LEABHARLANN CHOLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH | TRINITY COLLEGE LIBRARY DUBLIN
Ollscoil Átha Cliath | The University of Dublin

Terms and Conditions of Use of Digitised Theses from Trinity College Library Dublin

Copyright statement

All material supplied by Trinity College Library is protected by copyright (under the Copyright and Related Rights Act, 2000 as amended) and other relevant Intellectual Property Rights. By accessing and using a Digitised Thesis from Trinity College Library you acknowledge that all Intellectual Property Rights in any Works supplied are the sole and exclusive property of the copyright and/or other IPR holder. Specific copyright holders may not be explicitly identified. Use of materials from other sources within a thesis should not be construed as a claim over them.

A non-exclusive, non-transferable licence is hereby granted to those using or reproducing, in whole or in part, the material for valid purposes, providing the copyright owners are acknowledged using the normal conventions. Where specific permission to use material is required, this is identified and such permission must be sought from the copyright holder or agency cited.

Liability statement

By using a Digitised Thesis, I accept that Trinity College Dublin bears no legal responsibility for the accuracy, legality or comprehensiveness of materials contained within the thesis, and that Trinity College Dublin accepts no liability for indirect, consequential, or incidental, damages or losses arising from use of the thesis for whatever reason. Information located in a thesis may be subject to specific use constraints, details of which may not be explicitly described. It is the responsibility of potential and actual users to be aware of such constraints and to abide by them. By making use of material from a digitised thesis, you accept these copyright and disclaimer provisions. Where it is brought to the attention of Trinity College Library that there may be a breach of copyright or other restraint, it is the policy to withdraw or take down access to a thesis while the issue is being resolved.

Access Agreement

By using a Digitised Thesis from Trinity College Library you are bound by the following Terms & Conditions. Please read them carefully.

I have read and I understand the following statement: All material supplied via a Digitised Thesis from Trinity College Library is protected by copyright and other intellectual property rights, and duplication or sale of all or part of any of a thesis is not permitted, except that material may be duplicated by you for your research use or for educational purposes in electronic or print form providing the copyright owners are acknowledged using the normal conventions. You must obtain permission for any other use. Electronic or print copies may not be offered, whether for sale or otherwise to anyone. This copy has been supplied on the understanding that it is copyright material and that no quotation from the thesis may be published without proper acknowledgement.

Bound By:
THE
THESIS CENTRE
65 Camden St. Lwr.,
Dublin 2. Ph: 475 3616
www.thesiscentre.com

TRINITY COLLEGE DUBLIN
23 SEP 2015
ACADEMIC REGISTRY

PhD in Dental Science

The Ceremonial (Dis)Order of the Clinic: Mapping Engagement in Dental Interactions.

A thesis submitted to the University of Dublin in fulfilment of the requirement for the degree Doctor of Philosophy by

Aengus Kelly
2015

Volume II: Appendices

School of Linguistic, Speech and Communication Sciences,
School of Dental Science,
Dublin Dental University Hospital,
Trinity College Dublin,
The University of Dublin

(In two volumes)

TRINITY COLLEGE
0 6 OCT 2015
LIBRARY DUBLIN
Thesis 10920.2

Volume II – Appendices

Appendix Number	Title	Page
1	Transcription conventions	504
2	Application for Ethics approval	505
3	Letter of approval from Faculty Ethics committee	507
4	Letter to dental practices	508
5	Dental team information pack	509
6	Patient information pack	512
7	Dentist/Nurse consent forms	514
8	Patient consent forms	516
9	Dentist questionnaire	517
10	Patient questionnaire	518
11	Semi-structured dentist interview questions	520
12	Article about research from 'Ireland's Dental Magazine'	521
13	Plaque Index/DMFT index/BPE description	525
14	Treatment Group Biographies	529
15	Audio-recording data: recording durations	535
16	Number of recording devices used per recording event	536
17	'Pilot' transcript	537
18	Research transcripts	546
19	Dentist interview transcripts	997
20	Patient questionnaire transcripts	1023
21	Hymes SPEAKING Grid for Dental Consultations	1035
22	Thematic Analysis: Patient Questionnaire Codes	1039
23	Thematic Analysis: Dentist Interview Codes	1043

Transcription conventions (developed from Eggins and Slade, 2005)

1. Bold – extended word;
2. Underlined– emphasised word;
3. Rising intonation– ↑;
4. Falling intonation– ↓;
5. [Simultaneous or overlapping speech ;
6. (?) – unclear word;
7. (guess) – researcher's best guess of unclear word;
8. (Coughing/laughing) – non-verbal sounds;
9. …-pause up to two seconds;
10. (seconds)– pause greater than two second;
11. [field notes]– explanatory notes added by researcher.

Application to Health Sciences Faculty Ethics Committee for Research Approval January 2012

Aims: To explore the interpersonal communication between dentists and their patients, to examine the structure and process of the typical dentist-patient interview and to outline the various discourse strategies used. This is an exploratory first stage of a research project, whose aims are necessarily obscured by the relative lack of similar research in the field. It is anticipated that the project will evolve as the initial data is analysed and as it becomes clearer whether there is a reliable way to relate particular communicative and discourse strategies to positive clinical or health behaviour outcomes in dentistry.

Research questions:

Can the Calgary-Cambridge guide be used to outline the structure of the typical dentist-patient interview in Ireland's primary dental care?

Can we find examples of the dentist "incorporating the patient's perspective", and what effect does it have on the dynamic between them and their perception of the encounter?

Can a small-scale exploratory study identify discourse strategies that support negotiated engagement between dentist and patient?

If we can identify the co-construction of identities by dentist and patient using Communication Accomodation Theory and Framing in Discourse, how does that analysis compare to one based on the Calgary-Cambridge guide?

Growing evidence indicates the importance of communication in healthcare, but dentist-patient interviews in primary care have only infrequently been recorded and analysed, and the analysis has typically taken a quantitative form. A qualitative discourse analytic approach in related medical fields has provided insights into the process of *how* engaged communication can be therapeutic.

This is the initial, exploratory phase of a small mixed-methods observational research project, proposing to enrol between ten and twenty participants (comprising dentists, dental surgery assistants, and patients) attending and working at primary care dental practices throughout the Republic of Ireland. The principal analysis will be a qualitative discourse analysis of audio-recordings of between ten and twenty treatment groups as they interact in a typical dental consultation, this data then triangulated by quantitative clinical measures (Plaque Index, DMFT Index), and by a further qualitative analysis of the patient's perceptions and reflections on an evaluative questionnaire. The dentist completes a short questionnaire directly after the clinical encounter briefly recording the patient's clinical markers and the dentist's perspectives on the quality of the communicative experience. Then, anything from two weeks to a maximum of six months later, the dentist and patient are audio-recorded again at a subsequent visit, with the dentist once more completing the clinical questionnaire. The patient is given a short questionnaire to complete at home over the following week. Although there is a risk of reduced completion of the questionnaire with this strategy, it is felt that the subsequent data collected would be all the richer, the patient having more time to reflect on answers, and feeling less pressurised in their responses. The transcripts of the dental interviews will be assessed through the framework of the Calgary-Cambridge guide, to propose a typical structure. In parallel, the data will also be analysed using discourse analysis. The contrast and comparison of the two analyses will inform the development and future direction of the research.

The goals of the research are to:

To relate the structure of the medical interview (as outlined in Silverman et al. [5]) to the dental interview; To explore the communicative strategies and styles of both dentists and patients and how they accommodate to each other; To determine the consequences of those interactions
To propose areas of further research ;To outline the implications of this research for teaching and improving the communication skills of dentists, and the implications for health promotion at the interpersonal level.

The intention is to have data from approximately ten patient-dentist-DSA groups (comprising an initial audio-recording, clinical scores for the patient (Plaque Index, DMFT Index), then a second visit comprising another audio-recording, further clinical scores (Plaque Index, DMFT Index) and patient questionnaire), but the anticipated difficulties of gathering this data (particularly data from the follow-up visit and the postal questionnaire) will necessitate gathering data from up to twenty such groups and sampling the ten most complete and extensive data sets.
Participants will be recruited in two ways. Initially a random sample of dentists, drawn from the Dental Register with an effort to include a wide geographic dispersal, will be contacted to recruit volunteer dentists. Once the dental practices have consented, they will appoint an in-house gatekeeper from among their staff. The gatekeeper would then invite patients booking appointments on the assigned data-gathering day to participate. When those participants return with consent to the gatekeeper, they would then be directly contacted on-site by the investigator.
Inclusion criteria:
ADULTS (OVER 18 YEARS OLD) CAPABLE OF GIVING INFORMED CONSENT; ADULTS ATTENDING THE PARTICIPATING PRACTICES ON THE ASSIGNED SAMPLING DATES; ADULTS WHO ARE NOT LONG-TERM ATTENDEES AT THE PRACTICE (ATTENDING FOR LESS THAN THREE YEARS); ADULTS WHO CAN FLUENTLY SPEAK ENGLISH; FIT AND WELL
Exclusion criteria:
PERSONS UNDER 18 YEARS OF AGE; ADULTS NOT FLUENT IN ENGLISH; ADULTS WITH IMPAIRED COGNITIVE FUNCTION WHO ARE UNABLE TO GIVE CONSENT; ADULTS WHO FOR WHATEVER REASON REQUIRE A CHAPERONE/ GUARDIAN PRESENT DURING THE CLINICAL TREATMENT; LIFELONG ATTENDEES AT THE DENTAL PRACTICE
An initial random sample of dentists, drawn from the Dental Register to allow for a geographic distribution throughout the country will be contacted with an initial letter, and invited to respond to indicate their interest in the project. Respondents will be sent an information pack and consent forms (for any dentists and DSAs involved). Once consent has been given, the dental practice will be contacted to appoint a gatekeeper from among their staff (most likely a receptionist). A suitable initial date for data collection will be agreed with the dental practice, leaving enough time to provide a minimum of seven days' notice to potential participants to consider their consent. The gatekeeper will invite patients booking appointments for that date, whether for an initial examination or a recall appointment, to participate in the research. Those who are receptive to the idea will be given or sent an information leaflet and consent form. The consent form will be requested by and delivered to the gatekeeper on the day of data collection.

COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH TRINITY COLLEGE DUBLIN
Ollscoil Átha Cliath The University of Dublin

Dámh na nEolaíochtaí Slainte,
An Chéad Urlar, Foirgneamh na Ceimice (an sineadh)
Colaiste na Tríonóide,
Baile Átha Cliath 2, Éire.

Faculty of Health Sciences,
1st Floor, Chemistry Building
Extension,
Trinity College,
Dublin 2, Ireland.
T:- +353 (0)1 8964255

Mr. Aengus Kelly
Postgraduate Study Room,
Dublin Dental University Hospital,
Lincoln Place,
Dublin 2

10 April 2012

Study: Communication in the Dental Surgery.

Dear Applicant(s),

Further to a meeting of the Faculty of Health Sciences Ethics Committee held in February 2012, we are pleased to inform you that the above project has been approved without further audit.

Yours sincerely,

Prof. Orla Sheils
Chairperson
Faculty Research Ethics Committee

Supervisor:

Prof. June Nunn
Dr. Irene Walsh

Dear Dentist,

My name is Aengus Kelly, and I am a postgraduate dentist at the Dublin Dental University Hospital. I am researching interpersonal communication between dentists and patients in primary care in Ireland, and in the coming weeks I intend to record dental interviews between dentists and healthy, adult patients, preferably those attending for the first time in a sample of general dental practices. I am investigating the structure of the typical dentist-patient interaction and its significance, using transcribed audio-recordings. The School of Dental Science and the School of Linguistic, Speech and Communication Sciences at Trinity College Dublin are co-supervising this research, and this project has been approved by the Faculty of Health Sciences Ethics Committee in TCD.

There has been limited academic research to date on communication in Dentistry, and this small project has the potential to significantly increase the knowledge base. A greater understanding of what Irish dentists and patients say to each other, and how they say it, could potentially influence future training programmes for the dental team, and could improve the promotion of oral health.

The structure of the research project is intended to be minimally disruptive to the normal running of your practice. A consenting staff-member (for example, a receptionist or practice manager, appointed by you) will act as a gatekeeper, offering suitable patients the opportunity to participate. The gatekeeper provides this contact point with patients with sufficient distance from the researcher that the patients feel comfortable should they choose to decline to participate. Similarly, it is important to note that all members of the dental team involved (dentist, nurse and gatekeeper) need to be freely consenting participants.

Once dentist, nurse and patient have consented, the dentist involved will simply turn on a recording device and carry out the examination/treatment as usual (I will not be in the room). The patient and dentist (and nurse) will be recorded talking together on two occasions. After each visit, the dentist will be asked to complete a brief, one-page questionnaire (comprising the patient's Plaque Index and DMFT, and a communication checklist), and after the second visit, the patient will be sent home with a short questionnaire. I anticipate that an individual dentist will be recorded with a range of between one and three patients. Any recording, whether with a new or a returning patient, would be of great value to me.

Yours faithfully,

AENGUS KELLY BDS

DENTAL TEAM INFORMATION LEAFLET

1. Title of study: Communication in the dental surgery
Researcher: Dr Aengus Kelly BDS

2. Introduction: This research project aims to explore typical communication between dentists and new patients in general practice in Ireland, using taped audio-recordings of what is said by the dentist, the nurse and the patient in an everyday dental visit. A 'treatment group' such as this will be recorded twice in total (two separate visits) and both dentist and patient will be asked to fill out short questionnaires. The recordings are transcribed and coded to protect the confidentiality of participants. The transcripts are analysed to better understand the process of communication in dentistry.

3. Procedures:

For this research we are looking for patient participants who fulfill the following **inclusion criteria**: 'fit and well' adults (over 18 years old), who speak English fluently, who have the capacity to give consent, who are attending the dental surgery for the first time and who are not known previously to the dentist or nurse. There are no other restrictions in terms of age, gender or ethnicity. Pregnancy does not prevent inclusion in this research. The dental nurse must independently consent to his/her participation in the study. Dentist and dental nurse volunteers also need to be adults and fluent English speakers. A willing participant should read all the enclosed documents carefully, and then sign the consent form.

A consenting dentist will appoint a member of staff (most likely a receptionist/practice manager) as a 'gate-keeper' (independent of the researcher) to make the initial suggestion of involvement to the patient when the patient is making his/her appointment. The gatekeeper will then send/give the patient the relevant information pack and consent form, so that he/she has seven days' notice of the recording. This form needs to be returned to the dental surgery by the day of the appointment. On the appointment day, the dental visit proceeds as normal, except that the dentist will activate two audio-recording devices (such as a Sony ICD UX200) in the surgery prior to the patient entering the room, and then turn them off when the patient leaves the room. Having established the patient's participation in the research prior to him/her entering the surgery, the dentist will confirm that the prospective participant is sufficently 'fit and well' and mentally competent to consent to participation once the patient then comes into the surgery. If the dentist judges that the patient is not suitable for this research (based on the inclusion criteria), the dentist immediately stops the recording and withdraws that 'treatment group' from the research. The researcher has no direct access to the patient's medical history. The dentist will stop the recording if anyone in the treatment group becomes upset by the recording or raises an objection to it continuing, or if the dentist feels that it is not in the patient's best interest to continue the recording.

During the examination or treatment, the dentist is requested to note a Plaque Index score and a DMFT score (see below) for the patient and after the visit the dentist will complete a brief, one-page questionnaire (comprising the patient's Plaque Index and DMFT, and a short communication checklist with six multi-choice questions). At the next appointment (on a date agreed by the dentist and the patient according to the treatment plan, but within six months) a further audio-recording is made, in the same way, and with the same measurements taken. There is no *obligation* on the patient to return within six months. At the end of that second visit, the dentist is again requested to complete the same brief

questionnaire. The patient is then also given a short questionnaire form (noting their perceptions of the communication) to complete at home.

4. Benefits: This study aims to improve the understanding of communication between dentists and their patients and ultimately to improve that communication itself. It is also hoped that the results may have an influence on the future training of the dental team.

5. Risks: The only risk associated with this research is the potential for a participant to disclose sensitive or embarrassing personal information during a recording and to be upset by this. The participant retains the right to withdraw their consent at any stage in the process, at which point any data collected are permanently destroyed. Furthermore, all data collected are coded to protect participants' identities, and no participants will be identifiable should the research be published.

6. Exclusion from participation: You cannot participate in this study if any of the following are true about you: not a native English speaker, younger than 18 years old, not 'fit and well', unable to give informed consent, or (for patients) need to be accompanied by a chaperone or guardian.

7. Confidentiality:

Your identity will remain confidential. Your name will not be published and will not be disclosed to anyone outside the study group. The researcher will assign a code to each participant to protect the identity of their information. Once the recordings have been transcribed any identifying details (names etc.) will be deleted, and then only the researcher will be able to identify the transcript. Only the researcher, the dentist and dental staff are aware of which individual patients are participating in the study. The dentist, the nurse and the patient are all entitled a transcript of the recording by request once all the data has been collected and transcribed. The data are retained in a in a secure, locked fire-proof cabinet for the duration of the research.

8. Compensation:

This study is covered by standard institutional indemnity insurance. Nothing in this document restricts or curtails your rights.

9. Voluntary Participation: If you decide to volunteer to participate in this study, you may withdraw at any time.

10. Stopping the study: You understand that the investigators may withdraw your participation in the study at any time without your consent.

11. Permission: This research project has Research Ethics Committee approval from the Faculty of Health Sciences, Trinity College Dublin.

12. Further information: You can get more information or answers to your questions about the study, your participation in the study, and your rights, from **Dr.Aengus Kelly BDS** who can be telephoned at **0870519252**.

13. Use of the data: This research forms part of a doctoral research project jointly supervised by the School of Dentistry and the School of Linguistic, Speech and Communication Sciences in Trinity College Dublin. It is anticipated that some of the research undertaken in this project will be included in a PhD Thesis, and potentially in an academic article(s).

14. Researcher: Aengus Kelly BDS, Postgraduate Dentist, Dublin Dental University Hospital, Lincoln Place, Dublin 2.

15. DMFT score. The DMFT score is the total number of Decayed, Missing or Filled teeth in the patient's mouth. (0-32)

16. Plaque Index score. (Silness and Löe Index[1])

Step 1: The following teeth (without substitutions) are measured: 1.6, 1.2, 2.4, 3.6, 3.2, 4.4. Each tooth is measured at four sites (buccal, lingual, mesial, distal) with a score of from 0-3. [Key: 0= No plaque; 1= Plaque only discovered by using probe on cervical margin; 2= Visible plaque on cervical margin; 3= Abundance of plaque]

Step 2: An average score is calculated for each tooth/sextant (total score for four sites/4)

Step 3: An average score for the mouth is calculated by adding the score for each of the six teeth and dividing by six. The result should be between 0 and 3 and is the Plaque Index.

1. Silness, J. Periodontal disease in pregnancy. II. Correlation between oral hygiene and periodontal condtion. *Acta Odontol. Scand.* (1964).

PATIENT INFORMATION LEAFLET

1. Title of study: Communication in the dental surgery

Researcher: Dr Aengus Kelly BDS

2. Introduction: This study hopes to describe the typical communication between dentists and new patients in Irish dental practices, using taped voice-recordings of what is said by the dentist, the nurse and the patient in an everyday dental visit. Two visits will be recorded for each patient and you will be asked to fill out a short questionnaire at home after the second visit (sometimes, of course, only one visit is necessary). The recordings will be transcribed and coded to protect the identities of participants. The written transcripts will be studied to how dentists and patients talk to each other.

3. Procedures: For this research, only certain types of patients are being selected. We are looking for people who are:

- 'fit and well' adults (over 18 years old)
- capable of making decisions about giving consent
- speak English fluently
- do not need someone accompanying them into the surgery (a chaperone)
- do not personally know either the dentist or nurse

There are no other restrictions in terms of age, gender or nationality. Being pregnant does not stop you from taking part in this research. If you are interested you should read all the enclosed documents carefully, and then sign the consent form. This form needs to be returned to the dental surgery by the day of the appointment. On the appointment day the dental visit goes ahead as normal (except that there will be an audio-recording made). At the next appointment (if it's needed and is within six months), a further, similar audio-recording is made. At the end of that second visit, you will be given a questionnaire form and a stamped addressed envelope to take home, and you will be asked to complete the questionnaire at your leisure over the following week at home. The questionnaire should take less than an hour to complete. Written records of the recordings will available if requested for any participants in this study. Everyone involved has the right to change their mind, stop and withdraw their consent to take part in this study at any time. In the case of consent being withdrawn, any information collected will be immediately deleted.

4. Benefits: This study aims to improve the understanding of communication between dentists and their patients and ultimately to improve the communication itself. It may change how future dentists and nurses are trained.

5. Risks: The only risk associated with this research is the potential for a participant to become upset disclosing sensitive or embarrassing personal information during a recording, or in filling out a questionnaire form. The participant retains the right to withdraw their consent at any stage in the process, including stopping the recording while it is happening, at which point any data collected is permanently destroyed. Confidentiality is carefully maintained throughout, and no participants will be identifiable should the research be published.

6. Exclusion from participation: You cannot participate in this study if any of the following are true about you: not a native English speaker, younger than 18 years old, not 'fit and well', need to be accompanied by a chaperone or companion, not capable of giving your consent.

7. Confidentiality:

Your identity will remain confidential. Your name will not be published and will not be disclosed to anyone outside the study group. The researcher will assign a code to each participant to protect the identity of their information. Once the recordings have been transcribed any identifying details (names etc.) will be deleted, and then only the researcher will be able to identify the transcript. Only the researcher, the dentist and dental staff are aware of which individual patients are participating in the study. The dentist, the nurse and the patient are all entitled a transcript of the recording by request once all the data has been collected and transcribed. The data are retained in a in a secure, locked fire-proof cabinet for the duration of the research.

8. Compensation:

This study is covered by standard institutional indemnity insurance. Nothing in this document restricts or curtails your rights.

9. Voluntary Participation: If you decide to volunteer to participate in this study, you may withdraw at any time. If you choose not to be involved, this will not affect your future dental care in any way.

10. Stopping the study: You understand that the investigators may withdraw your participation in the study at any time without your consent.

11. Permission: This research project has Research Ethics Committee approval from the Faculty of Health Sciences, Trinity College Dublin.

12. Further information: You can get more information or answers to your questions about the study, your participation in the study, and your rights, from **Dr.Aengus Kelly BDS** who can be telephoned at **0870519252**.

13. Use of the data: This research forms part of a doctoral research project jointly supervised by the School of Dentistry and the School of Linguistic, Speech and Communication Sciences at Trinity College Dublin. It is anticipated that some of the research undertaken in this project will be included in a PhD Thesis, and potentially in an academic article(s).

14. Researcher: Aengus Kelly BDS, Postgraduate Dentist, Dublin Dental University Hospital, Lincoln Place, Dublin 2.

INFORMED CONSENT FORM

(DENTIST)

Communication in the dental surgery- Dr Aengus Kelly BDS

You will appoint a member of staff to invite patients who fulfill the inclusion criteria to participate in this study.

You agree to have audio-recordings made of your dental interviews with one or more suitable consenting patients, and a nurse who has also given consent, in your surgery on a convenient pre-arranged day.

When a patient is brought into the surgery for treatment, you will start two audio-recording devices (such as a Sony ICD UX200) to start a recording, and stop them at the end of the clinical visit. You will assess whether the patient is capable of giving his/her informed consent, and whether he/she is an appropriate candidate for this study. If you judge that the patient is not an appropriate candidate, then you will stop the audio-recording and the data will be deleted. All conversation is recorded until the patient leaves the room. Anything you or any of the participants say during the recording will be included in a written transcript. You, just like all the participants involved, will have the right to withdraw your consent before, during, or after the recording has been made. If consent is withdrawn, any recorded material will be deleted. You will have access to written transcripts of the recordings if requested. At the end of each visit, you will complete a brief, one-page questionnaire (comprising the patient's Plaque Index and DMFT, and a short communication checklist).

You will repeat this process once more (an audio-recording of a clinical interview, and a brief questionnaire for the dentist) at the patient's next visit (if they need to return within the following six months).

All information recorded remains confidential and your identity will be protected. The researcher keeps the recordings and questionnaire information securely for the duration of the research project.

DECLARATION:

I have read, or had read to me, the information leaflet for this project and I understand the contents. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I freely and voluntarily agree to be part of this research study, though without prejudice to my legal and ethical rights. I understand that I may withdraw from the study at any time and I have received a copy of this agreement.

I agree to allow this study to take place at my dental surgery.

I agree to allow the researcher to be present in the waiting-area on the specified research dates.

I also consent to be audio-recorded when notified during clinical interviews in the dental surgery.

PARTICIPANT'S NAME: **CONTACT DETAILS:**

PARTICIPANT'S SIGNATURE:

Statement of investigator's responsibility: I have explained the nature and purpose of this research study, the procedures to be undertaken and any risks that may be involved. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

INVESTIGATOR'S SIGNATURE:..... Date:.....

(Keep the original of this form in the investigator's file, give one copy to the participant).

INFORMED CONSENT FORM

(DENTAL NURSE)

Communication in the dental surgery- Dr Aengus Kelly BDS

When you bring a patient into the dental surgery for his/her check-up or treatment, the dentist will start a recording device. All of your conversation with the dentist and patient will be recorded until the point where the patient leaves the room again and the dentist turns off the tape. Anything said by you, the dentist or the patient during the recording is included in a written record. You have the right to decide not to take part in this study at any stage, whether before, during, or after the recording has been made. If you do decide this, any recordings or notes made for this study will be deleted. You will have access to a written record of the conversation if you wish. You will be recorded on up to two occasions for each patient involved, and probably for a maximum of three patients. All information recorded remains confidential and your identity will be protected. The researcher keeps the recordings and written information securely for the duration of the research project.

DECLARATION:

I have read, or had read to me, the information leaflet for this project and I understand the contents. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I freely and voluntarily agree to be part of this research study, though without prejudice to my legal and ethical rights. I understand that I may withdraw from the study at any time and I have received a copy of this agreement.

I also consent to be recorded when notified during clinical interviews in the dental surgery.

PARTICIPANT'S NAME: **CONTACT DETAILS:**

PARTICIPANT'S SIGNATURE:

Statement of investigator's responsibility: I have explained the nature and purpose of this research study, the procedures to be undertaken and any risks that may be involved. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

INVESTIGATOR'S SIGNATURE:..... Date:.....

INFORMED CONSENT FORM
(PATIENT)

Communication in the dental surgery- Dr Aengus Kelly BDS

When you are brought into the dental surgery for your check-up or treatment, the dentist will start a recording device. All of your conversation with the dentist and nurse will be recorded until the point where you leave the room at the end of the visit. Anything said by you, the dentist or the nurse during the recording is included in a written record. You have the right to decide not to take part in this study at any stage, whether before, during, or after the recording has been made. If you do decide this, any recordings or notes made for this study will be deleted. You will have access to a written record of the conversation if you wish. You will be recorded on up to two dental visits (if you need to come back for another appointment within six months). You will also be given a short, written questionnaire to complete at home after your second visit, which will ask for your opinion on how you and the dentist talked to each other. All information recorded remains confidential and your identity will be protected. The researcher keeps the recordings and questionnaire information securely for the duration of the research project.

DECLARATION:

I have read, or had read to me, the information leaflet for this project and I understand the contents. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I freely and voluntarily agree to be part of this research study, though without prejudice to my legal and ethical rights. I understand that I may withdraw from the study at any time and I have received a copy of this agreement.

I also consent to be recorded when notified during clinical interviews in the dental surgery.

PARTICIPANT'S NAME: **CONTACT DETAILS:**

PARTICIPANT'S SIGNATURE:

Statement of investigator's responsibility: I have explained the nature and purpose of this research study, the procedures to be undertaken and any risks that may be involved. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

INVESTIGATOR'S SIGNATURE:..... Date:.....

Dentist questionnaire

Patient reference number: Date:

1. **Plaque Index**:

2. **DMFT Index**:

3. **I established rapport with the patient** (circle one below)

Agree Disagree Not sure

Comment:

4. **I communicated in a way that was easily understood by the patient**

Agree Disagree Not sure

Comment:

5. **I adapted my communication as necessary to the patient**

Agree Disagree Not sure

Comment:

6. **During the clinical encounter, the patient impressed as**

Anxious Relaxed Other (Please specify):

7. **I facilitated the patient to communicate all his/her concerns**

Agree Disagree Not sure

Comment:

8. **I am satisfied we reached a shared understanding**

Agree Disagree Not sure

Comment:

Patient questionnaire

Thank you for agreeing to complete this questionnaire. The purpose of it is to gain a fuller understanding of the recordings made of your conversations with the dentist. Everything you write down here remains confidential. Please do not write your name on this document. The information is identifiable only by the reference number below. Your dentist will not have access to this information.

Patient reference number: **Date**:

Gender (M/F): **Nationality**:

Date of birth: **Education**:

1) How long ago was your previous dental check-up

2) What is your goal for your oral health

3) What was the most important message or advice from the dentist?

4) Was it easy or difficult to talk with the dentist?

a) If easy what made it easy?

b) If difficult, what made it difficult?

5) What would have improved the communication between you?

6) Was there anything that you wanted to ask or say to the dentist that you didn't?

7) The dentist communicated information in a way that was easy to understand (please circle one)

Agree Disagree

Explain:

8) I managed to put across my point of view

Agree Disagree

Explain:

9) During the first visit I felt

Anxious Relaxed Other (please specify)

10) Did you feel differently during the second visit?

11) Was there anything else you wanted to add?

Thank you very much for completing this questionnaire. Please place the completed form in the stamped addressed envelope and return it as soon as possible. If you have any queries regarding completing the form, or any general queries regarding this research project, please call Aengus Kelly on 087-0519252, or email aengus.kelly@dental.tcd.ie

Follow-up questions for dentists

How were the participants chosen? (Why women?) Were you aware of any bias? Do you think women are better communicators than men? What patient characteristics are likely to inspire more effort on your part?

How aware of the recorder were you during the consultation? Did it in your opinion have an impact on your behavior? Or on the patient's behavior? Did the process of being recorded have any long-term effect on how you interact with patients?

What are your specific memories of the encounter? Did you think the patient was engaged and actively interested in the treatment? If there was a second visit, do you think they maintained any attitudinal changes?

Do you have a philosophy of how to communicate with patients? What is it?

What, if any, extra training have you had in communicating? Do you have a particular strategy for making information stick, or for persuading patients?

Are there particular sayings, metaphors, images or stories that you frequently use to explain things to patients? Are your explanation and planning talks rehearsed? What are they? How do you judge the level of information for each patient?

What do you do when things go wrong in treatment, or in communication, to repair the relationship?

How do you judge whether a patient is engaged with their treatment?

Do you consciously elicit information about personal or social aspects of a patient's life? Do you consciously integrate that information into your explanation and planning of treatment?

Calling all dentists: five reasons why we need to talk

Have you ever had to stop mid-explanation and wonder: how should I put this? Are you and your dental team great at 'the chat' with your patients, and have you figured out why? Are there some patients with whom you instantly (don't) click?

My name is Aengus Kelly, I'm a dentist based in the DDUH, and I'm conducting some research aimed at learning more about how dentists and their patients talk to each other. I hope some of you reading this might be able to help with this project.

There is one general topic that is particularly popular in Irish dental journals and magazines, at conferences and CDE lectures in recent years. Increasingly we are seeking advice on communication-related issues relevant to primary care dentistry in Ireland today. How can I prevent or resolve a dispute with a patient before it becomes a medico-legal matter? How can I improve or maintain patient loyalty? How can I increase my sales in a recession? To many, these may well be the key questions to ask right now. There is of course, a whole lot more to interpersonal communication in the dental surgery.

A key motivation for the majority of dentists, as with any healthcare worker, is surely to help people. The better we know and understand our patients, the easier it is to help them realize their oral health goals. However, a more satisfied patient is only one half of the story. For some among us, achieving a good clinical performance is the primary determinant of our happiness at work. A work environment where we are also more socially engaged and where we actually enjoy the interaction with our patients has an equal potential to improve our job satisfaction.

Within the growing area of Health Communication over the last few decades, research into dentistry has been limited when compared to other medical fields. This is now an exciting time in interaction analysis with a small number of dental projects springing up around the globe, all trying, like I am, to make sense of what dentists and patients say to each other. I am a full-time research student based in the Dublin Dental Hospital and working under the co-supervision of Professor June Nunn and Dr Irene Walsh (of TCD's School of Linguistic, Speech and Communication Sciences). I am currently collecting audio-recordings of dentists in general practice in Ireland: the typical conversation that happens when someone comes in for a check-up. After the data is made anonymous I then use Discourse Analysis to look for patterns and meaningful insights. I really need more volunteer dentists to increase my pool of data. If you feel that you could help me, please contact me using the details at the end of this article. I think there are a number of reasons why your involvement in this research might also benefit you, and help the experience of dentistry in Ireland for patients and the dental team alike. Here are some of them:

1 **"I could tell you stories about the dawn of dentistry..."** (from *Local Anaesthetic*) [1]

While there may well be much for us to learn from the dentists portrayed in novels of Günter Grass, Philip Roth and others, it would be more useful for us to directly fill in the blank spots in the library of research into dental communication. Beyond the representations of dentists in fiction (most of them more sympathetic than *Marathon Man*[2]), and a handful of academic studies and articles over the years, we have little direct data on clinical conversations. What is the structure of the typical dental check-up in Ireland, if there even is one? What part does the patient play in the conversation? What should we expect of the patient? Can we objectively determine what constitutes good rapport?

This research is absolutely not about evaluating the communication performance of dentist, nurse or patient. Rather it is about exploring and describing the range of observations. It is not a question of how well a dentist can describe an endodontic procedure, rather how does the patient respond to that description, and what is really going on in the interaction. This research can contribute greatly to our understanding of how rapport and engagement with treatment develops and our general understanding of dental communication. It could also take its place in the expanding body of research on dental education [3] [4].

2 **"What we say, what we omit, and how we say it matters very much."** [5]

Studies of medical GPs have shown that it usually takes about twenty seconds for a doctor to interrupt a patient's opening statement [6,7]. While there isn't necessarily a direct correspondence with Dentistry, a lot of current communication training in undergraduate Dentistry is based on research in Medicine and allied healthcare fields like Nursing and Speech & Language Pathology. What all the strands of research have in common is an interest in the therapeutic relationship. A fully interdisciplinary approach has also proved fruitful in the past. A 1980 Discourse Analysis (linguistic) study of primary care dentistry in the UK demonstrated that if a patient's opening statement (the 'self-diagnosis') is dismissed or ignored, it is very difficult for the dentist to win them back [8]. Their perception and evaluation of the treatment encounter might be determined by the dentist's listening skills. It is important to be careful of what we say, but perhaps equally so to be aware of what the patient is really saying to us in the first place.

3 **"He had to put his knee on my chest."**

It is an increasingly common theme in the literature that teaching communication skills (e.g. active listening) in isolation is not sufficient to produce healthcare graduates who are great communicators. Every patient is the "expert"[9] of their own condition, their own experience. Every patient has their own narrative (often including a familiar-sounding anecdote, as above) shaped by their personal and cultural beliefs, expectations and perceptions[10], and if we want the patient to understand our message, it seems to be more effective if it can be projected through the prism with which they see the world. So communication can be seen as a "creative"[11] endeavor, an intricate dance of skill, experience and engagement with the individual patient.

In a cultural environment where we have moved away from a traditional, more paternalistic relationship between dentist and patient to one perhaps characterized by a more consumerist interaction, it is clear that there is no 'typical' dentist-patient relationship. We can, however, learn plenty from close observation of a range of encounters, particularly where the patient has the opportunity to anonymously explain what they were thinking or how they were feeling during the conversation.

4 **"I try to tell them, but sometimes they just don't listen."**

There are many dentists who seem to have no difficulty engaging a patient in their treatment: what is their secret?

In a typical working day, dentists in primary care see patients from diverse educational and social backgrounds. Typically, within a few minutes of meeting, the dentist and patient have tacitly agreed on how to speak to each other. How does that process happen?

The Irish dentist, toiling away for decades in a small family practice, a group of dentists in a large practice, or the newly qualified dentist with a fresh perspective: you are all greatly under-utilized

resources of wisdom. Once we have made a recording of a clinical encounter, it would be fascinating to receive some of that wisdom. Let us know your views on how best to talk to patients. Why does one approach work for some, but not for others? What is it that tells you how best to talk to a given individual? What changes have you made over the course of your career to improve your rapport with your patients? What did you stop doing? Do you talk differently to a new patient? What would you teach a dental student about communication?

A close analysis of how even one of your patients responds to what you say could have an impact on communication training.

5 **"What one thing about your oral health would you like to change?"** [12]

The role of dentists is evolving. Increasingly we are becoming active advocates for our patients' general health as well as their oral health. September 19th marks Mouth Cancer Awareness day in Ireland, the day when the public is reminded that a dental check-up can save a life. Thanks to training in techniques such as Motivational Interviewing[13], dentists in Ireland are using our unique access to patients to offer support in smoking-cessation and other behavioural changes.

Communication about health can be complex, and each new patient is a new communicative challenge. As dentists it is something we do every working day in situations where the patient is often anxious or in distress. Dentists are by necessity highly skilled at interpersonal communication. In a country that likes to think that good communication is a national characteristic, it would be appropriate if we could add to the growing body of research on how dentists and patients size each other up, accommodate their conversation towards each other and somehow negotiate a common language.

By agreeing to have a recording made of your interaction with a consenting patient, you would greatly help our understanding.

This research has been approved by the Health Sciences Research Ethics Committee at TCD. All participants remain anonymous and retain the right to withdraw their participation at any time.
If you think you can help, by facilitating recording a dental visit with one of your patients, please contact Aengus Kelly at aengus.kelly@dental.tcd.ie or 087 0519252

1. Grass, G. *Local Anaesthetic.* (Harcourt Brace, London: 1970).
2. Goldman, W. *Marathon man.* (Delacorte Press: 1974).
3. Curtin, S. Teaching Dental Students How to Deliver Bad News: SPIKES Model. *J Dent Educ* (2012).
4. Wener, M. E., Schönwetter, D. J. & Mazurat, N. Developing new dental communication skills assessment tools by including patients and other stakeholders. *J Dent Educ* **75**, 1527–1541 (2011).
5. Ewin, D. *101 Things I Wish I'd Known When I Started Using Hypnosis.* (Crown House Publishing: 2009).
6. Marvel, M. K., Epstein, R. M., Flowers, K. & Beckman, H. B. Soliciting the patient's agenda: have we improved? *JAMA* **281**, 283–287 (1999).

7. Beckman, H. B. & Frankel, R. M. The effect of physician behavior on the collection of data. *Annals of Internal Medicine* **101**, 692–696 (1984).
8. Candlin, C., Bruton, C. & Coleman, M. Dentist-Patient Communication. A Report to the General Dental Council. *GDC* (1980).
9. Tuckett, D. *Meetings between experts*. (Routledge: 1985).
10. Silverman, J., Kurtz, S. M. & Draper, J. *Skills For Communicating With Patients*. (Radcliffe Medical Press: 2005).
11. Salmon, P. & Young, B. Creativity in clinical communication: from communication skills to skilled communication. *Medical Education* **45**, 217–226 (2011).
12. Ramseier, C. & Suvan, J. E. *Health Behavior Change in the Dental Practice*. (Wiley-Blackwell: 2011).
13. PhD, S. R., Phd, W. R. M. & MD, M. C. C. B. *Motivational Interviewing in Health Care: Helping Patients Change Behavior (Applications of Motivational Interviewing)*. (The Guilford Press: 2007).

The DMFT has been used since the 1930s as a measure of an individual's experience of dental disease. In its simplest form, it is measured by adding the number of decayed, missing or filled teeth in the patient's mouth. The total score should vary from 0-28, or 0-32 if the wisdom teeth are included. For example, a person with one existing filling and an otherwise healthy dentition with no missing teeth would have a score of one (1). A variation of the DMFT, known as the Decayed Missing Filled Surfaces (DMFS) index, is also used as a more precise tool. The DMFS index separates out the distinct surfaces of the tooth that are involved. While there has been criticism of the DMFT as being imprecise (Larmas, 2010), Broadbent and Thompson (2005) have raised a number of potential difficulties with using the DMFS index, including inter-operator variability. For the purposes of this study, the dentists were, therefore, asked to record a basic DMFT, a simple count of teeth. While the limitations of this measurement in the context of this study (for example, the relatively high ratio of operators (9) to sample size (22) with no calibration of the multiple examiners) need to be acknowledged, these data were potentially useful to support the primary data by giving a general sense, and thus the context of, the individual's previous experience of dental disease.

The Plaque Index (Silness and Löe, 1964) has been used for approximately 50 years as a measure of the amount of plaque on six representative teeth in a given mouth, and consequently an indicator of that patient's level of oral hygiene. Six index teeth are measured (see below). A score of zero to three (0-3) is recorded per index tooth using a scale, ranging from 'no plaque' on the tooth to 'an abundance' of plaque. Once the six measurements are taken, the scores are added and then divided by six to give an average score for the whole mouth. The result should be a single number in the range zero to three (0-3).

It became apparent, from comments made on the audio recordings, that some of the dentists replaced this measurement with the more common "Basic Periodontal Examination" (BPE) (British Society of Periodontology (BSP), 2011). It is not clear if they were confused about this measurement, or chose to record only the BPE, a measure that they would be likely to record anyway. The BPE is a measure that is used to help gauge the patient's need for periodontal treatment and includes measurements of factors pertinent to periodontal disease (e.g. presence of calculus/tartar, depth of pocketing or space between the gum and the tooth- see below). It is represented by a grid of six measurements, with a score in the range of zero to four (0-4) for each of six areas of the mouth. It is recommended that each adult patient have a BPE annually. The BPE and the Plaque Index are distinct from each other, and it was necessary to identify as clearly as possible how many of the dentists made this error in data collection. This analysis was made by close reference to the transcripts representing the time when the measurements, and then confirmed by directly asking the dentists. In many cases, measurements and observations made by the dentists are simultaneously dictated to the nurse for note-taking. It transpired that *all* the dentists recorded the BPE for their patients, rather than the Plaque Index.

DMFT score. The DMFT score is the total number of Decayed, Missing or Filled teeth in the patient's mouth. (0-32)

Plaque Index score. (Silness and Löe Index1) **Step 1:** The following teeth (without substitutions) are measured: 1.6, 1.2, 2.4, 3.6, 3.2, 4.4. Each tooth is measured at four sites (buccal,

lingual, mesial, distal) with a score of from 0-3. [Key: 0= No plaque; 1= Plaque only discovered by using probe on cervical margin; 2= Visible plaque on cervical margin; 3= Abundance of plaque] **Step 2**: An average score is calculated for each tooth/sextant (total score for four sites/4) **Step 3**: An average score for the mouth is calculated by adding the score for each of the six teeth and dividing by six. The result should be between 0 and 3 and is the Plaque Index.

1. Silness, J. Periodontal disease in pregnancy. II. Correlation between oral hygiene and periodontal condtion. *Acta Odontol. Scand.* (1964).

The clinical indices data (Table 4.7), comprising the first two questions on the dentist questionnaire, record the patient's Basic Periodontal Examination (BPE) and Decayed Missing Filled Teeth (DMFT) clinical indices (see Section 3.4.2.1, p.71). Although the DMFT index is commonly presented with separate scores for decayed teeth, missing teeth and filled teeth, in this case the DMFT is a single number. The DMFT is presented as a single number because most of the participating dentists recorded the DMFT in that way.

