask questions and diagnose themselves.

### 2. In what ways do you use your camera in your regular recall routine?

The camera is great for new patients because it allows us to show them their mouth before we ever begin diagnosing. With regular recall we watch the following areas and chart them: Broken or worn fillings, tartar and calculus build-up, changes in "wait and watch" areas to see if restorative work is needed, areas that they may be missing with their routine brushing and flossing habits, oral lesions to determine shape and size.

### 3. How did you set your camera up so it would not slow you down or hinder you from using it?

In our old office we had cameras that were attached to large docking stations that plugged in the wall. We had 4 hygienists and 2 cameras. This meant we had to go find a camera, plug in the cords, turn it on, switch the monitor and then capture to a printer where we could only take 4 images at a time before we had to print.

In our new office, we have computers at each operatory. We bought cameras for every hygiene room and they are integrated directly into our unit. When we pick it up, it comes on. We can then take as many shots as we need to by pressing the same foot pedal that we use to run our prophylaxis handpiece. When we're done, we put the camera down and go on with the rest of our treatment. It is so nice to have such a great tool that is readily accessible and easy to use.

### 4. How long does it take you to use the camera on your patients?

Not long, one or two minutes. Because they are so easy to use, we try, although we are still breaking old habits, to use the camera instead of the mirror when we do our initial exam on all new and recall patients. This allows them to see what we're seeing and we can often see a lot better and a lot more detail with the camera on our large monitors than we can with our mirrors. We usually do a quick lingual and buccal sweep on the mandibular and maxillary arches and then, unless there are major areas of concern we put the camera away.

When we first started using them, it was so easy to take pictures that we were taking way too many. We've learned to take 3-5 shots of the major areas of concern, leave the greatest area of concern blown up the biggest on the monitor and then put the camera away. Even in this situation, it's 4-5 minutes tops.

### 4. In what ways do you use the camera to educate your patients better?

We make suggestions to our patients routinely based on the need for better home hygiene, perio therapy, potential breakdown in old fillings, suspicious lesions, etc. By taking a picture and showing them what we're talking about, they engage the proposed treatment much easier.

For proper oral hygiene, we take pictures of tartar and plaque buildup prior to beginning our cleaning, then we take pictures of the area after it's been cleaned. They then understand what it should look like. We can then help them understand how the calculus is forming between visits and what they can do to minimize it.

For perio we can show them the swollen gums and we can take pictures of the probe to show them pocket depth and bleeding. Once they see their condition, they again are more eager to accept the proposed therapy.

The camera is so much quicker than we could ever be in explaining to a patient what is going on in their mouth. Once they see it, then we can more easily explain the causes and the remedies. We can also take images today and then on follow up visits we can take new images and put them side by side with the previous visit's images to see how they have improved and monitor the therapy's effectiveness.

### 5. How do patients respond when they see their images alongside your diagnosis?

In many cases they are shocked. However we also use the camera to brag on quality home care to show the patients that are doing a good job, how good they are really doing.

For the ones that have issues going on, they really understand the sense of urgency and begin to ask more questions and literally diagnose themselves. Treatment acceptance is so much easier to attain when our treatment plan follows a session with the intra-oral camera.

*Integration, ease of use, imaging software, rear and front monitors, and single foot pedal operation seem to be the key criteria to making the new camera system work for us so easily. We are looking at adding additional cameras to the operative side. They have been a great investment for our practice.!*

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