

THE READERS' CORNER

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(Editor's Note: The Readers' Corner is a quarterly feature of JCO in which orthodontists share their experiences and opinions about treatment and practice management. Pairs of questions are mailed periodically to JCO subscribers selected at random, and the responses are summarized in this column.)

1. How often do you use a soft-tissue laser or electro-surgical unit in your practice?

More than 80% of the respondents had never used soft-tissue lasers or electro-surgical units in their practices. Only 12% used these devices routinely, and the remaining 8% used them occasionally.

If you do not currently use these methods, are you planning to do so in the future?

Only 18% of the clinicians who did not use laser or electro-surgery were planning to use these instruments in the future. Forty-one percent reported that they had no plans to use the devices, but about the same percentage of respondents were undecided.

For what procedures have you used a laser or electro-surgical unit?

There were multiple clinical uses listed. Gingivectomy directed at hypertrophic tissues was the most common, followed by exposure of labially and palatally impacted teeth. Next, in declining order of frequency, were gingival recontouring for esthetics, removal of opercula, expo-

sure of the bondable surfaces of unerupted teeth, and treatment of aphthous ulcers or herpetic lesions. Frenectomies and gingival sculpting for implants were rarely mentioned, and generally with a note that these procedures should be done by other specialists.

What are your preferences regarding the timing of laser/electro-surgical treatment for exposing teeth for recontouring or frenectomy?

For recontouring gingival tissue, laser or electro-surgical units were most frequently used at the end of active treatment, usually after debonding, when the level of the gingival margins could be more precisely evaluated—especially when puffy, fibrotic gum tissue was apparent. When tissue recontouring was considered during treatment, it was usually in situations where tissue was interfering with bracket placement or tooth eruption.

The orthodontists generally tended to refer frenectomies to other specialists rather than removing a frenum in the office with a laser or electro-surgical unit. The procedure was usually performed after the diastema was closed, just before or immediately after appliances were removed. A lingual frenectomy was recommended when the patient was unable to position the tongue against the roof of the mouth to swallow properly, or when there was a speech problem attributable to limited tongue movement.

Specific comments were:

- “I will recontour to allow proper placement of a bracket or after debonding to improve final esthetics. Also, when a poor brusher improves, but has so much excess tissue that it's difficult to keep it healthy.”



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- “I believe frenectomy is indicated when the frenum is pulling at the gingival margin, especially when there is relative recession or a fibrous diastema.”

What type of anesthetic do you prefer to use, and what level of pain have your patients reported?

The overwhelming majority of respondents preferred to use a topical rather than a local anesthetic. Pain reported by patients after laser or electrosurgical procedures was considered to be minimal or nonexistent. Isolated events, such as post-treatment tissue soreness or a tissue reaction to the topical anesthetic, were noted, but discomfort was generally not an issue. An interesting remark was: “When pain is evident, we reapply the topical and give it two more minutes to act.”

What types of lasers have you used?

The preferred type of laser was the diode. Although various manufacturers were listed, the ZAP, Biolase, Sirona, and Spectralase brands were most frequently mentioned.

If you use a laser unit, do you have a separate treatment area to prevent eye damage to others in the office?

There was an even split between practitioners who isolated these treatment areas and those who did not. Even clinicians who did not have separate treatment areas for laser procedures, however, reported taking precautions such as requiring all personnel in the exposure area to wear protective goggles.

What kind of training have you and your staff needed to obtain laser certification?

It was apparent that various types of training were available for laser certification and that clinicians felt obligated to seek out such training. The most prevalent method was continuing-education courses. Also mentioned were professional lectures, online study, and manufacturers' courses, as well as specific seminars, such as those given by Drs. David Sarver and John Schneider. One pertinent comment was: “I have taken extensive coursework on lasers and have obtained a

Standard Proficiency rating from the Academy of Laser Dentistry.”

Do you consider the equipment cost-effective?

A slight majority of clinicians thought the equipment was cost-effective. The chief reasons for believing otherwise involved the price of the units, along with the learning curve of the technology and the responsibility associated with its use. Those who believed the devices were cost-effective frequently mentioned accelerated treatment time. For instance, if the procedure is done in-house, the patient does not have to take the time and trouble to schedule a separate appointment with another office. It was also mentioned that patients are often tardy in making these outside appointments, which can distort the treatment schedule. Conversely, treatment times can be shortened when teeth can be exposed to promote faster eruption. A pragmatic comment was: “If all you did was expose a partially erupted cuspid for proper bonding once a month, you would more than justify the cost, since this one procedure could save you months of treatment.”