The original intention was to use the Plaque Index (Silness and Löe, 1964) as a clinical marker. The participating dentists recorded the BPE rather than the Plaque Index, and thus the BPE became part of the data set. The British Society of Periodontology (BSP) describe the BPE as a guide to treatment need rather than a diagnostic tool (British Society of Periodontology, 2011), and in that regard served as a guide to the periodontal history of the participating patients, much as the DMFT was a guide to their dental caries history. While a record of the Plaque Index was the desired clinical marker, the BPE is what was uniformly recorded, and as such, was consequently used as supporting data in place of the Plaque Index data.

Table Appendix 13.1 Clinical indices data.

Group	Name	DMFT	Max BPE
1	Pamela	6	2
2	Pearl	5	1
3	Pauline	13	1
4	Peggy	6	1
5	Parker	23	2
6	Pippa	10	1
7	Penny	5	2
8	Philomena	18	1
9	Phoebe	5	3
10	Polly	3	0
11	Prunella	17	3
12	Philip	0	2
13	Paige	2	2
14	Peter	8	2
15	Poppy	11	1
16	Petra	5	2
17	Paul	5	2
18	Patrick	9	3
19	Pierce	6	0
20	Pia	5	2
21	Priscilla	17	1
22	Prudence	12	2

The range of possible scores for the BPE for an individual sextant of a patient's mouth is 0-4, and for this sample the 'Maximum BPE per mouth' ranges from a score of zero to a score of three. The permissible range for the DMFT is 0-28, and the scores from the data range from 0 to 23.

Basic Periodontal Exam (BPE)

British Society of
PERIODONTOLOGY

BASIC PERIODONTAL EXAMINATION (BPE)

Careful assessment of the periodontal tissues is an essential component of patient management. The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need. Please note; the BPE does not provide a diagnosis.

How to record the BPE

1. The dentition is divided into 6 sextants:
   upper right (17 to 14), upper anterior (13 to 23), upper left (24 to 27)
   lower right (47 to 44), lower anterior (43 to 33), lower left (34 to 37)
2. All teeth in each sextant are examined (with the exception of 3rd molars).
3. For a sextant to qualify for recording, it must contain at least 2 teeth. (If only 1 tooth is present in a sextant, the score for that tooth is included in the recording for the adjoining sextant).
4. A WHO BPE probe is used (World Health Organisation probe). This has a "ball end" 0.5 mm in diameter, and a black band from 3.5 to 5.5 mm. Light probing force should be used (20-25 grams).
5. The probe should be "walked around" the sulcus/pockets in each sextant, and the highest score recorded. As soon as a code 4 is identified in a sextant, the clinician may then move directly on to the next sextant, though it is better to continue to examine all sites in the sextant. This will help to gain a fuller understanding of the periodontal condition, and will make sure that furcation involvements are not missed. If a code 4 is not detected, then all sites should be examined to ensure that the highest score in the sextant is recorded before moving on to the next sextant.

Scoring codes

0	No pockets >3.5 mm, no calculus/overhangs, no bleeding after probing *(black band completely visible)*
1	No pockets >3.5 mm, no calculus/overhangs, but bleeding after probing *(black band completely visible)*
2	No pockets >3.5 mm, but supra- or subgingival calculus/overhangs *(black band completely visible)*
3	Probing depth 3.5-5.5 mm *(black band partially visible, indicating pocket of 4-5 mm)*
4	Probing depth >5.5 mm *(black band entirely within the pocket, indicating pocket of 6 mm or more)*
*	Furcation involvement

Both the number and the * should be recorded if a furcation is detected - e.g. the score for a sextant could be 3* (e.g. indicating probing depth 3.5-5.5 mm PLUS furcation involvement in the sextant).

An example BPE score grid might look like:

4	3	3*
-	2	4*

Treatment Groups

There follows a brief description of each treatment group, arranged into nine sections to reflect the nine participating dentists. Each dentist has been given a pseudonym beginning with the letter "D", each nurse a pseudonym beginning with "N", each patient with a "P".

Group 1

Group 1 Pamela is Irish, and a mother in her thirties, attending dentist Deirdre and nurse Nuala's practice for the first time. Pamela has not had dental treatment for approximately three years, since before her daughter was born. She is a somewhat anxious patient, with reasonably good oral health (DMFT-6, BPE-2). Deirdre and Nuala are both young Irish women. Deirdre qualified as a dentist within the last five years, and knows Pamela's mother who is also her patient. Deirdre and Nuala have an interest in treating anxious patients. Pamela requires a routine filling, some cleaning work, and needs to have a broken tooth removed. Pamela, Deirdre and Nuala discuss, over two visits, how completing the treatment plan might be beneficial to Pamela as she contemplates a further pregnancy.

Groups 2-4

Dympna is an Irish dentist with almost twenty years experience. She works with Nadia as her nurse for the three first visits of Groups 2-4. Nadia is a young woman who is from Asia. There was a change of staff at Dympna's practice during the data collection, and for the second visits for Groups 3 and 4 the nurse was a young Irish woman called Nancy.

Group 2 Dympna and Nadia provided a dental examination for new patient Pearl, an Irish woman about 30 years old. Pearl attended in relatively good dental health (DMFT-5, BPE-1), and enquired about whitening her teeth. There was a prolonged discussion of the costs of dental treatment.

Group 3 Dympna and Nadia (and then Dympna and Nancy for the second visit) provided a dental examination for new patient Pauline, and Irish woman aged approximately 30. Pauline is an architect who has lived in Spain, and presented with a moderate history of dental disease (DMFT-13, BPE-1). Pauline was concerned that Dympna diagnosed periodontal (gum) disease in her mouth, and she felt that this bad news prevented her from having a longer discussion regarding the costs and planning of treatment.

Group 4 Dympna and Nadia (and then Dympna and Nancy for the second visit) provided a dental examination for new patient Peggy, also approximately 30 years old, her first dental visit for eight years. Peggy was in relatively good oral health (DMFT-6, BPE-1) and required fillings on her second visit. At the first visit Dympna spent a long time explaining the process of dental decay and periodontal disease.

Groups 5-7

Irish dentist Dermot has more than thirty years' experience and works in his multi-surgery practice with middle-aged Irish nurse Noreen. The three patients in groups 5-7 were all recorded once only, and were all returning patients. Dermot likes to tailor his communication to the patient, and uses visual aids (e.g. an intra-oral camera) to improve the clarity of his communication, but increasingly finds himself practising what he terms 'defensive dentistry', where one factor in treatment planning is the avoidance of litigation.

Group 5 Parker is an Irish lady in her mid-fifties, educated to secondary school level, with a long history of dental treatment (DMFT-23, BPE-1), and a good attender (last dental visit- one year). Parker was concerned about pain in her mouth as she was planning to go to Boston on holidays. Dermot placed a filling for her, and they compared holiday stories.

Group 6 Pippa is a 30-year old Irish woman who attends complaining of a wisdom tooth problem. She has required a moderate amount of dental treatment in the past (DMFT- 10, BPE- 1). There is an ongoing discussion and disagreement between Dermot and Pippa throughout the recording regarding the date of Pippa last visit.

Group 7 Penny is a university-educated Irish woman in her forties with a relatively good oral health profile (DMFT-5, BPE-2) who attends to have a repair of a tooth that broke on some breakfast cereal. The patient was at first anxious but became more relaxed through the visit, and appreciated the clarity of the dentist's communication.

Groups 8-11, 15

David is an Irish dentist with more than a decade of experience, working in a multi-surgery practice. He describes his treatment planning and advice to patients as always being influenced by his commitment to evidence-based dentistry. Noelle is his nurse, a middle-aged Irish woman, and a long-

term smoker. All the patients recruited by Noelle and David are returning patients. David assessed all the patients as appearing to be relaxed, and the three patients who returned questionnaires confirmed this. The three also confirmed that David tailored his communication to suit their level of understanding.

Group 8 Philomena is an Irish woman, secondary-level educated, and aged around 50. She has had moderate experience of dental disease (DMFT-18, BPE-1) and is a smoker. She engages in a teasing interaction with David and Noelle as they discuss smoking cessation and the construction of a denture. Philomena did return for a second visit, but it was not recorded.

Group 9 Phoebe is a medical doctor, an Irish woman in her late 30s. Although her teeth have had relatively little decay, she presents with localised gum problems (DMFT-5, BPE-3). Phoebe is the only one of the patients seen by David and Karen for whom a second recording was made. David and Noelle know Phoebe's mother, and all three discuss the fact that Phoebe's mother is undergoing chemotherapy.

Group 10 Polly is an Irish university-graduate in her 20s. She attends for a review of her tooth-grinding problem, after an interval of about a year. She has good oral health (DMFT-3, BPE-0). The interaction includes a discussion of stress and the engineering/construction of lighthouses.

Group 11 Prunella is an Irish woman in her 50s, with a moderate experience of dental disease, and significant problems with her gums (DMFT- 17, BPE-3). The group have a discussion about the association between gum problems and smoking, and the issue of smoking cessation.

Group 15 Poppy is an Irish woman in her 30s, with some experience of dental disease (DMFT-11, BPE- 1). She attends with a problem in a tooth that was recently root-filled by a specialist, and proceeds to have a permanent filling placed.

Groups 12-14

Danielle is an Irish dentist qualified less than five years. Natalie, her nurse, is a young woman from Southern Europe. Danielle gauged that all three patients were relaxed but was unsure about the efficacy of her communication. All three patients were new to the multi-surgery practice where Danielle and Natalie work.

Group 12 Philip is an Irish man in his late 20s who attended to have his teeth cleaned. He presented with very good oral health despite the need for a cleaning (DMFT-0, BPE-2). Danielle felt that he was disinclined to engage in social interaction during the appointment.

Group 13 Paige is an Irish woman aged approximately 30, university-educated and with reasonably good oral health (DMFT-2, BPE-2). Paige felt that Danielle had a good personal style of communication. Danielle and Paige discussed the potential crowning of one of her teeth in the future. It was two years since her previous dental visit. Paige is the wife of Peter in Treatment group 14.

Group 14 Peter is an Irish man in his 30s, university-educated, and married to Anne in Group 13. He has had some experience of dental disease (DMFT-8, BPe-2). He described himself as anxious for his first visit, but more relaxed when he returned to have a filling placed by Danielle (Danielle had judged him as relaxed). He discussed his Christmas shopping with Danielle. Peter expressed his motivation for dental treatment as restoring his overall health in advance of his anticipated parenthood. It was two years since his previous dental visit. Paige, his wife from Group 13, did not mention this motivation.

Groups 16-17

Dorothy is a very-recently qualified female dentist of Middle-Eastern origin. Nicola is the middle-aged Irish nurse who works with her in a multi-surgery practice. The two patients involved in recordings with Dorothy and Nicola were both new patients who attended for one visit only. Dorothy judged that both patients were relaxed, and that she had managed to achieve a good rapport with each one.

Group 16 Petra is a Scandinavian woman in her 30s. She is university-educated, and has only had a limited exposure to dental disease (DMFT-5, BPE-2). It had been approximately two years since Petra's previous dental visit. Petra found that she was relaxed with Dorothy and that the good features of Dorothy's communication were her personal style and her clarity.

Group 17 Paul is an Irish man in his late 30s. He is university-educated and has only had a limited exposure to dental disease (DMFT-5, BPE-2). Paul had last attended the dentist about a year previously. He also found that he was relaxed with Dorothy and that the good features of Dorothy's communication were her personal style and her clarity. Paul did not express at the time of the consultation that he had a concern about the sanitising of the overhead light between patients. He noted that the dentist was touching the light while wearing gloves and was concerned that the light might not have been cleaned after his visit.

Group 18

Group 18 Dominic is a male dentist of Middle-Eastern origin, who has more than a decade of experience, and specialist training in Oral Surgery. Dominic focuses on clarity and repetition in his communication with patients. Nicola is the middle-aged Irish nurse who worked with him, in a multi-surgery practice, for this patient's first visit. Nina is the young Irish nurse who assisted Dominic for the patient's second visit. The patient is Patrick, a Northern European male in his 30s. Dominic felt that Patrick was relaxed and that he achieved good rapport with him. Patrick has had some experience of dental disease (DMFT-9, BPE-3), and presented to Dominic in need of a root-canal treatment in a molar tooth. This treatment proceeded over two visits, but ultimately Dominic was not able to complete it for Patrick, and needed to refer him to a specialist.

Group 19

Group 19 Donal is a male dentist with about twenty years experience, working in a large multi-surgery practice. He is from Eastern Europe, and his previous work experience includes working in the pharmaceutical industry. He sees communication as a set of learnable skills. He finds that he engages more in relational interaction with returning patients, like Pierce, a 40-year-old Irish man with secondary-level education. Pierce has had some experience of dental disease (DMFT-6, BPE-0), and his principal concern is the stained appearance of his teeth. Pierce is a heavy smoker and the interaction between him and Donal and young Irish nurse Naomi includes a discussion of smoking cessation. Donal and Pierce agree that he was relaxed during his visit, which also included a discussion of politics.

Groups 20-22

Derek is a male dentist from Eastern Europe who qualified within the last five years. Nell is the nurse who works with Derek in a large multi-surgery practice. She is a young woman who is from Eastern Europe. All three patients recorded in interaction with Derek and Nell are new patients and Irish. Derek felt that he achieved rapport with each of them.

Group 20 Pia is an Irish woman in her early 20s who is very anxious about dental treatment. She had not attended for treatment in approximately five years and had some experience of dental disease (DMFT-5, BPE-2). Pia was due to return for a second appointment but chose not to re-attend.

Group 21 Priscilla is an Irish woman aged approximately 50 years of age. She is suffering from arthritis and osteopenia and is concerned that she will lose some of her teeth. She has had considerable experience of dental disease in the past (DMFT-17, BPE-1). Priscilla did return for a follow-up visit, but Derek failed to record it.

Group 22 Prudence is a woman aged approximately 50 years of age. She has had some experience of dental disease in the past (DMFT-12, BPE-2). By profession she is a nurse. She attends with pain from a tooth and is told she requires a root-canal treatment. Prudence is quite anxious about her treatment, but she finds that Derek communication is clear and that he has a good personal style.

Group	Patient	1st visit (minutes)	2nd visit (mins)
1	First Time	40	40
2	First Time	20	-
3	First Time	30	50
4	First Time	22	63
5	Returning	24	-
6	Returning	15	-
7	Returning	24	-
8	Returning	31	-
9	Returning	38	14
10	Returning	18	-
11	Returning	33	-
12	First Time	11	-
13	First Time	15	-
14	First Time	17	15
15	Returning	23	-
16	First Time	28	-
17	First Time	19	-
18	First Time	21	35
19	Returning	17	-
20	First Time	33	-
21	First Time	20	-
22	First Time	43	25
Totals:		542 (9 hours)	242 (4 hours)

Table Appendix 15 Overview of audio-recordings

Group	Devices- 1st recording	Devices- 2nd recording
1	2	1
2	3	N/A
3	2	3
4	3	2
5	2	N/A
6	2	N/A
7	2	N/A
8	2	N/A
9	2	1
10	2	N/A
11	2	N/A
12	1	N/A
13	1	N/A
14	1	2
15	1	N/A
16	1	N/A
17	2	N/A
18	2	2
19	1	N/A
20	1	N/A
21	1	N/A
22	1	2

Table 6.4.3 Number of recording devices used per recording event

KEY: bold- extended word, underlined- emphasised word, rising intonation-↑, falling intonation-↓, [Simultaneous speech, (?)- unclear word, …-pause up to two seconds, (seconds)- pause greater than two second, [field notes]

Patient= Pascal, Male, 18; Dentist= Declan, Male, 35; Nurse= Niamh, Female, 30.

1. Niamh (N): Into Declan there okay↑
2. Pascal (P): Fine (?)
3. Declan (D): Now hello Pascal how are [you↑
4. Pascal (P): [Not bad [close the door
5. Pascal (P): yeah↑
6. Declan (D): [Good the nurse is
7. Declan (D): coming in there look now Declan's my name Pascal
8. Declan (D): [okay↑
9. Pascal (P): [Pascal yeah
10. Declan (D): Have a seat there for yourself
11. Pascal (P): Grand
12. Declan (D): Now Pascal it's just for a check-up I think [for this (?)
13. Pascal (P): [Yeah
14. Declan (D): Are you having any bother with your teeth do you think
15. Declan (D): or do they feel [(?)↑
16. Pascal (P): [No bother at all
17. Declan (D): They all feel okay to you↑
18. Pascal (P): They all feel okay yeah
19. Declan (D): Do you remember Pascal when was the last time you
20. Declan (D): had a check-up↑ … do you have any idea [roughly↑
21. Pascal (P): [Well to be
22. Pascal (P): honest, it was about ten years ago
23. Declan (D): About ten years ago okay (laughing)
24. Pascal (P): Living in Denmark so
25. Declan (D): Okay right right
26. Pascal (P): [The em so they were a bit odd
27. Declan (D): [You've had
28. Declan (D): (Laughing) You've had a good em a good escape so
29. Declan (D): [for ten years
30. Pascal (P): [Yeah
31. Declan (D): Ah well that's good anyway … so we'll have a look at
32. Declan (D): your teeth so Pascal and we'll
33. Pascal (P): Grand
34. Declan (D): And we'll see anyway but it's good that you're not

35. Declan (D): having any … you're not having any bother anyway or
36. Declan (D): anything so it's good
37. (4)
38. Declan (D): How old are you↑
39. Pascal (P): Em eighteen
40. Declan (D): Eighteen… are you still in school or are you finished↑
41. Pascal (P): Just finished fifth year the other day… another year to go
42. Declan (D): Oh yeah… you're taking it easy for a while and the
43. Declan (D): Leaving Cert then
44. Pascal (P): Em yeah (laughing) well working during the summer
45. Declan (D): Oh yeah yeah yeah … what are you working at or↑
46. Pascal (P): Plumbing
47. Declan (D): Oh are you yeah↑ …keep you busy so
48. Pascal (P): It will indeed yeah
49. Declan (D): Now I'll sit you back here in the chair Pascal so but
50. Declan (D): we'll just have a look at your teeth first anyway
51. Pascal (P): No problem
52. Declan (D): And see… are you planning on going into the plumbing
53. Declan (D): business when you're when you're [finished school↑
54. Pascal (P): [No no
55. Declan (D): No (laughing) it's just a way to make money
56. Pascal (P): Yeah
57. (12)
58. Declan (D): We'll just have a look in your mouth there now
59. Pascal (P): Yeah
60. (33)
61. Declan (D): Upper right all present
62. Niamh (N): Mm-hmm
63. (12)
64. Declan (D): Upper left (?)
65. (10)
66. Declan (D): Lower left eight is partially erupted
67. (12)
68. Declan (D): Lower right eight partially erupted too… I'm just going
69. Declan (D): to blow a small bit of air on your teeth [mainly
70. Pascal (P): [Yeah
71. Declan (D): Just to dry them so I can see them a bit better
72. (43)
73. Declan (D): Just close your teeth together (?)
74. (12)

75. Declan (D): Open wide now again
76. (10)
77. Declan (D): Just stick out your tongue there for a second Pascal
78. Declan (D): move it to the side… the other side… and arch it back
79. (7)
80. Declan (D): And just close (?) your teeth up for me there
81. (3)
82. Declan (D): Now I'll just sit you up there for a minute Pascal em
83. Declan (D): In in general Pascal your teeth seem to be pretty good
84. Declan (D): and healthy anyway you know… couple your back teeth
85. Declan (D): have little black spots in them though… sometimes
86. Declan (D): that's just staining that builds up on teeth but what we
87. Declan (D): will do seeing that especially seeing it's ten years since
88. Declan (D): you had them checked is just take a couple of little x-ray
89. Declan (D): pictures okay
90. Pascal (P): Okay [yeah
91. Declan (D): [They're just little pictures to look inside in the
92. Declan (D): teeth just to make sure that those little spots are just
93. Declan (D): spots that they're not you know some of them spots
94. Declan (D): could be cavities starting but don't
95. Pascal (P): Okay
96. Declan (D): The x-ray will show us em but in general your teeth are
97. Declan (D): good em they do need to be cleaned alright you've a
98. Declan (D): good bit of plaque built up on your front teeth… you
99. Declan (D): know everyone builds up a bit of plaque and most
100. Declan (D): people I suppose we'd recommend you know come to
101. Declan (D): the dentist once or twice a year to get that cleaned off so
102. Declan (D): you know if you haven't been for ten years it's not
103. Pascal (P): Yeah
104. Declan (D): It's not unusual that you have a bit of plaque… we'll
105. Declan (D): clean that off for you in a minute and polish them up…
106. Declan (D): the only other thing I noticed there is that at the bottom
107. Declan (D): of your mouth your your wisdom teeth are coming up
108. Declan (D): you know… have you noticed that or↑
109. Pascal (P): Em yeah
110. Declan (D): Yeah… do they cause you any discomfort or any pain
111. Declan (D): [or anything like that↑
112. Pascal (P): [The top ones coming out did
113. Declan (D): Okay
114. Pascal (P): Em and I haven't noticed [the bottom ones yet

115. Declan (D): [Noticed the bottom ones yet…
116. Declan (D): at this stage your top ones have actually come down
117. Declan (D): pretty well so I don't think you're going to get any more
118. Declan (D): trouble with them anyway but your bottom ones are
119. Declan (D): only… only starting to push through now you know…
120. Declan (D): some people you know do get trouble with their wisdom
121. Declan (D): teeth and some people don't you know some people just
122. Declan (D): get little soreness as they're coming through and then
123. Declan (D): they come through okay… then other people you know
124. Declan (D): their wisdom teeth they might never come through
125. Declan (D): properly and they keep hurting and some people end up
126. Declan (D): having to get them out you know but at this stage at
127. Declan (D): eighteen it's a bit early to say [you know
128. Pascal (P): [Yeah
129. Declan (D): (?) something you can keep an eye on yourself//
130. Pascal (P): Grand
131. Declan (D): And you know if they don't give you too much trouble
132. Declan (D): don't worry about them other than to
133. Pascal (P): Yeah
134. Declan (D): Just maybe to have a check-up once a year but if they do
135. Declan (D): give you trouble you can let us know anyway
136. Pascal (P): Yeah
137. Declan (D): But em it's it's early days anyway so I wouldn't I
138. Declan (D): wouldn't be worrying about them at this stage anyway
139. Declan (D): okay↑
140. Pascal (P): Okay
141. Declan (D): You can just stay sitting there for a minute Pascal okay↑
142. Pascal (P): Okay
143. Declan (D): I'm just going to do these little x-ray pictures
144. Pascal (P): Mm-hmm
145. (10)
146. Declan (D): I presume you you must speak Danish and everything↑
147. Pascal (P): I do
148. Declan (D): A handy skill to have anyway (laughing)
149. Pascal (P): Well yeah it'll be handy for the Leaving Cert anyway
150. Declan (D): Can you do Danish for the Leaving Cert↑
151. Pascal (P): Yeah you can
152. Declan (D): Oh really↑
153. Pascal (P): [Yeah
154. Declan (D): [That's <u>great</u>

155. Pascal (P): It should be a fairly nice
156. Declan (D): Yeah
157. Pascal (P): Few points
158. Declan (D): It should be (laughing) without without too much em
159. Pascal (P): Yeah
160. Declan (D): Without too much study
161. Pascal (P): Yeah
162. Declan (D): Oh that's great
163. Pascal (P): Yeah
164. Declan (D): I didn't realise you could do Danish for the for the
165. Declan (D): Leaving Cert
166. Pascal (P): I didn't actually either
167. Declan (D): Yeah yeah
168. Pascal (P): I enquired [at the school just to see
169. Declan (D): [Yeah yeah
170. Pascal (P): Cause if I could it would be a nice one to have
171. Pascal (P): [on the Leaving Cert
172. Declan (D): [Definitely yeah… well it's something it's only fair that
173. Declan (D): you should
174. Pascal (P): Yeah
175. Declan (D): If you lived in France or somewhere you could em
176. Pascal (P): Exactly
177. Declan (D): Put that to use yeah… now… what I'll get you to do
178. Declan (D): Pascal is I'll just get you to open your
179. Declan (D): [(?) just open your mouth big and wide
180. Pascal (P): [Yeah
181. Declan (D): I'm just going to put this thing just inside here okay↑
182. Pascal (P): Mm-hmm
183. Declan (D): This thing here then will just take a picture so we can
184. Declan (D): look inside of the back teeth… bit of a mouthful now if
185. Declan (D): you just gently close your teeth up together now…
186. Declan (D): that's grand you won't feel anything now this thing will
187. Declan (D): just take a little picture okay now just one second there
188. Declan (D): Pascal
189. (5) [Electronic beep of X-Ray]
190. Declan (D): Just open there again so we'll do the same on the other
191. Declan (D): side
192. Pascal (P): Mm-hmm
193. (11)
194. Declan (D): Just put it in here…(?)… stay nice and still now again

195. (8) [Electronic beep of X-Ray]
196. Declan (D): Alright↑
197. Pascal (P): Yeah
198. (3)
199. Declan (D): How how long are you living back around here↑
200. Pascal (P): Em well down in Waterford now five years
201. Declan (D): Okay
202. Pascal (P): But em I was up in Dublin then for a couple of months
203. Declan (D): [before that so
204. Declan (D): [Okay
205. (4)
206. Declan (D): Now em… what I'll do now when the nurse comes back
207. Declan (D): in I'll we'll just clean the teeth you know just clean the
208. Declan (D): plaque off them and polish them up and em we'll just
209. Declan (D): have a look at the x-rays then to make sure
210. Pascal (P): Yeah
211. Declan (D): Everything's alright
212. (5)
213. Declan (D): When we're cleaning your teeth em there's going to be
214. Declan (D): a lot of water splashing around basically mainly mainly
215. Declan (D): on your front teeth here on the outside and a bit up here
216. Declan (D): especially on the inside as well like you know so we'll
217. Declan (D): clean all that off and it should be fine then
218. (9)
219. Declan (D): So do you need you probably need to practice your
220. Declan (D): Danish a bit if you're taking it for the Leaving Cert↑
221. Pascal (P): Yeah I was looking over the past papers and they're not
222. Pascal (P): too bad
223. Declan (D): Okay
224. Pascal (P): But I'll have to start [working
225. Declan (D): [Doing a bit yeah yeah (laughing)
226. Pascal (P): Keeping in touch with the old Danish pals will help
227. Pascal (P): anyway so
228. Declan (D): Keeping in touch with the Danish↑
229. Pascal (P): Yeah… Danish pals
230. Declan (D): Okay yeah oh you still have friends over there yeah
231. Declan (D): yeah
232. Pascal (P): (?)
233. Declan (D): Yeah yeah you would I'd say forget a bit how to speak
234. Declan (D): it if you [didn't you know if you just went in cold

235. Pascal (P): [Yeah
236. Declan (D): Now… if you could slide (?) that's grand
237. (4)
238. Declan (D): So when we're doing this you'll just feel a lot of water
239. Declan (D): splashing around if you need a break or anything just
240. Declan (D): put your hand up… you'll be fine
241. (6)
242. Declan (D): Just open big and wide for me there now good man I'm
243. Declan (D): going to start cleaning the inside of the teeth
244. (116)
245. Declan (D): You're managing okay Pascal you are↑
246. Pascal (P): Yeah
247. (208)
248. Declan (D): We're going to go to the top teeth there now
249. (116)
250. Declan (D): Now just in between your teeth there
251. (45)
252. Declan (D): Going to give the teeth a polish for you there now
253. (88)
254. Declan (D): Now I'll sit you up there Pascal and you can rinse your
255. Declan (D): mouth there there's mouthwash in the cup there
256. Niamh (N): A rinse there now okay
257. Declan (D): Spit into the bowl
258. (51)
259. Declan (D): Now em I've had a look at your x-rays there now Pascal
260. Declan (D): and em you don't em it doesn't look like you need any
261. Declan (D): fillings anyway so that's good you know I said there's a
262. Declan (D): couple of little spots in your back teeth you know when
263. Declan (D): I looked in your mouth that might have looked like
264. Declan (D): tooth decay but they look fine on the x-rays anyway so
265. Pascal (P): Grand
266. Declan (D): Now what you should do is maybe have a check-up in
267. Declan (D): maybe a year's time you know just to keep an eye on
268. Declan (D): them otherwise as I said your teeth are pretty good
269. Declan (D): you'll just have to see how it goes with the lower
270. Declan (D): wisdom teeth anyway you know hopefully they won't
271. Declan (D): give you trouble em it's good to get your teeth kind of
272. Declan (D): cleaned once a year as well Pascal you know em like
273. Declan (D): when you're young that plaque can build up on your
274. Declan (D): teeth and it doesn't really do any harm but when you're

275. Declan (D): older it builds up and that can irritate your gums and
276. Declan (D): that can cause gum disease as people get older you
277. Declan (D): know so
278. Pascal (P): Yeah
279. Declan (D): So if it does build up it would want to be cleaned off…
280. Declan (D): you're brushing your teeth fairly well you know but em
281. Declan (D): there's hardly anybody that brushes their teeth perfectly
282. Declan (D): you know everybody could do with a bit of help but eh
283. Declan (D): you're pretty good you know but eh what you might be
284. Declan (D): doing especially in those front areas where you see the
285. Declan (D): staining build up you might be skimming over the teeth
286. Declan (D): a bit when you're brushing them you know what you
287. Declan (D): need to do really is brushing around it in circular motion
288. Declan (D): we'll say if you brush your teeth you should brush say
289. Declan (D): two teeth at a time put the brush around round in a little
290. Declan (D): circle like that so the bristle go in between in between
291. Declan (D): the teeth you know and then do the next two teeth and
292. Declan (D): so on
293. Pascal (P): Okay yeah
294. Declan (D): The same thing on the inside and the stains mightn't
295. Declan (D): build up there quite as much there then you know
296. Pascal (P): Yeah
297. Declan (D): It is good as well to use a bit of dental floss you know
298. Declan (D): the thread stuff↑
299. Pascal (P): Yeah
300. Declan (D): Around and in between your teeth after you brush them
301. Declan (D): and that will keep them pretty good em apart from that
302. Declan (D): everything else is pretty good anyway so you're not
303. Declan (D): doing too bad considering you haven't had a check-up
304. Declan (D): for ten years so
305. Pascal (P): Yeah (laughing)
306. Declan (D): You've never had a filling or you know and you don't
307. Declan (D): need any now either so that's pretty good you mustn't
308. Declan (D): be eating too many sweets so em I just I'm just going to
309. Declan (D): write up your notes here Pascal and just give them to
310. Declan (D): you and you can hand them in to the desk outside then
311. Declan (D): [okay↑
312. Pascal (P): [Yeah
313. (38)
314. Declan (D): Now that's fine so Pascal you can just give that to the

315. Declan (D): girl at the desk on your way out
316. Pascal (P): Okay
317. Declan (D): And what we'll do is we might send you out a reminder
318. Declan (D): in a year's time just to let you know your check up is
319. Declan (D): due
320. Pascal (P): Yeah
321. Declan (D): Or if you have any trouble you can let us know alright↑
322. Pascal (P): Thank you very much
323. Declan (D): No problem you're welcome alright take care now
324. Pascal (P): Bye
325. Declan (D): Bye bye

Case 1A

1. Deirdre (D): [Hello again (laughing)
2. Nuala (N): [Now, this is Deirdre
3. Pamela (P): The place looks [fab…how are you doing↑
4. Deirdre (D): [I know it's lovely isn't it good how
5. Deirdre (D): are you doing↑
6. Pamela (P): Oh sorry [catching you there Jesus
7. Deirdre (D): [Oh you're okay…yeah yeah this is my
8. Deirdre (D): …recording
9. Pamela (P): I'll put this stuff here out of the way will I↑
10. Deirdre (D): Yeah that's fine
11. Nuala (N): Yeah we'll hang it up for you here on the …the coat…
12. Nuala (N): it's a beautiful bag
13. Deirdre (D): Yeah fabulous
14. Pamela (P): Thank you it was my birthday present last year as a treat
15. Deirdre (D): Mm
16. Nuala (N): Really really nice
17. Pamela (P): Thanks
18. Deirdre (D): Pamela do you mind signing this for Researcher↑
19. Deirdre (D): [you had a read of it last night didn't you↑
20. Deirdre (D): and you're happy with it…. great …fantastic
21. Pamela (P): [Oh come here… I did read it it's all absolutely fine
22. (4)
23. Deirdre (D): How's your mum↑
24. Pamela (P): She she was asking for you and she is great
25. Deirdre (D): (laughing) She's away is she at the moment↑
26. Pamela (P): Heading tomorrow to Spain
27. Deirdre (D): Okay oh lucky thing
28. Pamela (P): She em yeah my mother-in-law arrived last night it's

29. Pamela (P): great I got rid of one mother [(and a) mother-in-law
30. Pamela (P): comes in
31. Nuala (N): [laughing]
32. Deirdre (D): [(laughing) Take a seat pet
33. Pamela (P): But yeah she came in last night so em the two of them are
34. Pamela (P): at home yapping with my little one [Rachel so
35. Deirdre (D): [Ah yeah how is she↑
36. Deirdre (D): congrats
37. Pamela (P): Aw she's brilliant thank you
38. Nuala (N): So exciting
39. Pamela (P): Yeah she's just over a year now she's she's great
40. Nuala (N): [(?)
41. Pamela (P): [I'm actually embarrassed for you to see my teeth
42. Deirdre (D): Why↑
43. Pamela (P): I just am because they are so [bad (laughing)
44. Deirdre (D): [No you shouldn't be
45. Deirdre (D): embarrassed at all… don't be embarrassed you have
46. Deirdre (D): beautiful teeth
47. Pamela (P): No they are terrible I haven't had them cleaned since…
48. Pamela (P): I think since I got married about three years ago
49. Deirdre (D): Well look we'll have a good look the NCT today
50. Deirdre (D): [see what needs to be done
51. Pamela (P): [NCT…NCT… okay let's go
52. Deirdre (D): And are any of them sore at the moment↑
53. Pamela (P): I notice eh sensitivity on the right side back there
54. Pamela (P): [in or around there
55. Deirdre (D): [Okay okay bottom right
56. Pamela (P): Yes
57. Deirdre (D): Okay
58. Pamela (P): And I also have noticed em the odd time if I'm brushing

59. Pamela (P): my teeth or flossing I'm getting a smell that like an
60. Pamela (P): infectious smell [and a taste in my mouth
61. Deirdre (D): [Yeah…yeah
62. Pamela (P): I do I had a root canal treatment done years ago [and just
63. Deirdre (D): [Okay
64. Pamela (P): Em I hadn't yet got to implant stage and the tooth that I
65. Pamela (P): couldn't afford at the time and the tooth he put in em
66. Pamela (P): before he could put a tooth in sorry my tooth shattered…
67. Pamela (P): so there's no there's no tooth there
68. Deirdre (D): Okay…yeah…okay… so he took it out…and does that
69. Deirdre (D): bother you↑
70. Pamela (P): It actually doesn't
71. Deirdre (D): [No yeah if it doesn't bother you it's not a problem I
72. Deirdre (D): mean
73. Pamela (P): [it just looks…like its fine but it doesn't actually bother
74. Pamela (P): me at all
75. Deirdre (D): If it bothers you doesn't bother you from a point of view
76. Deirdre (D): that you're missing the tooth or from an aesthetic point of
77. Deirdre (D): view then you don't need to worry about it
78. Pamela (P): No it's not because even when you smile you can't
79. Pamela (P): actually
80. Deirdre (D): [Yeah yeah that's perfect
81. Pamela (P): [See it so I mean it's fine it's just to let you know about it
82. Pamela (P): that's all
83. Deirdre (D): And will you did you say to me that your your gums you
84. Deirdre (D): feel like they need a clean [there's stuff (on them)
85. Pamela (P): [Oh you can you can actually
86. Pamela (P): feel the tartar [on the back of my lower teeth anyway
87. Pamela (P): definitely
88. Deirdre (D): [The tartar okay…brilliant…okay…

89. Deirdre (D): super…and how about your medical history you're very
90. Deirdre (D): healthy↑
91. Pamela (P): I am I'm fine I mean I've the only time I was hospitalised
92. Pamela (P): there was em after I had Rachel I had cellulitis
93. Deirdre (D): Okay…okay…okay
94. Pamela (P): Sorry I didn't put that in
95. Deirdre (D): That's okay I'll just pop it in
96. Pamela (P): Yes I was in for twelve days after I had her so
97. Pamela (P): [I was on antibiotics for that
98. Deirdre (D): [Yeah… okay…and how are you now
99. Pamela (P): Fine [absolutely fine
100. Deirdre (D): [Okay good good great good overall very healthy
101. Pamela (P): Overall perfect yes
102. Deirdre (D): Great perfect right so we're going to have a look
103. Pamela (P): Okay
104. Deirdre (D): First thing I'm going to do is check outside your mouth
105. Deirdre (D): okay so I'm going to check your jaw and then I'm going
106. Deirdre (D): to check to make sure there's no swollen glands under
107. Deirdre (D): your chin
108. Pamela (P): Yeah
109. Deirdre (D): Then I'm going to have a look at the skin inside your
110. Deirdre (D): mouth and then your teeth and then your gums okay↑
111. Pamela (P): Okay
112. Deirdre (D): You're the boss if you want to stop at any stage you just
113. Deirdre (D): put your hand up and I'll stop straight away [okay↑
114. Pamela (P): [Absolutely
115. Pamela (P): no problem that's great
116. Deirdre (D): [To Nurse] Thanks Hon… okeydoke
117. Pamela (P): Place looks <u>fantastic</u>
118. Deirdre (D): Yeah, the place is lovely isn't it↑ we had a bit of a leak

119. Deirdre (D): though em [during the during the week though when the
120. Pamela (P): [Oh listen yeah sure Nuala was telling me
121. Deirdre (D): weather was [so bad
122. Pamela (P): [Ah
123. Deirdre (D): [Yeah but
124. Pamela (P): [Ah
125. Deirdre (D): Anyway look we'll it will get sorted but yeah we it felt
126. Deirdre (D): you know when you were sitting here and the waves
127. Deirdre (D): were coming at you and the wind and the rai…(laughing)
128. Deirdre (D): you felt like you were caught up in the middle of a storm
129. Pamela (P): **Ah** gee yeah it's a beautiful view though [isn't it↑
130. Deirdre (D): [Yeah it's
131. Deirdre (D): gorgeous it's lovely to look out at that we don't get as
132. Deirdre (D): stressed
133. Pamela (P): Yeah no I was about to say I wouldn't [think you do
134. Deirdre (D): [(Laughing)
135. Deirdre (D): Keeps you nice and calm (laughing)
136. Pamela (P): And actually for the patients I think it's lovely
137. Deirdre (D): Yeah it is no it is it's great and people who are who are
138. Deirdre (D): anxious love coming here because it's a big room
139. Deirdre (D): [they don't feel claustrophobic
140. Pamela (P): [It's a nice airy yeah that's it
141. Deirdre (D): [A good view
142. Pamela (P): [And it's a lovely ceiling to [look up at actually
143. Deirdre (D): [Yes yes exactly…
144. Deirdre (D): so I'm going to lie you back there okay↑
145. Pamela (P): Okay
146. Deirdre (D): So the chair will go back… okay↑
147. Pamela (P): Fine no problem
148. (3)

149. Deirdre (D): (Humming) Would you like a set of sunglasses just the
150. Deirdre (D): light is very bright ↑
151. Pamela (P): Em I'll see how I go I'm okay
152. Deirdre (D): You're okay↑
153. Pamela (P): I'm alright yeah
154. Deirdre (D): Do you want to wiggle up in the chair there you might be
155. Deirdre (D): just a bit more comfortable… that's it that will support
156. Deirdre (D): your back a bit better [(laughing)
157. Pamela (P): [Oh that's the back (laughing) I
158. Pamela (P): wasn't sure where it ended there [sorry
159. Deirdre (D): [No that's perfect…okay
160. Deirdre (D): so as I say the first thing we're going to do is check
161. Deirdre (D): outside your mouth okay↑
162. Pamela (P): Okay
163. Deirdre (D): So just open nice and big for me and close your teeth
164. Deirdre (D): together and open nice and big again and close together
165. Deirdre (D): again…anything sore up here↑
166. Pamela (P): No on the left side I do notice it and I know I had trai- em
167. Pamela (P): I had braces for
168. Deirdre (D): Okay
169. Pamela (P): A few years with Dr O'Regan out in Howth
170. Pamela (P): and he did say when I went back before the wedding I
171. Pamela (P): was going to get them back on because
172. Deirdre (D): Okay
173. Pamela (P): They were starting to cross
174. Deirdre (D): Yeah
175. Pamela (P): He said em "You will notice the bite kind of clicks"
176. Deirdre (D): Okay
177. Pamela (P): Because my bite isn't right
178. Deirdre (D): Isn't right

179. Pamela (P): Yeah

180. Deirdre (D): Okay okay so you get tenderness up here

181. Deirdre (D): [sometimes do you

182. Pamela (P): [I do get it I can feel it does click the odd time

183. Deirdre (D): Okay

184. Pamela (P): It is kind of s- I kind of have to

185. Deirdre (D): Wiggle it

186. Pamela (P): Wiggle it around a bit

187. Deirdre (D): Okay so that's just the left TMJ Nuala if you wouldn't

188. Deirdre (D): mind making a note of that… okay just pop your chin up

189. Deirdre (D): nice and high I'm going to just check under your chin to

190. Deirdre (D): make sure there's no swollen glands or anything like that

191. (8)

192. Deirdre (D): Anything sore anywhere here↑

193. Pamela (P): No just I I have had my glands have been up a little bit

194. Pamela (P): [the last while

195. Deirdre (D): [a little bit the last while…there's a couple of doses

196. Deirdre (D): going around

197. Pamela (P): Yeah [Yeah

198. Deirdre (D): [(Laughing) You can relax your chin now a little

199. Deirdre (D): bit… okay so next step I'm going to just use the mirror

200. Deirdre (D): and check the skin inside your mouth okay↑

201. Pamela (P): Okay

202. Deirdre (D): So big stretch open that's great…cool…and same on the

203. Deirdre (D): other side… fantastic gorgeous teeth and bite your teeth

204. Deirdre (D): together… excellent…and open really big again

205. (7)

206. Deirdre (D): Okay…so I'm going to ask you to stick your tongue out

207. Deirdre (D): as far as you can and wiggle it over to the side and over

208. Deirdre (D): to this side and now roll your tongue back up into your

209. Deirdre (D): mouth that's it and it's a little bit em uncomfortable for a
210. Deirdre (D): second I'm just going to check under your tongue
211. Pamela (P): No problem
212. Deirdre (D): And I'm going to do the same on this side…brilliant well
213. Deirdre (D): done you… and just open really big again that's great…
214. Deirdre (D): everything looks good there…what we're checking when
215. Deirdre (D): we're looking at the skin inside your mouth is for any
216. Deirdre (D): lumps or bumps or ulcers sometimes they can em
217. Deirdre (D): indicate mouth cancer there's nothing in your mouth that
218. Deirdre (D): worries me but it is really important if you do have a
219. Deirdre (D): lump or a bump or an ulcer that doesn't go away you
220. Deirdre (D): know after seven to ten days [that you come and get it
221. Deirdre (D): checked out okay
222. Pamela (P): [Yeah…okay it's great that
223. Pamela (P): you check that you checked that actually
224. Deirdre (D): Yeah no it's all part of the package
225. Pamela (P): Yeah no it's good
226. Deirdre (D): So I'm going to check your teeth next I'm going to blow
227. Deirdre (D): a little bit of air here and there okay [if it's sensitive you
228. Pamela (P): [Okay
229. Deirdre (D): Just pop your hand up and I'll stop straight away okay↑
230. Pamela (P): No problem yeah
231. Deirdre (D): So big stretch open there… you okay Nuala↑
232. Nuala (N): Yeah
233. Deirdre (D): Okay so upper right eight is missing…seven is present
234. Deirdre (D): and sound…six has an occlusal amalgam…five and four
235. Deirdre (D): are sound…three two one one two three four five six and
236. Deirdre (D): seven we might just put a watch on that seven and eight
237. Deirdre (D): is missing… when we say watch it's just to there's a
238. Deirdre (D): stain on the surface and we just keep an eye on it

