

DEN 2400
DISCUSSION

Dental Management of Pregnant and a Wheelchair Bound Patient

During the summer months from June to September 2019, I was interning as a Dental Hygienist, at one of the NYC Hospitals in the middle of Brooklyn, as this was part of my scholarship requirement. There, I treated a variety of patients They were mainly, minorities, of different ages groups, with various ailments and afflictions. While the majority were healthy, some were undergoing treatment for cancer; pregnant women, patients with canes, walkers for wheelchair [manual/electric]. Those that had these assisted walking devices, were usually accompanied either by a family member or an aide.

Treatment of patient within a hospital setting is very different from that within a school's clinical settings. In the latter, assessments and implementation treatment of the patient from start to finish would have been done by the hygiene student. On the other hand, by the time the patient was seen by the hygienist in the hospital, all the assessments, radiographs, etc were completed. The patient began his/her care with a cleaning by the hygienist. During the week, it was not unusual for the attending or resident dentist to [squeeze in] give me pregnant patient who was coming from the gynecological clinic on the third floor. This was a part of their comprehensive prenatal care, and they were trying to avoid multiple visits. During their pregnancy, X-rays were taken only if there was an immediate emergency, and critical procedures were postponed until after delivery.

Most of these pregnant patients could not tolerate being in a supine position, laying on their backs for extended periods, as they would become extremely uncomfortable. To alleviate their discomfort, first I would raise the chair, so that I am standing. Secondly, they were placed in a semi-supine position, and occasionally rotated their positions, tilting or fully laying on their sides, while working as fast as I can. Most of these patients presented with red, puffy, inflamed gingiva, [pregnancy gingivitis] due to the presence of biofilm and the body's overreactions due to elevated levels of hormones, progesterone. Therefore, they were extremely sensitive, and there was a lot of bleeding. Pregnancy gingivitis was explained to them as *somewhat* normal condition, and would resolve with home care, especially with increased flossing, and mouth-rinses.

On a Saturday, again, at the last minute, a 70+ year old man, came in for a recall, and the attending asked me to treat him. The patient was wheelchair bound [he was immobile, and was unable to go in the chair] and he had an aide accompanying him. He had had a stroke some time ago, was unable to walk, and has paralyzed on one side of his body. This made home care especially flossing was challenging. Extra orally one side of his face droops, and his speech was audible but slurred. He had a number of missing molars, multiple unit bridge under which was material alba, inflamed gingiva, and recessions. Prophylaxis was mainly to lavage with the ultra-sonic, while simultaneously holding the suction with the other hand, standing, as the patient was seated in the wheelchair, and frequent pausing, as he required numerous breaks. I distinctly remembered the treatment being labour intensive, as my back hurts, but was satisfied with what I was able to accomplish....