noacrylate, metal coils and collagen have been used in embolization of such lesions.[7] Successful treatment usually requires complete removal of the vascular malformation (**Fig. 3**), to prevent recurrence. Treatment in the maxillofacial region may be complicated, as the benefits of complete removal must be weighed against the resulting severe disfigurement and functional difficulties.[8] For lesions in the oral and maxillofacial region, treatment may be performed by an oral and maxillofacial surgeon, an otolaryngology specialist or a plastic surgeon with the help of an interventional radiologist.

THE AUTHORS

Dr. Brad W. Ray *is an oral and maxillofacial surgery resident at McGill University in Montreal, Quebec. He was chief resident at the University of British Columbia GPR program at the time this article was written. Email: Bradley.Ray@vch.ca*

Dr. Ian R. Matthew *is assistant professor and oral surgery chair in the department of dentistry, University of British Columbia, Vancouver, British Columbia.*

Acknowledgments: *Photos courtesy of Dr. David Sowden (North Vancouver, B.C.).*

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QUESTION 2

How do I perform a first dental visit for an infant or toddler?

Background

The increasing prevalence of early childhood caries is a cause for concern. However, the small number of pediatric dental specialists across Canada means that clinicians working in general dental offices are also needed in the fight against this preventable disease. Parents often complain that they are unable to obtain appropriate care when they notice problems with their children's teeth. All too often, dental offices decline to see children under 3 years of age. This message is usually conveyed to parents by the team member who answers the phone, who may be unaware of recent guidelines[1-3] highlighting the need to educate the entire office team (not only the dentist) about including infants and toddlers in the population served by general dental offices. This article provides a few guidelines on providing a child's first dental visit as part of everyday practice.

In November 2001 the Board of Governors of the Canadian Dental Association (CDA) adopted the following recommendation: "CDA encourages the assessment of infants, by the dentist, … within 6 months of the eruption of the first tooth or by one year of age."[1] A survey of general dentists[4] across western Canada has revealed that although most respondents were aware of the CDA recommendation, a substantial proportion did not see children under the age of 2 years. Among those who did not accept young children into their practices, almost half cited difficulties in managing the patients because of their age and potential behavioural challenges as their main concern. Interestingly, several dentists felt that nurses and physicians should play a role in preventing early childhood caries. However, it may be unrealistic to expect medical colleagues to become involved in managing this problem when many in the dental profession refuse to do so.

Conducting a Child's First Dental Visit

The first dental visit consists of a great deal of "preamble," a very short examination and some follow-up with the parent.[5] Much of the preamble can be completed by the office staff working at the

Figure 1: The best position for examining a child is the knee-to-knee position.

front desk, who can help the parent to fill out a health history and schedule the appointment for a time when the child is least likely to be tired or hungry and thus less likely to affect other patients in the office. For example, it is preferable to avoid scheduling an appointment for an 18-month-old at her usual nap time, especially if that is also a busy time in the office and waiting room.

The dental assistant also plays an essential role in the first visit, spending most of the appointment time speaking with the parent about the child's oral health and preparing and reassuring the parent about the examination itself; for example, parents should be told that it's not uncommon for children to be fussy during the first appointment.

The dentist's direct interaction with the patient can usually be limited to about 5 minutes. The best position for examining patients under 2 years of age is the knee-to-knee position (**Fig. 1**). The parent and dentist sit in chairs facing one another with their knees touching. The parent holds the child in his or her lap, with the child facing the parent, and tilts the child's head into the dentist's lap. A pillow can be placed in the dentist's lap. This position allows the child to maintain eye contact with the parent, while allowing the dentist access to the child's mouth. The parent restrains the child's hands, while the dentist gently holds the head still and completes the examination.

The first examination is usually a visual exam with a mirror; an explorer can be introduced if there are any suspicious areas. If the child is cooperative, a short tooth-brushing demonstration can be given for the parent's benefit. Fluoride varnish may be applied if indicated. The essential principles are to be prepared and to conduct the examination quickly and efficiently.

The child is then allowed to play while the dentist and parent discuss any issues that may have been raised by the examination. If the child has a healthy mouth, this discussion is usually limited to ways of keeping the mouth healthy. If dental caries were noted, the topic will be possible causes and methods of treatment.

If decay is found during the first dental visit, the parent may have strong feelings of guilt. The dental team must be sensitive to this possibility and should take pains to avoid a judgmental attitude; rather, the team should be supportive, by suggesting ways in which the parent can help to treat and prevent further disease. Similarly, during the initial interview, open-ended questions are preferred, for example, "How often do you brush your child's teeth?" rather than "Are you brushing your child's teeth?"

When any type of decalcification or decay is noted, the treatment options will range from application of fluoride to minor restorative treatment and referral for more extensive treatment; referral is also appropriate at any stage when the dentist feels uncomfortable providing the treatment that is required. It is especially important that any necessary treatment be started immediately; treatment should not be delayed until the child is able to cooperate.

THE AUTHOR

Dr. Felicity Hardwick *is in private practice in Nanaimo, British Columbia.*
Email: felicity_hardwick@telus.net

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For more details on conducting a child's first dental visit, please see the accompanying PowerPoint presentation at: www.cda-adc.ca/jcda/vol-75/issue-8/577.html.