239. Pamela (P): Okay and eight is missing [is that the wisdom tooth
240. Deirdre (D): [Eight is missing that's the
241. Deirdre (D): wisdom tooth
242. Pamela (P): Oh they never came down↑
243. Deirdre (D): Yeah no no sign of them
244. Pamela (P): Oh (laughing)
245. Deirdre (D): That's not a bad thing (laughing)
246. Pamela (P): No it's fine I'm happy I'm happy
247. Deirdre (D): Lower left there's em well that might be your eight did
248. Deirdre (D): you have teeth out when you were a kid↑ yeah
249. Pamela (P): I did I had all four back teeth removed when I was very
250. Pamela (P): young [yeah
251. Deirdre (D): [Very young so so possibly what's going on there
252. Deirdre (D): then is that those top teeth are actually your eights
253. Pamela (P): [Mm… okay
254. Deirdre (D): [and your wisdom teeth and that they if you had four
255. Deirdre (D): teeth removed as a child that those teeth have just come
256. Deirdre (D): into the position
257. Deirdre (D): It's hard to tell the difference between a seven and an
258. Deirdre (D): eight but that's probably what's happened
259. Pamela (P): Okay
260. Deirdre (D): So lower left we have an eight and seven and then six is
261. Deirdre (D): missing and the space is closed… five is a retained root
262. Deirdre (D): four is okay three two one one two three four five six
263. Deirdre (D): again just a watch on the six oh sorry we might call it
264. Deirdre (D): seven actually if that's okay and just that the six is
265. Deirdre (D): missing and the space is closed and again eight just a
266. Deirdre (D): watch on the surface brilliant…how're you doing↑
267. Pamela (P): Grand absolutely fine yeah
268. Deirdre (D): So the next step is to check your gums

269. Pamela (P): Okay

270. Deirdre (D): It can be a little bit tender at some spots because if the

271. Deirdre (D): gum is inflamed or red it can be a bit sore where we're

272. Deirdre (D): checking it so if I'm hurting you just put your hand up

273. Deirdre (D): and I'll stop okay

274. Pamela (P): Yeah no problem

275. Deirdre (D): And just close a little that's perfect that's great… and big

276. Deirdre (D): stretch open again

277. (16)

278. Deirdre (D): and a big stretch open again that's great so PSR is upper

279. Deirdre (D): right is two upper mid is one upper left is two lower left

280. Deirdre (D): is two lower mid is two and lower right is two excellent

281. Deirdre (D): okay I'm going to sit you up there you doing okay↑

282. Pamela (P): Yeah fine yeah

283. Deirdre (D): Brilliant if you'd like to have a rinse out you can

284. Pamela (P): I'm okay

285. Deirdre (D): Okay great so we've had a good look and I'll go through

286. Deirdre (D): everything with you in a minute if it's okay with you I'd

287. Deirdre (D): like to get some x-rays

288. Pamela (P): Yeah

289. Deirdre (D): What the x-rays will show us is em number one in

290. Deirdre (D): between your teeth where I can't see and number two

291. Deirdre (D): how healthy your gum and your bone is

292. Pamela (P): Okay

293. Deirdre (D): So it's a really important part of the process [is that

294. Deirdre (D): okay↑

295. Pamela (P): [Okay yeah

296. Pamela (P): fine

297. Deirdre (D): Em did Nuala did you go through prices with Pamela

298. Deirdre (D): beforehand on the phone↑

299. Nuala (N): Pamela is covered for the medical em [PRSI
300. Deirdre (D): [PRS med PRSI so
301. Deirdre (D): your PRSI will cover the exam and the x-rays
302. Pamela (P): Great [brilliant yes
303. Deirdre (D): [Okay so up to now nothing is [(laughing) nothing
304. Deirdre (D): is a cost
305. Pamela (P): [Yay (laughing)
306. Deirdre (D): Em there's no chance you're pregnant is there
307. Pamela (P): Absolutely none
308. Deirdre (D): None (laughing) [okay good
309. Pamela (P): [Yes oh sorry did I say that too quickly
310. Deirdre (D): [(laughing)
311. Nuala (N): [(laughing)
312. Pamela (P): (laughing)
313. Deirdre (D): I'm going to lie you back just a little bit for the x-ray
314. Deirdre (D): [okay
315. Pamela (P): [Okay no worries
316. Deirdre (D): They're a bit scratchy under your tongue so it's a bit
317. Deirdre (D): more comfortable if you're lying back a bit
318. Pamela (P): Okay it's all done here now is it [you don't have to oh
319. Pamela (P): fantastic
320. Nuala (N): [Yeah we won't
321. Deirdre (D): [Yeah yeah now myself
322. Deirdre (D): and Nuala will hop outside the door because we take a
323. Deirdre (D): couple of x-rays a day so we don't want to
324. Deirdre (D): [be exposed to it
325. Pamela (P): [No you're right no that's
326. Pamela (P): fine so just tell me what you need me to do then
327. Deirdre (D): You just stay exactly as you are and just rest your head
328. Deirdre (D): back and I'm going to bring over this is like the camera

329. Deirdre (D): I'm going to line you up so if you open nice and big and
330. Deirdre (D): just bite your teeth together
331. Pamela (P): Mm-hmm
332. Deirdre (D): It's a bit scratchy are you okay and just hold on that stick
333. Deirdre (D): between your teeth perfect you have it↑
334. Pamela (P): Mm-hmm
335. Deirdre (D): Great I'm going to line you up now and then as I say
336. Deirdre (D): we're going to jump outside the door and press the
337. Deirdre (D): buzzer
338. (12)
339. Deirdre (D): Hi Steven [Colleague passes by surgery]
340. Nuala (N): Hi Steven
341. [Beep from x-ray unit]
342. (5)
343. Deirdre (D): Well done you you okay↑
344. Pamela (P): Mm
345. Deirdre (D): It's a bit uncomfortable isn't it↑
346. Pamela (P): It's grand yeah it's a little bit yeah [but not too bad though
347. Deirdre (D): [Yeah a bit scratchy…
348. Deirdre (D): so we're going to do the same again on the [other side
349. Pamela (P): [On the other
350. Pamela (P): side yeah
351. Deirdre (D): We might also take a periapical of the root
352. Nuala (N): Okay
353. Pamela (P): Okay
354. Deirdre (D): Just see how that's doing okay and bite your teeth
355. Deirdre (D): together again brilliant I'd say probably a
356. Deirdre (D): blue holder for that one [quite close to the front… right
357. Nuala (N): [(?)
358. [Phone rings]

359. Deirdre (D): Great

360. [Beep from x-ray unit]

361. (8)

362. Deirdre (D): Well done you and open really big so we're going to do

363. Deirdre (D): just a close-up of that root the one that you were telling

364. Deirdre (D): me about [that you had the root canal treatment just to

365. Deirdre (D): see how

366. Pamela (P): [Oh very good very good no problem

367. Deirdre (D): it's doing sort of the same thing again it can be a little bit

368. Deirdre (D): scratchy under your tongue…because this one is focusing

369. Deirdre (D): on the root it goes a little bit kind of [further eh towards

370. Deirdre (D): the bottom of your mouth so

371. Pamela (P): [Yeah… okay

372. (6)

373. Deirdre (D): (Humming) So how long is your Mum going away for

374. Pamela (P): She's gone she's teaching for ten days

375. Deirdre (D): Oh she's teaching [oh I thought she was going off

376. Pamela (P): [Yeah she's teaching over in Spain

377. Pamela (P): yeah

378. Deirdre (D): Oh she did say that actually I bumped into her across

379. Deirdre (D): the road at the the café

380. Pamela (P): She was she was saying that to me yeah

381. Nuala (N): She said it was so bizarre (seeing her)

382. Deirdre (D): It was yeah

383. Pamela (P): (Laughing)

384. Nuala (N): She's like eh Deirdre's guardian angel

385. Deirdre (D): Yeah she is

386. Pamela (P): Ah stop (laughing)

387. Deirdre (D): She really is [I'll put that through

388. Pamela (P): [She adores the (both of you) I swear to god

389. Pamela (P): she never shuts up about (you)

390. Deirdre (D): Ah [lovely that she's ( )

391. Nuala (N): [That's horrible to hear as a daughter isn't it↑

392. Pamela (P): Yeah yeah yeah (?)(laughing)

393. Deirdre (D): (Laughing)

394. Nuala (N): (Laughing)

395. (4)

396. Deirdre (D): Just bite your teeth together if you can for me okay

397. Pamela (P): Mm-hmm

398. Deirdre (D): That's brill and just hold on that stick that's great just

399. Deirdre (D): line this up

400. Nuala (N): Now you finally meet [what she's been talking about

401. Deirdre (D): [Yeah

402. Pamela (P): Mm-hmm

403. Nuala (N): (Laughing) Sorry

404. Pamela (P): Mm-hmm (laughing)

405. Nuala (N): (?)

406. Deirdre (D): Stay really still perfect

407. [Beep of X-ray unit]

408. (6)

409. Deirdre (D): great [well done I know it's awful

410. Pamela (P): [Oh… oh

411. Deirdre (D): Are you okay yeah [well done you're okay you're grand

412. Pamela (P): [Yeah sorry I'm just having a reaction

413. Pamela (P): it really hurts

414. Nuala (N): (?)

415. Deirdre (D): It's not nice at all… thanks thank you… you okay↑

416. Pamela (P): Mm

417. Deirdre (D): I'm going to sit you up there and you can have a rinse out

418. Deirdre (D): if you like

419. Pamela (P): Yeah look you're grand thanks a million

420. Deirdre (D): No problem at all well done you they're not easy okay

421. Pamela (P): I think when you're if you have a fear of dentists I think

422. Pamela (P): when you go to an orthodontist so often you get

423. Pamela (P): [over it so fast you really do (laughing)

424. Deirdre (D): [You get over it (laughing) you can't help it every month

425. Deirdre (D): for a couple of years

426. Pamela (P): Yeah (laughing)

427. Deirdre (D): It's like desensitization

428. Pamela (P): It does actually [it really does

429. Deirdre (D): [Yeah...so em couple of things to go

430. Deirdre (D): through okay

431. Pamela (P): Yes

432. Deirdre (D): First thing is the gums em there's a little bit of plaque

433. Deirdre (D): and tartar building up there

434. Pamela (P): Mm

435. Deirdre (D): And we'll have a look at the x-rays and make sure that eh

436. Deirdre (D): the gum disease that's there so there is a little bit of gum

437. Deirdre (D): disease gingivitis is what it's called where it affects the

438. Deirdre (D): the gum okay

439. Pamela (P): Yeah

440. Deirdre (D): And what I want to check on the x-ray is that it doesn't

441. Deirdre (D): affect the bone as well [that it just affects the gum

442. Pamela (P): [Okay

443. Deirdre (D): Gum disease is something that affects about 92% of Irish

444. Deirdre (D): people okay [so you're not alone (laughing)

445. Pamela (P): [Okay (laughing)

446. Deirdre (D): But it affects people to varying degrees

447. Pamela (P): Okay

448. Deirdre (D): And once it affects the bone it becomes periodontal

449. Deirdre (D): disease and it becomes a bit more serious okay em gum
450. Deirdre (D): disease as in gingivitis is something we can treat with a
451. Deirdre (D): cleaning and improving your brushing and your oral
452. Deirdre (D): hygiene [and how often you see the dentist
453. Pamela (P): [Yes
454. Deirdre (D): Once it affects the bone it sometimes needs a bit more
455. Deirdre (D): treatment
456. Pamela (P): Okay
457. Deirdre (D): Em gum disease is something that's em a huge part of it
458. Deirdre (D): is it whether it's in your family or not okay
459. Pamela (P): Okay
460. Deirdre (D): And if there's a genetic predisposition to it it's something
461. Deirdre (D): that eh you just need to pay a bit more [attention to okay
462. Pamela (P): [Yeah okay
463. Deirdre (D): The other things that affect it are smoking and you know
464. Deirdre (D): your general health and that kind of thing so you're not a
465. Deirdre (D): smoker so [that's good
466. Pamela (P): [No just I drink a lot of tea [(I'm aware that
467. Pamela (P): yeah)
468. Deirdre (D): [Yeah that's okay
469. Deirdre (D): but tea tea will just cause staining to your teeth it won't
470. Deirdre (D): cause problems to the gums
471. Pamela (P): Alright
472. Deirdre (D): If you take sugar in your tea that can be a problem for
473. Deirdre (D): the teeth
474. Pamela (P): Oh I'm off I'm off sugar
475. Deirdre (D): (laughing) Just in terms of decay you know but but but
476. Deirdre (D): we'll come to that the the gums is the first thing to focus
477. Deirdre (D): on
478. Pamela (P): Okay

479. Deirdre (D): So em when I was checking around your mouth there's a
480. Deirdre (D): few little spots where the gums bleed when when we're
481. Deirdre (D): checking it and that just shows that the gum is a little bit
482. Deirdre (D): irritated
483. Pamela (P): Mmm
484. Deirdre (D): And it gets irritated by this plaque and tartar that builds
485. Deirdre (D): up on the teeth and it builds up on everyone it's like
486. Deirdre (D): limescale building up in the kettle
487. Pamela (P): Mmm
488. Deirdre (D): And em it has to eh we need to remove it because it's
489. Deirdre (D): number one it's full of bugs so it's irritating the gum and
490. Deirdre (D): if it's left there and it's allowed to build up the gum and
491. Deirdre (D): the bone which is what holds the teeth in can start to
492. Deirdre (D): shrink back from the teeth okay
493. Pamela (P): Okay
494. Deirdre (D): And that can cause the tooth to lose the support [and to
495. Deirdre (D): get loose
496. Pamela (P): [Okay
497. Pamela (P): okay
498. Deirdre (D): Okay so we want to catch it while it's not affecting the
499. Deirdre (D): bone
500. Pamela (P): Right okay
501. Deirdre (D): So we clean off all this plaque and tartar and the gum is
502. Deirdre (D): allowed to [to heal exactly
503. Pamela (P): [Heal I suppose yeah
504. Deirdre (D): and it gets nice and tight around the teeth again [okay
505. Pamela (P): [Okay
506. Deirdre (D): Em and em if if if the other thing with plaque and tartar
507. Deirdre (D): is that it's sticky so if you are eating sugar it leaves you
508. Deirdre (D): more prone to decay because the sugar sticks to the

509. Deirdre (D): plaque and stays [close to your teeth for longer
510. Pamela (P): [Oh I see…I see
511. Deirdre (D): So the cleaner they are the healthier they'll be [all round
512. Pamela (P): [Yes okay
513. Deirdre (D): Em so we'll have a little look at the x-rays and they look
514. Deirdre (D): they look pretty good to me Nuala will swing them
515. Deirdre (D): around for us here and we'll be able to see them
516. Pamela (P): That's gas …wow…wow
517. Deirdre (D): Thanks hon that's brill okay so we have them here okay↑
518. Deirdre (D): (laughing) yeah it's good isn't it
519. Pamela (P): (Laughing)
520. Deirdre (D): And now for my next trick (laughing)
521. Pamela (P): That's impressive (laughing)
522. Deirdre (D): So so these are the x-rays here okay and what we're
523. Deirdre (D): looking at here is the level of the bone okay↑ [you see it
524. Deirdre (D): here↑
525. Pamela (P): [Yeah yes
526. Deirdre (D): And you can see it again on the top this is the level of the
527. Deirdre (D): bone here
528. Pamela (P): Okay
529. Deirdre (D): And it should be here but it's shrunk back to here oops
530. Deirdre (D): I'll just zoom out of that hang on a sec… and it should be
531. Deirdre (D): here but it's shrunk back to here
532. Pamela (P): Okay
533. Deirdre (D): And the same on the bottom it should be here but it's
534. Deirdre (D): shrunk back to here… and do you see these little tags
535. Deirdre (D): here and here and here see these little [white areas
536. Pamela (P): [Yeah
537. Deirdre (D): That's tartar… so that's this stuff that's built up… the
538. Deirdre (D): em the the calculus that builds up okay

539. Pamela (P): Yeah

540. Deirdre (D): And it attaches to the sides of the teeth and what you can

541. Deirdre (D): see where it's kind of built up is in between the teeth

542. Deirdre (D): okay

543. Pamela (P): Yes

544. Deirdre (D): So Irish people as a general rule aren't great at flossing

545. Deirdre (D): (laughing) … it's something that you know we could all

546. Deirdre (D): [probably be yeah (laughing)… fairplay

547. Pamela (P): [I did this morning… I did (laughing)

548. Deirdre (D): But it does it does make a big difference okay because it

549. Deirdre (D): helps us where the toothbrush will clean the sides of the

550. Deirdre (D): teeth the floss will get in between the teeth

551. Pamela (P): Yeah I've noticed like the gum receding back [yeah

552. Deirdre (D): [Exactly

553. Deirdre (D): and that's what's happening so the gum and the bone are

554. Deirdre (D): shrinking back a little bit from the teeth okay

555. Pamela (P): Okay

556. Deirdre (D): Now the bone loss that you have is very very mild okay

557. Pamela (P): Yeah

558. Deirdre (D): It's not something that I would be overly concerned

559. Deirdre (D): [about

560. Pamela (P): [Okay

561. Deirdre (D): But there is… and because you had braces you can get a

562. Deirdre (D): little bit of it when you have braces you know [when you

563. Deirdre (D): move the teeth around yeah

564. Pamela (P): [Definitely

565. Pamela (P): yeah yeah

566. Deirdre (D): So I wouldn't be worried about it at this point but I do

567. Deirdre (D): want to keep a close eye on it and if… and I'd like to

568. Deirdre (D): take more x-rays maybe in six months to a year's time

569. Pamela (P): Yeah

570. Deirdre (D): And if it's continuing to get worse

571. Pamela (P): To recede [yeah

572. Deirdre (D): [To recede I'd like to consider sending you to a

573. Deirdre (D): specialist [okay↑

574. Pamela (P): [Okay

575. Deirdre (D): To… there's there's specialists called periodontists and

576. Deirdre (D): they're people who have done an extra three years

577. Deirdre (D): training in just gums okay

578. Pamela (P): Wow

579. Deirdre (D): (laughing) So dentistry and then just gums

580. Pamela (P): Wow okay

581. Deirdre (D): So if some people the gum disease can be very advanced

582. Deirdre (D): at a young age and then it's really important that they see

583. Deirdre (D): specialists or or even at any age if it's very advanced that

584. Deirdre (D): they see a specialist

585. Pamela (P): Right

586. Deirdre (D): But I don't think you're at that stage yet I think we can

587. Deirdre (D): manage it [okay↑

588. Pamela (P): [That's good okay

589. Deirdre (D): I think we need to do em a very thorough cleaning and

590. Deirdre (D): we might need to use some local anaesthetic in some

591. Deirdre (D): areas if it's hard to to clean it off because it's

592. Pamela (P): Okay

593. Deirdre (D): In some spots it looks like it might be under the gum and

594. Deirdre (D): we might need to actually numb it up in those areas okay

595. Pamela (P): Lovely [okay yes

596. Deirdre (D): [Yeah (laughing)… I don't know whether you

597. Deirdre (D): know em how much your mum has told you about her

598. Deirdre (D): treatment but she'd be able to talk you through it it's not

599. Deirdre (D): something that's [(grim)

600. Pamela (P): [No in fairness no and she was fantastic

601. Pamela (P): she she was so rigid [like with it and you explained it so

602. Pamela (P): well to her

603. Deirdre (D): [Yeah… she was (laughing)

604. Pamela (P): that she really did keep it up

605. Deirdre (D): yeah…no and it's really important because if we

606. Deirdre (D): can…the way the way you manage gum disease is two-

607. Deirdre (D): fold okay…so number one there's really good homecare

608. Deirdre (D): and that's so important what you do is probably the most

609. Deirdre (D): important thing okay and that involves brushing twice a

610. Deirdre (D): day flossing once a day and using a mouthwash that's

611. Deirdre (D): made especially for people who are prone to gum disease

612. Deirdre (D): okay↑

613. Pamela (P): Mm…mm…okay

614. Deirdre (D): And then what what we do is really important as well so

615. Deirdre (D): ideally seeing you every six months for a cleaning↑

616. Deirdre (D): maybe more frequently if we need to if it builds up that

617. Deirdre (D): quickly but at least every six months [to keep keep on top

618. Deirdre (D): of it okay

619. Pamela (P): [Okay…okay

620. Deirdre (D): And if we if we keep up a regime like that it will never

621. Deirdre (D): get worse and if it never gets worse than it is today you'll

622. Deirdre (D): be fine [you know, it's not a problem

623. Pamela (P): [Right…okay okay

624. Deirdre (D): When it does become a problem is if we do nothing

625. Deirdre (D): [okay↑

626. Pamela (P): [Mm okay fair enough okay

627. Deirdre (D): So that's the gums and I'm going to give you this booklet

628. Deirdre (D): [that you can take home and have a little read of it okay

629. Pamela (P): [Great great

630. Deirdre (D): So that kind of goes through it all periodontal disease

631. Deirdre (D): that's when it starts to affect the bone okay

632. Pamela (P): Yeah and it's showing it to you here

633. Deirdre (D): Yeah exactly it's showing you all the stuff building up

634. Deirdre (D): and how it should look you know when it's nice and pink

635. Pamela (P): Yeah

636. Deirdre (D): In between the teeth and then how the gum gets kind of

637. Deirdre (D): puffy and red

638. Pamela (P): Yeah I can see it [actually

639. Deirdre (D): [And you start to get what you were

640. Deirdre (D): talking to me about em bad breath and a bad taste

641. Pamela (P): Yes

642. Deirdre (D): When you floss and when you clean bleeding gums

643. Pamela (P): Yeah

644. Deirdre (D): And then ultimately loose teeth and teeth drifting so

645. Deirdre (D): that's where we don't want to get to okay [but we can

646. Deirdre (D): prevent that

647. Pamela (P): [Yeah…

648. Pamela (P): okay… okay

649. Deirdre (D): we you know if we catch it at this stage it's not going to

650. Deirdre (D): be a problem for you

651. Deirdre (D): Em it's where the expression "getting long in the tooth"

652. Deirdre (D): comes from because you know the [the teeth look longer

653. Deirdre (D): as the gums recede

654. Pamela (P): [Yeah yeah yeah yeah

655. Deirdre (D): But that brings problems with it too because the root is

656. Deirdre (D): exposed, and when the root is exposed it can be more

657. Deirdre (D): sensitive and susceptible to decay

658. Pamela (P): Absolutely

659. Deirdre (D): To rot and and it's also you know much softer than the
660. Deirdre (D): enamel so when you brush it you can cause damage to
661. Deirdre (D): the root so ultimately we don't want to cause [that
662. Pamela (P): [No we
663. Pamela (P): don't
664. Deirdre (D): I'm going to leave that over here for you
665. Pamela (P): Great thank you
666. Deirdre (D): And em and that's really important and then the other
667. Deirdre (D): thing that I was telling you about is the mouthwash
668. Pamela (P): Yes
669. Deirdre (D): Em there's two types of mouthwash that are good for em
670. Deirdre (D): gum disease…em one of them is called Corsodyl but
671. Deirdre (D): Corsodyl will stain the plaque on your teeth if you use it
672. Deirdre (D): for more than two weeks okay
673. Pamela (P): Okay
674. Deirdre (D): So this one is a very new one it's called Kin Gingival…
675. Deirdre (D): it's the same stuff this Chlorhexidine as in Corsodyl but
676. Deirdre (D): it won't stain the plaque on your teeth and it tastes a lot
677. Deirdre (D): nicer [so
678. Pamela (P): [Okay and you can just buy that in the chemist↑
679. Deirdre (D): Yeah not all chemists have it so I'm going to give you
680. Deirdre (D): this so you can take it to the chemist with you okay
681. Pamela (P): Perfect
682. Deirdre (D): Right so that's the [the gums
683. Pamela (P): [Excellent… right
684. Deirdre (D): Em in terms of of brushing your teeth that's the the the
685. Deirdre (D): other thing that's really important the brushing the
686. Deirdre (D): flossing and the mouthwash…so you can use the
687. Deirdre (D): mouthwash you don't need to use the mouthwash after
688. Deirdre (D): brushing your teeth you can use it at another time in the

689. Deirdre (D): day so pop it in the bathroom you know [if you're in the
690. Deirdre (D): bathroom at another
691. Pamela (P): [Yeah… okay
692. Deirdre (D): time in the day you can use the mouthwash
693. Deirdre (D): It's probably better not to use it straight after
694. Deirdre (D): toothbrushing because the stuff that's in your toothpaste
695. Deirdre (D): the fluoride is really good for your teeth and if you use
696. Deirdre (D): the mouthwash afterwards you just wash it all away
697. Pamela (P): You're washing it away
698. Deirdre (D): So try and use it at a different time of the day
699. Pamela (P): Okay
700. Deirdre (D): The important thing with tooth-brushing is that first of all
701. Deirdre (D): your toothbrush that it's a soft toothbrush okay
702. Pamela (P): Okay
703. Deirdre (D): Medium and hard will clean your teeth but they will
704. Deirdre (D): actually damage your gums you know [they'll cause your
705. Pamela (P): [Yes
706. Deirdre (D): Gums to recede so always a soft toothbrush
707. Deirdre (D): Do you have an electric toothbrush↑
708. Pamela (P): I do [I use a Braun electric one
709. Deirdre (D): [Okay yeah yeah I was going to say so em an electric
710. Deirdre (D): is you can do just as good a job with the manual but you
711. Deirdre (D): have to be a bit more motivated the electric toothbrush
712. Deirdre (D): allows does a lot of the work [for you
713. Pamela (P): [It does the swiveling [for
714. Pamela (P): you
715. Deirdre (D): [Yeah
716. Deirdre (D): exactly so the electric toothbrush is probably about that
717. Deirdre (D): width okay [it's
718. Pamela (P): [Yeah yeah

719. Deirdre (D): About half the width about the width of a tooth

720. Deirdre (D): And the way you should use an electric toothbrush is…

721. Deirdre (D): it's doing the swiveling okay so if you're using a manual

722. Deirdre (D): one you're making a circular motion but because the

723. Deirdre (D): electric one is doing that for you all you need to do is to

724. Deirdre (D): roll the toothbrush up the tooth okay and take about three

725. Deirdre (D): seconds doing that so it's one two three move on to the

726. Deirdre (D): next tooth one two three on to the next tooth [one two

727. Deirdre (D): three and all

728. Pamela (P): [Okay…

729. Pamela: (P): yeah

730. Deirdre (D): The way around okay

731. Deirdre (D): And then you need to do the same on the inside [which is

732. Pamela (P): [On the

733. Pamela (P): back… mm

734. Deirdre (D): a difficult spot to get to

735. Deirdre (D): Which is a difficult spot to get to… same as when we

736. Deirdre (D): were doing the x-rays it does help if you tilt your chin

737. Deirdre (D): upwards because you can get down underneath in here

738. Deirdre (D): that's the spot everybody misses [is in under your tongue

739. Pamela (P): [Yeah…yeah

740. Deirdre (D): cause it does make you retch a bit

741. Deirdre (D): So if you actually tilt your chin up it will help you to get

742. Deirdre (D): right down in here

743. Pamela (P): Okay

744. Deirdre (D): And the other spot everyone eh misses and where it

745. Deirdre (D): builds up where you were saying yourself

746. Pamela (P): It's there [yeah

747. Deirdre (D): [In there yeah and that's because you've got

748. Deirdre (D): salivary glands here so if you think of this area of your

749. Deirdre (D): mouth as like a a hard water area

750. Pamela (P): Mm

751. Deirdre (D): So out of your salivary glands are the minerals

752. Deirdre (D): Magnesium and Calcium

753. Pamela (P): Yes

754. Deirdre (D): And so any plaque that's left there will go hard just like

755. Deirdre (D): like em limescale in a hard water [area okay

756. Pamela (P): [Right okay

757. Deirdre (D): So you need to spend just a little bit

758. Deirdre (D): [more time in that area

759. Pamela (P): [That's why it's so thick there

760. Deirdre (D): Yeah exactly it builds up in everyone [it's not just you

761. Pamela (P): [Right okay

762. Deirdre (D): And so the same on the top then

763. Pamela (P): Yeah

764. Deirdre (D): You just count to three one two three (well you'll) be

765. Deirdre (D): kind of coming at it from this angle but you know [what I

766. Deirdre (D): mean↑

767. Pamela (P): [Yes

768. Pamela (P): yes I do

769. Deirdre (D): Rolling it down the tooth okay

770. Pamela (P): Yes

771. Deirdre (D): And the other important thing about toothbrushing is the

772. Deirdre (D): time you spend all of us are inclined to brush really hard

773. Deirdre (D): for

774. Pamela (P): Two seconds [I know I know you're running out the door

775. Pamela (P): and eh

776. Deirdre (D): [(Laughing) Exactly…especially when

777. Deirdre (D): you're wrecked yeah yeah… but you're not doing

778. Deirdre (D): yourself any favours [not doing yourself any justice or

779. Deirdre (D): your teeth

780. Pamela (P): [Okay

781. Deirdre (D): So just make sure you give them the the the decent

782. Deirdre (D): amount of time

783. Pamela (P): Okay

784. Deirdre (D): Em so what we would normally advise is to eh spend two

785. Deirdre (D): minutes, a lot of the electric toothbrushes will time you

786. Deirdre (D): will cut out after two minutes

787. Pamela (P): Very good

788. Deirdre (D): Some of them have a little display that you know when

789. Deirdre (D): you get to two minutes [that you know to stop yeah

790. Pamela (P): [Right okay very good actually

791. Pamela (P): yeah

792. Deirdre (D): The the Boots often do discounts you know where you

793. Deirdre (D): have em half-price on all toothbrushes

794. Pamela (P): Mm

795. Deirdre (D): And the good thing is that everyone in the house can use

796. Deirdre (D): them so you can just [change the heads

797. Pamela (P): [True

798. Deirdre (D): And a lot of them have a lifetime warranty so they are a

799. Deirdre (D): good investment [you know if that's something that

800. Deirdre (D): you that you would consider

801. Pamela (P): [Yeah that's true too…okay

802. Deirdre (D): So that's the the brushing the mouthwash and then the

803. Deirdre (D): last thing we just need to go through is the flossing okay

804. Pamela (P): Okay

805. Deirdre (D): So em we have a little yoke here …em

806. [Sound of typing on computer]

807. Nuala (N): I don't know is that going to come up with the x-rays↑

808. Deirdre (D): It should come up over it shouldn't it …I'll just check it

809. Deirdre (D): hang on [if it doesn't I'll just take down this bit

810. Pamela (P): [Yeah it's coming yeah just drag it over I think

811. Deirdre (D): Okay

812. Nuala (N): (The Skype)

813. Deirdre (D): (?) [Reading from computer screen]

814. Pamela (P): Isn't it amazing↑

815. Nuala (N): (Laughing)

816. Deirdre (D): Oh yeah it's super [(?)

817. Pamela (P): [I work for… I work for an IT training

818. Pamela (P): company and okay I don't know how to use computers…

819. Pamela (P): [but I can sell training courses

820. Deirdre (D): [(Laughing)

821. Nuala (N): [(Laughing)

822. Deirdre (D): So flossing is really important I can't stress it enough

823. Deirdre (D): [your toothbrush

824. Pamela (P): [Now you're just showing off [(laughing)

825. Deirdre (D): Yeah I know but yeah [(laughing)

826. Nuala (N): [(laughing)

827. Pamela (P): Wow [Looking at computer display]

828. Deirdre (D): Why not if we have it (laughing)

829. Pamela (P): This is <u>amazing</u>

830. Deirdre (D): Yeah it's <u>really</u> cool so

831. Pamela (P): Yeah

832. Deirdre (D): The the the brushing is really really really important em

833. Deirdre (D): and it'll clean the sides of your teeth but it can't possibly

834. Deirdre (D): get in between [and that's where decay starts for a lot of

835. Pamela (P): [Okay…okay…okay

836. Deirdre (D): people and it's where the tartar and all that stuff builds

837. Deirdre (D): up okay so even though flossing is really hard to do and

838. Deirdre (D): hard to motivate yourself to do there's lots of gadgets and

839. Deirdre (D): gizmos to help you do it okay

840. Pamela (P): Yeah

841. Deirdre (D): The cheapest way of getting it is in the string you know

842. Deirdre (D): that you tear off but if you're not very dexterous or if you

843. Deirdre (D): find it hard it's har- it is difficult to get right back

844. Pamela (P): Yeah

845. Deirdre (D): So there's no harm in buying some of the other gadgets

846. Deirdre (D): they just are more [expensive

847. Pamela (P): [This is one of the one's [(?)

848. Deirdre (D): [This is

849. Deirdre (D): one of them right

850. Pamela (P): Okay

851. Deirdre (D): And you just replace the heads on it [it will help you

852. Pamela (P): [Very good

853. Deirdre (D): to get right to the back oh … my fingers are too fat

854. Pamela (P): They are not… are you mad↑ (laughing)

855. Deirdre (D): Did I get it↑ yes okay so em you've different different

856. Deirdre (D): types you can buy these gadgets in these kind of things

857. Deirdre (D): where you throw out eh the whole flosser, okay so it's

858. Deirdre (D): like these heads except it's on a little plastic stick

859. Deirdre (D): [and you throw away the whole lot

860. Pamela (P): [Oh that's what I was using this morning Jim had a

861. Pamela (P): packet of them

862. Deirdre (D): Yeah you buy a bag of them yeah (laughing)

863. Pamela (P): Yes I was using that <u>this morning</u>

864. Deirdre (D): <u>Very good excellent</u> ↑ (laughing)…so they're great

865. Deirdre (D): because they allow you to get right to the back ones

866. Pamela (P): Yes

867. Deirdre (D): The same as this guy cause you've got you know you've

868. Deirdre (D): got a good set of teeth (you go) right back to your molar

869. Deirdre (D): teeth so to get right back in there with the string floss and
870. Deirdre (D): getting your fingers all the way back is hard
871. Pamela (P): Yeah it is actually
872. Deirdre (D): And it does tend to put people off… the other thing that
873. Deirdre (D): tends to put people off is how much it bleeds when you
874. Deirdre (D): floss… but that's your body's way of telling you… that
875. Deirdre (D): you've got gingivitis
876. Pamela (P): Okay
877. Deirdre (D): So our parents always tell us when your gums bleed "Ah
878. Deirdre (D): don't worry that's normal" it's not normal… if we bled
879. Deirdre (D): from our eyes we wouldn't think it was normal
880. Deirdre (D): [yet we think it's normal to bleed from our mouth
881. Deirdre (D): (laughing)
882. Pamela (P): [NO…no… unless it was it was Jesus Christ [but no
883. Deirdre (D): [Yeah
884. Deirdre (D): exactly (laughing) …so it's really really important that
885. Deirdre (D): we floss and that when it's bleeding that we continue to
886. Deirdre (D): floss because it is a sign that there's plaque and tartar
887. Deirdre (D): there and the gum is irritated okay↑
888. Pamela (P): Okay
889. Deirdre (D): So em… or if you're worried come and see us and we
890. Deirdre (D): can do a cleaning you know sometimes it's a sign you're
891. Deirdre (D): due a cleaning [yeah
892. Pamela (P): [You're due a cleaning as well yes
893. Deirdre (D): So when you're flossing you don't need to saw with it
894. Deirdre (D): cause that <u>will</u> hurt and it <u>will</u> make you more disinclined
895. Deirdre (D): to go back and floss again… you just need to make sure
896. Deirdre (D): that you you clean all the bugs out, and you can see that
897. Deirdre (D): the the gum comes up in a triangle in between your teeth,
898. Deirdre (D): so you wrap the floss around and you go down one side

899. Deirdre (D): of the triangle you go back up again and you come in

900. Deirdre (D): down the other side of the triangle of gum cause

901. Deirdre (D): otherwise you just clean one side of [the the teeth

902. Pamela (P): [Of course yes

903. Deirdre (D): And what you're trying to do is to preserve that triangle

904. Deirdre (D): of gum you know the way you were saying you said "it's

905. Deirdre (D): starting to shred back [a little bit" in some areas

906. Pamela (P): [Yes yes

907. Deirdre (D): And you can see then you get a little black space… you

908. Deirdre (D): know where where the gum shrinks back

909. Pamela (P): Yes

910. Deirdre (D): And you don't want those black spaces cause… you

911. Deirdre (D): know they don't look as nice [as having the gum

912. Pamela (P): [No

913. Deirdre (D): So… if you shove the floss in and saw with it you'll

914. Deirdre (D): damage that triangle of gum… it's called a papilla okay

915. Pamela (P): Okay

916. Deirdre (D): So what you want to do is to clean down one side of it

917. Deirdre (D): back up and then in again and clean up the other side

918. Deirdre (D): okay↑

919. Pamela (P): Okay

920. Deirdre (D): Em…when we're doing the cleaning we'll go through it

921. Deirdre (D): with you in more detail and show you how to do it okay

922. Deirdre (D): so [that

923. Pamela (P): [Perfect

924. Deirdre (D): So so have a go at it at home and if you're finding it

925. Deirdre (D): difficult at any spot ask us cause there's always a way of

926. Deirdre (D): getting there you know

927. Pamela (P): Yes

928. Deirdre (D): We'll show you how to do it

929. Pamela (P): Okay…thanks lovely

930. Deirdre (D): So that's the gums

931. Pamela (P): Okay

932. Deirdre (D): Next thing then is the teeth

933. (4)

934. Deirdre (D): You have beautiful teeth… em…

935. Pamela (P): Who has beautiful teeth↑ I don't [have beautiful teeth

936. Deirdre (D): [No you do you do have

937. Deirdre (D): beautiful teeth… so what we're looking for is any holes

938. Deirdre (D): any shadows, there doesn't look to be anything on that

939. Deirdre (D): side on this side you have a filling up here

940. Pamela (P): I've that was I think supposed to be a temporary filling

941. Pamela (P): it's been there for years

942. Deirdre (D): I was going to say it's starting to break down a little bit at

943. Deirdre (D): the edges do you see how there's kind of a shadow here↑

944. Pamela (P): I do yes

945. Deirdre (D): So that definitely needs to be replaced okay↑ (laughing)

946. Deirdre (D): em well we'll don't worry [we'll

947. Pamela (P): [I don't know why you're

948. Pamela (P): (amused) but anyway

949. Deirdre (D): (Laughing)

950. Pamela (P): (Laughing)

951. Deirdre (D): We will numb you okay it's not the most the nicest thing

952. Deirdre (D): in the world but it isn't

953. Pamela (P): Are we doing it today↑

954. Deirdre (D): No no no no… we'll do it another day but you will be

955. Deirdre (D): numbed up for it and em okay

956. Pamela (P): Really numb

957. Deirdre (D): (laughing) Yeah exactly…we want to start with the

958. Deirdre (D): cleaning first okay↑

959. Pamela (P): Okay

960. Deirdre (D): Because we want to get on top of the gums first

961. Pamela (P): Yes

962. Deirdre (D): Em we can do two different types of fillings…

963. Pamela (P): Yes

964. Deirdre (D): And em there's amalgam fillings which are the silver

965. Deirdre (D): coloured fillings and then there's white fillings which

966. Deirdre (D): are…composite okay [and they're they're like a plastic

967. Deirdre (D): they're

968. Pamela (P): [Yeah

969. Deirdre (D): White… there's no difference in terms of which one is

970. Deirdre (D): better [for your tooth or which one is worse for your

971. Deirdre (d): teeth

972. Pamela (P): [Well then okay fine

973. Deirdre (D): The difference is in the colour so the white ones are

974. Deirdre (D): more… [look nicer

975. Pamela (P): [Yes aesthetically nicer

976. Deirdre (D): Aesthetic yes em the other difference is that white ones

977. Deirdre (D): don't contain mercury some people worry about mercury

978. Deirdre (D): in fillings there's no scientific evidence to suggest that

979. Deirdre (D): it's a problem but some people just prefer not to have it

980. Deirdre (D): anyway… there are now people who say I don't want

981. Deirdre (D): white fillings because they contain… monomers in the

982. Deirdre (D): plastic but look there's going to be schools of thought on

983. Deirdre (D): everything

984. Pamela (P): Oh Jesus

985. Deirdre (D): So some people say they would rather have white

986. Deirdre (D): because it's more aesthetic and it doesn't contain

987. Deirdre (D): mercury… some people… older dentists would argue

988. Deirdre (D): that the amalgam fillings are better in the back teeth

989. Deirdre (D): because they're stronger [but all of the studies have
990. Pamela (P): [Mm…alright
991. Deirdre (D): shown that the white ones are lasting just as long
992. Deirdre (D): providing they're done properly okay the other difference
993. Deirdre (D): is in the cost the white ones are about ten or fifteen
994. Deirdre (D): euro more expensive because they take a little longer to
995. Deirdre (D): do because we've to build them up in stages
996. Pamela (P): Okay
997. Deirdre (D): If we're doing white we definitely need to do the
998. Deirdre (D): cleaning first because the way the white ones work is
999. Deirdre (D): they stick to the tooth so if there's any oozing or bleeding
1000. Deirdre (D): from the gum I won't get it to stick properly
1001. Pamela (P): Yes of course
1002. Deirdre (D): And then it's not worth your while [doing it you know
1003. Pamela (P): [No of course not
1004. Deirdre (D): if you don't get a proper seal [so it's totally up to you
1005. Pamela (P): [okay I don't I mean it's
1006. Pamela (P): right at the back so I don't mind either way whichever
1007. Pamela (P): suits yeah
1008. Deirdre (D): Yeah yeah
1009. Pamela (P): It's fine
1010. Deirdre (D): So what we'll do is we'll we'll write up a treatment
1011. Deirdre (D): plan for you okay↑
1012. Pamela (P): Mm
1013. Deirdre (D): And I'll cost it all up so you'll know what's involved
1014. Deirdre (D): and what needs to be [done
1015. Pamela (P): [Lovely that's fine
1016. Deirdre (D): The x-ray will give me a sort of an idea of how much
1017. Deirdre (D): the filling will be but not an exact cost because when
1018. Deirdre (D): we take out the filing it might be a little bigger than I