How do you charge patients for laser or electrosurgical procedures?

About two-thirds of the respondents did not charge for laser or electrosurgical procedures, especially when it benefitted the practice by accelerating treatment, allowing better bracket placement, or quickly correcting gingival margin discrepancies. Those who did charge usually did so on a case-by-case basis—for example, \$200 to expose a tooth, or a one-time charge of \$450 or \$75 per tooth for esthetic treatment only. In cases where it was evident from the pretreatment records that laser or electrosurgical procedures would be indicated, these itemized charges were usually incorporated into the overall fee.

Representative comments included:

- “If the procedure will save us appointments, we usually don't charge. If it doesn't save us time, we give them the option of referral to another specialist or us doing it at a charge.”
- “Our charges are similar to what other professionals charge for the same procedure.”

2. How do you celebrate staff anniversaries after various lengths of employment?

Forty percent of the respondents did not celebrate staff anniversaries at all. Those who did generally tailored the celebration and recognition to the length of employment.

For one year of employment, most respondents celebrated with relatively small remembrances such as a gift certificate, a card, flowers, or special mention at a staff meeting. Few orthodontists awarded bonuses at this time, and 65% did not celebrate a first-year anniversary at all.

After five years of employment, a gift of jewelry was common. Also mentioned were team dinners, extra vacation days, and various amounts of bonus money.

For 10 years of employment, paid vacations were more likely to be awarded. Significant bonuses and expensive jewelry were also common.

After 20 years, many respondents rewarded the employee with a more extensive trip such as a cruise with a partner, an additional week of paid vacation, or a more substantial bonus.

Some specific remarks were:

- "I acknowledge one year of service with recognition and a \$35 gift card; for five years, there is a \$250 bonus; for 10 years, a \$500 bonus; and for 20 years, a \$1,000 bonus.
- "I don't have scheduled celebrations. We are a close group, and I try to treat my people fairly and, in turn, expect good, hard work from them."

What other occasions are celebrated among staff members in your office?

When production or other practice goals were achieved, the majority of respondents routinely encouraged celebrations among staff members. About the same percentage routinely celebrated accomplishments such as certification or earning a degree. A much lower percentage reported that such celebrations were held only occasionally, while a few respondents said that meeting production goals and staff accomplishments were never rewarded.

Personal events, such as birthdays, weddings, and baby showers, were celebrated routinely or occasionally by almost all respondents.

Two-thirds of the practices held parties for holidays such as Christmas, Easter, and the Fourth of July. These were followed, in decreasing order of frequency, by summer parties and celebratory dinners or lunches. Other events mentioned were an end-of-the-summer shopping spree, a continuing-education trip to an annual meeting, a working two-day staff retreat, and a staff appreciation day.

Who is invited to these events?

Roughly half the respondents limited attendance to their staff. One-third said they would invite the spouses or guests of staff members, and only a few indicated that the families of staff would be welcomed.

When are gifts (cash or gift cards) given to staff members?

Cash and gift cards were awarded most routinely at holidays, with Christmas the most frequently mentioned. About 30% of the respondents said they occasionally gave gifts to staff members. Fewer than 3% never gave cash gifts to their staff. A typical comment was: "When my staff work hard during a really busy time, e.g., just before school starts, I will give out some cash. Sometimes I give them a handful of cash and tell them to have a good time. I try and let them have some independent fun without the boss."

Are all celebrations paid for by the practice? Do you have a staff celebrations budget?

More than 90% of the respondents indicated that all celebrations were paid for by the practice, but few had specific budget lines for such events. Those who did listed amounts between \$8,000 and \$10,000.

What is the most elaborate celebration your practice has ever arranged?

Most of the orthodontists felt that their celebrations were sincere gestures of appreciation, but that they did not need to become elaborate or spectacular. A few exceptions were:

- "A weekend stay in New York City with travel,

expenses, hotel and meal costs, and tickets to a Broadway show.”

- “A catered 10th-anniversary office party with an open bar and about 150 guests.”
- “A trip to Cabo San Lucas, Mexico, for staff appreciation and a motivation lecture.”
- “A bus road trip for the entire staff to Nashville to see the Rockettes and have dinner with all the trimmings.”
- “An all-expenses-covered trip to Las Vegas just for fun—no meetings.”

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