

'A picture is worth a thousand words'

Hygienist Diane Rochford reveals why a camera should be an essential part of your dental toolkit



Diane Rochford has been working in dentistry for more than 20 years, originally as a dental nurse. Before qualifying as a dental hygienist from Guy's Hospital, London, in 1996, she was awarded the Hu-Friedy

Scaling prize. Diane joined Dr Linda Greenwall's team in September 1996.

Diane has lectured on the hygiene programme at World Aesthetic Congress (WAC) in 2006 and 2011, to the London Region British Dental Hygienist Association in 2007, and in Croatia in 2009. Diane assists with teaching on Dr Greenwall's dental bleaching courses and is currently teaching her own courses specifically for dental hygienists and therapists on the subject.

Diane has recently joined the editorial boards for DH&T and Private Dentistry. She is a gold member of the British Dental Bleaching Society and a current member of the BSDHT and the BPS. Diane is also a clinical coach for Jameson Management in the UK.

Using dental photography routinely during patient visits forms an extremely useful record of the clinical situation; recording the patients clinical condition, gingival status, oral hygiene, etc. The use of dental photography enhances communication and patients are impressed by new techniques and technology, telling friends and family about their experiences. It can inadvertently become a great marketing tool.

Why should we take photographs?

Patient records

Good quality intra and extraoral photographs complete a comprehensive evaluation by the dentist, they create baseline (visual) recordings prior to treatment. In multi-disciplinary or referral practices, they provide information for the team working with patients to track their progression throughout.

Education and motivation

Studies show 80% of the population learn in a visual capacity. So, presenting patients with photographs of their own mouths, during case presentations, increases treatment acceptance and is more time efficient as visual explanations have a greater impact than long detailed verbal descriptions. Using before and after photographs of similar conditions and, what they achieve, can also be inspiring, reassuring and eases anxieties patients may have. Follow-up photographs at the end of treatment encourage patients to maintain the level of health they have reached.

Medico-legal issues

Indemnity providers say complaints they handle are often due to poor communication. Using both photographs and words together for case presentations reduces misunderstandings that may occur. Showing patients different treatment options is far better than just telling them. Photographs, as part of patients records, provides clinicians with a true recording should any legal issues arise in the future. RAW format is similar to a negative and can show if any alterations have been made to the photographs so these would be used for legal proceedings. Consent by the patient, parent or guardian of children is essential for any photography that is being used other than in their own records i.e. marketing, publications or educational purposes.

Practice promotion

Using photographs of treatment provided by the clinicians (with consent) is very powerful internal marketing, showcasing the standard of treatment provided, rather than using images of work completed by other dentists or stock photographs. 'Before and after' photograph albums can be easily assembled. With online companies compiling the albums from digital images, they look professional and at little cost.

Good quality images may be used in a practice welcome pack. Adding images to the treatment plans following the new patient consultation, is a good external marketing tool if they show family, friends or colleagues.

Step by step

- Greet and seat patient, review medical history
- Check for any concerns regarding teeth/gums since previous appointment
- Check soft tissues, soft/hard deposits
- Review radiographs, new plaque and bleeding scores
- Photographs extra and intraoral
- Check oral hygiene/home care
- Full mouth instrumentation (hand scale/ultrasonic)
- Full mouth prophylaxis (stain removal if required)
- Full mouth floss
- Reinforce oral hygiene, introduce new oral hygiene aids
- Complete documentation
- Ask patient if they have any questions, run through what treatment has been carried out today, and what to expect at their next visit
- Schedule next appointment
- Decontaminate surgery and set up for next patient

Adult six-monthly scale and polish

Same as above with:

- Six-point pocket chart
- Dr Greenwall to carry out periodic oral evaluation
- Any necessary radiographs

What we need

1. Cameras are easily accessible, everything from mobile telephones with cameras to digital SLR (single lens reflector). The quality of the image produced can depend on the type of camera used. The table below highlights the differences between digital SLR and compact cameras.

2. Intraoral cameras are designed for specific use intraorally. They generally do not capture extraoral images well, however they can show lots of detail in areas that are difficult to reach with SLR or compact cameras.

3. Retractors

There are various types of retractors available. Separate retractors are held by the patient, and available in various sizes. With direction, the patient can assist, allowing for a good view of both anteriors and posterior teeth.

4. Contrasters

Black backgrounds show off teeth well, placing a contraster (black paddle – or piece of black paper) in the patient's mouth and asking them to close gently produces good close up shots of anterior teeth. Effective for before and after tooth whitening or other aesthetic cases. Portrait shots should be taken with a background, a white, black, grey or blue.

5. Mirrors

Occlusal shots are taken using mirrors, available in different sizes. This type of photography requires practice and patience. They can easily mist during use, air from the 3-in-1 keeps a clear field of vision.



Single lens reflector (SLR)

Lenses can be changed
 Varied zoom capacity
 Wide angle
 Macro lenses are more efficient for close up work
 Ring flash is less harsh = no shadows
 Ring flash provides even illumination of the mouth
 Large sensor = high resolution
 Easily produced consistent results

Compact

Fixed lens
 Limited zoom
 Wide angle
 Image can distort on a 'Macro' setting
 Harsh flash = extreme shadows
 Inadequate illumination of the mouth
 Small sensor = poorer resolution
 Unable to produce consistent results

A practice website is essential for a dental practice. Using photographs of the practice premises, the team and the types of treatment carried out all builds a picture for the potential patient.

What type of images to take

The British Academy of Cosmetic Dentistry (BACD) provides guidelines of images that should be taken by dentists when they present their cases for accreditation.

This is a good place to start when deciding which photographs are required to complete a comprehensive evaluation or provide effective patient education. The photographs should be easily reproduced – you could take a shot of a patient today and then achieve the same shot five years later, providing a true and fair comparison. The photographs (with practice) should be easy to take and time efficient, so that it becomes a standard part of a hygiene visit, and does not compromise other aspects of the patients care. Based on the BACD accreditation guidelines, the images here are the standard images taken by all the team at the practice.

- Portrait
- Smile
- Retracted

- Retracted with shade tab
- Right lateral shot
- Left lateral shot
- Contrast upper canine to canine
- Upper occlusal
- Lower occlusal

A tour of the mouth using an intraoral camera is completed for all new patients. These images are close up of individual teeth in each shot, showing possible caries, fractures of teeth or restorations, etc.

How do we fit in photography in treatment time?

Sometimes, it is necessary to take photographs, even if there is little time. The patient with the basal carcinoma had a 30-minute hygiene visit with me. She informed me of the discomfort she had been experiencing and, with her history of smoking, I felt photographs of the lesions were absolutely necessary as part of her visit. She was referred that day to an oral medicine clinic for their opinion.

Storing and tracking photographs

Photographs are part of a patients record. They should be stored securely and labelled so they are easily identifiable

and trackable. Since the majority of cameras are digital they can be easily stored as part of the patients records on some dental software. Storing photographs in folders on the computer is acceptable, Dental Protection recommend they are labelled with the patients full name, what the procedure is eg: pre-bleaching and the date the photograph was taken eg: 14.6.12

Dental photography is becoming an increasingly important part of dentistry, providing patient education and motivation, a visual and reliable way to monitor patients dental health and provide evidence in the unlikely event of litigation.

As dental hygienists and therapists we are responsible for our patients care, implementing the use of photography, enhances our level of care. With training and lots of practice, this part of our treatment not only benefits the patients and practice, it provides us as clinicians with another skill to use, an most of all it can be enjoyable.

Have a go! **DH&T**
 • *References available on request*