1019. Deirdre (D): expected [or a little smaller than I expected exactly

1020. Pamela (P): [Of course you don't know until you actually

1021. Pamela (P): see it yeah yeah

1022. Deirdre (D): Em so that's that's all of the the day to day this little

1023. Deirdre (D): root the one from the

1024. Pamela (P): Yeah

1025. Deirdre (D): From the root canal

1026. Pamela (P): Am I better just getting that taken out↑

1027. Deirdre (D): Definitely… you can see… this is the length of the root

1028. Deirdre (D): now it's very very short it's like it's worked [its way

1029. Deirdre (D): out

1030. Pamela (P): [It's it's eh

1031. Pamela (P): eh and that's what they I remember when I was in the

1032. Pamela (P): dental hospital the last time they said that [that it would

1033. Pamela (P): actually eventually wiggle its own way out

1034. Deirdre (D): [They said

1035. Deirdre (D): it…work its way out

1036. Pamela (P): Yeah

1037. Deirdre (D): Exactly… and because it's root canal treated it's much

1038. Deirdre (D): less likely to become infected

1039. Pamela (P): Yes

1040. Deirdre (D): If it was open and

1041. Pamela (P): Another root canal

1042. Deirdre (D): Yeah (laughing)… not nice

1043. Pamela (P): Oh the smell oh god

1044. Deirdre (D): (laughing) Yeah no it's not a [nice experience

1045. Pamela (P): [I still remember it it was

1046. Pamela (P): years ago and I still remember it

1047. Deirdre (D): The root canal↑

1048. Pamela (P): Mm

1049. Deirdre (D): Yeah no it's it's not a nice experience to have an

1050. Deirdre (D): infected tooth [like that

1051. Pamela (P): [The whole

1052. Pamela (P): tooth just shattered on a Werther's Original

1053. Deirdre (D): Oh god (laughing)… have you touched Werther's

1054. Deirdre (D): Original since↑

1055. Pamela (P): (?) I actually am (?) (laughing)

1056. Deirdre (D): You can't bad association… so em yeah I I suppose the

1057. Deirdre (D): the the ideal would be to eh to remove it

1058. Pamela (P): Okay

1059. Deirdre (D): But we don't have to jump into that s- you know

1060. Pamela (P): Straightaway there's not an urgency

1061. Deirdre (D): No exactly

1062. Pamela (P): Can I may I ask you you see the way the teeth look like

1063. Pamela (P): they're going

1064. Deirdre (D): Slanted↑

1065. Pamela (P): Slanted yeah what is that↑

1066. Deirdre (D): Em so I would say there is two factors at play there

1067. Deirdre (D): number one because you lost this tooth the teeth have

1068. Deirdre (D): started to tilt

1069. Pamela (P): They've started to tilt

1070. Deirdre (D): Back into to move into the space

1071. Pamela (P): That's I suppose my concern yeah

1072. Deirdre (D): And the reason these two I would say are tilted is

1073. Deirdre (D): because you had em your first molars which should be

1074. Deirdre (D): here and here

1075. Pamela (P): Removed

1076. Deirdre (D): Removed when you were a kid so these ones came up

1077. Deirdre (D): at a bit of a tilt… they're the wisdom teeth anyway so

1078. Deirdre (D): they kind of came in but… they came in and forward

1079. Deirdre (D): whereas originally they would have come up…[straight

1080. Pamela (P): [Straight

1081. Deirdre (D): But because that tooth was missing they just

1082. Pamela (P): It was the way they decided they came in

1083. Deirdre (D): Yeah it's not a problem it just means [it's more difficult

1084. Deirdre (D): to clean around it

1085. Pamela (P): [That's fine

1086. Deirdre (D): To get in here

1087. Pamela (P): I found it really hard this morning I had to bite down

1088. Pamela (P): with

1089. Deirdre (D): With the floss

1090. Pamela (P): To get the floss in to the

1091. Deirdre (D): Yeah exactly

1092. Pamela (P): (?)

1093. Deirdre (D): Yeah no it is it's hard so what we might look at for

1094. Deirdre (D): cleaning in those areas is little teepee brushes you know

1095. Deirdre (D): the ones your mum uses they're like little [pipecleaners

1096. Pamela (P): [Oh the

1097. Pamela (P): pipecleaner ones I used to use them in between the

1098. Pamela (P): braces [yeah

1099. Deirdre (D): [Yeah exactly and they they might be easier

1100. Deirdre (D): to get in there than the floss

1101. Pamela (P): Just yeah yeah that's all I just found it really hard

1102. Pamela (P): [to to right down on it

1103. Deirdre (D): [It just may be a little less awkward …yeah yeah and

1104. Deirdre (D): and because that space is a bit bigger than the

1105. Deirdre (D): other spaces the little teepee brushes might be better

1106. Deirdre (D): anyway because they will clean it better than the floss

1107. Pamela (P): Okay perfect that's perfect

1108. Deirdre (D): So I'll… do up a written treatment plan for you which

1109. Deirdre (D): will include the cleaning and the filling [and the

1110. Deirdre (D): extraction

1111. Pamela (P): [Fantastic…

1112. Pamela (P): yeah

1113. Deirdre (D): And as I said the extraction isn't as urgent the cleaning

1114. Deirdre (D): and filling [are the two that are urgent

1115. Pamela (P): [Yeah they would be the two we were

1116. Pamela (P): concerned about

1117. Deirdre (D): Yeah exactly

1118. Pamela (P): Okay

1119. Deirdre (D): (?) the thing about the extraction will be very

1120. Deirdre (D): straightforward

1121. Pamela (P): Yeah

1122. Deirdre (D): A lot of people will say to you when you have a root

1123. Deirdre (D): removed "Oh does they have to cut your gum" we don't

1124. Deirdre (D): have to do anything like that because you can see it on

1125. Deirdre (D): the surface

1126. Pamela (P): I think it's so close to the surface [I think it will be very

1127. Pamela (P): eh minimal invasive

1128. Deirdre (D): [It will just wiggle out

1129. Deirdre (D): yeah exactly… but sometimes it's good to do it

1130. Deirdre (D): especially if you are thinking about having another kid

1131. Deirdre (D): or anything like that because

1132. Pamela (P): Just to get it out of the way

1133. Deirdre (D): Yeah you don't want to have anything that could cause

1134. Deirdre (D): a problem you know [down the line

1135. Pamela (P): [Yeah that's it it could be a shard

1136. Pamela (P): of anything just sticking [to the gum

1137. Deirdre (D): [Yeah it could get infected

1138. Pamela (P): Or infected yeah

1139. Deirdre (D): And and you know you don't want it you know

1140. Deirdre (D): Murphy's Law it'll happen to you on a weekend or

1141. Deirdre (D): when you're pregnant or you know [something like that

1142. Pamela (P): [Yeah yeah

1143. Deirdre (D): So it's no harm to think about removing it

1144. Pamela (P): Okay no I I would because I'd say we'd hope to go

1145. Pamela (P): again next year so

1146. Deirdre (D): Yeah yeah okay [perfect

1147. Pamela (P): [Perfect

1148. Deirdre (D): Okay well I'm going to write all that up for you we

1149. Deirdre (D): won't do anything today we'll get you back in for the

1150. Deirdre (D): cleaning because I'd rather do it when we have enough

1151. Deirdre (D): time to numb you up in certain places if we have [to

1152. Pamela (P): [Oh

1153. Pamela (P): okay

1154. Deirdre (D): Is that okay↑

1155. Pamela (P): Yeah that's okay

1156. Deirdre (D): Are you sure↑

1157. Pamela (P): That's fine

1158. Deirdre (D): It's just em I think it would be better to to spend a bit of

1159. Deirdre (D): time and make sure we get [(everything thoroughly

1160. Deirdre (D): cleaned up)

1161. Pamela (P): [Lovely oh no no no that's

1162. Pamela (P): absolutely fine

1163. Deirdre (D): Sometimes we do the deep cleaning in different stages

1164. Deirdre (D): okay we do it in a couple of visits but there isn't a huge

1165. Deirdre (D): amount you know I can see the little spots and I think

1166. Pamela (P): Yeah

1167. Deirdre (D): I think we should be able to manage it in one session

1168. Pamela (P): Okay

1169. Deirdre (D): But em if it if it if it ends up too much for you and if

1170. Deirdre (D): you've had enough we'll just say "Call it quits'" and

1171. Deirdre (D): we'll get you back and finish it another day [okay↑

1172. Pamela (P): [No that's

1173. Pamela (P): fine I should be o- I should be okay

1174. Deirdre (D): Yeah [yeah

1175. Pamela (P): [But yeah okay see how we get on

1176. Deirdre (D): I I it's the only thing with the cleaning there's lots and

1177. Deirdre (D): lots of water okay↑

1178. Pamela (P): Mm

1179. Deirdre (D): Em

1180. Pamela (P): I remember that [I remember

1181. Deirdre (D): [Yeah (laughing)… it can be a little bit

1182. Deirdre (D): sensitive in certain spots

1183. Pamela (P): Mm

1184. Deirdre (D): But anywhere where it's sore we're we'll numb you up

1185. Deirdre (D): so [you know

1186. Pamela (P): [Fine fine lovely

1187. Deirdre (D): And it shouldn't be too sore

1188. Pamela (P): Okay

1189. Deirdre (D): Okay↑

1190. Pamela (P): Okay yeah [listen

1191. Deirdre (D): [I'll write all that up for you… would you

1192. Deirdre (D): [mind

1193. Pamela (P): [Deirdre thanks a million

1194. Deirdre (D): Oh it was a pleasure it was lovely to meet you

1195. Pamela (P): It was really good thank you [very informative

1196. Deirdre (D): [And em we will just get

1197. Deirdre (D): you to fill out the PRSI form and that will cover all the

1198. Deirdre (D): cost today so

1199. Pamela (P): Great yeah brilliant and then is the teeth cleaning will is

1200. Pamela (P): that included in that for the next visit is it↑

1201. Nuala (N): [No

1202. Deirdre (D): [No they the PRSI don't cover cleaning anymore they

1203. Deirdre (D): used to

1204. Pamela (P): Oh [okay okay fine

1205. Deirdre (D): [But they don't cover cleaning anymore

1206. Deirdre (D): unfortunately

1207. Pamela (P): And then how much the cleaning is forty-five is it↑

1208. Deirdre (D): Well because we're going to do the deep cleaning this

1209. Deirdre (D): time it'll be seventy euro

1210. Pamela (P): Okay

1211. Deirdre (D): The next day okay↑

1212. Pamela (P): Okay

1213. Deirdre (D): But after that the idea is that we see you every six

1214. Deirdre (D): months okay↑

1215. Pamela (P): Okay fine

1216. Deirdre (D): So it'll be fifty euro at your six month but at your year

1217. Deirdre (D): when you have your PRSI with it

1218. Pamela (P): Yes

1219. Deirdre (D): It will be forty euro

1220. Pamela (P): Oh okay

1221. Deirdre (D): so it will be a hundred euro a year

1222. Pamela (P): That's fine [that's fine

1223. Deirdre (D): [For the rest of your days (laughing)

1224. Pamela (P): (?) [Once I know

1225. Deirdre (D): [And then we'll keep your teeth looking beautiful

1226. Pamela (P): No that's lovely [once I know

1227. Deirdre (D): [But for the first visit because we need

1228. Deirdre (D): to do a bit of catch-up it's seventy euro cause there's a

1229. Deirdre (D): bit more work

1230. Pamela (P): I hope you don't mind me asking we're [(battling) we're

1231. Pamela (P): saving for a house

1232. Nuala (N): [(?) (Laughing)

1233. Deirdre (D): [Not at all yeah

1234. Deirdre (D): not at all as I say I'm going to write out a treatment

1235. Deirdre (D): plan for so you'll know exactly how much [it's going to

1236. Deirdre (D): cost you

1237. Pamela (P): [That's

1238. Pamela (P): perfect… no no you know I had to ask that's all

1239. Deirdre (D): And you can account for it… ah no no it's really

1240. Deirdre (D): important to ask [so don't ever be afraid to okay

1241. Pamela (P): [Okay well you're really good…

1242. Pamela (P): okay thank you

1243. Deirdre (D): Okay great well listen lovely to meet you

1244. Pamela (P): It was <u>really</u> nice (to meet you)

1245. Deirdre (D): And em I'll drop down to reception with the treatment

1246. Deirdre (D): plan in a sec so

1247. Pamela (P): Great no problem

1248. Deirdre (D): We'll just get you to fill out all those forms… your

1249. Deirdre (D): handbag yeah (laughing)

1250. Pamela (P): Listen have a lovely long weekend

1251. Deirdre (D): Oh I know have you any plans yourself↑

1252. Pamela (P): What…we've a wedding tomorrow [so I'm actually half

1253. Pamela (P): glad I'm not getting them cleaned today

1254. Deirdre (D): [Oh… yeah you

1255. Deirdre (D): don't want to be sore tomorrow

1256. Pamela (P): If they were sore tomorrow

1257. Pamela (P): (I was there saying like?) [Exaggerated sigh]

1258. Deirdre (D): Yeah (laughing)

1259. Pamela (P): So we've a wedding tomorrow [of course Mum's gone

1260. Pamela (P): to Spain

1261. Nuala (N): [Where is it?

1262. Deirdre (D): [Yeah

1263. Pamela (P): It's in Howth

1264. Nuala (N): Oh Howth is [beautiful

1265. Pamela (P): [I've never been it's supposed to be lovely

1266. Pamela (P): though

1267. Nuala (N): It's fabulous I'm from around I'm from Sutton [so

1268. Nuala (N): Howth is beautiful yeah

1269. Pamela (P): [Ah sure

1270. Pamela (P): look you'd know it well… it's a family wedding

1271. Deirdre (D): Oh lovely

1272. Pamela (P): So it's actually my dad actually I'm going to call into

1273. Pamela (P): him now they live here in Fairview

1274. Deirdre (D): Oh yeah

1275. Pamela (P): And his girlfriend I've actually a little sister she's

1276. Pamela (P): eleven so [I'm going to

1277. Nuala (N): [Ah

1278. Pamela (P): Call in to say hello

1279. Deirdre (D): Ah say hello to them great

1280. Pamela (P): So eh she's all excited [about the big day tomorrow so

1281. Deirdre (D): [Yeah I'd say so (laughing)

1282. Nuala (N): Very good (laughing)

1283. Deirdre (D): Listen I'll see you [in a second I'll drop down with this

1284. Deirdre (D): this lad in a sec

1285. Pamela (P): [See you soon no problem

Case 1B

1. Deirdre (D): How are you↑
2. Pamela (P): Hello
3. Deirdre (D): How are you keeping↑
4. Pamela (P): I'm great how [are you
5. Deirdre (D): [Good to see you again
6. Pamela (P): Good to see you (sound of kiss) that's from Mam
7. Pamela (P): [and me the hug
8. Deirdre (D): [Aw (laughing)
9. Nuala (N): [(laughing)
10. Deirdre (D): How is she↑
11. Pamela (P): Now where will we put this [somewhere out of the way
12. Nuala (N): [I'll pop it I'll hang it up for
13. Nuala (N): you
14. Pamela (P): Good
15. Deirdre (D): It's lovely
16. Pamela (P): I know it's fab [that was from yeah that was
17. Deirdre (D): [Yeah
18. Pamela (P): My birthday [pressie two years ago from Jim
19. Deirdre (D): [Aw lovely
20. Pamela (P): Or was it last year I can't remember but either way it
21. Pamela (P): was I never got the eternity ring after having [Rachel
22. Deirdre (D): [(laughing)
23. Nuala (N): [(laughing)
24. Pamela (P): so that was my eternity ring I don't have any other
25. Pamela (P): desirable bags that's it
26. Deirdre (D): [(laughing)
27. Pamela (P): [I'm not into labels (laughing) I just like that one anyway
28. Deirdre (D): Yeah it's beautiful [so how are things otherwise↑
29. Pamela (P): [But if he give me a Gucci I wouldn't
30. Pamela (P): say no
31. Deirdre (D): Yeah yeah I know
32. Pamela (P): (laughing)
33. Deirdre (D): (laughing)
34. Pamela (P): Grand we're fine [we're fine we're grand no complaint
35. Deirdre (D): [Good all sorted good how's the little
36. Deirdre (D): fella
37. Pamela (P): Rachel↑ she's [no that's okay

38. Deirdre (D): [Or Rachel she's a little girl
39. Pamela (P): She's great
40. Deirdre (D): Good
41. Pamela (P): She's brilliant she had the last of her injections this week
42. Deirdre (D): Oh [brilliant
43. Pamela (P): [So the night before she was going for injections I
44. Pamela (P): brought her out for a walk and [she's walking about a
45. Pamela (P): month
46. Deirdre (D): [Aw
47. Pamela (P): And she went smack bang on the pavement big graze on
48. Pamela (P): the forehead
49. Deirdre (D): Oh [no (laughing)
50. Pamela (P): [The following morning I had to bring her for the
51. Pamela (P): injections
52. Deirdre (D): [(laughing)
53. Pamela (P): [Then I had to drop her into the crèche and at this stage
54. Pamela (P): the child is looking [at me going 'Oh seriously'↑
55. Deirdre (D): [(laughing)
56. Pamela (P): Please God (laughing) will you give me a break so she
57. Pamela (P): just wanted to be brought home so I I was I have social
58. Pamela (P): services should be calling [(at some stage)
59. Deirdre (D): [Nah not at all
60. Pamela (P): By now she's fine she's with Daddy so she's okay
61. Pamela (P): [(laughing)
62. Deirdre (D): [(laughing)
63. Deirdre (D): And how [are the teeth↑
64. Pamela (P): [So
65. Pamela (P): They're okay
66. Deirdre (D): Good
67. Pamela (P): Yeah they're [okay
68. Deirdre (D): [Anything bothering you↑
69. Pamela (P): Nothing's bothering me we're flossing [we're
70. Deirdre (D): [What about the
71. Deirdre (D): sensitivity on the [top right
72. Pamela (P): [It's okay
73. Deirdre (D): Okay okay
74. Pamela (P): It is okay [I'm not em
75. Deirdre (D): [Okay
76. Pamela (P): No there's nothing major- I'm still getting a bit of
77. Pamela (P): bleeding and stuff

78. Deirdre (D): Okay
79. Pamela (P): When I'm when I'm flossing them and I'm I'm using the
80. Pamela (P): mouthwash and that but
81. Deirdre (D): Okay [grand fair play to you
82. Pamela (P): [See how we
83. Deirdre (D): Well that's what we are here to do today to give them a
84. Deirdre (D): good clean and get rid of all that tartar and help the
85. Deirdre (D): gums to to heal up
86. Pamela (P): Yeah (laughing)
87. Deirdre (D): (laughing)
88. Deirdre (D): But if anything is sore just let us know
89. Pamela (P): (coughs)
90. Deirdre (D): if if if don't be a martyr if it's hurting [you just tell us
91. Pamela (P): [Ah no I'll tell you
92. Deirdre (D): Yeah do [cause
93. Pamela (P): [That's fine okay (laughing)
94. Deirdre (D): Cause there's no need for you to be suffering
95. Pamela (P): [Okay no I'll say it to you if I
96. Deirdre (D): [If it's sore we'll numb it up
97. Pamela (P): Can't I'll just put my hand up
98. Deirdre (D): Absolutely
99. Pamela (P): Yeah
100. Deirdre (D): You're the boss you're in control if you need to stop you
101. Deirdre (D): just tell us [okay↑
102. Pamela (P): [Okay alright fair enough
103. Nuala (N): Are you okay leaving the scarf on↑ [do you want to take
104. Nuala (N): it off
105. Pamela (P): [Oh I'll take yeah I'll
106. Pamela (P): take it off [if you need me to come here to me I'll give it
107. Pamela (P): to you
108. Nuala (N): [no it's just more more comfortable
109. Pamela (P): No worries
110. Deirdre (D): (Sighs) Beautiful day isn't it↑
111. Pamela (P): Isn't it↑ compared to yesterday
112. Nuala (N): [I know
113. Deirdre (D): [I know although our view has kind of changed a bit
114. Deirdre (D): with the funfair
115. Pamela (P): Yeah I know ah but still though it's [lovely
116. Deirdre (D): [It'll be a bit of crack
117. Deirdre (D): though yeah

118. Pamela (P): Is that a new poster there↑
119. Deirdre (D): Yeah yeah no we're planning to put them on the top
120. Deirdre (D): window so people can find us a little bit better because
121. Deirdre (D): you know [it's hard to find it
122. Pamela (P): [Yeah it is it does help when
123. Pamela (P): you're driving [(though because I was) (?)
124. Deirdre (D): [Which one is it yeah yeah yeah
125. Pamela (P): A few minutes late but anyway
126. Deirdre (D): Ah no you're grand
127. Nuala (N): No but we will put it up but actually it's handy having it
128. Nuala (N): there because of the funfair it's not really [exactly nice (to
129. Nuala (N): look at)
130. Pamela (P): [No I know it's
131. Pamela (P): not the best eye-catcher in the world I know
132. Nuala (N): [Yeah
133. Pamela (P): [But my little sister loves it though
134. Nuala (N): Oh mine loves it too
135. Pamela (P): [She lives in town and she's eleven and she's dying for
136. Pamela (P): Jim to come out to her
137. Deirdre (D): [(laughing) To go on the funfair
138. Pamela (P): [Anything that's fast with her yeah
139. Nuala (N): Oh no I can't wait I've got em I've booked in em a child
140. Nuala (N): for half-two today so he can go on the
141. Pamela (P): Jesus [Christ
142. Deirdre (D): [The funfair yeah
143. Nuala (N): [The funfair
144. Pamela (P): Come here have you had your has your wedding been
145. Pamela (P): and gone yet↑
146. Nuala (N): Oh <u>yeah</u> [(been and gone) yeah it was actually really
147. Nuala (N): good
148. Pamela (P): [Oh Jesus how was Bridezilla was she alright↑
149. Pamela (P): was it↑
150. Nuala (N): Yeah
151. Pamela (P): [Ah
152. Nuala (N): [It was really good
153. Pamela (P): It would want to be after all that <u>meticulous</u> [planning
154. Deirdre (D): [(Laughing)
155. Deirdre (D): oh my god
156. Nuala (N): [Oh my god
157. Nuala (N): you wouldn't believe [the amount

158. Deirdre (D): [It was like the
159. Nuala (N): Everything [was like
160. Deirdre (D): [Textbook wedding
161. Pamela (P): I [know
162. Nuala (N): [Textbook [it was textbook [(?)
163. Deirdre (D): [(laughing)
164. Pamela (P): [Now did you fix the hair
165. Pamela (P): beforehand now was the [colour was the shading of the
166. Pamela (P): hair alright↑
167. Deirdre (D): [(laughing)
168. Nuala (N): I was just kind of em up-styled but em
169. Pamela (P): Okay↓
170. Nuala (N): Em no I couldn't believe it now em it was absolute
171. Nuala (N): perfection like everything like down to a tee it was like
172. Nuala (N): they spent an absolute [**fortune**
173. Pamela (P): [Yeah (for fuck's sake)
174. Deirdre (D): I know (laughing)
175. Nuala (N): They had a string quartet with a champagne reception and
176. Nuala (N): then they had opera singers come out after dinner and
177. Nuala (N): then they **had em**
178. Pamela (P): Oh my god
179. Nuala (N): Then they had [a swing band
180. Deirdre (D): [I know
181. Nuala (N): They had [(sweets) on all the **tables** and
182. Deirdre (D): [The waiters turned into opera singers and
183. Nuala (N): Oh my god I I mean like everything down to a tee like it
184. Nuala (N): **was** it wouldn't be my ideal wedding but I can see
185. Pamela (P): Each to their [own each to their own and
186. Nuala (N): [Yeah yeah yeah no absolutely it was a
187. Nuala (N): fabulous day and [she looked amazing
188. Pamela (P): [(coughs)
189. Deirdre (D): Are you okay↑
190. Pamela (P): Oh I'm [fine (?)
191. Deirdre (D): [A bad dose↑
192. Pamela (P): No I don't at all actually em in the morning I shouldn't
193. Pamela (P): have had porridge in the morning when I have porridge
194. Pamela (P): sometimes I have [I it's in the milk just the mil- yeah
195. Deirdre (D): [Okay yeah (?)
196. Pamela (P): But no I don't have a cold though [because I wouldn't
197. Pamela (P): have actually come out

198. Nuala (N): [Do you want to have
199. Nuala (N): a just a drink before you↑
200. Pamela (P): Could I have a quick glass of water↑
201. Deirdre (D): [Yeah yeah yeah
202. Nuala (N): [Of course you can
203. Pamela (P): No leave me down you're fine I'll just (have a sip)
204. [Sounds of sipping a drink]
205. Deirdre (D): How's your Mammy↑
206. Pamela (P): Mm
207. Nuala (N): She hasn't been [in a while
208. Pamela (P): [Thank you
209. Pamela (P): She's great and she said she's going to ring you
210. Pamela (P): (laughing) [to make an appointment
211. Deirdre (D): [(laughing) Yeah yeah yeah
212. Nuala (N): [(laughing)
213. Pamela (P): (laughing)
214. Nuala (N): [Believe her
215. Pamela (P): [Believe her tell her 'I'll ring her next week, I promise'
216. Deirdre (D): Just tell her just tell her to to to give us a ring and
217. Deirdre (D): [I'll meet her for coffee
218. Pamela (P): [(coughs)
219. Pamela (P): Yeah [okay
220. Deirdre (D): [And don't say anything about the cleaning
221. Pamela (P): Yeah yeah [okay
222. Nuala (N): [(laughing) better to do it that way
223. Deirdre (D): And that way it'll it'll be [an easier transition
224. Pamela (P): [We'll get her you'll she's good
225. Pamela (P): and she knows herself she needs to get in to get it done
226. Pamela (P): so
227. Deirdre (D): She do- she's
228. Pamela (P): [Yeah
229. Nuala (N): [Yeah
230. Pamela (P): So she is yeah
231. Deirdre (D): Is she still working away↑
232. Pamela (P): Yeah thank [god yeah
233. Nuala (N): [Yeah↑ yeah
234. Pamela (P): She is no she's working
235. Deirdre (D): Good
236. Pamela (P): Yeah
237. Deirdre (D): Good

238. Pamela (P): Not as busy as she used to be there but she's still
239. Pamela (P): [working
240. Deirdre (D): [That's kind of par for the course [isn't it↑
241. Pamela (P): [**isn't** it yeah yeah
242. Deirdre (D): Right
243. Pamela (P): It's kind of the last thing people are spending money on
244. Pamela (P): you know↑
245. Deirdre (D): Oh sure teeth are the same you know most people are
246. Pamela (P): (Keep putting it off)
247. Deirdre (D): Yeah coming in for the emergency sure I'm doing the
248. Deirdre (D): same with my car you know [I kind of understand
249. Pamela (P): [Yeah yeah
250. Deirdre (D): I'm going to pop a little vaseline on your lips first just
251. Deirdre (D): cause we're going to be em pulling at you
252. Pamela (P): Oh okay [oh great
253. Deirdre (D): [Just… keep you nice and
254. Nuala (N): Sort of like there was a study done there recently that you
255. Nuala (N): know mouth cleanings are down ninety-eight percent
256. Deirdre (D): Yeah [I know
257. Nuala (N): [And extractions are up ten percent
258. Deirdre (D): Yeah
259. Pamela (P): Wow
260. Nuala (N): In the last year
261. Deirdre (D): It's really [(?)
262. Pamela (P): [Cleanings are down ninety-eight percent↑
263. Nuala (N): Ninety-eight [percent
264. Deirdre (D): [The amount of people coming in for
265. Deirdre (D): cleaning yeah
266. Pamela (P): Jesus that's cause as well they're not getting it on the
267. Pamela (P): PRSI
268. Nuala (N): [Yeah that's right
269. Deirdre (D): [Yeah
270. Pamela (P): **Jesus**
271. Nuala (N): Absolutely
272. Deirdre (D): [So↓
273. Pamela (P): [They might do something about it okay go
274. Deirdre (D): With the cleaning there's loads and loads of water
275. Deirdre (D): okay↑
276. Pamela (P): Okay
277. Deirdre (D): Nuala is great at catching it all but if you need a break

278. Deirdre (D): you just want to swallow or you just want to a chance to
279. Deirdre (D): catch your breath just let us know we'll stop [there
280. Pamela (P): [Okay
281. Deirdre (D): There's no problem
282. Pamela (P): (coughs)
283. Deirdre (D): It might be a little bit sensitive in spots again if it's
284. Deirdre (D): hurting you you just tell us as we said there's no need
285. Deirdre (D): for it to be a painful experience↑ [so
286. Pamela (P): [Okay
287. Deirdre (D): If it's hurting you you just tell us okay↑
288. Pamela (P): Okay
289. Deirdre (D): It's also a really loud noise
290. Pamela (P): Yes
291. Deirdre (D): So don't let that put you off (laughing)
292. Pamela (P): (laughing) Okay
293. Deirdre (D): Kind of em kind of em em
294. Pamela (P): You can't just knock me out no↑ (laughing)
295. Deirdre (D): No (laughing) [well we could but
296. Nuala (N): [We can if you want
297. Pamela (P): No (it's okay)
298. Deirdre (D): Not today (laughing)
299. Pamela (P): (Laughing) (coughs) okay
300. Deirdre (D): You okay↑
301. Pamela (P): (?)
302. Deirdre (D): Big stretch open now
303. [Sounds of suction and machinery]
304. (32)
305. Deirdre (D): How are you doing↑
306. Pamela (P): I'm fine
307. Deirdre (D): You sure↑
308. Pamela (P): Yeah
309. (4)
310. Pamela (P): Mm
311. Deirdre (D): Okay a little bit tender
312. Pamela (P): Sorry [yeah
313. Deirdre (D): [No you're doing [great
314. Pamela (P): [Yeah
315. Deirdre (D): We'll give you a little breather I just want to check the
316. Deirdre (D): x-ray and em have a look up there and is that was that
317. Deirdre (D): very sensitive I wonder is that the spot that

318. Pamela (P): That is the filling tooth
319. Deirdre (D): Yeah [that's the one we're going to re- replace (?)
320. Pamela (P): [Yeah actually yeah that is the filling tooth
321. Pamela (P): That's probably why it's so sensitive [yeah
322. Deirdre (D): Y[eah yeah
323. Pamela (P): It was just when you caught me on the outside of
324. Pamela (P): [it there
325. Deirdre (D): [Yeah
326. Deirdre (D): yeah…I'd say the reason that that that was such a [nerve
327. Pamela (P): [A
328. Pamela (P): jolt
329. Deirdre (D): Was just because we need to
330. Pamela (P): Okay
331. Deirdre (D): Replace that because of the hole in the tooth
332. Pamela (P): You could skip that one if you like (laughing)
333. Deirdre (D): (laughing)
334. Pamela (P): Seriously (laughing)
335. Nuala (N): We can clean it a bit better [when we numb you up
336. Nuala (N): maybe as well
337. Pamela (P): [(coughs)
338. Nuala (N): Are you doing okay↑
339. Pamela (P): Yeah no I'm grand yeah I'm fine I'm fine
340. (3)
341. Nuala (N): What are you doing for the rest of the day↑
342. Pamela (P): I am actually I'm going home going to bring Rachel for a
343. Pamela (P): walk Jim has to work a bit and then em going to meet a
344. Pamela (P): friend of mine who is moving to London next week who
345. Pamela (P): I'm gutted about
346. Deirdre (D): [Aw
347. Nuala (N): [Aw
348. Pamela (P): So we're going to go to Tallaght go for a bite to eat at
349. Pamela (P): Milano and we're going to see 'What to expect when
350. Pamela (P): you're expecting' at twenty past eight…[I heard it was
351. Pamela (P): very good so
352. Deirdre (D): [(Nice)
353. Nuala (N): My friend was leaving me as well my bestest friend that's
354. Nuala (N): the child I'm taking [em for the day
355. Pamela (P): [Yeah
356. Nuala (N): Cause this is my last em weekend with them
357. Pamela (P): Ah no

358. Nuala (N): So I'll spend the weekend with him this weekend and
359. Nuala (N): then next weekend will be the parent's weekend you
360. Nuala (N): know goodbyes but ah yeah they're moving to Canada
361. Pamela (P): Oh wow god that's a [far away isn't it↑
362. Deirdre (D): [Yeah god that's yeah
363. Nuala (N): Scary
364. Pamela (P): Mm
365. Nuala (N): (I'm going to have to leave)
366. Pamela (P):(coughs) I know
367. Deirdre (D): You're just going to have to find a reason to go though
368. Deirdre (D): (laughing)
369. Nuala (N): Yeah
370. Pamela (P): A course
371. Nuala (N): Yeah definitely
372. Deirdre (D): In Canada (laughing)
373. Nuala (N): Yeah
374. Pamela (P): (laughing)
375. [Sounds of suction and tooth-scaler]
376. Deirdre (D): Again just tell me if it's sore okay↑
377. (17)
378. Deirdre (D): You're doing really really well
379. Nuala (N): Really brilliant
380. Deirdre (D): We can do em we can do a really thorough clean on that
381. Deirdre (D): when you're numbed up when we're replacing the filling
382. Deirdre (D): [there
383. Pamela (P): [Yeah do you want to maybe just on that one it's only
384. Pamela (P): that one that's probably would be [sensitive (?)
385. Deirdre (D): [Maybe (so)
386. (22)
387. Deirdre (D): Is it okay with that↑
388. Pamela (P): Mm
389. (42)
390. Deirdre (D): Your front ones can sometimes be a bit more sensitive
391. Deirdre (D): so again just let us know [if they (are)
392. Pamela (P): [Okay
393. (42)
394. Pamela (P): Mm
395. Deirdre (D): Okay↑ Bit sensitive there↑
396. Pamela (P): Yeah I'm okay yeah
397. Deirdre (D): You're doing great

398. Nuala (N): Doing really well
399. (27)
400. Pamela (P): Mm
401. Deirdre (D): Let's have a little break okay↑
402. Pamela (P): (?)
403. Deirdre (D): No no (you're grand)
404. [Noise of machinery stops]
405. Deirdre (D): It can be it can be quite jumpy at some spots
406. Pamela (P): Mm…okay
407. Deirdre (D): You're doing better than I do when I'm getting my teeth
408. Deirdre (D): cleaned still (laughing)
409. Pamela (P): Ah
410. Deirdre (D): You okay↑
411. Pamela (P): Yeah
412. Deirdre (D): Are you okay if just tilt the chair backwards a little bit↑
413. Pamela (P): Yeah of course yeah
414. Deirdre (D): Bring you up a bit and back a bit
415. Pamela (P): Yeah
416. [Sounds of machinery starting up]
417. Deirdre (D): It's really em easy to hold your breath as well but just
418. Deirdre (D): make sure you keep breathing for [the (?)
419. Pamela (P): [Okay
420. Deirdre (D): Breathe in [through your nose and out through your
421. Deirdre (D): nose
422. Pamela (P): [(coughs)
423. Deirdre (D): Cause your mouth is full up
424. Pamela (P): Yes
425. Deirdre (D): Okay↑
426. Pamela (P): Okay
427. Deirdre (D): And try and hold your breath in for three and then your
428. Deirdre (D): breath out for three [so just
429. Pamela (P): [Okay
430. Deirdre (D): To try and slow down your breathing but make to sure
431. Deirdre (D): that you are breathing [okay↑
432. Pamela (P): [Okay (laughing)
433. Deirdre (D): Instead of going [Sound of sharp inhalation] and
434. Deirdre (D): holding it
435. Pamela (P): Yeah and now [only do (your own) (?)
436. Deirdre (D): [Big open wide that's brilliant
437. (8)

438. Deirdre (D): (This okay↑)...alright
439. (10)
440. Deirdre (D): Are these okay↑...alright
441. (42)
442. Pamela (P): Mm
443. Deirdre (D): (Alright)
444. Pamela (P): Mm
445. Deirdre (D): Are you okay↑
446. Pamela (P): I'm alright
447. Deirdre (D): You're very sensitive↑
448. Pamela (P): (?)
449. Deirdre (D): So when you're brushing the two spots that you that
450. Deirdre (D): we've come across so far you (noticed) are the cheek
451. Deirdre (D): sides here and here
452. Pamela (P): Yeah
453. Deirdre (D): I think they're probably exacerbated by the fact that that
454. Deirdre (D): one has a hole in it and remember I was saying to you
455. Deirdre (D): the last day up here you just want to keep an eye on it↑
456. Pamela (P): Yeah
457. Deirdre (D): Between the two teeth↑ so that's probably exacerbating
458. Deirdre (D): it but just make sure that when you're brushing because
459. Deirdre (D): it's a spot everyone misses if you open really really
460. Deirdre (D): wide right↑ you can see that your jawbone here blocks
461. Deirdre (D): the side of those teeth [so it's
462. Pamela (P): [Mm
463. Deirdre (D): Really hard to brush so if you open big and then wiggle
464. Deirdre (D): your jaw over to your left side you see how it's much
465. Deirdre (D): easier to get around [to the cheek side↑
466. Pamela (P): [Yeah
467. Deirdre (D): And the same on this side if you wiggle your jaw to the
468. Deirdre (D): right it's much easier to get around [to that side↑
469. Pamela (P): [Okay
470. Deirdre (D): And your toothbrush is about the same width as my
471. Deirdre (D): finger you know↑
472. Pamela (P): Yeah
473. Deirdre (D): So it's really important that when you're brushing
474. Deirdre (D): instead of just holding it and straight and brushing push
475. Deirdre (D): your jaw to the side
476. Pamela (P): To the side left or [right
477. Deirdre (D): [To actually get the cheek sides of

478. Deirdre (D): those teeth
479. Pamela (P): (coughs) Okay
480. Deirdre (D): And then the next time that we clean it it won't be as
481. Deirdre (D): uncomfortable
482. Pamela (P): [Okay
483. Deirdre (D): [Because the gum won't be inflamed [(to the same
484. Deirdre (D): extent) okay↑
485. Pamela (P): [Okay…okay
486. Deirdre (D): And the teeth will be fixed (laughing) that will all make
487. Deirdre (D): a big difference
488. Pamela (P): Okay
489. Deirdre (D): You doing okay↑
490. Pamela (P): Yeah
491. [Sounds of machinery starting up]
492. (44)
493. Pamela (P): (coughs)
494. Deirdre (D): You're <u>okay</u> don't apologise
495. (35)
496. Deirdre (D): (You okay↑)
497. Pamela (P): (Mm)
498. Deirdre (D): You okay↑
499. Pamela (P): Yeah yeah-yeah
500. Deirdre (D): Just remember <u>you're</u> in control
501. (78)
502. Deirdre (D): (?) You okay↑
503. Pamela (P): Yeah no prob- the back side was fine
504. Deirdre (D): Yeah
505. Pamela (P): It was [more my gums were sensitive
506. Deirdre (D): [On your cheek…mm-hmm and the cheek
507. Pamela (P): Yeah the back cheek was sensitive
508. Deirdre (D): Yeah
509. Pamela (P): But the backs of it were fine
510. Deirdre (D): Were fine↑
511. Pamela (P): Yeah
512. Deirdre (D): And and that would be sort of in line with the fact
513. Deirdre (D): that up here there was a lot more tartar [on the cheek
514. Deirdre (D): side
515. Pamela (P): [Yeah
516. Deirdre (D): Just because you're missing those spots when you're
517. Deirdre (D): brushing

518. Pamela (P): Okay
519. Deirdre (D): And it's the spot that everybody misses [so it's not
520. Pamela (P): [Yeah okay
521. Deirdre (D): It's unless it's pointed out to you you know it's a
522. Deirdre (D): [(probably why they've been so sore)
523. Pamela (P): [Okay (coughs)
524. Deirdre (D): And that's really good too because it means that the
525. Deirdre (D): next time we clean them it shouldn't be half as
526. Deirdre (D): uncomfortable [as this time… the gums will be
527. Pamela (P): [No that's true too it'll be easier
528. Deirdre (D): Healthier yeah [exactly
529. Pamela (P): [Okay
530. Deirdre (D): Be okay if we crack on with the bottom ones↑
531. Pamela (P): Yeah let's go no yeah no I'm fine honestly
532. Deirdre (D): You're doing great
533. Pamela (P): (coughs)
534. [Sounds of machinery starting up]
535. Deirdre (D): And big stretch open again that's it
536. (53)
537. Deirdre (D): (?)
538. Nuala (N): (Over there↑)
539. (15)
540. Deirdre (D): Give you a little breather there you okay↑
541. Pamela (P): Yeah sorry yeah
542. Deirdre (D): Don't apologise
543. [Sounds of machinery stop]
544. Pamela (P): Little bit sensi[tive
545. Deirdre (D): [Sensitive↑ yeah remember we were
546. Deirdre (D): talking the last day about em the exposed roots the
547. Deirdre (D): areas of exposed roots↑
548. Pamela (P): Mm
549. Deirdre (D): So (?)
550. Pamela (P): Okay
551. Deirdre (D): You're doing great big stretch open now again
552. [Sounds of machinery starting up]
553. (31)
554. Deirdre (D): Keep breathing… that's great (that's it)
555. (15)
556. Deirdre (D): Yeah… the front ones can be pretty sensitive can't
557. Deirdre (D): [they↑

558. Pamela (P): [Okay yeah
559. Deirdre (D): No you're doing great you we aren't in any hurry so
560. Pamela (P): Okay
561. Deirdre (D): We'll keep giving you breaks so you just tell us when
562. Deirdre (D): you need a break okay↑ run your tongue under them
563. Deirdre (D): (now) kind of warm them up a bit
564. Pamela (P): Mm
565. Deirdre (D): Yeah
566. Pamela (P): Right okay
567. Deirdre (D): Well done… just going to pull your lip and [hold it
568. Pamela (P): [Yeah
569. Deirdre (D): Out of the way for us there that much and big stretch
570. Deirdre (D): open again
571. Pamela (P): Oh
572. [Sounds of machinery starting up]
573. (19)
574. Pamela (P): Mm
575. (5)
576. Deirdre (D): Well done…good
577. Nuala (N): (There↑)
578. Deirdre (D): Yeah perfect
579. Pamela (P): (coughs) Can I've my water again or a rinse there↑
580. Deirdre (D): It's okay keep [(that one) get rid of it
581. Pamela (P): [Okay
582. Deirdre (D): You okay↑
583. Pamela (P): Ah yeah grand yeah sorry [(?) it's stuck (somewhere)
584. Deirdre (D): [(laughing) you're fine you're
585. Deirdre (D): doing great
586. Pamela (P): Okay
587. Deirdre (D): Can you point your chin downwards that's it yeah it
588. Deirdre (D): makes it a little bit easier for Nuala to catch more water
589. Pamela (P): Oh okay okay
590. (37)
591. Pamela (P): Okay
592. Deirdre (D): Don't forget to breathe (laughing)
593. Pamela (P): (laughing) I don't know what [(?)
594. Deirdre (D): [You sound like you're out
595. Deirdre (D): of (laughing)
596. Pamela (P): I don't know what you (mean) (laughing)
597. Deirdre (D): (laughing)

598. Pamela (P): Okay now (I'll close up)
599. Nuala (N): Pop your chin down there
600. Deirdre (D): Pop your chin yeah perfect **yeah** that's that's (?) perfect
601. (5)
602. Deirdre (D): Big deep breaths in through your nose… and out
603. Deirdre (D): through your mouth
604. (8)
605. Deirdre (D): In through your nose again
606. (34)
607. Deirdre (D): Well done you're doing great are you alright↑
608. Pamela (P): Yeah
609. Deirdre (D): They're the hardest the hardest ones to get through
610. (3)
611. Deirdre (D): Brilliant
612. (24)
613. Deirdre (D): That's it keep breathing… in through the nose
614. (19)
615. Deirdre (D): Great okay [there you okay↑
616. Nuala (N): [Okay↑
617. Pamela (P): Mm-hmm
618. (5)
619. Pamela (P): I'm not out of breath
620. Deirdre (D): (laughing)
621. Nuala (N): No not at all
622. Pamela (P): (laughing)
623. Deirdre (D): Are you doing okay↑
624. Pamela (P): Yeah
625. Deirdre (D): Yeah
626. Pamela (P): It's terrible you don't mean to but you just [clench up
627. Nuala (N): [I know it's
628. Nuala (N): it's automatic…we all do it
629. Pamela (P): Yeah
630. Deirdre (D): You can shake it out a little if you like [(anyway)
631. Pamela (P): [Yeah (laughing)
632. Deirdre (D): Yes you kind of tense up the body
633. Pamela (P): You do it's your shoulders you just [automatically
634. Deirdre (D): [Yeah…tense
635. Pamela (P): To pull everything up you don't need [to do it
636. Deirdre (D): [Go into defense
637. Deirdre (D): [(laughing)

