

Why worry now?

Author_ Dr Philippe Van Audenhove, Belgium

Images_ Dr Stephane Browet, Belgium

Fig. 1_ Visual inspection confirms the symptoms of a cracked tooth.

Fig. 2_ Multiple cracks become clearly visible and help determine treatment options.

Fig. 3_ Occlusal decay. Visual inspection shows need for treatment.

Fig. 4_ Preparation confirms progress of decay far into dentine.

Fig. 5_ Magnification allows tissue-friendly treatment.

Fig. 6_ Precision through vision.

_Give me the top five reasons that a dentist would NOT wish to buy an operating microscope:

1. I am not an endodontist. I refer clients who require endodontic treatment.
2. I have always worked like this, with the naked eye. No patient ever complained!
3. Microscopes are a fad; the hype won't last!
4. Microscopes are very expensive and don't generate income.
5. I have plenty of work. I don't need to invest to attract new patients!

Now, let us take a closer look at these arguments:

1. *I am not an endodontist. I refer clients who require endodontic treatment.* Many endodontists will agree that a microscope is only useful in the coronal third part of the root canal. After the first curve of the canal, you can't see anything, not even with a microscope. Therefore, all other dental disciplines have far more advantages using a microscope because all dental surfaces are clearly visible.
2. *I have always worked like this, with the naked eye. No patient ever complained!* Would you feel the same way about your cardiologist observing your heart valves without an echocardiogram or your wife's gynaecologist following up on her pregnancy with just a stethoscope?
3. *Microscopes are a fad; the hype won't last!* It did last with ophthalmologists, otorhinolaryngologists, gynaecologists and surgeons. I admit it wasn't such a success with psychiatrists, but believe me, microscope magnification is here to stay.
4. *Microscopes are very expensive and don't generate income.* Money isn't all that counts. Consider the financial benefits, joy in your work, well-informed and motivated patients and team—no money can buy them, but you certainly can with a microscope.
5. *I have plenty of work. I don't need to invest to attract new patients!* Indeed. So the time to invest in a microscope is when you have neither patients nor income?! You know better than that! It is time to invest when things are going well.

The main reasons for rejecting the idea of an operating microscope are comfort zones and fear of change. Starting to work with a microscope in your

dental office requires some motivation and an open mind. Patients' reactions are rewarding. They feel like someone is finally taking their teeth seriously.

Imagine you go to two jewellery shops with your mother's family jewels to have their value estimated. The first jeweller takes the rings in his hand, shakes them like dice, looks at them from afar and tells you what they are worth. At the jewellery shop next door, the jeweller measures the rings, weighs them and inspects them with a magnifying glass. He has you look at them too with the magnifying glass, pointing out the stones' cut and their qualities and defects. Finally, he comes up with a value that differs from that given by the previous jeweller. Honestly, whose expertise would you most value?

We as dentists realise that teeth are the natural jewels of the mouth. Any motivated patient will appreciate your treating his or her teeth as such.

Of course, working with an operating microscope requires some training. However, any dentist can learn this and taking courses in this will speed up the process tremendously. The European Society of Microscope Dentistry aims to provide training and lectures for both the experienced microscope user and the beginner. The enthusiasm of the lecturers is such that they readily give advice even in-between courses. See for yourself and join us at ESMD 2010, to be held on 16–18 September 2010 in Vilnius in Lithuania.

'SEEING IS BELIEVING':_

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<p>ESMD Secretariat ViaConventus Olimpieciu Str. 1–34 09200 Vilnius Lithuania</p> <p>Tel.: +370 5 2000778 Fax: +370 5 2000782 E-mail: info@esmd2010.com ph.va@wol.be Websites: www.esmd.info www.esmd2010.com</p>	

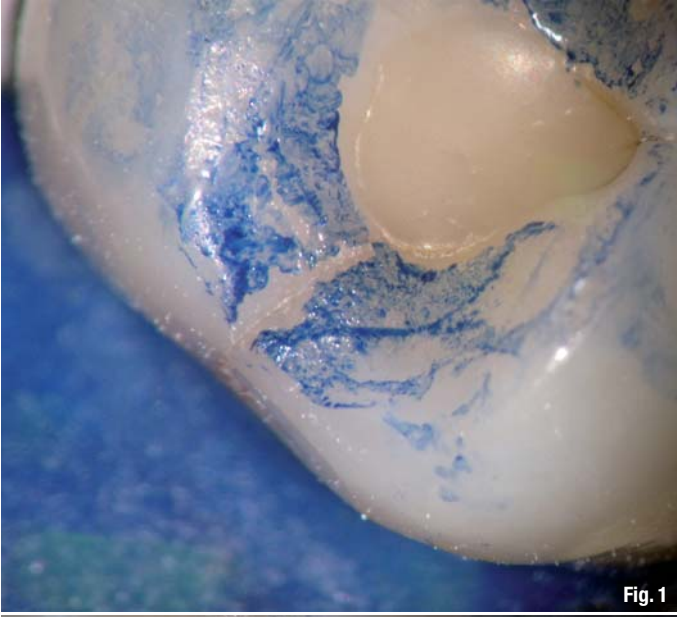


Fig. 1



Fig. 2



Fig. 3



Fig. 4



Fig. 5



Fig. 6