

The cosmetic component

Dental hygienists can give patients what they want while telling them what they need, says **Claire Berry**, who expands on the joys of providing cosmetic treatments.

As a dental hygienist my time is mostly spent treating patients to stabilise advancing periodontitis, help them by preventing deterioration in periodontal health and aid in caries prevention. However, I'm going to be honest and tell you that I enjoy the cosmetic side of my job just as much as the bread and butter work. Yes, I just put it out there: the role of the dental hygienist has a cosmetic component and it's on the rise.

Let me explain my enthusiasm. Not all patients thank you for treating their gum disease. Conversely, as a hygienist it's easy to make yourself unpopular. Here's how:

- You're battling a condition that is visible to you but more often than not is invisible to the patient
- Periodontitis doesn't necessarily hurt the patient but once you go 'probing' it's you who is causing discomfort
- The patient didn't notice that mobile tooth until you pointed it out (so you must have caused it)
- That 1mm attachment gain which you want to celebrate has been achieved under duress and your 'high five' will not be welcome.

Add to this that:

- during their treatment they feel like we are trying to drown them
- we 'lecture' them at the end of the appointment
- ...and then charge them for the pleasure every 3 months.

This may not apply in every case, most patients do appreciate us, but many patients are likely to question what we do at some point.

That being said and despite knowing most patients aren't the biggest hygienist fans, I love this side of my job for my own personal professional satisfaction. I know I'm doing a good job: I'm saving teeth left, right and centre - just call me Super Hyg - but a stain removal will always satisfy my need to make my patients happy any day.

There is another more important reason I fully support the rise in the cosmetic dental hygienist however. Direct access allows us to treat patients who we might not otherwise have seen in our chairs. We live in a social media age where everyone is wanting to have shinier hair, bigger lips and whiter teeth. People are becoming more open to enhancement and there is a big rush at the moment (and for the foreseeable future) on their teeth and smile. The whiter and straighter the better in the eyes of the younger generation. This is where a cosmetic dental hygienist swoops in. Being able to offer direct access treatments such as stain removal means we can give the patients what they want while telling them what they need.

I have a saying when it comes to treatments such as these:

'Give the patients what they want, while telling them what they need, until what they need becomes what they want!'

If a patient wants to see a dental hygienist for stain removal then this is a service that the patient should be able to access directly. The hygienist should still do all the thorough checks as per the direct access protocol. And,



the patient should still be referred to a GDP or specialist, if necessary, and informed if they have a periodontal, gingival or hard/soft tissue issue that requires further treatment or referral. Seeing a patient for a cosmetic issue is a good way to get the patient in the chair in the first instance to make them aware they even have an issue that needs addressing.

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So how do you convert your direct access 'I just want stain removal and whiter teeth' patients into 'let's address and improve my oral health' patients?

This is where our training in behaviour change comes in handy. While doing all the necessary checks during the direct access protocols, if the patient is deemed high risk for periodontitis, caries or oral cancer (or if they indeed have periodontitis or caries), this is our chance to give smoking cessation advice, explain the aetiology of periodontitis and give necessary OHI and/or diet advice. They then receive more than they thought they came in for, they feel we actually care about more than just the stain and they are open to our advice because they chose to be there. They like the results so much that they choose to be there every 3-6 months. So every 3-6 months I now have access to changing their behaviour and reinforcing good oral hygiene advice.

Marketing ourselves in the right way can eventually lead to us targeting a cohort of people who may never had been interested or even attended an appointment in the first place. This in turn allows us to prevent a host of issues arising in the future. It's just another way to spread the word. Long live the cosmetic dental hygienist!

Claire Berry trained to be a dental hygienist while serving in the army. She qualified in 2009 in Aldershot and now works as a hygienist in the North of England, at practices in Doncaster and York
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bdjteam2018165