638. Pamela (P): [You're waiting on that 'Oh [Jesus'
639. Deirdre (D): [Yeah
640. Deirdre (D): Waiting on the jump
641. [Sounds of exhalation]
642. (5)
643. Deirdre (D): All we have left is to go along on the inside of the
644. Deirdre (D): bottom ones
645. Pamela (P): Oh that's the best bit
646. Deirdre (D): Yeah
647. Pamela (P): Oh yeah the [(good bit) (laughing)
648. Nuala (N): [Right
649. Deirdre (D): [It feels
650. Nuala (N): It feels right (laughing)
651. Deirdre (D): It feels the best afterwards (laughing)
652. Pamela (P): Afterwards (laughing) that's the bit where I'm [drinking
653. Pamela (P): all my tea
654. Deirdre (D): [Leave the
655. Deirdre (D): best till last
656. Pamela (P): That's the tartar I can actually [see so this is the bit I'm
657. Pamela (P): dreading
658. Deirdre (D): [Feel or see yeah
659. Deirdre (D): (laughing)
660. Pamela (P): Okay we'll be grand
661. Deirdre (D): We'll be grand we'll get through the rest [we've got this
662. Deirdre (D): far
663. Nuala (N): [Just think
664. Nuala (N): about the end results
665. Deirdre (D): Yeah exactly
666. Pamela (P): That's a grand telly
667. Deirdre (D): Yeah it is isn't it the (purple) one
668. (35)
669. Deirdre (D): You doing okay↑
670. Pamela (P): Mm yeah
671. Nuala (N): Pop your chin down again there just a little bit [just there
672. Pamela (P): [Oh yeah
673. Pamela (P): sorry about [that
674. Deirdre (D): [No you're grand you're grand just so you
675. Deirdre (D): won't feel like you're drowning
676. (28)
677. Nuala (N): Fantastic

678. Deirdre (D): You okay↑
679. Pamela (P): [Mm-hmm
680. Deirdre (D): [Under your tongue there is another spot that loads of
681. Deirdre (D): people miss when they're brushing↑
682. Pamela (P): Under the tongue↑
683. Deirdre (D): Yeah so on the molar teeth sort of in here
684. Pamela (P): Okay
685. Deirdre (D): At the back
686. Pamela (P): Okay yeah
687. Deirdre (D): Okay↑ em
688. Pamela (P): Okay
689. Deirdre (D): And for most people they sort of subconsciously avoid
690. Deirdre (D): it because it makes you retch a bit with your
691. Deirdre (D): toothbrush↑
692. Pamela (P): Yeah yeah-yeah
693. Deirdre (D): Yeah↑
694. Pamela (P): Yeah
695. Deirdre (D): So the trick is to to lift your chin up really high like that
696. Deirdre (D): [cause that
697. Pamela (P): [Yeah
698. Deirdre (D): Pulls down the floor of your mouth
699. Pamela (P): Okay
700. Deirdre (D): And it gets deeper in there so it doesn't make you
701. Pamela (P): Okay
702. Deirdre (D): Want to retch as much [so
703. Pamela (P): [Okay
704. Deirdre (D): You just put your chin up and then get right down
705. Deirdre (D): where the gum meets the tooth [okay↑
706. Pamela (P): [Okay
707. Deirdre (D): So apologies if it's a little uncomfortable
708. Pamela (P): No no (go on)
709. (56)
710. Deirdre (D): You okay↑
711. (31)
712. Deirdre (D): Keep breathing Pamela well done
713. (8)
714. Deirdre (D): How are you doing Pamela are you okay↑
715. Pamela (P): Yeah [fine
716. Deirdre (D): [Half-way there
717. Pamela (P): Sorry

718. Deirdre (D): Don't apologise
719. Pamela (P): (coughs)
720. Deirdre (D): You're doing great
721. (13)
722. Pamela (P): Oh
723. Deirdre (D): Take your time
724. Pamela (P): Ooh
725. Deirdre (D): Oh run over it with your tongue (warm it up) that's it
726. Nuala (N): You're doing really well (?)
727. (4)
728. Deirdre (D): Don't worry
729. Pamela (P): It's okay
730. Deirdre (D): Does it feel a bit different to your tongue already↑
731. Pamela (P): Yeah
732. Deirdre (D): Great
733. Pamela (P): Sorry
734. Deirdre (D): You're doing a great job keeping them clean
735. Deirdre (D): they're looking so much healthier even than
736. Deirdre (D): the last day so after today they'll be right as rain
737. Pamela (P): Right
738. (94)
739. Deirdre (D): Brilliant how are you doing↑
740. Pamela (P): I'm okay
741. Deirdre (D): Okay↑
742. Pamela (P): Mm-hmm
743. (3)
744. Deirdre (D): Just done last little bit okay↑
745. Pamela (P): Mm
746. (29)
747. Deirdre (D): Brilliant
748. Nuala (N): Well done… you alright↑
749. Pamela (P): Yeah
750. Deirdre (D): You did great
751. Nuala (N): Breathe in [(?) (laughing)
752. Deirdre (D): [Yeah (laughing)
753. Pamela (P): I've obviously been holding my breath
754. Nuala (N): Sorry yeah no never mind never mind
755. Deirdre (D): So the last bit to do is to polish them up would you
756. Deirdre (D): like to have a rinse first or are you okay↑
757. Pamela (P): I'm okay [I'm okay

758. Deirdre (D): [You okay↑
759. Pamela (P): Just keep going
760. Deirdre (D): Yeah 'Get me out of here' (laughing)
761. Pamela (P): (Laughing) This is the nice part
762. Deirdre (D): Yeah
763. Pamela (P): The polishing [(no grand)
764. Deirdre (D): [It's kind of like an electric toothbrush
765. Pamela (P): I knew that bottom bit was going to be bad just
766. Deirdre (D): Yeah yeah
767. Pamela (P): Sorry
768. Deirdre (D): No don't apologise [you're grand
769. Pamela (P): [Oh are you sure cause it's
770. Pamela (P): the amount of tea I've been drinking but anyway
771. Pamela (P): [(laughing)
772. Deirdre (D): [No not at all it's it's (part of it) that the tartar
773. Deirdre (D): builds up in everyone because in underneath
774. Deirdre (D): your teeth here you've got salivary glands↑
775. Pamela (P): Mm
776. Deirdre (D): Which are releasing minerals so you can think
777. Deirdre (D): of it as the hard water area [of your mouth
778. Pamela (P): [Yeah yeah
779. Deirdre (D): So the tartar builds up much much quicker like
780. Deirdre (D): limescale in a hard-water area you know… right
781. Deirdre (D): polish them
782. Pamela (P): Okay
783. Deirdre (D): Get you out of here big stretch open again now
784. Deirdre (D): that's it
785. Pamela (P): Mm
786. Deirdre (D): And close a little bit
787. [Sound of slow-speed drill for polishing]
788. (8)
789. Deirdre (D): Nuala can I have a 3M strip as well↑
790. Nuala (N): Yes
791. Deirdre (D): (Thanks)
792. (3)
793. Deirdre (D): Big stretch open for me
794. (14)
795. Deirdre (D): We really are making great headway Pamela cause
796. Deirdre (D): they're so much healthier the gums than the last day
797. Deirdre (D): so after the cleaning all around you should notice that

798. Deirdre (D): that bleeding when you floss really settles down for
799. Deirdre (D): you… if you miss a day here or there you might find
800. Deirdre (D): it bleeds a bit when you go back to it↑
801. Pamela (P): Alright
802. Deirdre (D): But that's normal it's just cause the gum gets irritated…
803. Deirdre (D): by all the plaque building up
804. (4)
805. Nuala (N): Gorgeous
806. Deirdre (D): Now I'll sit you up and you can have a rinse out okay↑
807. (7)
808. Deirdre (D): Alright↑
809. Pamela (P): Alright yeah…great
810. (13)
811. Nuala (N): 'Tis done
812. Pamela (P): Mm
813. Deirdre (D): Tissues there if you need to [wipe yourself
814. Nuala (N): [Do you want another one↑
815. Pamela (P): No I'm fine now thank you
816. Deirdre (D): So have a little look
817. Pamela (P): Oh my [god
818. Deirdre (D): [So much better don't they↑…now if you like
819. Deirdre (D): do you see those little stains in between these two here↑
820. Pamela (P): Yeah
821. Deirdre (D): I have a little gadget to get rid of them it's kind of like a
822. Deirdre (D): sandpaper strip↑ okay↑
823. Pamela (P): Great
824. Deirdre (D): It doesn't hurt usually doing it but it is a bit of a
825. Deirdre (D): strange sensation so I can do it if you like and
826. Deirdre (D): try and remove those little bits [of staining
827. Pamela (P): [Okay yeah
828. Deirdre (D): If you if you don't like it we can stop
829. Pamela (P): In for a penny in for a pound [(go on) yeah
830. Deirdre (D): [(laughing)
831. Pamela (P): (coughs)
832. Deirdre (D): It does help to remove them though [(?)
833. Pamela (P): [Yeah no it's
834. Pamela (P): fantastic Deirdre thanks a million
835. Deirdre (D): No problem are you feeling okay↑
836. Pamela (P): Yeah grand
837. Deirdre (D): [(Do you want to get this done↑ (laughing)

838. Nuala (N): [(laughing)
839. Pamela (P): (laughing)
840. Deirdre (D): [(?) to get out of here
841. Pamela (P): [(laughing) (coughs)…[no that's much better
842. Deirdre (D): [Now
843. Pamela (P): [Em yeah
844. Deirdre (D): [doesn't it↑… must feel better too
845. Pamela (P): Yeah it does yeah cause you it 's horrible when you can
846. Pamela (P): actually feel the tartar
847. Deirdre (D): I know
848. Pamela (P): [(Rough)
849. Deirdre (D): [The roughness
850. Pamela (P): Yeah
851. Deirdre (D): Exactly
852. [Noise of packaging being manipulated, cupboards opening]
853. Deirdre (D): (?)(I'll just stand a little)(?)
854. Deirdre (D): You okay↑
855. Pamela (P): Yeah yeah
856. (58)
857. [Sounds of tidying up continue, metal instruments clanging]
858. Deirdre (D): (There we are feeling better)
859. Pamela (P): (Feel better)
860. Deirdre (D): Good
861. (16)
862. Deirdre (D): Gorgeous…right
863. (4)
864. Deirdre (D): I'll have another look there
865. (9)
866. Deirdre (D): Lovely [right
867. Pamela (P): [Grand
868. Deirdre (D): I'm going to sit you up and you can have another rinse
869. Pamela (P): Happy days
870. (7)
871. Nuala (N): Alright↑
872. Pamela (P): Mm
873. Deirdre (D): Right I'll [give you another look at
874. Nuala (N): [(Just give you this serviette)
875. Pamela (P): Deirdre that's <u>brilliant</u>
876. Deirdre (D): No problem makes a difference doesn't [it↑
877. Pamela (P): [Yeah

878. Deirdre (D): To get rid of those last little [bits
879. Pamela (P): [Yeah
880. Deirdre (D): Gorgeous
881. Pamela (P): Thank you very much
882. Deirdre (D): You okay↑ [wasn't too bad↑
883. Pamela (P): [Mm
884. (5)
885. Deirdre (D): Can I take that↑
886. Pamela (P): Yeah that's fine
887. Deirdre (D): Yeah↑ okay [(?)
888. Pamela (P): [Absolutely brilliant look thank you
889. Pamela (P): so much yeah you're [fantastic
890. Deirdre (D): [So em we've a little bit more to do
891. Pamela (P): [Yes
892. Deirdre (D): [We've got the filling up here
893. Pamela (P): I've to sort that filling okay
894. Deirdre (D): I had a good look em remember I was saying to you the
895. Deirdre (D): last day there's a spot in between the two teeth there
896. Deirdre (D): [that I want to keep an eye on↑
897. Pamela (P): [Yes
898. Deirdre (D): I had a good look today and I can't see any any decay in
899. Deirdre (D): your mouth
900. Pamela (P): Okay
901. Deirdre (D): Em and the x-ray sometimes it's difficult to tell if it's an
902. Deirdre (D): early starting or it's just just a naturally on the x-ray
903. Deirdre (D): okay so we'll we'll have we'll keep an eye on it and
904. Deirdre (D): what we might do is take another x-ray in six months↑
905. Pamela (P): Yeah
906. Deirdre (D): If it's got any worse then we know we do have to do a
907. Deirdre (D): filling [(for that)
908. Pamela (P): [Yeah
909. Deirdre (D): Because I don't want to unnecessarily… you know
910. Deirdre (D): [try to (treat the tooth)…no I'm sure you don't
911. Pamela (P): [I don't want you to unnecessarily do (laughing)
912. Deirdre (D): (laughing) And then the other thing we have to do is
913. Deirdre (D): take out that little root
914. Pamela (P): Yeah
915. Deirdre (D): That's very straightforward
916. Pamela (P): Okay grand well I can organise then this for the next day
917. Pamela (P): [right↑

918. Deirdre (D): [Perfect
919. Pamela (P): Yeah okay perfect thank you so much
920. Deirdre (D): You okay↑ well done
921. Pamela (P): (Sorry)(?)
922. Deirdre (D): Ah don't worry you're grand (laughing)
923. Pamela (P): (laughing)
924. Deirdre (D): Nothing at all lovely to see you
925. Pamela (P): (All the best)
926. Deirdre (D): Nuala will bring you down to reception [and get you
927. Deirdre (D): sorted with a new appointment…I'm going to em
928. Pamela (P): [(?)I'll just pop
929. Pamela (P): these on

Case 2

1. Dympna (D): Hello
2. Pearl (P): [Hi
3. Nadia (N): [Hello there
4. (2)
5. Dympna (D): Okay so we're going to turn on our little guys here now
6. Dympna (D): and em
7. Pearl (P): (Laughing) okay
8. Dympna (D): So I'm Paula as I... was saying downstairs and Nadia is
9. Dympna (D): [helping me now today okay↑
10. Pearl (P): [Hi
11. Nadia (N): [Yeah
12. Dympna (D): So grab a seat for me and em please
13. [Noise from chair]
14. Dympna (D): Yeah
15. (3)
16. Dympna (D): So ... it's a routine check-up for you is it or
17. Pearl (P): Yeah

18. Dympna (D): Okay so you… in January 2010 that's pretty … em
19. Dympna (D): you know not not too long ago so any particular
20. Dympna (D): queries or...
21. Pearl (P): Em just general I suppose just generally I had some...
22. Pearl (P): they're not fillings exactly it's the white...
23. Dympna (D): [Okay
24. Pearl (P): [The white filler
25. Dympna (D): [Yeah
26. Pearl (P): [I'm not I'm not quite sure of the difference just want
27. Pearl (P): to make sure they're okay em... generally I suppose and
28. Pearl (P): I'm interested in teeth whitening as well [just
29. Dympna (D): [Okay
30. Pearl (P): but [yeah that's it yeah
31. Dympna (D):[okay we'll see how they are generally okay and **em**…
32. Dympna (D): medically-wise any problems when you've had dental
33. Dympna (D): treatment before
34. Pearl (P): [No
35. Dympna (D): [Or anything crop up there
36. Pearl (P): No
37. Dympna (D): And em nothing there that's fine↑ great okay↓ so
38. Dympna (D): you're on your lunch break now
39. Pearl (P): I am yeah no
40. Dympna (D): Okay drop you back now
41. (5)
42. Nadia (N): Just put this on
43. Dympna (D): Are you working around there long or
44. Pearl (P): Yeah I'm there **nearly** just over two years [actually yeah
45. Dympna (D): [Okay
46. Pearl (P): So before that I was out of work for a year (laughing) so
47. Pearl (P): [I was delighted to get a job

48. Dympna (D): [Okay yeah yeah yeah

49. Pearl (P): Just with everything that's going on

50. Dympna (D): Yeah… thank you

51. [Sounds of putting on gloves]

52. (5)

53. Dympna (D): Now so

54. (16)

55. Dympna (D): Nice and wide…okay so I'm just going to use a little

56. Dympna (D): bit of air now to dry your [teeth

57. Pearl (P): [Mm-hmm

58. Dympna (D): It just helps me to see them better okay↑

59. Pearl (P): Mm-hmm

60. [Sound of compressed air]

61. (21)

62. Dympna (D): Okay and nice and wide there again so wisdom teeth

63. Dympna (D): were they removed or do you remember↑

64. Pearl (P): No

65. Dympna (D): No↓ that's fine but they're unerupted anyway no sign

66. Dympna (D): of them there in your mouth okay↑ em did you have

67. Dympna (D): braces when you were younger↑

68. Pearl (P): Yeah

69. Dympna (D): Okay just close together now for me

70. (4)

71. Dympna (D): And nice and wide again good

72. [Sound of compressed air]

73. (20)

74. Dympna (D): Okay

75. (10)

76. Dympna (D): So em some decay the lower right em seven has an

77. Dympna (D): occlusal-buccal cavity so (I did) find some decay

78. Dympna (D): here on your back tooth okay on this side that's going
79. Dympna (D): to need a filling↑ em so I think the little you're
80. Dympna (D): talking maybe about sealants was it↑ [you know
81. Dympna (D): when you
82. Pearl (P): [Mm
83. Dympna (D): Yeah so I think some of them may not be fully there
84. Dympna (D): anymore but (coughs) y-you wouldn't replace them
85. Dympna (D): necessarily you know it's not em always… it's more
86. Dympna (D): important to have the hygiene and em you know sort
87. Dympna (D): of watch out for the (coughs) your diet you know the
88. Dympna (D): number of times you are eating and drinking can
89. Dympna (D): affect where if you haven't had decay before and
90. Dympna (D): you're getting new decay em… so we're going to be
91. Dympna (D): doing some x-rays as well because I think there's a
92. Dympna (D): little shadow here I want to make sure that's nothing
93. Dympna (D): as well okay↑ em… but you're qualified for your
94. Dympna (D): PRSI so you're not charged today for your check-up
95. Dympna (D): or your x-rays anyway okay↑ so
96. (7)
97. Dympna (D): Now I'm just having a look here at your gum health
98. Dympna (D): okay
99. (11)
100. Dympna (D): And no history of smoking or...
101. Pearl (P): (Nope)
102. (27)
103. Dympna (D): Okay I'm going to bring up the chair I'm going to
104. Dympna (D): take some x-rays here of your back teeth [okay↑
105. Pearl (P): [Yeah
106. (4)
107. Dympna (D): So it's definitely some staining around [you know

108. Pearl (P): [Yeah

109. Dympna (D): and going to get you to see the hygienist have a really

110. Dympna (D): good clean

111. Pearl (P): Yeah

112. Dympna (D): em

113. (8)

114. Pearl (P): I'm booked in with the hygienist [today anyway

115. Dympna (D): [Oh are you today okay

116. Dympna (D): great great sorry I didn't realise that [that's brilliant no

117. Dympna (D): that's

118. Pearl (P): [Yeah no sorry

119. Dympna (D): great No that's perfect

120. (4)

121. Dympna (D): Now this might a little sensor and… I'll ask you to

122. Dympna (D): bite your teeth together for me

123. Pearl (P): Mm-hmm

124. Dympna (D): And close great so you won't feel anything I'm going

125. Dympna (D): to go outside and press the button okay and you'll

126. Dympna (D): hear a beep okay↑

127. Pearl (P): Okay

128. [Beep from X-ray machine]

129. (8)

130. Dympna (D): Lovely that's perfect… and we're going to do the

131. Dympna (D): same now a little bit further back okay

132. Pearl (P): Mm-hmm

133. (4)

134. Dympna (D): Now sorry sorry close more for me please

135. Pearl (P): [(sighs)

136. Dympna (D): [that's it alright now breathe through the nose that can

137. Dympna (D): help that's it

138. [Beep from x-ray machine]

139. (7)

140. Dympna (D): Great…lovely... thanks

141. [Mechanical noise]

142. (6)

143. Dympna (D): I can actually see a wisdom tooth down here it's kind

144. Dympna (D): of at an angle it's very much impacted it's trapped

145. Dympna (D): you know but… cause when I probed behind that

146. Dympna (D): back tooth I thought I could feel it but then I can see

147. Dympna (D): it there on the x-ray okay↑

148. (4)

149. Dympna (D): And open there now please… and close

150. [Beep from x-ray machine]

151. (14)

152. Dympna (D): Brilliant

153. Pearl (P): Mm-hmm

154. Dympna (D): And just one more there a bit further back on that

155. Dympna (D): side

156. (3)

157. Dympna (D): and close… good

158. [Beep of x-ray machine]

159. (10)

160. Dympna (D): You can open there well done that's brilliant

161. (6)

162. Dympna (D): So we'll just drop you back here

163. [On phone]

164. Dympna (D): Aisling hi would

165. Dympna (D): you mind bringing up that cup and maybe sort

166. Dympna (D): Researcher out with a just show him where the tea

167. Dympna (D): and coffee is and the milk is that alright oh he's in the

168. Dympna (D): attic okay↑ alright thanks bye bye

169. (18)

170. Dympna (D): So the same on the other side I see the wisdom tooth

171. Dympna (D): there em

172. Pearl (P): Okay

173. Dympna (D): On the lower left you [know

174. Pearl (P): [Mm-hmm

175. Dympna (D): really they're not of any significance and they're not

176. Dympna (D): going to find their way up into your mouth or

177. Dympna (D): anything [okay↑

178. Pearl (P): [Good

179. Pearl (P): They're not causing me any pain anyway [so

180. Dympna (D): [Yeah

181. (9)

182. Dympna (D): Okay just bring your head back there that's great

183. (15)

184. Dympna (D): And just open now good

185. (37)

186. Dympna (D): Great okay so it's just that one cavity okay↑ and em

187. Dympna (D): lean forward there I'll show you your x-rays… this

188. Dympna (D): thing is recording [whispered]

189. (4)

190. Dympna (D): Okay (coughs)

191. (3)

192. Dympna (D): And em so the x-ray's there just you can take the

193. Dympna (D): glasses off [it gives

194. Pearl (P): [Thanks

195. Dympna (D): you a nice overview of all of the em… what's

196. Dympna (D): happening in between the teeth and the areas you

197. Dympna (D): can't see [directly in

198. Pearl (P): [Yeah
199. Dympna (D): your mouth so… this is the tooth that needs a filling
200. Dympna (D): and em… sorry sorry Nadia… it it's not so obvious
201. Dympna (D): on the x-ray maybe to you but it again gives me
202. Dympna (D): another bit of information about where the how far
203. Dympna (D): down into the tooth that that cavity is going I'll just
204. Dympna (D): darken it up a little you'll probably see it a bit better
205. Dympna (D): see this sort of… I don't know can you see on [that
206. Dympna (D): outline
207. Pearl (P): [Oh
208. Pearl (P): yeah yeah
209. Dympna (D): That's that's decay [alright
210. Pearl (P): [Yeah
211. Dympna (D): so x-rays are full of shadows and you know but in
212. Dympna (D): your mouth there's a very definite em em you know I
213. Dympna (D): can see a very definite cavity in this tooth
214. Pearl (P): [Okay
215. Dympna (D): [it's on the biting surface on this side okay↑
216. Pearl (P): Yeah
217. Dympna (D): but it's it just needs a filling okay [alright↑
218. Pearl (P): [Sure
219. Dympna (D): And em then you're seeing the hygienist today which
220. Dympna (D): is great and I'll just have you I'll just give you another
221. Dympna (D): bit of information on tooth whitening and you can
222. Dympna (D): have a… a think about it then after you've em done
223. Dympna (D): the hygiene session and if you've any questions when
224. Dympna (D): you come back for the filling so I'll print an estimate
225. Dympna (D): for you for the filling as [well
226. Pearl (P): [Okay
227. Dympna (D): Okay↑… have you looked at whitening at all before

228. Dympna (D): or↑

229. Pearl (P): Ah just just researched but [on the internet

230. Dympna (D): [Yeah

231. Pearl (P): but [nothing

232. Dympna (D): [So you have a kind of idea

233. Pearl (P): [Yeah

234. Dympna (D): [of of work

235. Dympna (D): So basically there's two two em ways of em you

236. Dympna (D): know there's home treatment or a surgery based

237. Dympna (D): treatment okay and em the surgery treatment that we

238. Dympna (D): do is the "Zoom" treatment

239. Pearl (P): Yeah

240. Dympna (D): Em so it's using em a an ultraviolet light as an energy

241. Dympna (D): source and the idea is that your basically kind of

242. Dympna (D): accelerating↑ what you are doing with the home

243. Dympna (D): treatment it's just happening faster

244. Pearl (P): [Okay

245. Dympna (D): [Okay↑ and em so the gel that we're using is a higher

246. Dympna (D): concentration because we're able to em literally just

247. Dympna (D): isolate the rest of your mouth and so we can use it

248. Dympna (D): and it's safe for that but what you are able to use

249. Dympna (D): yourself at home is a much lower concentration and

250. Dympna (D): so it takes a bit longer to do okay↑

251. Pearl (P): Sure

252. Dympna (D): So the surgery based system em the appointment

253. Dympna (D): length is usually 90 minutes and em the way I tend to

254. Dympna (D): do it is I would em get someone to have an

255. Dympna (D): impression taken first of all and have the little trays

256. Dympna (D): made up and then we do the "Zoom"…

257. Dympna (D): you look terribly worried (laughing) [em I mean

258. Pearl (P): [(laughing)

259. Dympna (D): Do you think your teeth have got darker↑

260. Dympna (D): [over the years or that kind of thing

261. Pearl (P): [Yeah no they definitely have absolutely yeah

262. Dympna (D): Okay so like that those are the best em em you know

263. Dympna (D): they are the teeth that respond best okay because they

264. Dympna (D): tend to em like with any whitening all you can do is

265. Dympna (D): release whatever potential is in the teeth

266. Pearl (P): Yeah

267. Dympna (D): so if you feel that they have got [darker over time

268. Pearl (P): [Yeah

269. Dympna (D): then that's going to usually respond best and you

270. Dympna (D): have naturally got quite a lot of white in your teeth so

271. Dympna (D): some people would have more of if they've got hi-

272. Dympna (D): heavier yellow colour or more like a grey colour they

273. Dympna (D): tend to be the ones that are more difficult [and don't

274. Dympna (D): respond

275. Pearl (P): [Okay

276. Dympna (D): As well [you know↑

277. Pearl (P): [Yeah

278. Dympna (D): Em so the… with either process once you do it it is

279. Dympna (D): important to kind of maintain it then as well so if you

280. Dympna (D): do a "Zoom" treatment as a one-off I always try and

281. Dympna (D): have the trays so that someone then do em at six

282. Dympna (D): months or twelve months [just to wear the trays for a

283. Pearl (P): [Sure

284. Dympna (D): couple of hours for a day or two↑ and it helps to kind

285. Dympna (D): of hold the colour and reinforce [it okay↑

286. Pearl (P): [Yeah

287. Dympna (D): Em… so with the "Zoom" em the fee is em 495 euro

288. Dympna (D): and that includes the surgery session and also trays
289. Dympna (D): and em a little starter kit so that then you're kind of
290. Dympna (D): set up for your maintenance as well [okay↑
291. Pearl (P): [Sure
292. Dympna (D): Now the home treatment is 300 euro and it includes
293. Dympna (D): em the trays and a kit which has em (coughs) sort of
294. Dympna (D): six syringes in it and again the syringes then you
295. Dympna (D): would probably use three to four for the first cycle
296. Dympna (D): and then you have some left over usually
297. Pearl (P): Sure
298. Dympna (D): which you can then use as top-up↑ and then further
299. Dympna (D): down the line if you need like we would sell three
300. Dympna (D): syringes for a 100 euro and once we have your trays
301. Dympna (D): so that's further down the line kind of thing do you
302. Dympna (D): know what I mean em (coughs) so home treatment
303. Dympna (D): when you're doing it it takes em usually you wear the
304. Dympna (D): trays for about two hours for ten to twelve nights
305. Pearl (P): Yeah
306. Dympna (D): Okay em like we used to get patients to wear them
307. Dympna (D): overnight but it's been shown that that can have more
308. Dympna (D): sensitivity associated with it↑ so you can still opt to
309. Dympna (D): do that but two hours you know in the evening
310. Dympna (D): working on the computer or watching tv something
311. Dympna (D): like that
312. Pearl (P): Yeah
313. Dympna (D): you know and then em em it gives the same response
314. Dympna (D): but you don't have as much potential sensitivity and
315. Dympna (D): that's the side-effect of either whitening…em the
316. Dympna (D): surgery-based one like I would give someone a
317. Dympna (D): nurofen beforehand and say 'listen, you know, you're

318. Dympna (D): going to be aware of your teeth for 24 hours' but it is
319. Dympna (D): it's finite like it does pass [okay↑
320. Pearl (P): [Sure
321. Dympna (D): But the home treatment because it's happening more
322. Dympna (D): gradually… you don't get to have the same…em risk
323. Dympna (D): of that happening I suppose like would you find that
324. Dympna (D): your teeth would be sensitive normally or
325. Pearl (P): Em just a little here
326. Dympna (D): Okay
327. Pearl (P): but generally they're they're quite good [to be fair yeah
328. Dympna (D): [Yeah yeah yeah
329. Dympna (D): so I mean and again looking at your teeth like
330. Dympna (D): sometimes I have patients who would have a lot of
331. Dympna (D): wear and so they wouldn't be suitable for a "Zoom"
332. Dympna (D): treatment but you know you have the option em the
333. Dympna (D): reason why some of them would opt for a surgery-
334. Dympna (D): based rather than doing the work themselves at home
335. Dympna (D): is really convenience and you know the idea of
336. Dympna (D): getting getting to the end point quite quickly
337. Pearl (P): [Sure
338. Dympna (D): [Okay em with the home treatment it is important to
339. Dympna (D): be able to be compliant and kind of
340. Pearl (P): Yeah
341. Dympna (D): you can take a [night off
342. Pearl (P): [just
343. Dympna (D): like but it is sometimes doing five nights isn't always
344. Pearl (P): grand or okay [you have to (laughing)
345. Pearl (P): [Yeah
346. Dympna (D): kind of follow it through because otherwise it will
347. Pearl (P): just fade and you [won't get the

348. Pearl (P): [Sure

349. Dympna (D): longevity from it [↑okay

350. Pearl (P): [Sure yeah

351. Dympna (D): Em so that's basically a bit of an overview any

352. Dympna (D): questions or

353. Pearl (P): No I think that I mean overall how apart from the tooth

354. Pearl (P): with the the

355. Dympna (D): cavity [I mean generally (no you're) like fine

356. Dympna (D): absolutely fine

357. Pearl (P): [cavity are they okay teeth

358. Dympna (D): like there is some staining and you will benefit now

359. Dympna (D): from this (thorough) scale but your gums there's no

360. Dympna (D): sign of gum disease [or anything like that

361. Pearl (P): [that's good

362. Dympna (D): okay and em decay-wise like this is a tooth that hasn't

363. Dympna (D): been filled before and you have no history of having

364. Dympna (D): [fillings so

365. Pearl (P): [Mm-hmm

366. Dympna (D): from that point of view em I suppose to bear in mind

367. Dympna (D): you know just watch out that you make sure when

368. Dympna (D): you are using your toothpaste don't wash all the

369. Dympna (D): toothpaste away so clean and spit em so a lot of times

370. Dympna (D): when you know… there's a whole generation now

371. Dympna (D): who don't we would people would have been told to

372. Dympna (D): wash all the toothpaste away whereas the

373. Dympna (D): recommended thing for children now or for all of us

374. Dympna (D): is to clean and spit↑ so that you don't wash all the

375. Dympna (D): toothpaste out of your mouth [so that you leave a

376. Dympna (D): chance for

377. Pearl (P): [Okay

378. Dympna (D): The fluoride from the toothpaste to actually em
379. Dympna (D): penetrate into your teeth and into your saliva
380. Pearl (P): [Sure
381. Dympna (D): [Okay so simple things like that will influence em
382. Dympna (D): how strong the surface of your tooth can be and how
383. Dympna (D): resistant to decay↓
384. Pearl (P): Mmm
385. Dympna (D): Alright↑ and the other thing to watch out for then is
386. Dympna (D): em em the number of times that you are eating and
387. Dympna (D): drinking so again the mouth it's not always about
388. Dympna (D): calories or where a sugar comes from it's the number
389. Dympna (D): of times that you eat and drink that's important so
390. Dympna (D): you're trying to leave long intervals and em allow the
391. Dympna (D): saliva then to kind of bring things back to neutral
392. Pearl (P): Mmm
393. Dympna (D): You know what I mean
394. Pearl (P): [Yeah
395. Dympna (D): [So em because even snacking on a few grapes or
396. Dympna (D): there morning you know it's the number of times that
397. Dympna (D): you know you know fruit snacks are just as able over
398. Dympna (D): time to to to em affect the acid level
399. Pearl (P): [Yeah
400. Dympna (D): [and that's that's where you can be caught out do you
401. Dympna (D): know what I [mean↑
402. Pearl (P): [Okay
403. Dympna (D): so em but no I mean the the cavity like what what I'll
404. Dympna (D): quote you for is for the white filling and so it will
405. Dympna (D): blend in with the rest of your [teeth
406. Pearl (P): [Okay
407. Dympna (D): And then em em I'll put the estimate there Nadia's

408. Dympna (D): bringing it up with the em whitening on it then as
409. Dympna (D): well I mean the home whitening is very predictable
410. Dympna (D): em very safe as is the "Zoom" I suppose it's more like
411. Dympna (D): it's more expensive because we have to use surgery
412. Dympna (D): time
413. Pearl (P): [Yeah
414. Dympna (D): [And it's em you know that em that's that's where and
415. Dympna (D): also the kit itself you know it's em we have to cover
416. Dympna (D): the cost on that you know↑ em but em em if you have
417. Dympna (D): like some patients won't let me even talk to then
418. Dympna (D): about home treatment they're like 'No no I I won't do
419. Dympna (D): it I'll I' you know whereas if you think that you'll be
420. Dympna (D): able to have be that little bit disciplined compliant it's
421. Dympna (D): very it's very em em successful [you know what I
422. Dympna (D): mean so
423. Pearl (P): [Okay yeah
424. Dympna (D): Em and em so it's a little bit of personal preference
425. Dympna (D): really you know
426. Pearl (P): Sure
427. Dympna (D): Okay↑ [alright↑
428. Pearl (P): [That's great
429. Dympna (D): So I'll take this off you there
430. Pearl (P): Thanks a [million
431. Dympna (D): [and em I'll print off an estimate you can have a
432. Dympna (D): seat over there
433. Pearl (P): [Thanks a million
434. Dympna (D): [For a second
435. Pearl (P): [Cheers
436. Dympna (D): [And I'll just print this off for you now
437. Pearl (P): Thanks

438. (7)

439. Dympna (D): So are you do you do accountancy then with Cuddy's

440. Dympna (D): Ltd. or [what do you do

441. Pearl (P): [No risk and compliance

442. Dympna (D): Oh right

443. Pearl (P): Yeah internal risk so I'm the person everyone loves to

444. Pearl (P): hate [(laughing)

445. Dympna (D): [(Laughing) okay

446. Pearl (P): Tell people they can't do stuff

447. Dympna (D): Okay

448. Pearl (P): (laughing)

449. [Sound of printer]

450. (56)

451. Dympna (D): Now so I'll give you those to take away with

452. Dympna (D): [you anyway you can have a a

453. Pearl (P): [Grand yeah thank you

454. Dympna (D): if you think of anything when you with the hygienist

455. Dympna (D): Noreen will be familiar both the

456. Pearl (P): [Sure

457. Dympna (D): [the em techniques as well so em that's not a total

458. Dympna (D): because those are both quotes so the total if you were

459. Dympna (D): to have the that's just you would have an impression

460. Dympna (D): for em an appointment for impressions and then it

461. Dympna (D): would take about a week em for to make up little

462. Dympna (D): trays that would be custom-made for you and em so

463. Dympna (D): about seven days later you would come in to have em

464. Dympna (D): another short 15-minute [appointment

465. Pearl (P): [Yeah

466. Dympna (D): So if you were doing the surgery one (coughs) I

467. Dympna (D): would ask you to come in one you know one of the

468. Dympna (D): days before so we could get a sh a quick impression
469. Dympna (D): taken and then again the same idea and that would be
470. Dympna (D): a 90-minute so but just em that's just for the… quotes
471. Dympna (D): really so today you're qualified through PRSI so
472. Dympna (D): you're not charged for your check-up or x-rays and
473. Dympna (D): then it's 80 euro for your session [which you'll have
474. Pearl (P): [Yeah
475. Dympna (D): now and then what I'm quoting you for here is em is
476. Dympna (D): a multiple surface filling so it's em and this is for a
477. Dympna (D): tooth-coloured [filling here okay↑
478. Pearl (P): [Okay
479. Pearl (P): Yeah
480. Dympna (D): If you were to have a silver filling it would be 30
481. Dympna (D): euro less so it's it's an option for you
482. Pearl (P): Mm
483. Dympna (D): But you can let me know on the day anyway and the
484. Dympna (D): appointment length that I would need would be 45
485. Dympna (D): minutes
486. Pearl (P): Okay
487. Dympna (D): And Aisling will be able to schedule [that with you
488. Pearl (P): [Yeah yeah
489. Dympna (D): Alright↑ [okay↑
490. Pearl (P): [That's great
491. Dympna (D): So I think Noreen should be almost ready now so you
492. Dympna (D): can have a seat there for [a second
493. Pearl (P): [Okay cheers
494. Nadia (N): I'll check if she's ready↑
495. Dympna (D): Yeah
496. (3)
497. Dympna (D): Em (coughs) so if you have any questions about the

498. Dympna (D): whitening or anything anyway but overall we'll have
499. Dympna (D): you then in the system↑ and so we'd we'd try and
500. Dympna (D): encourage you to come you know we'd send a text
501. Dympna (D): and an email to remind you at twelve months and
502. Dympna (D): then the hygienist would would set a recall with you
503. Dympna (D): then as well to [maybe come at the six-
504. Pearl (P): [Right
505. Dympna (D): monthly interval kind of [thing okay alright
506. Pearl (P): [Yeah that's fair enough
507. Pearl (P): yeah
508. Dympna (D): You [know okay yeah
509. Pearl (P): [Yeah thanks a million
510. Dympna (D): Listen [lovely to meet you
511. Pearl (P): [Cheers [likewise
512. Dympna (D): [And em em I'd say if you
513. Dympna (D): want to make a filling appointment you can or you
514. Dympna (D): can give us a buzz back [whatever suits okay
515. Pearl (P): [Great thanks a million
516. Dympna (D): And thanks for doing that other thing
517. Dympna (D): [as well you're very good
518. Pearl (P): [No problem that's no problem at [all you're grand
519. Pearl (P): take care bye
520. Dympna (D): [Okay alright good
521. Dympna (D): have a good day thanks now
522. Pearl (P): Thanks a million
523. [Patient leaves]

Case 3A

1. Pauline (P): Hi is it [Dympna↑
2. Dympna (D): [Hi there come on in
3. Pauline (P): Hi
4. Dympna (D): Hi (we left you for a) little bit there [hi nice to meet you
5. Dympna (D): How are you↑
6. Pauline (P): [(Oh) that's alright
7. Pauline (P): hi nice to meet you
8. Dympna (D): Listen thanks a million for doing this you're very
9. Dympna (D): good… for filling out the [the details and all that so
10. Pauline (P): [Oh no problem no problem
11. Dympna (D): Em so Nadia is my nurse she's helping me out today and
12. Dympna (D): em come and have a seat here
13. Pauline (P): Wondering can I just blow [my nose↑ actually before
14. Dympna (D): [Yeah sure s- em
15. Pauline (P):I've a slightly blocked nose so [I don't want to be
16. Dympna (D): [Here you go take your
17. Dympna (D): time
18. Pauline (P): Thank you
19. [Sound of nose-blowing]
20. (13)
21. Dympna (D): Now so [And em
22. Pauline (P): [(Coughs)
23. Dympna (D): So it's a routine kind of check is it↑
24. Pauline (P): Yeah
25. Dympna (D): Okay so it's a couple of years
26. Pauline (P): Yeah [I'm a bit bold (second visit)
27. Dympna (D): [And em… that's fine there so it's nice to get a
28. Dympna (D): referral that's great and so you em you see the doctor
29. Dympna (D): here as well↑
30. Pauline (P): Yeah
31. Dympna (D): Yeah okay…and em you're on some antibiotics at the
32. Dympna (D): moment [are you↑
33. Pauline (P): [Just last week I I had a [a chest infection but
34. Pauline (P): it's the last day so
35. Dympna (D): [Okay okay okay and
36. Dympna (D): you're feeling better↑ [or
37. Pauline (P): [Yeah well a little still a little

38. Pauline (P): [(kind of)
39. Dympna (D): [Yeah yeah
40. Pauline (P): Puffed with it but em
41. Dympna (D): And em but gen- no [long-term medication or anything
42. Dympna (D): like that
43. Pauline (P): [Generally I'm no no
44. Dympna (D): That's fine and tell me any sort of em would you have
45. Dympna (D): any specific queries or concerns↑
46. Pauline (P): Em well I've one tooth that is looking a little discoloured
47. Pauline (P): now em the last I got a check-up em he didn't he didn't
48. Pauline (P): think it was an issue but I just wonder if there is now↑
49. Dympna (D): Okay
50. Pauline (P): Em the other slight thing is I think maybe I've quite bad
51. Pauline (P): brushing habits for a few years where I I wasn't I so I've a
52. Pauline (P): bit of em
53. Dympna (D): Recession↑ [around (?)
54. Pauline (P): [Recession on the gums yeah
55. Dympna (D): Okay [and that's primarily there in the front↑ yeah yeah
56. Dympna (D): yeah yeah
57. Pauline (P): [So I'm trying to kind of reverse that by careful
58. Pauline (P): downward brushing
59. Dympna (D): And definitely that [would pay off
60. Pauline (P): [(coughs)
61. Dympna (D): Do you know what I mean↑
62. Pauline (P): Okay
63. Dympna (D): Em em you know sort of the the the technique to try and
64. Dympna (D): encourage the that rolling down [more will will help you
65. Dympna (D): know so
66. Pauline (P): [Okay okay so I should
67. Pauline (P): I ju- I guess I just have to be diligent [in how I brush but
68. Dympna (D): [Yeah yeah
69. Pauline (P):Otherwise [no (other)
70. Dympna (D): [Let's have a little look now anyway okay so I'll
71. Dympna (D): drop you back
72. Pauline (P): I've had quite a lot of fillings when I was young so
73. Dympna (D): Right
74. Pauline (P): I'm a bit (laughing)
75. Dympna (D): They're all still there and [yeah and minding their own
76. Dympna (D): business
77. Pauline (P): [Yeah yeah (they seem) to be

78. Pauline (P): okay
79. Dympna (D): okay that's fine
80. Pauline (P):I find that you know they're em…I'm now em well I
81. Pauline (P): suppose it just how it was very we had a confectionary
82. Pauline (P): ban in my house so I always felt very em hard done by
83. Pauline (P): [that I had to get fillings
84. Dympna (D): [Yeah yeah
85. Pauline (P): That's life [I suppose yeah
86. Dympna (D): [It happened
87. Nadia (N): Can you wear these↑
88. Pauline (P): Sure
89. Nadia (N): Thank you
90. Pauline (P): (Coughs)
91. (19)
92. Dympna (D): Now so
93. (3)
94. Dympna (D): And this front tooth's [had the root canal yes yeah so
95. Pauline (P): [Mm oh that's one thing yeah sorry
96. Pauline (P): it had a root canal and it has **a**
97. Dympna (D): Ven[eer yeah
98. Pauline (P): [Cap veneer now that's there em god em ninety-
99. Pauline (P): eight or something
100. Dympna (D): Yeah
101. Pauline (P): And it seems to be holding up but I remember at the time
102. Pauline (P): the dentist did say it wasn't a lifetime solution you know
103. Dympna (D): Actually yeah no veneers tend to tend to be quite strong
104. Dympna (D): [a lot
105. Pauline (P): [Okay
106. Dympna (D): Stronger than what you kind of sometimes would
107. Dympna (D): believe they would be but it's probably no harm if today
108. Dympna (D): we take an x-ray of the root↑ just to [make sure it looks
109. Dympna (D): healthy you know
110. Pauline (P): [Okay
111. Dympna (D): And tell me any history of smoking here or↑
112. Pauline (P): No
113. Dympna (D): Okay… the first thing I would notice is that your gum
114. Dympna (D): health is not as good as it should be o[kay↑
115. Pauline (P): [Okay
116. (8)
117. Dympna (D): And close together now for me please

118. (10)
119. Dympna (D): Okay↓ what we're going to do now is dry your teeth
120. Dympna (D): using air here I'm just going to [dry your teeth
121. Pauline (P): [Mm-hmm
122. Dympna (D): Helps me to see them better okay↑ so I'll ask you to
123. Dympna (D): open there for me↑ and I'm going to call out what's here
124. Dympna (D): in your mouth at the moment
125. [Sound of compressed air]
126. (5)
127. Dympna (D): And the wisdom teeth were they↑ [any history↑ gone
128. Dympna (D): okay
129. Pauline (P): [Removed yeah
130. Dympna (D): So the eights are missing
131. (4)
132. [Sound of compressed air]
133. Dympna (D): So amalgam fillings present the upper right em six
134. Dympna (D): seven occlusal amalgam em five has a D-O amalgam…
135. Dympna (D): the upper left five has a D-O amalgam
136. (7)
137. Dympna (D): The lower left seven has an occlusal amalgam and six
138. Dympna (D): has an M-O amalgam five has a D-O amalgam the lower
139. Dympna (D): right five occlusal amalgam and seven occlusal
140. Dympna (D): amalgam and swallow there you can swallow so the
141. Dympna (D): upper left one is root-filled and there's a (coughs) palatal
142. Dympna (D): composite and a buccal veneer
143. [Sound of compressed air and instruments scraping]
144. (40)
145. Dympna (D): And swallow
146. [Sound of compressed air and instruments scraping]
147. (45)
148. Dympna (D): Okay
149. (5)
150. Dympna (D): So I'm going to take a set of x-rays and em of the back
151. Dympna (D): teeth and also we'll do one at the front here and we-…
152. Dympna (D): there's definitely a little bit of decay in one of these
153. Dympna (D): lower teeth and potentially over here as well looks to be
154. Dympna (D): in between the teeth so em and then like you're you're
155. Dympna (D): going to need em (coughs) some cleaning work with the
156. Dympna (D): hygienist have you seen a hygienist ever before at all
157. Dympna (D): or↑

158. Pauline (P):I think that **time em** a few years ago yeah
159. Dympna (D): And any mention of gum disease before [or↑
160. Pauline (P): [No
161. Dympna (D): Okay so like you've a lot of tartar and em [that em you
162. Dympna (D): know
163. Pauline (P): [Right
164. Dympna (D): The x-rays will tell more about h- if you know definitely
165. Dympna (D): when I'm probing there I'm finding there's more space
166. Dympna (D): between the teeth
167. Pauline (P): Mm
168. Dympna (D): And the gums like the gums should be a very tight
169. Pauline (P): Mm-hmm
170. Dympna (D): Cuff around the tooth [do you know what I mean↑
171. Pauline (P): [Yeah yeah
172. Dympna (D): Giving it support and **em** when that's not there the
173. Dympna (D): potential is that the gums become unhealthy and then
174. Dympna (D): the bone underneath starts to become [damaged
175. Pauline (P): [Mm mm
176. Dympna (D): Okay↑ so and em that's I'm asking about smoking cause
177. Dympna (D): that can be a risk factor↑
178. Pauline (P): Mm
179. Dympna (D): And then sometimes it can be em just one of those
180. Dympna (D): things that some people are more vulnerable [to gum
181. Dympna (D): disease
182. Pauline (P): [Mm
183. Dympna (D): Than others okay↑
184. Pauline (P): Right
185. Dympna (D): Em [you (?)
186. Pauline (P): [And is it bad dental practice as well is it related to
187. Pauline (P): brushing or↑
188. Dympna (D): Em I mean hygiene is definitely a part of it but
189. Pauline (P): Mm-hmm
190. Dympna (D): It won't be the on- it's [a factor in the sense
191. Pauline (P): [Mm-hmm right
192. Dympna (D): That you have to be more [meticulous and probably
193. Pauline (P): [(Coughs) okay
194. Dympna (D): Em what you know what I would be probably
195. Dympna (D): suggesting is that the window of time since you've last
196. Dympna (D): done any cleaning work would be [too long because
197. Dympna (D): once you get any tartar↑

198. Pauline (P): [Mm yeah yeah
199. Dympna (D): Then your home-cleaning can't be as effective
200. Pauline (P): Right
201. Dympna (D): And your mouth responds very quickly to any tartar
202. Dympna (D): that's there do you know what I [mean so↑
203. Pauline (P): [Yeah yeah
204. Dympna (D): I'll show you a diagram and we'll show your x-rays and
205. Dympna (D): see but do y- you don- would you know do any em
206. Dympna (D): members of your family or parents or siblings [any↑
207. Pauline (P): [**Em**
208. Dympna (D): Would you↑ sometimes it can have a genetic component
209. Dympna (D): you know what I mean↑ it's
210. Pauline (P): Yeah
211. Dympna (D): Basically to do with your immune system stuff that you
212. Dympna (D): can't change and it [just means
213. Pauline (P): [Mm
214. Dympna (D): That your your you you you [the response
215. Pauline (P): [Mm
216. Dympna (D): From your gums is <u>different</u> to [em em
217. Pauline (P): [Mm-hmm
218. Dympna (D): Someone who wouldn't be prone to gum disease you
219. Dympna (D): know↑
220. (6)
221. Dympna (D): Nice to see the sun again isn't it↑ [it's a bit
222. Pauline (P): [Yeah
223. (4)
224. Dympna (D): Nice wide there now so this <u>guy's</u> a little sensor I'm
225. Dympna (D): going to position it between your back teeth and we go
226. Dympna (D): outside and press a button you'll hear a beep you won't
227. Dympna (D): feel anything↑ and it's going to take the x-ray so the
228. Dympna (D): image will come up on here okay↑
229. Pauline (P):Okay
230. Dympna (D): So it's digital [right there↑
231. Pauline (P): [So
232. Dympna (D): So if you open↑
233. Pauline (P): Mm-hmm
234. Dympna (D): And I'll ask you to bite your teeth close and just hold
235. Dympna (D): there
236. Pauline (P): Mm-hmm
237. Dympna (D): And then so you'll hear a beep you won't feel anything

238. Dympna (D): okay↑
239. [Sound of a beep]
240. (9)
241. Dympna (D): Okay↑ good…that's brilliant… it's the same now just a
242. Dympna (D): little bit further back on that side okay↑
243. (3)
244. Dympna (D): And open again now and close↓ good
245. Pauline (P): Sorry
246. Dympna (D): You're alright that's fine that's it great thanks
247. [Sound of a beep]
248. (10)
249. Dympna (D): (Just) check that's fine okay great
250. (3)
251. Dympna (D): Were the wisdom teeth causing trouble or↑
252. Pauline (P): Yeah [yeah they were
253. Dympna (D): [Mm okay
254. Pauline (P): They a lot of pain and [infection and
255. Dympna (D): [Yeah
256. Dympna (D): It's good to know they're not there [anyway now that
257. Dympna (D): (they've) gone
258. Pauline (P): [Yeah
259. Dympna (D): Nice wide there and close again thanks
260. [Sound of a beep]
261. (15)
262. Dympna (D): Okay great
263. (20)
264. Dympna (D): (Now) okay↑ and (close together)
265. [Sound of a beep]
266. (13)
267. Dympna (D): Okay↑ that's gone a little bit too high there I'm just
268. Dympna (D): going to do that once more
269. Pauline (P):Okay
270. Dympna (D): (The arm is lower too) that one at the back….now close
271. Dympna (D): good
272. [Sound of a beep]
273. (11)
274. Dympna (D): Okay↓ good that's brilliant great↓ so I'm just going to
275. Dympna (D): check those now against your mouth ok[ay↑
276. Pauline (P): [Okay
277. (31)

278. Dympna (D): So I I'll talk you through your x-rays then I'll just drop
279. Dympna (D): you back first of all and just complete the check-up
280. Dympna (D): okay↑ you can pop your glasses on↑
281. Pauline (P):(coughs)
282. (29)
283. Dympna (D): And open now
284. [Sound of compressed air]
285. (13)
286. Dympna (D): So Nadia I would put em watch on the upper right seven
287. Dympna (D): occlusal
288. (4)
289. Dympna (D): and the six occlusal…watch as well
290. [Sound of compressed air]
291. (9)
292. Dympna (D): And I want to take that anterior print okay↑
293. (5)
294. Dympna (D): Sorry
295. (9)
296. Dympna (D): And a watch on the upper left seven as well
297. [Sound of compressed air]
298. (6)
299. Dympna (D): And on the mesial of the lower left seven watch
300. (32)
301. Dympna (D): Can you put the lower left five down for
302. Dympna (D): replacement…sorry back to that x-ray there for a
303. Dympna (D): [(second)
304. Nadia (N): [D-O↑
305. Dympna (D): Yeah…yeah D-O yeah
306. (3)
307. Dympna (D): So this filling is catching here it's got a it's it's deficient
308. Dympna (D): it means that it's not sealed properly anymore em you
309. Dympna (D): know and if I can find em a gap em bacteria will so it's
310. Dympna (D): not a large amount of decay on the x-ray but enough to
311. Dympna (D): signify that it is definitely starting to em (coughs) sort of
312. Dympna (D): you know sort of fray around the edges [if you like
313. Dympna (D): (there)
314. Pauline (P): [Is that is that
315. Pauline (P): the one that's slightly discoloured there or↑
316. Dympna (D): Em… could I like sometimes where you can I get a
317. Dympna (D): mirror there for a second↑ em for so you show me but

318. Dympna (D): sometimes you'll see little stains on teeth not <u>always</u>
319. Dympna (D): [what
320. Pauline (P): [Mm-hmm
321. Dympna (D): I don't think you'll <u>see this</u> it's underneath the filling but
322. Dympna (D): you hold that mirror there for a wh- a second now as
323. Dympna (D): well but where are you wor- on this tooth is it↑ [or
324. Dympna (D): where
325. Pauline (P): [(?)
326. Dympna (D): Are you worried↑
327. Pauline (P): That side I just think it it's a kind of a funny colour but
328. Pauline (P): [maybe
329. Dympna (D): [Okay
330. Dympna (D): kind of the **grey** [colour
331. Pauline (P): [Yeah
332. Dympna (D): So some of that is coming from em the shadow↑ of I'll
333. Dympna (D): have a close look at it now [but
334. Pauline (P): [Mm-hmm
335. Dympna (D): You sometimes will get shadow from [you see
336. Pauline (P): [Okay
337. Dympna (D): We wouldn't usually put silver filling this far <u>forward</u>
338. Dympna (D): [you know now↑
339. Pauline (P): [Mm
340. Pauline (P): Mm-hmm
341. Dympna (D): But while you're there I'll just show you your gums you
342. Dympna (D): know em what em is when when you I'll just show you
343. Dympna (D): on a diagram as well what's going on but
344. Pauline (P): Mm
345. Dympna (D): Can you see the [em the build-up up around the base↑
346. Pauline (P): [Yeah…mm
347. Dympna (D): Can you see my mirror so↑ and (coughs) then what's
348. Dympna (D): happening is that em like when I probe around these
349. Dympna (D): gums like there's the the the my probe goes up [you
350. Dympna (D): know sort of much deeper
351. Pauline (P): [Mm-
352. Pauline (P): hmm mm-hmm
353. Dympna (D): Underneath and [the gums are just bleeding
354. Dympna (D): spontaneously so
355. Pauline (P): [Mm-hmm mm-hmm
356. Dympna (D): Em that is a it's significant you know because em you
357. Dympna (D): know it's happening not just here where I'm showing

358. Dympna (D): you but in in quite a lot of areas around your mouth and
359. Dympna (D): you know around the molars as well quite quite deep
360. Dympna (D): amount of em the tartar kind of working its way down
361. Dympna (D): underneath the gums you know↑em (coughs) just pop
362. Dympna (D): that down there…okay em and open now for me
363. [Sound of compressed air]
364. (19)
365. Dympna (D): I do see what you mean the grey bit often sometimes
366. Dympna (D): that can just be shadow [from the filling like
367. Pauline (P): [Okay
368. Dympna (D): On x-ray it looks fine and here you know I I'd be happy
369. Dympna (D): with it as well [it's
370. Pauline (P): [Mm-hmm
371. Dympna (D): Over here it is (coughs) this will be a silver it's a silver
372. Dympna (D): now but I would take it out we'll put a white filling in
373. Dympna (D): there so that that would be the way I'd usually do it if if
374. Dympna (D): something needed to be replaced like rather than opting
375. Dympna (D): [**to** replace
376. Pauline (P): [Mm
377. Dympna (D): Them sort of thing you know↑
378. Pauline (P): Mm-hmm
379. [Sound of compressed air]
380. (11)
381. Dympna (D): And the lower right seven for an occlusal and a watch
382. Dympna (D): on the six (let me see)
383. (7)
384. Dympna (D): So I would also replace this silver filling back here not
385. Dympna (D): it's got decay down in another part of the tooth as well
386. Dympna (D): you know so it's em so there are two fillings one on this
387. Dympna (D): back left and one over here on the em back left and
388. Dympna (D): lower right as well
389. Pauline (P): B- are they wisdom fillings↑ is that [(what)
390. Dympna (D): [They they have em
391. Pauline (P): Right
392. Dympna (D): They're in teeth that have been filled before [em
393. Pauline (P): [Okay
394. Dympna (D): This one is directly underneath and the other one is kind
395. Dympna (D): of there's another little part of the tooth where there's
396. Dympna (D): some decay [as well
397. Pauline (P): [Right

398. Dympna (D): Em… now I'm going to take an x-ray of the front of
399. Dympna (D): your mouth where I want to make do the anterior but I'll
400. Dympna (D): just show you here you can take the glasses off there for
401. Dympna (D): a second em (coughs)… an- any no no no history of
402. Dympna (D): seeing a hygienist before or was it your dentist did the
403. Dympna (D): cleaning↑ or do you [remember that↑
404. Pauline (P): [Yeah I think a hygienist separate
405. Dympna (D): Okay [okay
406. Pauline (P): [From
407. Dympna (D): So em
408. (3)
409. Dympna (D): This diagram em is quite good to kind of try and explain
410. Dympna (D): you know [what
411. Pauline (P): [Mm
412. Dympna (D): Em the scenario that em is happening you know how it
413. Dympna (D): how it looks there that's the healthy side okay↑ [so
414. Dympna (D): normally
415. Pauline (P): [Mm
416. Dympna (D): You know your gum should be very secure to the tooth↑
417. Dympna (D): and the tooth then it's like a cuff around [the tooth you
418. Dympna (D): know↑
419. Pauline (P): [Mm
420. Dympna (D): Em whereas when you start to get this black represents
421. Dympna (D): the [tartar and
422. Pauline (P): [Mm yeah
423. Dympna (D): Once that starts to become established then it the
424. Dympna (D): connection here becomes looser and [you get a gap
425. Dympna (D): developing
426. Pauline (P): [Mm-hmm
427. Dympna (D): And in that gap then you get bacteria which are em
428. Dympna (D): [more
429. Pauline (P): [Mm
430. Dympna (D): Unhealthy ones [okay↑
431. Pauline (P): [Yeah
432. Dympna (D): And so they're anaerobic they're able to live in an area
433. Dympna (D): where there's no oxygen↑ [and
434. Pauline (P): [Mm-hmm
435. Dympna (D): So this whole cycle becomes established [and
436. Pauline (P): [Okay
437. Dympna (D): Then as a consequence those bacteria produce by-

438. Dympna (D): products which damage the bone which then starts to
439. Dympna (D): move down okay↑
440. Pauline (P):Okay
441. Dympna (D): And that's how gum disease damages your mouth
442. Pauline (P): Mm-hmm
443. Dympna (D): Em because that bone doesn't grow back again [so
444. Pauline (P): [Mm
445. Dympna (D): If it continues (coughs) and you're losing bone on both
446. Dympna (D): sides of a tooth↑ [you
447. Pauline (P): [Mm
448. Dympna (D): Can get to a point where a tooth becomes even though
449. Dympna (D): the tooth might be perfect if the bone is gone [from
450. Dympna (D): around it the
451. Pauline (P): [Mm mm-
452. Pauline (P): hmm
453. Dympna (D): Tooth becomes loose okay↑ em so we just take **em** the
454. Dympna (D): way the x-ray is the white areas are where there are em
455. Dympna (D): fillings the silver fillings there at the moment and then
456. Dympna (D): your bone level that's the bone okay↑ can you see the
457. Pauline (P): lines here [yeah
458. Pauline (P): [Mm-hmm
459. Dympna (D): So gum is soft tissue so it doesn't [show on the x-ray
460. Pauline (P): [Mm
461. Dympna (D): Em but what I am seeing a lot of on the x-ray is this you
462. Dympna (D): see that that stuff that's the tartar
463. Pauline (P): Mm
464. Dympna (D): Can you see (there)↑ so and the t- the x-ray is almost
465. Dympna (D): like a cut-through it's not that won't be just one little bit
466. Dympna (D): here on the outside it's [happening in a circle around the
467. Pauline (P): tooth
468. Pauline (P): [Mm-hmm…yeah
469. Dympna (D): Do you know what I mean↑ so and that's where em em
470. Dympna (D): having that removed and then getting better at working
471. Dympna (D): to clean in between the teeth will [help stop
472. Pauline (P): [Right
473. Dympna (D): That from coming back
474. Pauline (P): Right
475. Dympna (D): Do you unders-
476. Pauline (P):I do floss like or I should I be using those teepee [fellas↑
477. Dympna (D): [Em I

478. Dympna (D): mean like definitely there's the the I suppose the **the** the
479. Dympna (D): potential for the amount of space that you have here
480. Dympna (D): between the teeth em where the bone has moved down
481. Dympna (D): you'll probably find that the little brushes are going to be
482. Pauline (P): more necessary [because you you
483. Pauline (P): [Mm yeah
484. Dympna (D): The floss won't maybe you'd ha- you'd have to be very
485. Dympna (D): good with it [the surface area
486. Pauline (P): [Yeah
487. Dympna (D): Of it is is is so small
488. Pauline (P): Yeah
489. Dympna (D): Em so and again that's where the hygienist can help you
490. Dympna (D): with but you're you're definitely going to need to em
491. Dympna (D): kind of be a bit more focused [on on the gums generally
492. Pauline (P): okay↑
493. Pauline (P): [Yeah yeah...yeah
494. Dympna (D): Because em the problem with them they don't em you
495. Dympna (D): don't kind of get warnings they don't hurt [em you know
496. Pauline (P): [Mm yeah
497. Dympna (D): If you lose a filling or you know you get a broken tooth
498. Dympna (D): you'll know about it whereas the other [it's it's more
499. Pauline (P): slow
500. Pauline (P): [Mm mm
501. Dympna (D): and em potentially a bit more sinister from that point of
502. Dympna (D): view [you know↑
503. Pauline (P): [Mm-hmm
504. Dympna (D): So with the hygienist like it's eighty euro for a half-hour
505. Dympna (D): session and you definitely would do a first session and
506. Dympna (D): then see how you get on and maybe [then
507. Pauline (P): [Mm
508. Dympna (D): Some areas you might benefit from a little bit of
509. Dympna (D): anaesthetic em you know [because
510. Pauline (P): [Mm-hmm
511. Dympna (D): If the tartar is got quite far [down so
512. Pauline (P): [Mm
513. Dympna (D): And em as well the hygienist might find that the tartar
514. Dympna (D): comes off very easily whereas in some people [it can
515. Pauline (P): [Yeah
516. Dympna (D): Be a bit more resistant so you do that initial session
517. Pauline (P): [and then

518. Pauline (P): [Right
519. Dympna (D): And then depending they might say come back at three
520. Dympna (D): months or they might say come back at next week or in
521. Dympna (D): a few weeks and we'll do the next cycle do you know
522. Pauline (P): what I [mean↑
523. Pauline (P): [Right
524. Dympna (D): It really depends [okay↑
525. Pauline (P): [Mm-hmm
526. Dympna (D): But you're not at the stage where I'm not recommending
527. Dympna (D): that you need full deep cleaning gum treatment [it's just
528. Pauline (P): [Right
529. Dympna (D): That there is definitely [em (you know)
530. Pauline (P): [Yeah yeah
531. Dympna (D): The em the tablet the tartar is quite esta[blished
532. Pauline (P): [Yeah
533. Dympna (D): And so when when I probe em
534. Pauline (P): Yeah
535. Dympna (D): You know the gums are bleeding in areas [where like
536. Pauline (P): [Mm
537. Dympna (D): The idea is that when the gum is healthy I should be
538. Dympna (D): able to probe it and there [not be any bleeding↑
539. Pauline (P): [(?) yeah yeah
540. Dympna (D): So the bleeding isn't and the same when you do home
541. Pauline (P): cleaning↑
542. Pauline (P): Mm-hmm
543. Dympna (D): If you see bleeding it's not because you've traumatised
544. Dympna (D): your gum it's you know and
545. Pauline (P): Right
546. Dympna (D): Like I see where you have the recession from you know
547. Pauline (P): the wear↑
548. Pauline (P): Mm
549. Dympna (D): From when you were brushing too hard and
550. Dympna (D): that's…that's one sort [of thing
551. Pauline (P): [Mm
552. Dympna (D): That can happen by over-brushing but [at the same time
553. Pauline (P): [Mm-hmm
554. Dympna (D): It's really important that we get you cleaning correctly
555. Dympna (D): so that you're not going to cause
556. Pauline (P): Mm
557. Dympna (D): Wear but at the same time you're going to remove the

558. Pauline (P): [the the
559. Pauline (P): [Mm
560. Dympna (D): Plaque before [it
561. Pauline (P): [Right
562. Dympna (D): Because plaque is the soft sticky
563. Pauline (P): Mm
564. Dympna (D): And that's what turns into tartar okay↑
565. Pauline (P): Mm-hmm mm-hmm
566. Dympna (D): So the more [plaque you take off your teeth day to day
567. Pauline (P): [Right... yeah yeah yes
568. Dympna (D): The less potential there is for tartar
569. Pauline (P): And do you think it looks like I haven't been my practice
570. Pauline (P): hasn't been very good at that↑ is that↑
571. Dympna (D): Your home cleaning you mean [is it↑
572. Pauline (P): [Mm
573. Dympna (D): Like no I I mean like today there's very little plaque on
574. Dympna (D): your teeth okay so it's I think the areas where you're not
575. Dympna (D): getting to are more [em in between the teeth
576. Pauline (P): [Mm...right
577. Dympna (D): Do you know what I [mean so↑
578. Pauline (P): [Yeah yeah
579. Dympna (D): And that's where em em I suppose when you ask about
580. Dympna (D): floss if this is as what you're able to achieve with floss
581. Dympna (D): then probably we do need to change [it do you know
582. Pauline (P): what I mean↑ so yeah
583. Pauline (P): [Right right to
584. Pauline (P): something more yeah yeah
585. Dympna (D): And so you know I would say to patients 'Listen it's not
586. Dympna (D): I'm not saying you're not cleaning your teeth [it's not the
587. Dympna (D): point'
588. Pauline (P): [Yeah yeah
589. Pauline (P): yeah
590. Dympna (D): Do you know what I mean↑ but all we can say is that
591. Dympna (D): where your gums are today we need to [change things
592. Dympna (D): cause otherwise they're
593. Dympna (D): you know em so
594. Pauline (P): [Yeah grand
595. Pauline (P): yeah yeah yeah yeah
596. Dympna (D): A combination of more em hygiene support and then
597. Dympna (D): making sure that what you're doing at home is working

598. Dympna (D): for you [cause
599. Pauline (P): [Mm
600. Dympna (D): It's frustrating if you're [putting in the effort and you're
601. Pauline (P): [Mm… yeah
602. Dympna (D): You're being told this and you're you're you're you know
603. Dympna (D): there's
604. Pauline (P): [Yeah
605. Dympna (D): [There's yeah em issues here [you know
606. Pauline (P): [Well I think I'm
607. Pauline (P): disappointed they didn't flag it that time now I I agree it's
608. Pauline (P): my own fault for not em coming back more frequently
609. Pauline (P): and letting that but they didn't really
610. Dympna (D): No I [mean like
611. Pauline (P): [flag it
612. Dympna (D): And I would say that it's not new to be honest [you
613. Dympna (D): know I I think that there's more
614. Pauline (P): [Yeah
615. Pauline (P): yeah no I mean I mean I think I've I've always had a
616. Pauline (P): history of slight a gum bleed and that [so
617. Dympna (D): [Yeah
618. Pauline (P): That's probably linked
619. Dympna (D): Yes yeah so like when you see bleeding it's not because
620. Dympna (D): you've over-brushed that [kind of thing that's a sign that
621. Dympna (D): there is that inflammation there em
622. Pauline (P): [Yeah yeah yeah yeah sure yeah
623. Pauline (P): and I've had that for a long time yeah
624. Dympna (D): And that's where em you know and you can it can
625. Dympna (D): sometimes go through phases where it'll be a little bit
626. Dympna (D): more em [em exaggerated and that kind of thing
627. Pauline (P): [Mm mm-hmm
628. Dympna (D): But em basically where we are today anyway is that
629. Dympna (D): there is em there's definitely tartar which [needs to be
630. Pauline (P): removed
631. Pauline (P): [Mm
632. Dympna (D): Which will then allow the gums to get healthy again
633. Pauline (P): [okay↑
634. Pauline (P): [Mm mm-hmm [okay
635. Dympna (D): [Alright so last thing we're going to do is
636. Dympna (D): just take a picture there of that front tooth okay the one
637. Dympna (D): with the root filling alright↑

638. Pauline (P): And I guess I can listen to the [hygienist but is
639. Dympna (D): [(coughs) yeah
640. Pauline (P): What about electric toothbrush I haven't been using one
641. Pauline (P): and what's↑
642. Dympna (D): I mean you know there are pros and cons but either way
643. Dympna (D): [em
644. Pauline (P): [Mm
645. Dympna (D): It won't replace the need for interdental [cleaning
646. Pauline (P): [Right right
647. Dympna (D): And em you know it it can be a bit of personal
648. Dympna (D): preference↑ em soft toothbrush anyway whether it's you
649. Dympna (D): know always a soft brush should never use a medium or
650. Dympna (D): a hard [okay↑ you know yeah yeah
651. Pauline (P): [Really↑ I would have historically yeah
652. Dympna (D): So and then you reduce the risk of doing any wear
653. Pauline (P): Okay
654. Dympna (D): Over and above what your plaque is soft and sticky
655. Dympna (D): that's what you're trying to [remove okay↑
656. Pauline (P): [Right what I'm trying to
657. Pauline (P): remove
658. Dympna (D): So you won't remove tartar yourself [and em
659. Pauline (P): [Mm
660. Dympna (D): By using a medium or a hard brush the vulnerability is
661. Dympna (D): that you [will do more wear
662. Pauline (P): [Yeah
663. Dympna (D): Okay↑
664. Pauline (P): Okay
665. Dympna (D): So soft brush is all you should never [ever you know
666. Dympna (D): reach for↑
667. Pauline (P): [Right
668. Dympna (D): You should ever nee- like that's [that's
669. Pauline (P): [Right
670. Dympna (D): It's only a soft brush that we ever stock and then in
671. Dympna (D): terms of electric versus manual you know you need to
672. Dympna (D): spend the same amount of time it's the time
673. Pauline (P): Right [yeah
674. Dympna (D): [And also then the interdental cleaning won't
675. Dympna (D): change so it can there's like the studies show there's not
676. Dympna (D): very much in it↑
677. Pauline (P):Okay [okay

678. Dympna (D): [You know there's really not not not a big benefit
679. Dympna (D): one way or the other it's y- it's it's a bit of personal
680. Dympna (D): preference↑ [and you
681. Pauline (P): [Right
682. Dympna (D): Still have to em em put [the em yeah okay↑
683. Pauline (P): [Put the time in yeah
684. (3)
685. Dympna (D): Nice wide there please just open now again one more
686. Dympna (D): and close good
687. [Sound of beep]
688. (15)
689. Dympna (D): Great that looks perfect that's good
690. Pauline (P): That's okay is it↑
691. Dympna (D): Yeah and you wouldn't have to have that x-ray again for
692. Dympna (D): another couple of years you know [but it's no harm
693. Dympna (D): every so often em
694. Pauline (P): [Okay…yeah
695. Dympna (D): To make sure it looks fine and it does
696. Pauline (P): I mean I I am kind of because I remember I had a
697. Pauline (P): temporary one that broke em so I do have this **em** fear
698. Pauline (P): that someday it's going to pop [off probably when I'm
699. Dympna (D): [**Yeah** I mean I like veneers
700. Dympna (D): have been sh- like they've they've been shown to really
701. Dympna (D): actually em be a lot stronger than what they should be
702. Dympna (D): you know what I mean↑
703. Pauline (P): Right [okay
704. Dympna (D): [Like they've very good longevity but what I'd be
705. Dympna (D): looking at there is more the [the root filling and there's
706. Dympna (D): no sign
707. Pauline (P): [Around that okay okay
708. Dympna (D): of any pathology or anything and there's not okay [that
709. Dympna (D): looks perfect
710. Pauline (P): [Right
711. Dympna (D): Alright↑
712. Pauline (P): I got a bang on it so [it just yeah
713. Dympna (D): [Em yeah it discoloured and died
714. Dympna (D): [yeah
715. Pauline (P): [Yeah
716. Dympna (D): Em so I'll print an estimate for you there are two fillings
717. Dympna (D): and em but I would suggest maybe starting with the em

718. Dympna (D): hygienist okay↑ [because that will set the groundwork
719. Pauline (P): [okay
720. Dympna (D): You know what I mean↑ [and then em em
721. Pauline (P): [Mm
722. Dympna (D): When I go to place white fillings there won't be any risk
723. Dympna (D): of bleeding in the areas where I'm working as well do
724. Dympna (D): you know what I mean↑ once [the gums are mm
725. Dympna (D): healthier
726. Pauline (P): [Right okay okay
727. Dympna (D): So and you'd be amazed having a really good
728. Pauline (P): Mm
729. Dympna (D): Scaling↑
730. Pauline (P): Yeah
731. Dympna (D): Will make a big difference [you know↑ so
732. Pauline (P): [Yeah yeah
733. Dympna (D): Alright↑ okay↑ so if you have a seat over there for me
734. Dympna (D): and I'll just em print off an estimate and I'll talk you
735. Dympna (D): through it [okay↑
736. Pauline (P): [Okay
737. Pauline (P):(coughs)
738. [Sounds of cleaning, and a printer]
739. (60)
740. Dympna (D): Now
741. (4)
742. Dympna (D): So you're qualified through PRSI so you're not charged
743. Dympna (D): today for the check-up or x-rays I've put down you
744. Dympna (D): know the hygienist appointments y- you'll only have
745. Dympna (D): what you need do you know what I mean↑ [so
746. Pauline (P): [Yeah
747. Dympna (D): It's eighty euro for a half-hour session if you need the
748. Dympna (D): second one you can that will be discussed with you with
749. Dympna (D): the [when em
750. Pauline (P): [Right right
751. Dympna (D): Em so the hygienist's here every day except Friday and
752. Dympna (D): [there's
753. Pauline (P): [Mm-hmm
754. Dympna (D): You know lunchtimes and mornings <u>so</u> the estimate for
755. Dympna (D): the fillings then these are for white fillings the one on
756. Dympna (D): the <u>left</u> is the <u>bigger</u> one so it's a large it's kind of the
757. Dympna (D): there are three surfaces of the tooth involved [so

758. Pauline (P): [Right
759. Dympna (D): It's basically taking out all the old silver filling and re-
760. Dympna (D): building it and em I would need a forty-five minute
761. Dympna (D): appointment for that one and then it would be thirty
762. Dympna (D): minutes for the other side↑ they can't be done at the
763. Dympna (D): same time because they're both lower anaesthetics↑
764. Pauline (P): [Mm
765. Dympna (D): [And you can only [they have to be done on alternate
766. Dympna (D): sessions↑
767. Pauline (P): [Right okay
768. Dympna (D): Em so and em you know just I would **it's** I think it's
769. Dympna (D): better to leave it until after you've got at [least you know
770. Dympna (D): an initial hygiene session out of the way
771. Pauline (P): [Yeah yeah
772. Pauline (P): okay okay
773. Dympna (D): And do that I mean these are not you know they're part
774. Dympna (D): of your ch-as part of your check-up I would find that
775. Dympna (D): there's definitely decay and they need to be replaced but
776. Dympna (D): it's not like you're going to get toothache for them [from
777. Dympna (D): them in any sort of short-term or
778. Pauline (P): [Right
779. Dympna (D): [anything like that okay↑
780. Pauline (P): [Okay okay
781. Dympna (D): And then em we would have you now in the system and
782. Dympna (D): we would send you a reminder for a routine check at
783. Dympna (D): twelve months↑
784. Pauline (P): Yeah
785. Dympna (D): And then the hygienist would set a recall interval with
786. Dympna (D): you
787. Pauline (P): Right
788. Dympna (D): You know six months would be an average timeframe↑
789. Dympna (D): for [someone
790. Pauline (P): [Okay
791. Dympna (D): But you know that [that
792. Pauline (P): [Yeah
793. Dympna (D): Especially [until things get stable you might bring it a
794. Dympna (D): little closer
795. Pauline (P): [Yeah (I know) yeah
796. Dympna (D): And then see how you get on okay↑
797. Pauline (P): Mm-hmm

798. Dympna (D): Now once the conditions are right once that tartar is
799. Dympna (D): removed [hopefully
800. Pauline (P): [Mm
801. Dympna (D): You get on [top of it you know what I mean so↑
802. Pauline (P): [The situation (improves) yeah
803. Dympna (D): And that's em em you know so it's hard **to** you know
804. Dympna (D): sort of separate away I suppose the fact that there hasn't
805. Dympna (D): been any cleaning [in that length of time and [maybe
806. Dympna (D): even then
807. Pauline (P): [Yeah [mm yeah
808. Dympna (D): The cleaning may not have been going as [far
809. Pauline (P): [Mm
810. Dympna (D): Underneath the gums as we needed to [you know what
811. Dympna (D): I mean so↑
812. Pauline (P): [Yeah yeah
813. Dympna (D): Alright↑ and em what I'd suggest between now and
814. Dympna (D): when you do see the hygienist is just try and you know
815. Dympna (D): sort of focus your cleaning as best as you can and [then
816. Pauline (P): [Mm
817. Dympna (D): If there are areas that you're not getting to↑ the hygieni-
818. Dympna (D): gienist then will be able [to point it out to you
819. Pauline (P): [Right
820. Dympna (D): Do you know what I [mean so↑ em **that's** you know
821. Pauline (P): [Yeah yeah okay
822. Dympna (D): Sort of take your [time with your brushing
823. Pauline (P): [Yeah
824. Dympna (D): Just make sure you're getting right down along the gum
825. Dympna (D): line
826. Pauline (P): Yeah
827. Dympna (D): And don't be put off if you see a little bit of bleeding
828. Pauline (P): Yeah [yeah yeah
829. Dympna (D): [Em you know and soft brush [always
830. Pauline (P): [Okay
831. Dympna (D): Okay↑
832. Pauline (P): Do y- is there any kind of in terms of brush brands and
833. Pauline (P): types [is (would you↑)
834. Dympna (D): [Well I mean we only stock one and it's [downstairs
835. Dympna (D): for sale
836. Pauline (P): [(coughs)
837. Dympna (D): It's a Teepee brush and it's a very small head and very

838. Dympna (D): small em you know so the because if you're using a
839. Dympna (D): brush that's too large you're not going to be able to get
840. Dympna (D): it [down so and the bristles
841. Pauline (P): [Get in yeah mm
842. Dympna (D): Are soft but they're there's enough of them that it's
843. Dympna (D): effective you [know what I mean↑ so
844. Pauline (P): [Yeah okay
845. Dympna (D): And that's one option but like so you know [sometimes
846. Pauline (P): [Yeah
847. Dympna (D): When em like the manufacturers will produce brushes
848. Dympna (D): which are unfortunately not [necessarily the best but
849. Dympna (D): that's you know (laughing)
850. Pauline (P): [Mm yeah yeah I've no
851. Pauline (P): doubt (laughing)
852. Dympna (D): Some [say 'And they'll do that↑' (laughing) you know
853. Dympna (D): what I mean
854. Pauline (P): [They keep needing to reinvent the wheel yeah
855. Pauline (P): yeah yeah
856. Dympna (D): like↑ you know so em [em em
857. Pauline (P): [Yeah
858. Dympna (D): There are stuff there's stuff out there that's not
859. Dympna (D): necessarily the [best for you but em that's just the way
860. Dympna (D): it is
861. Pauline (P): [Yeah yeah yeah
862. Dympna (D): Okay [so and if you have a chat with Aisling on
863. Dympna (D): reception
864. Pauline (P): [Okay that's great
865. Dympna (D): She'll schedule the hy- first hygie[nist appointment and
866. Pauline (P): [The hygienist yeah
867. Dympna (D): Then take it from there is that o[kay Pauline↑
868. Pauline (P): [Okay
869. Dympna (D): Al[right listen nice to meet you okay↑ alright thanks
870. Dympna (D): now bye bye
871. Pauline (P): [Great okay thanks very much nice to meet you bye

Case 3B

1. Pauline (P): [Hi how are you↑
2. Dympna (D): [Hi hi

3. Dympna (D): how are you again↑
4. Pauline (P): Good thanks
5. Dympna (D): You're all right thanks very much for em you em know
6. Dympna (D): we're going to be miked up here that's okay isn't it↑
7. Pauline (P): Oh yeah I meant to actually say to the hygienist if I was
8. Pauline (P): supposed to do it [with them
9. Dympna (D): [No I don't I don't think so to be honest
10. Dympna (D): em em but we're going to give you that to take away
11. Dympna (D): with you it's a little questionnaire for afterwards
12. Dympna (D): [if you don't mind
13. Pauline (P): [Okay
14. Dympna (D): Okay so↑
15. Pauline (P): Yeah
16. Dympna (D): Grab a seat there now and em Nancy's helping today
17. Pauline (P): she's [new on the team so
18. Pauline (P): [Okay
19. Dympna (D): Em…and so you had your sessions there with the
20. Dympna (D): [hygienist
21. Pauline (P): [I did yeah
22. Dympna (D): And em
23. Nancy (N): I'm just going to pop this bib on you okay↑
24. Pauline (P): Thanks
25. Nancy (N): Thank you… it looks as though it's going to rain out there
26. Pauline (P): Oh yeah I'd say it's never far away these days (laughing)
27. Dympna (D): Em what was I going to say how do you find the gums
28. Dympna (D): then afterwards do you notice↑
29. Pauline (P): Well I think I'm em I think I'm using the Teepees and
30. Pauline (P): initially I had a bit of bleeding and that's getting…that's
31. Pauline (P): not the case anymore so I mean it's probably premature
32. Pauline (P): but I do kind of feel they're strengthening a little
33. Dympna (D): Yeah [yeah yeah
34. Pauline (P): [Yeah
35. Dympna (D): Great well look I mean you know cause those are the
36. Dympna (D): signs you are going to be watching for
37. Pauline (P): Yeah
38. Dympna (D): and it's just then about you know kind of being the em
39. Dympna (D): that little bit em you know sort of meticulous and
40. Dympna (D): [em and focussed
41. Pauline (P): [Yeah yeah
42. Dympna (D): when you're doing it do you know what I mean and em

43. Dympna (D): just trying to set aside that little bit of extra time you
44. Dympna (D): know that it takes
45. Pauline (P): Yeah
46. Dympna (D): So em we have a filling on the left and a filling on the
47. Dympna (D): right
48. Pauline (P): [Yeah
49. Dympna (D): [They're both lower so we can't so we'll do the left hand
50. Dympna (D): one today↑
51. Pauline (P): That's no problem [(?)
52. Dympna (D): [That's fine grand so the chair's going
53. Dympna (D): to drop back now
54. Nancy (N): I'll just give you them glasses to pop on
55. Pauline (P): Thank you
56. Nancy (N): Thank you very much
57. (4)
58. Pauline (P): So you're going to be taking out this is one where there's
59. Pauline (P): an existing is it↑
60. Dympna (D): Em yes it is an existing and we'll remove that and
61. Dympna (D): replace it with a tooth-coloured filling there
62. (52)
63. Dympna (D): Okay
64. (4)
65. Dympna (D): So a little bit of numbing gel here in now [just going to
66. Pauline (P): [Mm-hmm
67. Dympna (D): numb the surface first of all and em with this local
68. Dympna (D): anaesthetic for the lower jaw it's going to numb your lip
69. Dympna (D): and tongue so you will be numb [for a couple
70. Pauline (P): [Mm-hmm
71. Dympna (D): of hours and even though the filling will be set and
72. Dympna (D): ready to go it's important to leave a couple of hours
73. Dympna (D): before you've anything
74. Pauline (P): Mm-hmm
75. Dympna (D): em hot to drink or [anything to eat
76. Pauline (P): [Mm-hmm
77. (15)
78. Dympna (D): Close there now for me thanks
79. (10)
80. Dympna (D): And just (relax that's great)
81. (47)
82. Dympna (D): I'll take that small suction there thanks yeah… very

83. Dympna (D): good Pauline almost there now
84. (41)
85. Dympna (D): Great…okay… so I'm just going to bring forward the
86. Dympna (D): chair here and just take your time and have a big rinse
87. Dympna (D): out there okay↑
88. (6)
89. Dympna (D): So I'll need a matrix band as well Nancy please
90. (6)
91. Dympna (D): Okay
92. (18)
93. Nancy (N): (The curved one↑)
94. Dympna (D): Probably with this one I'll do it the other way so
95. Nancy (N): Okay
96. (9)
97. Dympna (D): And the other thing then a small wooden wedge as
98. Dympna (D): well [please
99. Nancy (N): [Yeah
100. (10)
101. Dympna (D): Are you getting away now or anything this year or are
102. Dympna (D): you↑
103. Pauline (P): Em I've kind of been em unfortunately (laughing) I was in
104. Pauline (P): Toronto for [a week I've a load
105. Dympna (D): [Oh right okay
106. Pauline (P): Of friends there emigrants so
107. Dympna (D): Yeah
108. Pauline (P): Em… just had a lovely kind of social week with
109. Dympna (D): [like with
110. Dympna (D): [Yes
111. Pauline (P): my best friend is [there and a load of others so
112. Dympna (D): [Yeah
113. Dympna (D): Amazing how many people have found themselves in
114. Dympna (D): Canada now [isn't it↑
115. Pauline (P): [Yeah yeah I'm an architect [and there's em
116. Dympna (D): [Okay yeah
117. Pauline (P): There's four from my class and then others from the years
118. Pauline (P): around [so
119. Dympna (D): [Yeah
120. Pauline (P): It's ju-
121. Dympna (D): And have they found much↑
122. Pauline (P): Yeah generally pretty positive [experience

123. Dympna (D): [Yeah
124. Pauline (P): Yeah…the city's not very beautiful or anything
125. Pauline (P): [but I didn't go there
126. Dympna (D): [No
127. Pauline (P): [for th- for that really no
128. Dympna (D): [Yeah the aesthetics and all that
129. Pauline (P): But em yeah they seem to have found nice life built life
130. Pauline (P): balance [for themselves
131. Dympna (D): [Yeah yeah
132. Pauline (P): there so
133. Dympna (D): And are there visa issues↑ or that I mean you know is it
134. Dympna (D): easy enough to get em
135. Pauline (P): Most people do if if they want it seem to be able to get it
136. Dympna (D): Mm
137. Pauline (P): Its just a bit of an administrative thing for their workplace
138. Pauline (P): cause most are getting sponsorship [so
139. Dympna (D): [Okay
140. Pauline (P): But that seems to be working out
141. Dympna (D): Yeah
142. Pauline (P): So I think they go most of them went there on that kind of
143. Dympna (D): just the general starter holiday [type thing right
144. Pauline (P): [Starter visa yeah
145. Pauline (P): And em most seem to have been able to get sponsorship
146. Dympna (D): Yeah
147. Pauline (P): I mean there is a boom for sure in [construction so they're
148. Dympna (D): [Yeah yeah
149. Pauline (P): [They're em
150. Dympna (D): [That's timely yeah
151. Pauline (P): Yeah…so I've a w- like a long weekend in Barcelona in
152. Pauline (P): August thoughto look forward to [again otherwise
153. Dympna (D): [Yeah
154. Pauline (P): Be nice and hot there anyway
155. Pauline (P): Hopefully yeah
156. Dympna (D): I don't think Barcelona ever gets rain does it↑ I know
157. Dympna (D): like
158. Pauline (P): It does a bit [I think this year it has
159. Dympna (D): [Does it
160. Pauline (P): I think Spain's had unusual weather [just much like us
161. Dympna (D): [Yeah
162. Dympna (D): I I caught up with some friends we were in the UK and

163. Dympna (D): one of the guys lives in Barcelona and is like you know
164. Dympna (D): [bottom line thirty degrees and
165. Pauline (P): [Always perfect really really↑
166. Dympna (D): Yeah and he looked like… you know↑ (laughing)
167. Pauline (P): (laughing)
168. Dympna (D): They've lived there now for a long time so
169. Pauline (P): Okay
170. Dympna (D): Em but em
171. Pauline (P): Yeah it's a nice climate there [as well
172. Dympna (D): [Yeah
173. Pauline (P): I lived in Madrid for a year [which is much harder though
174. Dympna (D): [Oh right okay
175. Pauline (P): [in a way cause you've no sea
176. Dympna (D): [Yes bit more harsh yeah yeah
177. Pauline (P): No breeze [really it's very a bit oppressive in summer but
178. Dympna (D): [Yeah yeah
179. Dympna (D): They have em they go up they they rent a place on the
180. Dympna (D): coast like up a little bit further out out of the out of
181. Dympna (D): Barcelona as well so em and em so that's nice but yeah
182. Dympna (D): [gorgeous
183. Pauline (P): [It's very yeah
184. Dympna (D): Em it's a nice lifestyle [I think you know↑
185. Pauline (P): [Yeah
186. Dympna (D): And how were you working in Madrid then↑ or
187. Dympna (D): [were you
188. Pauline (P): [Yeah yeah about f- em oh a good few years ago now...
189. Pauline (P): six years ago
190. Dympna (D): And do you have Spanish then↑ or
191. Pauline (P): Yeah [I do now after that (laughing)
192. Dympna (D): [Yeah yeah
193. Pauline (P): Thrown [in at the deep end
194. Dympna (D): [Yeah
195. Pauline (P): But it was great a really good learning experience
196. (3)
197. Pauline (P): Useful to have [for holidays and such (laughing)
198. Dympna (D): [Very much very much yeah
199. (39)
200. Dympna (D): In relation to the gums like did you come across anyone
201. Dympna (D): in your family who has em… or did you mention to↑
202. Pauline (P): Just I said it to [my mum because I do know she

203. Dympna (D): [Yeah
204. Dympna (D): It just would be interesting because it definitely you
205. Dympna (D): know like the it is quite significant you know and I
206. Dympna (D): know you are working on it and it's just really
207. Dympna (D): reinforcing [not to kind of you know em em the amount
208. Dympna (D): of build-up
209. Pauline (P): [Yeah
210. Dympna (D): and the sort of damage that it would have started to do
211. Dympna (D): to the bone level there is is is you know it's it's
212. Dympna (D): important to kind of recognise you know what I mean
213. Dympna (D): [so em and em
214. Pauline (P): [Mm-hmm
215. Dympna (D): The the maintenance then that first phase of treatment
216. Dympna (D): that you've just gone through↑ and then the maintenance
217. Dympna (D): now is really important so that it doesn't slip back that
218. Dympna (D): that that way again [you know
219. Pauline (P): [Mm-hmm mm-hmm
220. Dympna (D): So em but no the reason I ask is just because there often
221. Dympna (D): you know em is em for someone who's predisposed to it
222. Dympna (D): there may be a genetic component to it [there you know
223. Dympna (D): what I mean so
224. Pauline (P): [And what what
225. Pauline (P): would be the likely manifestation of it
226. Dympna (D): In [terms of of
227. Pauline (P): [Like in for say an older
228. Dympna (D): It would be more like if like your [your
229. Pauline (P): [My mum has lost a
230. Pauline (P): number has a number of false teeth [I know that
231. Dympna (D): [Yeah
232. Dympna (D): You know I mean now it may be that em the diagnosis
233. Dympna (D): didn't happen early or whatever [I and you know
234. Pauline (P): [Mm
235. Dympna (D): But em it it will you may find that she would say 'Oh
236. Dympna (D): yeah I've had I've always had problems with my gums'
237. Dympna (D): or you know what I mean [so
238. Pauline (P): [Yeah
239. Dympna (D): And that would just be [interesting do you know what I
240. Dympna (D): mean so em
241. Pauline (P): [Yeah yeah I should I'll ask her
242. Pauline (P): that for the next one

243. Dympna (D): Em em and em more just you know because it would
244. Dympna (D): explain you know sometimes you and then you might
245. Dympna (D): mention to your siblings if you have any [you know
246. Pauline (P): [Yeah mm
247. Dympna (D): Just to so to keep an eye em because em it there is that
248. Dympna (D): em [in some people just a vulnerability which you know
249. Dympna (D): once some
250. Pauline (P): [Mm
251. Dympna (D): People can have a lot of tartar and they wouldn't get the
252. Dympna (D): bone damage that we see in your mouth do you
253. Dympna (D): [know what I mean↑
254. Pauline (P): [Right
255. Dympna (D): So and some people wouldn't have to do the same level
256. Dympna (D): of cleaning to keep the the reason [we need to keep the
257. Dympna (D): tartar under
258. Pauline (P): [right
259. Dympna (D): control is because that's where the harmful bacteria
260. Dympna (D): establish themselves do you [know what I mean↑
261. Pauline (P): [Okay
262. Dympna (D): Em so em but it's it's the underlying kind of
263. Dympna (D): vulnerability which allows the damage to happen
264. Pauline (P): Mm-hmm
265. Dympna (D): Do you see what I mean↑ so
266. Pauline (P): Yeah
267. Dympna (D): Em
268. (3)
269. Dympna (D): You should be starting to get that little bit of [a tingly
270. Dympna (D): sensation
271. Pauline (P): [Mm-hmm
272. Dympna (D): Through there
273. (11)
274. [Sound of compressed air]
275. Dympna (D): Okay so you might just close that and bring back up the
276. Dympna (D): other x-ray there thanks…great okay so you should be
277. Dympna (D): nice and comfortable here if you do need me to stop for
278. Dympna (D): anything at all you just let me know [lift your hand okay
279. Pauline (P): [Mm
280. (4)
281. Dympna (D): So the five (not the four) okay↑
282. Nancy (N): Okay

283. [Sound of dental drill]
284. (108)
285. Dympna (D): How are you going there are you okay↑ [alright↑
286. Pauline (P): [Mm-hmm
287. [Sound of dental drill]
288. (212)
289. Dympna (D): (Back up there)
290. [Sound of dental drill]
291. (138)
292. Dympna (D): Very good okay (more) suction there now for that final
293. Dympna (D): rinse
294. Pauline (P): Mm-hmm
295. [Sound of suction unit]
296. (4)
297. Dympna (D): Okay
298. [Sound of suction unit]
299. (51)
300. Dympna (D): Just suction there now again please
301. [Sound of suction unit]
302. (11)
303. Nancy (N): Do you want (some more)↑
304. Dympna (D): Em no no that's fine
305. [Mechanical sound]
306. (94)
307. Dympna (D): Great then suction again
308. (4)
309. Dympna (D): (?) You can have a little break there well done that's the
310. Dympna (D): drilling part done [okay↑ that's it stretch your jaw that's
311. Dympna (D): it
312. Pauline (P): [(I can feel that) at the back of my ear
313. Pauline (P): (laughing)
314. Dympna (D): Okay↑ so if you want to have a rinse do you want to
315. Dympna (D): have a rinse [or are you okay↑
316. Pauline (P): [No it's okay
317. Dympna (D): Em so that's the so a lot of the work there was just
318. Dympna (D): removing the old filling [and then that last little bit just
319. Dympna (D): clearing where
320. Pauline (P): [Mm-hmm
321. Dympna (D): The the decay had em damaged the [tooth so
322. Pauline (P): [Mm-hmm

323. Dympna (D): Em we're gonna refill now and em with the white
324. Dympna (D): filling↑ I'm going to keep your mouth a little bit dry
325. Dympna (D): while we place it [okay↑
326. Pauline (P): [Mm-hmm
327. [Sound of compressed air]
328. (14)
329. Dympna (D): So I'll take etch there first so okay
330. [Dentist hums to radio]
331. (18)
332. Dympna (D): It's quite funny hearing about em the em you know the
333. Dympna (D): the Spanish em you know in Barcelona you know the
334. Dympna (D): em for the World Cup↑ [you know
335. Pauline (P): [Mm-hmm
336. Dympna (D): Denis the guy who is living there was saying that like
337. Dympna (D): there was no celebrations cause you know they're they're
338. Dympna (D): Catalan and so they don't [support em the
339. Pauline (P): [**Mm**
340. Dympna (D): And yet so many of the players [on that Spanish team
341. Dympna (D): play
342. Pauline (P): [Mm
343. Dympna (D): For Barcelona and they said it's really funny cause they
344. Dympna (D): all all the Spanish people like watch it at home in their
345. Dympna (D): house [and they all watch it
346. Pauline (P): [Mm
347. Dympna (D): But they wouldn't pretend to be following it you [know
348. Pauline (P): [Mm
349. Dympna (D): That there's no public em display of kind of celebration
350. Dympna (D): or anything like that
351. (18)
352. Dympna (D): Oh so I'll take the small suction there please↓…great
353. (7)
354. [Sound of suction]
355. Dympna (D): (Another bit) of suction there
356. (13)
357. Dympna (D): Perfect great
358. (45)
359. Dympna (D): Em I'm going to place the band before I do the light
360. Dympna (D): there okay↑
361. Nancy (N): Okay
362. Dympna (D): I'll take em if you put the we'll actually need two little

363. Dympna (D): two little em [red things great
364. Nancy (N): [(These↑)
365. (20)
366. Nancy (N): Is that okay↑
367. Dympna (D): Yeah
368. (3)
369. Dympna (D): I'll take the light now (alright↑)…(thank you)
370. [Sound of curing light beeping]
371. (28)
372. Dympna (D): (Open very wide)
373. (13)
374. Dympna (D): Okay great that's (fine)… can I take Nancy em a small
375. Dympna (D): em you see these are too wide [there's a narrower one as
376. Dympna (D): well please
377. Nancy (N): [Okay
378. (8)
379. Dympna (D): Yeah
380. Nancy (N): [(This little one↑)
381. Dympna (D): [Yeah that's it (that one is good)
382. [Sound of suction continues]
383. (20)
384. Nancy (N): Same amount again↑
385. Dympna (D): Em yeah
386. (80)
387. Dympna (D): Okay just the light there now for ten
388. [Sound of curing light beeping]
389. (10)
390. Dympna (D): That's fine there (?)
391. (52)
392. Nancy (N): (sneezes)
393. Dympna (D): Bless you
394. (4)
395. Dympna (D): Okay and the the light there just at the tip of the
396. Dympna (D): instrument there for ten seconds
397. [Sound of curing light beeping]
398. (3)
399. Dympna (D): Just ju- turn it a little bit more mesial that's it yeah turn
400. Dympna (D): right into the filling so I'm building up that mesial [wall
401. Dympna (D): now
402. Nancy (N): [Okay

403. (10)
404. [Sound of curing light beeping and suction]
405. Dympna (D): That's great thanks
406. (91)
407. Dympna (D): Okay↑ good
408. [Sound of curing light beeping and suction]
409. Dympna (D): Alright (ten on there again)
410. (8)
411. Dympna (D): Okay↓ thanks
412. (4)
413. Nancy (N): Do you want a little bit more↑
414. Dympna (D): Em we'll finish this but I will probably yeah (alright↑)
415. Dympna (D): finish this first now okay
416. (48)
417. Dympna (D): Okay that's great so the light then
418. [Sound of curing light beeping]
419. Nancy (N): [How long↑
420. Dympna (D): [And twenty now just…that's it
421. (16)
422. [Sound of curing light beeping and suction]
423. Dympna (D): That twenty↑
424. Nancy (N): Yeah
425. Dympna (D): Okay↓
426. [Sound of curing light beeping and suction]
427. Dympna (D): And
428. (3)
429. Nancy (N): Same amount again↑
430. Dympna (D): **Em** probably quite not that much now [(we're) almost
431. Dympna (D): there
432. Nancy (N): [Okay
433. (24)
434. Dympna (D): Okay I'll have the light there now please
435. (4)
436. [Sound of curing light beeping and suction]
437. Nancy (N): (Just here↑)
438. Dympna (D): And twenty
439. (17)
440. [Sound of curing light beeping and suction]
441. Dympna (D): Okay
442. (81)

443. Dympna (D): Okay so sixty now please
444. [Sound of curing light beeping and suction]
445. (74)
446. Dympna (D): Sorry…okay so the filling is set now just need to em
447. Dympna (D): check your bite and polish it okay↑
448. Pauline (P): Mm
449. (5)
450. Dympna (D): Sorry now
451. (8)
452. Dympna (D): Good okay↓ so I'll take em some floss now as well
453. (9)
454. Dympna (D): I'll have large suction
455. [Sound of suction]
456. (24)
457. Dympna (D): Now I'm just going to bring (you over more a little more
458. Dympna (D): across to me)
459. [Sound of suction and dental drill]
460. (23)
461. Nancy (N): (Do you want articulating paper↑)
462. Dympna (D): Yeah (?)
463. (4)
464. Dympna (D): Perfect… that's it and now just gently going get you to
465. Dympna (D): close your back teeth together for me **that's** it and open
466. [Sound of suction and dental drill]
467. (45)
468. Dympna (D): And close now please…and open
469. [Sound of suction and dental drill]
470. (18)
471. Dympna (D): And close…and open
472. [Sound of suction and dental drill]
473. (13)
474. Dympna (D): Almost done now okay↑
475. [Sound of suction and dental drill]
476. (20)
477. Dympna (D): And close again please and open↑
478. [Sound of suction and dental drill]
479. (25)
480. Dympna (D): Okay and close and tap your teeth for me tap tap tap tap
481. Dympna (D): tap tap good… and the floss there so can you just pop
482. Dympna (D): that down there↑ that's great (thank you)

483. (62)
484. Dympna (D): Can I get a perio probe there as well please↑
485. (17)
486. Dympna (D): Ta
487. (5)
488. Dympna (D): And just open there now great
489. (25)
490. Dympna (D): That's fine actually now Nancy that's fine
491. [Sound of drill]
492. (38)
493. Dympna (D): Good↓ and close tap tap tap great okay so the chair's
494. Dympna (D): going to move forward take your time there and have
495. Dympna (D): a rinse out okay↑
496. (39)
497. Dympna (D): Now so
498. (3)
499. Dympna (D): And em I'll just give you a mirror there and the first
500. Dympna (D): thing is I suppose you that probably feel your face quite
501. Dympna (D): swollen it doesn't look as different as you probably
502. Dympna (D): [feel it does okay↑
503. Pauline (P): [No (laughing)
504. Dympna (D): And em then you'll see the tooth now you see the
505. Dympna (D): [f- you know
506. Pauline (P): [Mm-hmm
507. Dympna (D): So it's all
508. Pauline (P): Mm-hmm
509. Dympna (D): Nice and blended okay↑ so never be nervous about
510. Dympna (D): flossing or using a little interdental in between there
511. Pauline (P): Okay
512. Dympna (D): You know you're not going to disrupt anything and it's
513. Dympna (D): [it's
514. Pauline (P): [Mm-hmm
515. Dympna (D): You know it's nice and em you know streamlined the
516. Dympna (D): way it em should be that was one of the issues with what
517. Dympna (D): was there before I think there was a little catch↑ a little
518. Dympna (D): kind of [or a ledge↑
519. Pauline (P): [Right okay
520. Dympna (D): You know where the filling was sitting a little bit
521. Dympna (D): prominent and you know so the more you're careful with
522. Dympna (D): the interdental cleaning you are doing anyway it'll help

523. Dympna (D): to em reduce the risk of decay happening in these areas
524. Pauline (P): Okay
525. Dympna (D): Do you know what I mean↑
526. Pauline (P): Mm-hmm
527. Dympna (D): Em so em but that's the bigger filling out of the way
528. Dympna (D): anyway the one on the other side is more of a [single
529. Dympna (D): surface
530. Pauline (P): [Okay
531. Dympna (D): Ok[ay↑ so
532. Pauline (P): [Okay great
533. Dympna (D): So the filling it's set straight away em but em with the
534. Dympna (D): numbness it is important to wait until you [feel that
535. Dympna (D): sensation
536. Pauline (P): [Yeah
537. Dympna (D): Come back and be careful you don't bite your lip or your
538. Dympna (D): [tongue when you're not numb okay↑
539. Pauline (P): [Yeah yeah
540. Dympna (D): And [em
541. Pauline (P): [Happened to a good friend of mine last [week
542. Pauline (P): actually yeah
543. Dympna (D): [Oh really
544. Pauline (P): really↑
545. Pauline (P): Yeah and it was quite serious because she's sick she's she
546. Pauline (P): has cancer [and she bit it and she got infected
547. Dympna (D): [Yeah
548. Dympna (D): Right yeah em it's amazing how [I've seen a child do it
549. Dympna (D): before
550. Pauline (P): [Yeah
551. Dympna (D): Where they [didn't realise
552. Pauline (P): [Yeah
553. Dympna (D): You know their mouth kind of [you know
554. Pauline (P): [Yeah
555. Dympna (D): And it ulcerated quite badly [now you know
556. Pauline (P): [Yeah
557. Dympna (D): Em and em it sounds s- [sort of similar do you know
558. Dympna (D): you wouldn't think but it's very possible when you're
559. Pauline (P): numb
560. Pauline (P): [Yeah (?)
561. Dympna (D): Em so okay
562. Pauline (P): So it's probably about half-ten now so should I leave **it**

563. Dympna (D): I'd leave it until after one o'clock probably [anyway
564. Pauline (P): okay↑
565. Pauline (P): [Yeah yeah
566. Dympna (D): [You'll know yourself you'll feel em
567. Pauline (P): [Good perfect yeah
568. (5)
569. Dympna (D): Okay great and [em so
570. Pauline (P): [Great
571. Dympna (D): So Aisling will schedule in another visit for the other em
572. Dympna (D): side whenever suits [there best is that okay↑
573. Pauline (P): [Okay
574. Dympna (D): Em
575. Pauline (P): How long will the other one be↑
576. Dympna (D): It will probably be a forty-five minute appointment as
577. Pauline (P): well
578. Pauline (P): Okay
579. Dympna (D): It it's it won't probably take as long but just with
580. Pauline (P): the [numbness
581. Pauline (P): [Mm
582. Dympna (D): And stuff it just [em to allow that a chance to work so
583. Pauline (P): [Yeah yeah yeah okay
584. Dympna (D): Em and em I'm not sure if there'll be another form the
585. Dympna (D): next appointment↑
586. Pauline (P): Okay no problem
587. Dympna (D): Is that okay↑ [feel free
588. Pauline (P): [Yeah sure yeah
589. Dympna (D): Em… there's the sun now again see↑
590. Pauline (P): Yeah because I'm just trying to think if I'd I'm off work
591. Pauline (P): this week em
592. Dympna (D): Oh right yeah you can schedule it in like [we have some
593. Pauline (P): [There's no
594. Pauline (P): issue with↑
595. Dympna (D): [No no no
596. Pauline (P): [That like maybe even for Friday
597. Dympna (D): Yeah [yeah yeah yeah
598. Pauline (P): [I'll see how that's going (?)
599. Dympna (D): Em so em that that would be no problem
600. Pauline (P): Okay great↓ [thanks a million
601. Dympna (D): [If you feel up to it (laughing)
602. Dympna (D): Okay [bye

603. Pauline (P): [Thanks a million see you
604. Nancy (N): [Bye bye
605. Dympna (D): Bye bye

Case 4A

1. Dympna (D): Hi there come on in↓
2. Peggy (P): How are you↑
3. Dympna (D): Very good thanks now [so I'll take those from you so
4. Peggy (P): [Now
5. Dympna (D): I'm Dympna [nice to meet you it's Peggy yeah↑
6. Peggy (P): [Hi Dympna I'm Peggy
7. Dympna (D): And Nadia's helping me now today [and
8. Peggy (P): [Hi
9. Dympna (D): Thank you for **em** doing this like we just have little
10. Dympna (D): mikes [don't worry
11. Peggy (P): [Oh yeah
12. Dympna (D): There's no there's not you're not going to
13. Peggy (P): Yeah
14. Dympna (D): (it's not that em) (laughing)
15. Peggy (P): (laughing)
16. Dympna (D): Any em questioning or anything you can pop your <u>stuff</u>
17. Dympna (D): down there if you <u>like</u> and em… you're booked for a
18. Dympna (D): general check-up is it↑ [or
19. Peggy (P): [Yeah
20. Dympna (D): And [em
21. Peggy (P): [Just a check-up
22. Dympna (D): Okay so it's a little while about [six years you reckon↑
23. Peggy (P): [Yeah
24. Dympna (D): And em you see the doctor here <u>tell me</u> anything in
25. Dympna (D): particular kind of prompt the visit↑ or
26. Peggy (P): Em I notice kind of a brown spot in a tooth and tooth here↑
27. Dympna (D): Okay [okay <u>okay</u> okay that's fine
28. Peggy (P): [So I'm just afraid that (I might em)
29. (4)
30. Dympna (D): Now I'll ask you to come over and have a seat there
31. Dympna (D): please
32. (7)
33. Dympna (D): It's miserable out isn't it↑

34. Peggy (P): Horrible
35. Dympna (D): Yeah it's really gone cold as [well
36. Peggy (P): [Yeah
37. Dympna (D): Midsummer's day and all that
38. Peggy (P): Yeah (laughing)
39. (5)
40. Dympna (D): I just feel sorry for people who have events like who are
41. Dympna (D): at you know who are at a wedding or something
42. Dympna (D): [planned you know
43. Peggy (P): [Yeah
44. (7)
45. Nadia (N): (Sorry) can you wear these please↑
46. Peggy (P): Mm-hmm
47. Nadia (N): Thank you
48. (8)
49. Dympna (D): Okay↓
50. (9)
51. Dympna (D): Em close together now for me… and open that's great so
52. Dympna (D): yeah there's definitely some decay there's em not
53. Dympna (D): [everything
54. Peggy (P): [Yeah
55. Dympna (D): That **looks** brown in your mouth is always decay like
56. Dympna (D): you can just have some areas where there'll be stain in
57. Dympna (D): deep grooves but em these guys are so we'll do a full
58. Dympna (D): check-up now for you okay↑
59. (12)
60. Dympna (D): Going to use air here just dries your teeth so I can see
61. Dympna (D): them better okay↑
62. (39)
63. [Sound of compressed air]
64. Dympna (D): Okay↓ (coughs) so I'll just em call out… just going to
65. Dympna (D): call out Peggy what's here in your mouth at the moment
66. Dympna (D): [first of all
67. Peggy (P): [Mm-hmm
68. Dympna (D): And em I'll just make a note that the lower left eight is
69. Dympna (D): partially-erupted
70. (8)
71. Dympna (D): And close again there for me all the way that's it
72. (5)
73. Dympna (D): Okay↓…now open

74. [Sound of compressed air]
75. (3)
76. Dympna (D): And the lower right eight is partially-erupted as well
77. (3)
78. Dympna (D): There's a composite em filling on the lower right seven
79. Dympna (D): occlusal
80. (4)
81. Dympna (D): And the lower right six
82. (3)
83. [Sound of compressed air]
84. Dympna (D): M-O composite present
85. (9)
86. [Sound of compressed air]
87. Dympna (D): And
88. (6)
89. [Sound of compressed air]
90. Dympna (D): Put a watch on the upper right six and the distal of the
91. Dympna (D): five...distal of the four...upper left six
92. (8)
93. [Sound of compressed air]
94. Dympna (D): And swallow there again for me and treatment required
95. Dympna (D): now
96. (4)
97. [Sound of compressed air]
98. Dympna (D): The upper right seven occlusal...em upper left four
99. Dympna (D): occlusal ...the lower left seven occlusal lower left six
100. Dympna (D): occlusal
101. (3)
102. [Sound of compressed air]
103. Dympna (D): And the lower right six M-O
104. (3)
105. Dympna (D): And swallow... and open there thanks
106. (3)
107. Dympna (D): So I'm just having a look here at your gums now as well
108. Dympna (D): [okay↑
109. Peggy (P): [Mm-hmm
110. (33)
111. Dympna (D): Okay↓ so I'm going to bring up the chair now and we'll
112. Dympna (D): take some x-rays here of your back teeth okay↑
113. Peggy (P): Yeah

114. (4)
115. Dympna (D): So em definitely some decay going on you know the
116. Dympna (D): two that you see down [here
117. Peggy (P): [Yeah
118. Dympna (D): And then t- looks to be two other smaller ones on the
119. Dympna (D): top teeth and the x-rays will just
120. Peggy (P): Okay
121. Dympna (D): Give a little bit more information as well okay↑
122. Peggy (P): Okay
123. (10)
124. Dympna (D): Now I've got a sensor here I'm just going to position it
125. Dympna (D): between your back teeth and then we'll go outside and
126. Dympna (D): press the button you'll hear [a beep you won't feel
127. Dympna (D): anything okay↑
128. Peggy (P): [Okay
129. Dympna (D): **And** bite the teeth now close together that's great
130. (12)
131. [Sound of a beep]
132. Dympna (D): Oops sorry there that seems to have failed I'll just restart
133. Dympna (D): it there sorry... (tuck that right in)
134. (12)
135. Dympna (D): And **open** and **close** good
136. (15)
137. [Sound of a beep]
138. Dympna (D): Okay↑ very good so I'm going to do the same now on
139. Dympna (D): the other side okay↑
140. (9)
141. Dympna (D): And now and close
142. (17)
143. [Sound of a beep]
144. Dympna (D): Okay↓ good and I'm going to bring this one a little bit
145. Dympna (D): further forward on this side as well okay↑... now clo-
146. Dympna (D): and close
147. (13)
148. [Sound of a beep]
149. Dympna (D): Great okay good
150. (18)
151. Dympna (D): Yeah I'll just drop the chair back and have a little look
152. Dympna (D): here at (your) x-rays okay↑
153. Peggy (P): Okay

154. (18)
155. Dympna (D): (My notes there) that's fine
156. (63)
157. [Sound of compressed air]
158. Dympna (D): (Coughs) sorry I'll bring up the chair and you can take
159. Dympna (D): the glasses off there if you like
160. Peggy (P): Okay…thanks
161. Nadia (N): (You're welcome)
162. (3)
163. Dympna (D): And em so the x-rays here em the…these are where you
164. Dympna (D): have some white fillings there in your mouth at the
165. Dympna (D): moment and one of them for that x-ray it's kind of this
166. Dympna (D): area here so they're kind of back to front if you [like
167. Dympna (D): okay↑
168. Peggy (P): [Yeah
169. Dympna (D): Em and you can probably <u>feel</u> where the tooth is not
170. Dympna (D): completely do you feel that rough there↑ [sometimes
171. Peggy (P): [Yeah yeah
172. Dympna (D): Yeah so what's happened is either some new decay or
173. Dympna (D): the filling has failed or basically part of it's missing so
174. Dympna (D): we need to go in and fix that to make it back like em
175. Dympna (D): you know the to improve the contour↑ and also to seal it
176. Dympna (D): again because em there's you know potential for bacteria
177. Dympna (D): and the decay to get worse there okay↑…so (coughs)
178. Dympna (D): that's on a tooth that has been filled before em the others
179. Dympna (D): then are more like these are the two teeth on that lower
180. Dympna (D): lefthand side↑
181. Peggy (P): Mm-hmm
182. Dympna (D): And em you know it's em the the discolouration on its
183. Dympna (D): own is not the only problem it's it's more em **the** way
184. Dympna (D): the shadow is kind of spreading in the tooth okay↑ so
185. Dympna (D): when I darken these up can you see that↑ that's decay
186. Dympna (D): down there
187. Peggy (P): Yeah
188. Dympna (D): Alright and the same on this one so these are the <u>nerves</u>
189. Dympna (D): inside the tooth and then that white layer on the outside
190. Dympna (D): that's the <u>enamel</u>
191. Peggy (P): Okay
192. Dympna (D): And so it's that <u>enamel</u> which when it becomes em
193. Dympna (D): <u>porous</u> bacteria moves through and then they once they

194. Dympna (D): get into that next layer of the tooth [they're able to
195. Dympna (D): spread
196. Peggy (P): [Mm
197. Dympna (D): And you know m- do a lot of damage quite quickly
198. Dympna (D): okay↑ [so
199. Peggy (P): [Mm
200. Dympna (D): Enamel is like the barrier which em gives the resistance
201. Dympna (D): em you know and is the strongest part of the tooth and
202. Dympna (D): so it's that area where you know sort of acids in your
203. Dympna (D): diet attack [and make it leaky
204. Peggy (P): [Okay
205. Dympna (D): And then bacteria get in and that's how em the decay
206. Dympna (D): starts alright↑ em so because I suppose you haven't had
207. Dympna (D): a check-up in you know the period of time it's hard to
208. Dympna (D): [know
209. Peggy (P): [Mm
210. Dympna (D): You know is the decay that that we're seeing is it as a
211. Dympna (D): result of what's happening now or is it as a result of
212. Dympna (D): what happened previously
213. Peggy (P): Mm-hmm
214. Dympna (D): So once you would get damage down in the tooth em
215. Dympna (D): you know it's it's em it's possible that it would continue
216. Dympna (D): even if the conditions were had improved [okay↑
217. Peggy (P): [Mm yeah
218. Dympna (D): So fluoride is really important make sure when you
219. Dympna (D): clean your teeth you don't wash all the toothpaste away
220. Dympna (D): [alright↑ so that's the first thing↑
221. Peggy (P): [(Yeah)
222. Dympna (D): So often **people** are in the habit cause when you would
223. Dympna (D): have been learning how to clean your teeth you were
224. Dympna (D): probably always told to wash all the [toothpaste away
225. Peggy (P): [Mm mm
226. Dympna (D): So even for children now we recommend to 'clean and
227. Dympna (D): spit' as the motto if you like so
228. Peggy (P): Okay
229. Dympna (D): That the fluoride gets a chance because fluoride will
230. Dympna (D): help you've got some areas where (coughs) what I'm
231. Dympna (D): going to do is keep an eye on them or [put a
232. Peggy (P): [Mm
233. Dympna (D): What we call a watch or a monitor and the x-rays will be

234. Dympna (D): taken again at twelve months
235. Peggy (P): Mm-hmm
236. Dympna (D): **And see em you know is there a em em** and then
237. Dympna (D): sometimes when I go into teeth where there is decay if
238. Dympna (D): that decay looks quite a bit more aggressive than what I
239. Dympna (D): think then I might take the x-rays a little bit sooner
240. Dympna (D): [but
241. Peggy (P): [Mm-hmm
242. Dympna (D): I would say that the likelihood is is that these have been
243. Dympna (D): kind of slowly establishing over a period do you know
244. Dympna (D): what I mean↑
245. Peggy (P): Yeah
246. Dympna (D): Em (coughs) and then hopefully once they're once
247. Dympna (D): they're treated then the the conditions should be stable
248. Peggy (P): Yeah
249. Dympna (D): So things that will help that will be fluoride em which
250. Dympna (D): helps to make sure that the enamel or even in areas
251. Dympna (D): where I see a little bit of em warning sign like where the
252. Dympna (D): enamel's getting a little bit what do you call
253. Dympna (D): demineralised [it means
254. Peggy (P): [Mm
255. Dympna (D): A little bit porous so fluoride can help
256. Peggy (P): Would mouthwash be good for that↑
257. Dympna (D): Em if it's a fluoride rinse↓ okay↑
258. Peggy (P): Mm
259. Dympna (D): So be careful as well if you're using a mouth rinse
260. Dympna (D): straight after brushing em you know if it doesn't have
261. Dympna (D): fluoride then you can actually take away the fluoride
262. Dympna (D): from the [toothpaste
263. Peggy (P): [Okay
264. Dympna (D): Okay↑ so em if you're using a fluoride mouth rinse I
265. Dympna (D): tend to suggest to patients to use it at a different time
266. Dympna (D): during the day↑
267. Peggy (P): [Mm
268. Dympna (D): [so they get another dose of fluoride [okay↑
269. Peggy (P): [Yeah
270. Dympna (D): Em but you're you're you need em a thorough scaling
271. Dympna (D): session as well so I'm going to recommend [you
272. Peggy (P): [Mm
273. Dympna (D): Come and see the hygienist em you know your gums are

274. Dympna (D): you don't have gum <u>disease</u> but because you haven't had
275. Dympna (D): any cleaning in a long time [em
276. Peggy (P): [Mm
277. Dympna (D): There is quite a bit of tartar build-up there okay↑
278. Peggy (P): Okay
279. Dympna (D): Em (coughs) and then the hygienist would talk to you a
280. Dympna (D): little bit more about how to improve maybe cleaning
281. Dympna (D): between the teeth and just again the hygiene↑
282. Peggy (P): Mm-hmm
283. Dympna (D): Will help keep your decay under control and then also
284. Dympna (D): just to watch out your day-to-day food and drink habits
285. Dympna (D): with the mouth it's always about the number of times
286. Dympna (D): you eat and drink rather than what you're eating and
287. Dympna (D): drinking okay so it's em because each time that there's
288. Dympna (D): what we call a food or drink <u>attack</u> that affects the acid
289. Dympna (D): level and then the environment becomes more suitable
290. Dympna (D): to that enamel layer being weakened
291. Peggy (P): Okay
292. Dympna (D): And then saliva is the only thing that neutralises that so
293. Dympna (D): brushing your teeth more often you know doesn't kind
294. Dympna (D): of counteract having that acid attack it takes time for the
295. Dympna (D): saliva to come along and bring things back to neutral
296. Dympna (D): does that make sense↑ [or
297. Peggy (P): [Yeah
298. Dympna (D): Em so (coughs) what I'll do I'll print an estimate now
299. Dympna (D): there so there's these two <u>here</u> there's this one which is
300. Dympna (D): on a tooth that's been filled before and then there are
301. Dympna (D): two other smaller cavities on the top teeth okay↑em so
302. Dympna (D): and then so that's five teeth in total and others where I
303. Dympna (D): would be keeping a close eye on alright↑
304. Peggy (P): Yeah
305. Dympna (D): But you know I- that's I suppose as well when it's kind
306. Dympna (D): of <u>widespread</u> yo- you are thinking of the overall
307. Dympna (D): <u>conditions</u>
308. Peggy (P): [Mm
309. Dympna (D): [And so that's where the fluoride comes in and then also
310. Dympna (D): your food and drink habits okay↑ like would you tend to
311. Dympna (D): have sugar in tea and coffee or anything like **that**↑ or
312. Peggy (P): **Em** yeah I would I would [(in coffee)
313. Dympna (D): [Okay so you know like the

314. Dympna (D): problem with drinks and taking sugar in tea and coffee
315. Dympna (D): is that it's often between meals and it prolongs that
316. Dympna (D): attack
317. Peggy (P): [Mm
318. Dympna (D): [Do you know what I mean↑ so and there's it's not about
319. Dympna (D): how much sugar it's the frequency so there's no point in
320. Dympna (D): changing from you know two teaspoons [to half a
321. Dympna (D): teaspoon now
322. Peggy (P): [Yeah
323. Dympna (D): It's to to stop having it in it [or else
324. Peggy (P): [Yeah
325. Dympna (D): Have the coffee at a time when you're having a meal as
326. Dympna (D): well
327. Peggy (P): O[kay
328. Dympna (D):[Do you know what I mean↑ cause it would be all rolled
329. Dympna (D): into the one
330. Peggy (P): Mm
331. Dympna (D): But the problem with drinks especially is that they're
332. Dympna (D): often taken between meals and then that em em
333. Dympna (D): [prolongs the attack
334. Peggy (P): [Yeah
335. Dympna (D): You know so it's things like that which day-to-day will
336. Dympna (D): add to the em your risk for decay [happening
337. Peggy (P): [Mm
338. Dympna (D): And I suppose having a more regular em dental em
339. Dympna (D): check or review would kind of prompt you to be kind of
340. Dympna (D): more conscious of what [may be happening
341. Peggy (P): [Yeah
342. Dympna (D): You know alright↑ so em what I'll do now I'll just print
343. Dympna (D): an estimate for you em which will have the details of the
344. Dympna (D): fillings↑
345. Peggy (P): Mm-hmm
346. Dympna (D): And em then I'll g- I'll see or you'll probably look at
347. Dympna (D): doing maybe two appointments something like that you
348. Dympna (D): could do them over two appointments em
349. Peggy (P): Is there five al[together↑
350. Dympna (D): [There are five altogether yeah it sounds
351. Dympna (D): (laughing)
352. Peggy (P): (laughing)
353. Dympna (D): Em so th- there are two of them that are quite **minimal**

354. Dympna (D): you know and em the others then are kind of a little bit
355. Dympna (D): more established okay↑
356. Peggy (P): Yeah
357. Dympna (D): Alright↑ so just grab a seat over there Peggy okay↑
358. [Sounds of nurse clearing away disposable covers]
359. [Sound of printer]
360. (123)
361. Dympna (D): Now so…so you're qualified today through the PRSI so
362. Dympna (D): you're not charged for your check-up or x-r[ays okay↑
363. Dympna (D): so
364. Peggy (P): [Okay
365. Dympna (D): Em **the** em hygienist then it would be eighty euro for a
366. Dympna (D): half-hour session with the hygienist then the fillings
367. Dympna (D): here these fillings would be whi- em tooth-coloured
368. Dympna (D): fillings you know↑
369. Peggy (P): Mm-hmm
370. Dympna (D): So if you were to choose to have silver fillings they're
371. Dympna (D): thirty euro less per filling
372. Peggy (P): Okay
373. Dympna (D): Em but in some of the areas like say where it says
374. Dympna (D): 'premolar' or on some of the lower teeth they are in the
375. Dympna (D): **more** aesthetic areas
376. Peggy (P): Mm-hmm
377. Dympna (D): Do you know what I mean↑ [em
378. Peggy (P): [Okay
379. Dympna (D): And em to do them that's it it like the most em where
380. Dympna (D): those two are together the lower left you would
381. Dympna (D): definitely do those both at the same time
382. Peggy (P): Okay
383. Dympna (D): Em [because... one
384. Peggy (P): [In the one appointment
385. Dympna (D): Em yeah because when you have the numbness↑
386. Peggy (P): Mm-hmm
387. Dympna (D): It numbs all of the lower teeth so it would make [sense
388. Peggy (P): [Okay
389. Dympna (D): And then you know if you (like) I would it's possible
390. Dympna (D): two sixty-minute appointments and that's possible to do
391. Dympna (D): them over [those that kind of time-frame
392. Peggy (P): [Mm-hmm
393. Dympna (D): Or if you spread if you prefer to spread it over three

394. Dympna (D): appointments it would kind of be three em forty-five
395. Dympna (D): minutes where I would take the lower left and then I
396. Dympna (D): would do the lower right on one day and then the two
397. Dympna (D): uppers on [another day
398. Peggy (P): [Mm-hmm
399. Dympna (D): Do you know what I mean↑ but
400. Peggy (P): Okay
401. Dympna (D): It it's it's possible to do them over two sixty minutes
402. Dympna (D): either you kind of work on one side of your mouth one
403. Dympna (D): day and
404. Peggy (P): [Okay
405. Dympna (D): [One side of your mouth on the other day okay↑
406. Peggy (P): And would you be here after five in [the evening↑
407. Dympna (D): [Yeah we're here on
408. Dympna (D): Mondays and Thursdays em until [seven so
409. Peggy (P): [(Grand)
410. Dympna (D): Em Aisling will be able to organise that or we do early
411. Dympna (D): morning as well but different different on different days
412. Dympna (D): [sort of thing
413. Peggy (P): [Yeah
414. Dympna (D): But you with the anaesthetic you are you'll feel a little
415. Dympna (D): bit self-conscious maybe↑ but you're [fine
416. Peggy (P): [Mm
417. Dympna (D): To go back to work you wouldn't [feel woozy or
418. Dympna (D): anything
419. Peggy (P): [Yeah
420. Dympna (D): It's just you wouldn't plan to meet anyone for important
421. Dympna (D): [you
422. Peggy (P): [Yeah
423. Dympna (D): Know that kind of way
424. Peggy (P): Okay
425. Dympna (D): Em but em if you like you could maybe come and see
426. Dympna (D): the hygienist first and start the ball rolling if you want to
427. Dympna (D): do it that way or [you know
428. Peggy (P): [Yeah
429. Dympna (D): Em but <u>definitely</u> you know when you have em decay
430. Dympna (D): sort of spread like that
431. Peggy (P): Mm-hmm
432. Dympna (D): It's worth trying to analyse you know and because there
433. Dympna (D): hasn't been em a check in that period

434. Peggy (P): Mm
435. Dympna (D): You know it you may not feel it's what you're currently
436. Dympna (D): doing but definitely think about sugar in drinks [it's it's
437. Dympna (D): that's the yeah it is
438. Peggy (P): [Mm…
439. Peggy (P): bad
440. Dympna (D): You know em and em it it it does tend to target multiple
441. Dympna (D): teeth then
442. Peggy (P): Ye[ah
443. Dympna (D): [Do you know what I mean↑ rather then just being one
444. Dympna (D): problem [area
445. Peggy (P): [Yeah
446. Dympna (D): And em so and it's it's always about the number of times
447. Dympna (D): em that just like it's not about calories or [even
448. Peggy (P): [Mm
449. Dympna (D): If you snack on fruit it's just as able to affect the acid so
450. Dympna (D): [it's
451. Peggy (P): [Mm
452. Dympna (D): Always about trying to leave as big a an interval as you
453. Dympna (D): can between those em food or drink [attacks okay↑
454. Peggy (P): [Yeah okay
455. Dympna (D): Alright↑ but the ideal would be that once we get you em
456. Dympna (D): get the decay treated then get you in like you're with the
457. Dympna (D): PRSI [you're
458. Peggy (P): [Mm
459. Dympna (D): Entitled to a check-up every twelve months
460. Peggy (P): Mm-hmm
461. Dympna (D): And so we'd encourage patients to come and you know
462. Dympna (D): have that review and [especially
463. Peggy (P): [Mm
464. Dympna (D): Where there's areas we're monitoring↑ but em you know
465. Dympna (D): fluoride
466. Peggy (P): [Mm-hmm
467. Dympna (D): [You could even try using a high fluoride concentration
468. Dympna (D): toothpaste as well like morning and night-time but even
469. Dympna (D): getting into the habit of not washing it all away↑
470. Peggy (P): Mm-hmm
471. Dympna (D): Will mean that you're automatically getting a a higher
472. Dympna (D): dose of
473. Peggy (P): [Yeah

474. Dympna (D): [Fluoride than you are at the moment
475. Peggy (P): Yeah [(I'll do that)
476. Dympna (D): [As well okay alright↑ okay
477. Peggy (P): Okay
478. Dympna (D): So that's yours to take with you and if you have a chat
479. Dympna (D): with Aisling on reception she'll schedule or if you to
480. Dympna (D): give us a [buzz back
481. Peggy (P): [Grand
482. Dympna (D): Whatever suits okay↑
483. Peggy (P): I might do a hygienist first so
484. Dympna (D): Yeah I mean it's good to get it kind of gives you a few
485. Dympna (D): pointers maybe on how to [improve
486. Peggy (P): [Yeah
487. Dympna (D): Your hygiene and that kind of stuff as well and then em
488. Dympna (D): the em hygienist would just talk to you [a little bit more
489. Peggy (P): [Mm
490. Dympna (D): About diet as well because prevention is very important
491. Dympna (D): there's no point in going to the cost and trouble of
492. Dympna (D): getting the fillings placed
493. Peggy (P): [Mm
494. Dympna (D): [if you don't try and understand **where** the source of the
495. Dympna (D): [(pattern)
496. Peggy (P): [Yeah
497. Dympna (D): Was as well [yeah yeah yeah
498. Peggy (P): [I'd like to be able to stop it
499. Dympna (D): Okay↑ then [alright
500. Peggy (P): [Thanks very much
501. Dympna (D): Okay so listen and thanks very much for doing the
502. Dympna (D): signing out the forms [and stuff like that as well okay↑
503. Peggy (P): [No worries at all thanks bye
504. Dympna (D): Listen nice to meet you and like I say em Aisling will
505. Dympna (D): organise an appointment with you and the hygienist is
506. Dympna (D): here sort of evenings on those Mondays and Thursdays
507. Dympna (D): [as well
508. Peggy (P): [Sure
509. Dympna (D): And then em we can schedule the fillings [okay↑
510. Peggy (P): [That's perfect
511. Dympna (D): Alright okay [thanks now
512. Peggy (P): [(Thanks) bye

Case 4B

1. [Sound of knock on door]
2. Dympna (D): Come on in
3. Peggy (P): Hi
4. Dympna (D): Hi there
5. Peggy (P): How are you↑
6. Nancy (N): Hi
7. Dympna (D): How does that go oh this way...now so
8. (3)
9. Dympna (D): Now hi Peggy [how are you↑ you alright↑
10. Peggy (P): [Hi how are you↑
11. Dympna (D): So em I I think em Aisling mentioned to you
12. Dympna (D): that we are gonna have the mikes on again [and
13. Peggy (P): [Yeah
14. Dympna (D): Give you a little form to fill out is that okay↑
15. Peggy (P): Yeah that's grand [yeah
16. Dympna (D): [Em grab a seat there now you won't
17. Dympna (D): have met Nancy Nancy's [a new member since you
18. Dympna (D): were
19. Nancy (N): [Hi
20. Peggy (P): [Hi Nancy
21. Dympna (D): Last here and em
22. (5)
23. Nancy (N): It's stopped raining out there
24. Peggy (P): Yeah eventually
25. Dympna (D): So I know you were in with Helen and you had a
26. Dympna (D): cleaning session
27. Peggy (P): Yeah
28. Dympna (D): And em do you feel that improved things [made a
29. Dympna (D): difference there↑ yeah
30. Peggy (P): [Oh
31. Peggy (P): definitely yeah
32. Dympna (D): Yeah okay and em so we have two sets of fillings to
33. Dympna (D): do sort of the left-hand side and the right-hand side
34. Dympna (D): and there's three on one side two on the other side do
35. Dympna (D): you have any preference where we start or↑
36. Peggy (P): Em no
37. Dympna (D): You're not in any discomfort or anything or↑
38. Peggy (P): Well maybe does this one do the sensitive [(one)

39. Dympna (D): [Okay so
40. Dympna (D): we'll we'll do the right hand the bigger one yeah
41. Dympna (D): [that's the bigger
42. Peggy (P): [Yeah
43. Dympna (D): And the one on the top on that side so we just usually
44. Dympna (D): sort of divide because you'll be numb down here so
45. Dympna (D): we'll do the top one at the same time↑
46. Peggy (P): Okay
47. Dympna (D): And then em leave the other left-hand side for
48. Dympna (D): another appointment [okay↑ alright↑
49. Peggy (P): [Yeah
50. Dympna (D): Okay… so the chair's going to drop back
51. (5)
52. Dympna (D): You finished work now for the day or↑
53. Peggy (P): Yeah just finished there now
54. Dympna (D): That's good
55. (17)
56. Dympna (D): So I'll take a little bit of numbing gel now there and a
57. Dympna (D): second one as well
58. (5)
59. Dympna (D): Okay
60. (13)
61. Dympna (D): Thanks em will you just bring up the other bitewing
62. Dympna (D): actually so we're doing the right-hand side now
63. [Sounds of computer mouse clicking]
64. (4)
65. Dympna (D): Now you can close there for me that's it
66. (5)
67. Dympna (D): So if you y- yeah if you just this one em [just
68. Nancy (N): [Yeah
69. Dympna (D): Want to maximise it make this one [bigger
70. Nancy (N): [So I get rid of that
71. Nancy (N): one
72. Dympna (D): Yeah we'll get rid of any of that (?)
73. Nancy (N): Oh too big
74. Dympna (D): Yeah probably (a bit too big)… so if you just exit
75. Dympna (D): that close it out em just (here)
76. Nancy (N): Em I've left that bigger (and now)
77. Dympna (D): Mm-hmm
78. (7)

79. Dympna (D): If you right-click and exit yeah and then close it
80. Dympna (D): down and then just start again that's it
81. (3)
82. Dympna (D): Can I just get another red em tip there please
83. (7)
84. Nancy (N): How's this one (?)
85. Dympna (D): **Em** press button yeah
86. (7)
87. Nancy (N): Shut it off↑
88. Dympna (D): Yeah perfect…I'll just start with that [whispered]
89. (5)
90. Dympna (D): Em if you just bring back up the base charting now
91. Dympna (D): for me as well (coughs)
92. (53)
93. Dympna (D): Now just close again there please
94. [Sound of instruments clinking]
95. (10)
96. Dympna (D): I'll take a second blue [em
97. Nancy (N): [Yeah
98. (19)
99. Dympna (D): Okay…and just open there now please
100. (29)
101. Dympna (D): That's great small suction there now
102. [Sound of suction unit]
103. (34)
104. Dympna (D): Sorry now
105. [Sound of suction unit]
106. (4)
107. Dympna (D): Very good well done↓…so I'll bring you forward
108. Dympna (D): here now Peggy and take your time have a rinse out
109. Dympna (D): there okay↑
110. (27)
111. Dympna (D): Okay↓ so em I'm going to work on the upper tooth
112. Dympna (D): first that numbness takes straight away and then the
113. Dympna (D): lower one the numbness will take a little bit more
114. Dympna (D): over the next couple of minutes
115. Peggy (P): Mm
116. Dympna (D): Em so I think Helen [hygienist] talked to you a little
117. Dympna (D): bit more about fluoride and that kind of [thing as well
118. Peggy (P): [Yeah

119. Dympna (D): And just em these x-rays I would retake you know
120. Dympna (D): definitely at twelve months and make sure that em
121. Dympna (D): some of these other (areas) that we're keeping an eye
122. Dympna (D): on [haven't got any worse
123. Peggy (P): [Okay
124. Dympna (D): O[kay↑ and em
125. Peggy (P): [Yeah
126. Dympna (D): Hopefully we should see you know sometimes you'll
127. Dympna (D): actually see them resolve those little em early em
128. Dympna (D): warning signs on x-ray okay↑
129. Peggy (P): Mm-hmm
130. Dympna (D): So cause it had been quite a number of years wasn't
131. Dympna (D): it↑ [I think so just to keep a closer check on thing you
132. Dympna (D): know↑
133. Peggy (P): [Yeah mm
134. (8)
135. Dympna (D): Okay↓ so with the em upper anaesthetic now you
136. Dympna (D): should be very comfortable if at any time **you**
137. Dympna (D): thought you weren't you want me to stop for anything
138. Dympna (D): at all just let me know lift your hand↑
139. Peggy (P): Mm-hmm
140. Dympna (D): (Using) a bit of water spray okay↑
141. [Sound of suction unit and dental drill]
142. (111)
143. [Dentist humming]
144. Dympna (D): Okay↓
145. (51)
146. Dympna (D): Very good well done so that's the drilling part done
147. Dympna (D): here on this top tooth so we're going to fill that one
148. Dympna (D): first okay↑
149. Peggy (P): Mm-hmm
150. Dympna (D): So just some etch for me
151. (51)
152. [Sound of compressed air]
153. Dympna (D): Okay↓ good
154. [Sound of suction and compressed air]
155. (15)
156. Dympna (D): Mm-hmm
157. [Sound of suction and compressed air]
158. (54)

159. Dympna (D): Okay good
160. Nancy (N): Thirty seconds↑
161. Dympna (D): Em for the bond em I would use thirty here I'd say
162. [Beeping of light-cure unit and sound of suction unit]
163. (30)
164. Dympna (D): Okay great thanks
165. [Sound of suction unit]
166. (149)
167. Dympna (D): Okay I'll take twenty now okay↑
168. [Sound of suction and beeping of light-cure unit]
169. (20)
170. Dympna (D): Okay great
171. (6)
172. Nancy (N): Have you got enough material↑
173. Dympna (D): Yeah
174. (46)
175. Dympna (D): (Another) twenty now again for me
176. [Beeping of light-cure unit]
177. (21)
178. Dympna (D): Okay
179. (103)
180. Dympna (D): Okay↓ so I'll take em
181. (11)
182. Dympna (D): Sixty now please
183. [Beeping of light-cure unit; dentist hums]
184. (71)
185. Dympna (D): Okay great so you can have a little break there and
186. Dympna (D): swallow okay and I'm going to just check the filling
187. Dympna (D): is in place now I need to just check your bite and then
188. Dympna (D): just p- polish it if if necessary okay↑
189. Peggy (P): Mm
190. Dympna (D): Em what I'm going to ask you to do is close together
191. Dympna (D): for me↑ and tap your teeth together and open↑ and
192. Dympna (D): close and open and close and open↑
193. (4)
194. Dympna (D): So
195. (3)
196. Dympna (D): Just take em (the overhits) back up there and the
197. Dympna (D): large suction now
198. [Sound of dental drill and suction unit]

199. (85)
200. Dympna (D): You okay↑ great
201. (4)
202. Dympna (D): **And** close now please **that's** it and tap your teeth
203. Dympna (D): again and move side to side a little and close that's it
204. Dympna (D): now kind of grind the teeth against each other that's it
205. Dympna (D): and open perfect altogether…suction there now
206. [Sound of suction unit and dental drill]
207. (30)
208. Dympna (D): And close now please…tap tap tap tap tap tap okay↓
209. Dympna (D): good
210. [Sound of compressed air]
211. (3)
212. Dympna (D): So (coughs) with the tooth-coloured fillings they set
213. Dympna (D): straight away and em that's why w- just to check the
214. Dympna (D): bite is important make sure that there's it's [it sets
215. Dympna (D): very hard
216. Peggy (P): [Mm
217. Dympna (D): To make sure it's not in the way you know when
218. Dympna (D): you're closing and when you're numb top and bottom
219. Dympna (D): here it's hard for you to
220. Peggy (P): [Mm
221. Dympna (D): [really get a full sense of how it feels you know↑
222. Peggy (P): Mm
223. Dympna (D): So if afterwards↑ if you ever thought it was a little bit
224. Dympna (D): high or anything always get me to check it
225. Dympna (D): [you know↑
226. Peggy (P): [Mm
227. Dympna (D): **And** em with this lower numbness now you probably
228. Dympna (D): feel a fat lip sort of sensation and that's [why
229. Peggy (P): [Mm
230. Dympna (D): it's important to avoid eating for the next couple of
231. Dympna (D): hours until that sensation comes back [okay↑
232. Peggy (P): [Mm
233. Dympna (D): Em so I'd leave it until after half-seven or eight
234. Dympna (D): o'clock even you'll you'll know yourself when it starts
235. Dympna (D): to
236. Peggy (P): Mm-hmm
237. Dympna (D): Come back but the fillings themselves are set and
238. Dympna (D): ready to go okay↑

239. Peggy (P): Mm-hmm
240. Dympna (D): So we're going to move to the lower tooth now
241. (14)
242. Dympna (D): And just open there for me okay so a little bit of
243. Dympna (D): water spray again you should be comfortable if
244. Dympna (D): you're not for any reason you'll let me know
245. Dympna (D): [lift your hand
246. Peggy (P): [Mm-hmm
247. Dympna (D): Okay↑ now suction
248. [Sound of suction unit and dental drill]
249. (336)
250. Dympna (D): Suction there
251. [Sounds of suction and drill]
252. (17)
253. Dympna (D): Okay
254. [Sounds of suction and drill]
255. (91)
256. Dympna (D): Suction
257. [Sounds of suction and drill]
258. (16)
259. Dympna (D): Suction there now
260. [Sounds of suction and drill]
261. (15)
262. Dympna (D): (Coughs) (Could you get) a perio probe actually for
263. Dympna (D): me
264. (14)
265. Dympna (D): And I'll take some em haemostat now as well… a
266. Dympna (D): small cup and pellet
267. (26)
268. Dympna (D): Now just have a little break there are you okay↑ that's
269. Dympna (D): good
270. (8)
271. Dympna (D): Great and I'll take em suction there again please
272. [Sounds of suction and drill]
273. (75)
274. Dympna (D): Okay↓ so I'll take etch now em
275. (22)
276. Dympna (D): So I'll use the same [brush that's okay
277. Nancy (N): [Oh
278. [Sounds of compressed air]

279. (14)
280. Dympna (D): And I'll need a matrix band okay [and I need two
281. Dympna (D): wedges
282. Nancy (N): [Yeah
283. (54)
284. Nancy (N): Okay↑
285. (7)
286. Dympna (D): Okay↓ now s-
287. Sounds of suction and compressed air]
288. (107)
289. Nancy (N): Do you want to light-cure first↑
290. Dympna (D): No no (?)
291. (21)
292. [Sound of suction unit]
293. Dympna (D): (?)
294. (33)
295. Dympna (D): Okay go ahead now
296. [Beeping of light-cure unit and suction]
297. (3)
298. Dympna (D): And just angle the tip more directly down into the
299. Dympna (D): cavity that's it yeah that's it
300. Nancy (N): Twenty seconds↑
301. Dympna (D): Em [thirty↓ (I'd say please)
302. Nancy (N): [Thirty
303. (20)
304. Dympna (D): Perfect thanks and composite now please
305. [Sounds of suction unit]
306. (38)
307. Dympna (D): That overhead down now as well (to there) yeah
308. (44)
309. Dympna (D): Okay and (if you could put it there) at the tip of the
310. Dympna (D): instrument for for twenty and just angle the tip more
311. Dympna (D): towards the in- the tip of the instrument yeah (?)
312. [Sound of suction unit and beeping of light-cure unit]
313. (15)
314. Dympna (D): Very good here thank you
315. (67)
316. Dympna (D): Composite
317. Nancy (N): Same amount again↑
318. Dympna (D): Em yeah I'll need a a good bit more [it's a fairly big

319. Dympna (D): cavity there
320. Nancy (N): [Yeah
321. (48)
322. Dympna (D): Okay and again at the tip of the instrument for twenty
323. Dympna (D): angle your light a little bit more that's it
324. Nancy (N): Forty is it↑
325. Dympna (D): Em just twenty now there again yeah
326. [Sound of suction and beeping]
327. (13)
328. Dympna (D): Oh sorry there okay↑ okay now and composite now
329. [Dentist hums]
330. (70)
331. Dympna (D): Okay and just ten more there
332. [Beeping]
333. (10)
334. Dympna (D): Okay
335. [Sound of telephone ringing]
336. (19)
337. Dympna (D): That's just em
338. (41)
339. Dympna (D): Okay and twenty now
340. [Beeping of light-cure unit]
341. (20)
342. Dympna (D): Okay (there)
343. [Sounds of suction]
344. (8)
345. Dympna (D): So I'll need more (there) please em not a huge
346. Dympna (D): amount now but
347. Nancy (N): (About this again↑)
348. Dympna (D): About yeah yeah
349. Nancy (N): Yeah
350. Dympna (D): (About the same once again there)
351. [Sound of suction continues]
352. (85)
353. Dympna (D): Can you just give it twenty there now↑
354. [Sound of light-cure unit beeping]
355. (21)
356. Dympna (D): Okay there
357. [Sound of suction continues]
358. (171)

359. Dympna (D): Okay so great sixty now
360. Nancy (N): Yeah yeah
361. Dympna (D): (?)
362. [Beeping sound continues]
363. (3)
364. Dympna (D): Now Peggy so that's the last step I'm going to be able
365. Dympna (D): to polish it just
366. Peggy (P): Mm-hmm
367. Dympna (D): Quite a lot of em em we ended up replacing all the
368. Dympna (D): silver all the old filling and then also where it had
369. Dympna (D): going in between you know so and just with a white
370. Dympna (D): filling you have to just be quite patient about putting
371. Dympna (D): it in [okay↑
372. Peggy (P): [Mm-hmm
373. [Beeping and sound of suction continues]
374. (70)
375. Dympna (D): Okay great
376. (13)
377. Dympna (D): Okay well done so you can have a little swallow just
378. Dympna (D): close there well done so bring back up the overhead
379. Dympna (D): now as well please just the overhead light yeah↑ and
380. Dympna (D): and suction now
381. [Sounds of suction unit]
382. (28)
383. Dympna (D): Can I just get the light in just clear that from the
384. Dympna (D): buccal there again
385. Nancy (N): Yeah
386. (40
387. Dympna (D): Just on the mesiobuccal there
388. [Sound of light-cure beeping]
389. (4)
390. Nancy (N): How long will I give it↑
391. Dympna (D): Em just twenty
392. (13)
393. Dympna (D): That's grand now
394. [Sound of suction unit and slow-speed dental drill]
395. (69)
396. Dympna (D): I want to take some floss floss as well there please
397. Dympna (D): gently close here Peggy for me please and open
398. [Sound of suction unit and slow-speed dental drill]

399. (23)
400. Dympna (D): Okay and close again now please and open and **close**
401. Dympna (D): and just bite your teeth together tap tap tap and grind
402. Dympna (D): your teeth against each other and open good…suction
403. Dympna (D): there
404. [Sound of suction unit and dental drill]
405. (37)
406. Dympna (D): And close please and tap tap tap and grind and open
407. Dympna (D): good suction
408. (41)
409. Dympna (D): Okay and close again now please tap tap tap… tap
410. Dympna (D): tap tap… tap tap tap great
411. (3)
412. Dympna (D): And open there now thanks
413. (10)
414. Dympna (D): So keep working on the interdental cleaning the way
415. Dympna (D): Helen will have shown you okay↑
416. Peggy (P): [Mm
417. Dympna (D): [You know whether it's with floss or the little
418. Dympna (D): interdental brush and don't be put off if you see a
419. Dympna (D): little bit of bleeding okay↑ just keep [working on it
420. Peggy (P): [Mm
421. [Sound of suction unit and dental drill]
422. (63)
423. Dympna (D): Very good
424. Nancy (N): (?)
425. Dympna (D): Perfect
426. (3)
427. Dympna (D): Okay so I'll bring you forward take your time have a
428. Dympna (D): rinse out there okay↑
429. (5)
430. Dympna (D): You alright↑
431. Peggy (P): Yeah [(laughing)
432. Dympna (D): [(You can) take the glasses off there so
433. (47)
434. Dympna (D): Now so↓ you alright↑
435. Peggy (P): Yeah [(laughing)
436. Dympna (D): [Yeah (laughing) you probably feel like you're
437. Dympna (D): face is quite swollen I'll give you a mirror here and
438. Dympna (D): em just if you take that there for a second

439. Dympna (D): [and o- (laughing)
440. Peggy (P): [Oh my god (laughing)
441. Dympna (D): Em you know you are holding it probably a little bit
442. Dympna (D): differently there so **em** if you see any blue it's just
443. Dympna (D): where I'm marking your teeth but the you see the
444. Dympna (D): filling like I've replaced the
445. Peggy (P): Mm
446. Dympna (D): So it goes from the fr- middle from the front right the
447. Dympna (D): way through to the actual back they look blue mark is
448. Dympna (D): just where I'm marking that'll rub off [em
449. Peggy (P): [Oh okay
450. Dympna (D): Don't worry that's not part of your filling you can if
451. Dympna (D): you put your finger on it it'll rub away
452. Peggy (P): Yeah
453. Dympna (D): Just when I'm checking your bite
454. Peggy (P): Oh
455. Dympna (D): Em to make sure that the filling isn't em <u>high</u> okay↑
456. Peggy (P): Mm-hmm
457. Dympna (D): And **em so em** but you feel at the end I was flossing
458. Dympna (D): between it's important to kind of keep
459. Peggy (P): Mm
460. Dympna (D): Never feel you're going to pull anything out or
461. Dympna (D): anything like that you know it's important to keep up
462. Dympna (D): that em interdental [cleaning okay↑
463. Peggy (P): [Mm yeah
464. Dympna (D): Alright↑ okay↑ so em while you're there you'll see on
465. Dympna (D): the other side so it's those two guys that your back
466. Dympna (D): teeth you know which we have to tackle the next
467. Dympna (D): day↑
468. Peggy (P): Mm-hmm
469. Dympna (D): And then a smaller one on the top em kind of a little
470. Dympna (D): bit nearer to the front okay↑ alright↑
471. Peggy (P): Thank [you Paula
472. Dympna (D): [Em so be careful like I say that you don't bite
473. Dympna (D): your your your [your tongue or your lip
474. Peggy (P): [Still numb in the lip
475. Dympna (D): While you're numb like that [you know
476. Peggy (P): [Yeah
477. Dympna (D): You could easily bite it without realising em so leave
478. Dympna (D): it until the sensation comes back okay↑

479. (3)
480. Dympna (D): Now so you feel alright↑ [fairly wobbly (laughing)
481. Peggy (P): [Yeah it feels numb
482. Peggy (P): (laughing)
483. Dympna (D): So that the lower one was the bigger one okay the
484. Dympna (D): others it just with the white filling it does a little bit
485. Dympna (D): of time to kind of they're quite technique-sensitive
486. Dympna (D): just [to make sure
487. Peggy (P): [Yeah
488. Dympna (D): That they're layered in correctly em and that it should
489. Dympna (D): be fine [now you know↑
490. Peggy (P): [Yeah
491. Dympna (D): Okay↑ [alright↑ okay you're very welcome
492. Peggy (P): [Great okay thanks very much
493. Dympna (D): I'll just give you that guy if you don't mind as well
494. Dympna (D): em that's just the rest of the [questionnaire so
495. Peggy (P): [Oh right
496. Dympna (D): You take that away with you and you can [drop it
497. Dympna (D): back **into**
498. Peggy (P): [(drop it
499. Peggy (P): back to you)
500. Dympna (D): Us or send it into Researcher there actually he's a
501. Dympna (D): little em em addressed envelope there
502. Peggy (P): Yeah
503. Dympna (D): Or you can drop it back to us whichever suits [and
504. Dympna (D): em
505. Peggy (P): [Grand
506. Dympna (D): We'll send it on for you and then so another em sixty-
507. Dympna (D): minute appointment we should be able to manage
508. Peggy (P): Yeah
509. Dympna (D): And we'll do the other side okay↑
510. Peggy (P): Perfect
511. Dympna (D): Alright↑
512. Peggy (P): Thank you…bye now
513. Dympna (D): Okay [at least the rain has stopped for a while
514. Dympna (D): anyway
515. Nancy (N): [Bye Peggy
516. Dympna (D): So you're [alright leaving now
517. Peggy (P): [Yeah (bye)
518. Dympna (D): Okay thank you bye bye

Case 5

1. Noreen (N): Yeah you can hang your jacket up there...now
2. Noreen (N): ...now Parker do you want to have a seat ↑
3. Dermot (D): Now Parker how are you today ↑
4. Parker (P): Oh...I just I hope I hope I'm alright (laughing)
5. Dermot (D): Well tell me what's the what's [the problem
6. Parker (P): [Em
7. Dermot (D): Em em if I can help you I certainly will
8. Parker (P): [I've been em
9. Dermot (D): [What's the story ↑
10. Parker (P): The last two weeks I've my jaw has been very sore
11. Parker (P): when I'm eating em this side of my face so like and it's
12. Parker (P): I feel it's back here somewhere
13. Dermot (D): Okay up [in
14. Parker (P): [But
15. Dermot (D): That top left corner ↑
16. Parker (P): Yeah I'm not sure you know ↑ cause it's it kind of
17. Parker (P): works its way around but then this morning I just said
18. Parker (P): to Noreen this morning my sinuses are up here this
19. Parker (P): morning now I'm sore there this morning I know it's
20. Parker (P): my sinuses but... I've had this (like) two weeks this is
21. Parker (P): into the third week of this now and I don't know if it's
22. Parker (P): the tooth I don't if it's the tooth I don't think it's a
23. Parker (P): toothache cause I haven't got it all the time it's only
24. Parker (P): really noticeable when I'm eating and chewing so I
25. Dermot (D): So it's only noticeable when you're eating
26. Dermot (D): [and chewing
27. Parker (P): [When I'm eating yeah [so
28. Dermot (D): [Okay
29. Parker (P): I mean maybe one of the teeth is sensitive I I really
30. Parker (P): don't know
31. Dermot (D): Okay
32. Parker (P): I'm going away on Frid- or Saturday morning and
33. Dermot (D): Right
34. Parker (P): It happened me years ago em on a plane you know you
35. Parker (P): go up in the sky [and the
36. Dermot (D): [Yeah
37. Parker (P): Next thing "Pshhhh" [Makes explosive sound]
38. Dermot (D): Yeah

39. Parker (P): Em so I just to have it checked anyway [em
40. Dermot (D): [Okay that's
41. Dermot (D): fine as a matter of interest em have you any problems
42. Dermot (D): sleeping at nighttime ↑
43. Parker (P): Em no no I haven't it doesn't wake me up and it
44. Parker (P): [doesn't no
45. Dermot (D): [Okay (alright)
46. Parker (P): It's not I wouldn't say I'm tak- I'm not taking anything
47. Parker (P): for it
48. Dermot (D): [Okay you're not taking any painkillers or anything ↑
49. Parker (P): [I mean it's not it's not em it's not an ache but when I
50. Parker (P): eat my goodness when I eat I can really feel it and em
51. Dermot (D): Well is there a difference between if you chewing hot
52. Dermot (D): food or cold food ↑
53. Parker (P): No
54. Dermot (D): Okay
55. Parker (P): No
56. Dermot (D): What happens when you brush your teeth ↑
57. Parker (P): Em no problem when I'm brushing my teeth
58. Dermot (D): Okay taking a drink of tea or cup of coffee ↑
59. Parker (P): No
60. Dermot (D): No problems ↑
61. Parker (P): No
62. Dermot (D): Okay↓
63. Parker (P): No
64. Dermot (D): So it's actually just just the physical chewing ↑
65. Parker (P): It's actually when I'm chewing so that's why I was
66. Parker (P): wondering is it's
67. Dermot (D): Okay and it's always on that [one side ↑
68. Parker (P): [It's always that
69. Parker (P): it's always there on that side [and
70. Dermot (D): [Okay
71. Parker (P): Actually sore like to touch em and it could be
72. Parker (P): sore for a while after I'm finished [do you know
73. Parker (P): that sort of way ↑
74. Dermot (D): [Okay
75. Parker (P): And then if well I mean fine now this morning
76. Parker (P): I haven't actually chewed anything now this
77. Parker (P): morning now cause I've only had I suppose [I've had
78. Dermot (D): [Okay

79. Parker (P): Tea and porridge or something [this morning
80. Dermot (D): [Okay the final
81. Dermot (D): thing I want to know is em is it any are you more
82. Dermot (D): aware of it when you wake up in the morning for
83. Dermot (D): the first half-hour after you wake up ↑
84. Parker (P): **Em** no
85. Dermot (D): No [okay alright okay look at
86. Parker (P): [No no no
87. Dermot (D): Let's have a look around [and see how you're
88. Dermot (D): getting on ↑
89. Parker (P): [Yeah it's just
90. Parker (P): you know yourself [there could be something
91. Dermot (D): [Yeah
92. Parker (P): [Brewing there and [em
93. Dermot (D): [Yeah [yeah just as a matter of
94. Dermot (D): interest there's not a family history or are <u>you</u>
95. Dermot (D): having any problems with any joints elsewhere ↑
96. Dermot (D): ... knees hips [ankles anything else ↑
97. Parker (P): [**Well** well yeah I do have aches
98. Parker (P): and pains but nothing [nothing major
99. Dermot (D): [But nothing that's noth-
100. Dermot (D): nothing that you've been [diagnosed with okay
101. Parker (P): [No
102. Dermot (D): [Alright ↓
103. Parker (P): [Ah no
104. Dermot (D): Okay okay let's have a look in [and em
105. Parker (P): [I think it happens
106. Parker (P): to us all (laughing)
107. Dermot (D): Yeah let's have a look in and em em see how
108. Dermot (D): you're getting on
109. Parker (P): Yeah sure if they're checked it's no harm anyway
110. Parker (P): I don't know when I had the last one but em
111. Dermot (D): **Em** you were last here in April
112. Parker (P): Oh right [so
113. Dermot (D): [April so it's just [about six months yeah
114. Dermot (D): yeah
115. Parker (P): [It's not that long ago
116. Parker (P): yeah oh well **that's**... that's
117. Dermot (D): We repaired a front tooth for you
118. Parker (P): That's right yeah there was a chip there... you see

119. Parker (P): when I get the sinuses now and they're there now
120. Parker (P): today but I would even be conscious of my crown
121. Parker (P): em you know I know they say to you 'there's no
122. Parker (P): sensation there there couldn't be' but I would be
123. Parker (P): conscious of the crown in the front even when I
124. Parker (P): have [that
125. Dermot (D): [Your sinuses ↑
126. Parker (P): Yeah [yeah so
127. Dermot (D): [Oh no em em you you're not completely
128. Dermot (D): correct on that [cause sinuses
129. Parker (P): [Oh really ↑
130. Dermot (D): Yes a sinus problem can mimic em dental
131. Dermot (D): discomfort and vice versa [dental discomfort
132. Parker (P): [Right
133. Dermot (D): Can mimic a a a a sinus problem [you know ↑
134. Parker (P): [Right right
135. Dermot (D): But as as it stands at the moment have you got
136. Dermot (D): a discharge from your nose or are you [you
137. Dermot (D): clogged up ↑
138. Parker (P): [A very
139. Parker (P): no nothing really it's just today now is the first
140. Parker (P): day I can say I'm feeling that so
141. Dermot (D): Okay alright let me just get my little em mask
142. Dermot (D): on and we're away okay let's get a peep
143. (4)
144. Dermot (D): Now I just want to em tap some of your teeth here
145. Dermot (D): okay ↑ just em gently just to em
146. Parker (P): Yeah
147. Dermot (D): Tap them is that okay ↑
148. Parker (P): Yeah go ahead go on
149. [Tapping noise]
150. (6)
151. Dermot (D): Are you okay there ↑
152. Parker (P): Mm-hmm
153. [Tapping noise]
154. Dermot (D): How are we doing here ↑
155. Parker (P): Mm-hmm
156. [Tapping noise]
157. Dermot (D): Okay ↑
158. [Tapping noise]

159. (3)
160. Parker (P): Mm
161. [Tapping noise]
162. (3)
163. Dermot (D): Something there ↑
164. [Tapping noise]
165. Dermot (D): Or are you okay [on that one ↑
166. Parker (P): [Yeah ever so slightly now
167. Parker (P): [I felt it I felt it more than the others yeah [so
168. Dermot (D): [Ever so [okay
169. Dermot (D): alright let's just eliminate that bottom tooth
170. [Tapping noise]
171. Dermot (D): Everything okay down there [on the on the
172. Parker (P): [Mm-hmm
173. Dermot (D): Lower teeth alright [okay
174. Parker (P): [Mm
175. Dermot (D): Well look at you've got a group of teeth up here
176. Dermot (D): on the top back left em they're all very heavily
177. Dermot (D): filled okay [big heavy old em
178. Parker (P): [Mm
179. Dermot (D): Old em metal fillings... now I just wanted to
180. Dermot (D): blow a little bit of cold air on here for a moment
181. [Sound of compressed air]
182. (15)
183. Dermot (D): Now I just want to...I'm going to squeeze this part
184. Dermot (D): of your cheek here just to see what this muscle
185. Dermot (D): feels like and this is your <u>good</u> side
186. Parker (P): [Mm-hmm
187. Dermot (D): [Okay this is the not the one you were worried
188. Dermot (D): about... so does that feel pretty okay there ↑
189. Parker (P): Yeah
190. Dermot (D): Pressure of my fingers [okay ↓
191. Parker (P): [Yeah
192. Dermot (D): Let's go over to this side
193. (4)
194. Parker (P): <u>Oh</u> yeah
195. Dermot (D): Is that sorer [there ↑
196. Parker (P): [Yeah yeah
197. Dermot (D): Definitely sorer there ↑
198. Parker (P): Yeah

199. Dermot (D): Okay
200. Parker (P): Yeah
201. Dermot (D): Okay... now I'll just get you to em open wide for
202. Dermot (D): a moment... close... open wide... close... well
203. Dermot (D): done **and** one more time now I just want you to
204. Dermot (D): open slightly and move your jaw to the left... any
205. Dermot (D): discomfort doing that ↑
206. Parker (P): No
207. Dermot (D): Okay move it to the right... any discomfort doing
208. Dermot (D): that ↑
209. Parker (P): No
210. Dermot (D): No okay... and open really wide as wide as you
211. Dermot (D): can get and have you any discomfort opening
212. Dermot (D): that wide ↑
213. Parker (P): No
214. Dermot (D): No <u>okay</u>
215. (5)
216. Dermot (D): Okay look at I need to take an x-ray here till I
217. Dermot (D): just see if I'm <u>missing</u> something em or if there's
218. Dermot (D): some decay or something in between your teeth
219. Dermot (D): or even if you've got a tooth buried up there that
220. Dermot (D): we're unaware of is that okay ↑
221. Parker (P): Mm-hmm
222. Dermot (D): So em... let me just get a wee look in there
223. (13)
224. [Dentist hums]
225. Dermot (D): Okay Noreen I want to take an x-ray now [here
226. Noreen (N): [Yeah
227. Noreen (N): no problem
228. (7)
229. [Telephone rings]
230. Dermot (D): Now nice and gently can you just close your teeth
231. Dermot (D): together ↑... **that's** lovely and just hold it in that
232. Dermot (D): little platform okay can you just open slightly
233. Dermot (D): again ↑ and I'll just change this around for you...
234. Dermot (D): now you're doing great <u>well</u> done can you close
235. Dermot (D): on that one ↑ that's brilliant well done
236. (3)
237. Dermot (D): Okay let's see...how we're doing
238. (3)

239. Dermot (D): Okay I'll let you just open wide again cause that's
240. Dermot (D): moved slightly
241. (3)
242. Dermot (D): Okay that's good just keep it there now for a moment
243. (5)
244. Noreen (N): Just a bitewing you're taking ↑
245. Dermot (D): Em it's actually a periapical
246. Noreen (N): Okay
247. (6)
248. Dermot (D): Okay...we'll pop back in a couple of seconds
249. [Electronic beep]
250. (4)
251. Dermot (D): Well done okay let's have a look...we'll take that off
252. Dermot (D): you... thank you... thanks Noreen
253. Noreen (N): That's great
254. (7)
255. Dermot (D): It may be just a joint problem you know where
256. Dermot (D): clenching and you know it's it's [a thing called
257. Parker (P): [Mm
258. Dermot (D): Bruxism you know where you're clenching and
259. Dermot (D): grinding
260. Parker (P): Okay
261. Dermot (D): And you could be a daytime or a nighttime bruxer
262. Dermot (D): depending you know ↑ ...but I just want to see if
263. Dermot (D): there's anything untoward em hiding up here that
264. Dermot (D): we can em take into consideration... how long
265. Dermot (D): are you away for ↑
266. Parker (P): Em four days
267. Dermot (D): Four days [oh okay okay
268. Parker (P): [Yeah so
269. Dermot (D): That's okay
270. [Sound of compressed air]
271. (43)
272. Dermot (D): Well done
273. [Sound of metal instruments scraping]
274. (16)
275. Dermot (D): Okay ↑
276. Noreen (N): It should be up here now I think [(for you)
277. Dermot (D): [Thanks Noreen
278. Dermot (D): ... okay

279. (15)
280. Dermot (D): Yeah you've got em there's decay em between your
281. Dermot (D): last tooth and your second last tooth
282. Parker (P): A-ha (laughing)
283. Dermot (D): Okay... [where you're
284. Parker (P): [Okay
285. Dermot (D): Where you're getting a bit of trouble okay ↑
286. Parker (P): Right
287. Dermot (D): Em not visible em with my eye but it it's there
288. Dermot (D): [on the x-ray okay ↑
289. Parker (P): [It's there... yeah
290. Dermot (D): Yeah yeah yeah
291. Parker (P): Okay
292. Dermot (D): Okay so look at you're basically going to need at
293. Dermot (D): some stage to get a little filling or something put
294. Dermot (D): in there
295. Parker (P): Mm
296. Dermot (D): To get that one sorted out
297. Parker (P): Okay
298. Dermot (D): **Em** do you want me to do anything with you this
299. Dermot (D): morning ↑ [or
300. Parker (P): [Well if you can do it today do it
301. Parker (P): [sure might as well have it done let's yeah
302. Dermot (D): [Yeah okay right let's go for it so
303. Dermot (D): Okay I'm just going to numb you up here and
304. Dermot (D): [em
305. Parker (P): [No time like the present
306. Dermot (D): That's alright
307. Parker (P): I might just put it off if the pain stops you know ↑
308. Parker (P): I'm desperate
309. Dermot (D): Yeah
310. Parker (P): I'm here now so
311. Dermot (D): Yeah that's alright
312. Parker (P): Ah sure I'll take these off because they're they're
313. Parker (P): sticking to my nose so
314. Dermot (D): [Well done
315. Noreen (N): [Now (?)
316. Parker (P): [Thanks
317. Dermot (D): Okay
318. (16)

319. Dermot (D): Okay just em a little freeze just to numb you up
320. Dermot (D): here Parker
321. (16)
322. Dermot (D): How are you doing okay ↑
323. Parker (P): Mm-hmm
324. Dermot (D): Well done
325. (22)
326. Dermot (D): You okay yeah ↑ Well done... thank you
327. (7)
328. Dermot (D): Now... the chair's going to bring you up and you
329. Dermot (D): can have yourself a little em spit out there a little
330. Dermot (D): wash out
331. Noreen (N): Now Parker here you go
332. [Sound of suction unit]
333. (12)
334. Noreen (N): Alright ↑
335. Dermot (D): Great stuff
336. (6)
337. Dermot (D): So are you heading off anywhere nice ↑
338. Parker (P): Off to Boston [for a
339. Dermot (D): [Oh very good
340. Parker (P): A few days yeah... so I am
341. Dermot (D): And you can go for a stroll up on Boston
342. Dermot (D): Common and
343. Parker (P): Well (laughing) I don't know about that now
344. Dermot (D): Yeah
345. Parker (P): But em... probably a lot safer than here from
346. Dermot (D): [Yeah yeah ah it's yeah
347. Parker (P): [What I hear anyway in the Valley here
348. Parker (P): from Noreen this morning
349. Dermot (D): It's em it's it's [actually
350. Parker (P): [You know it do you ↑
351. Dermot (D): I do yeah I've been there [a few times
352. Parker (P): [Oh very good
353. Dermot (D): It's a it's a very walkable city you [know
354. Parker (P): [Yeah
355. Dermot (D): It's it's not a big city [it's like
356. Parker (P): [Yeah it's not yeah
357. Parker (P): somebody said that to us em
358. Dermot (D): Yeah

359. Parker (P): So it's it's a fifty percent shopping and fifty
360. Parker (P): percent si- sight-seeing anyway so
361. Dermot (D): Yeah well done [well done
362. Parker (P): [That's what it's all about
363. Parker (P): you know
364. [Sound of dentist humming]
365. [Sound of compressed air]
366. [Sound of conversation in background between nurse
367. and third party]
368. [Sound of telephone ringing]
369. (62)
370. Dermot (D): Okay
371. [Sound of nurse speaking on telephone in background]
372. (25)
373. Dermot (D): Great stuff...okay now look at I'm just
374. Dermot (D): going to
375. [Sound of compressed air]
376. (6)
377. Dermot (D): Now I'm going to make a tiny little hole em
378. Dermot (D): in between the two last teeth em get down to
379. Dermot (D): where this little fella's hiding is that okay ↑
380. Parker (P): Mm-hmm
381. Dermot (D): And em we'll see can we get in here and
382. Dermot (D): make a difference to you is that okay ↑
383. [Sound of footsteps- nurse re-enters room?]
384. (3)
385. Dermot (D): Alright can we **slip** the glasses on ↑
386. Noreen (N): Yeah [now Parker
387. Dermot (D): [Parker please for a second
388. Noreen (N): Get you to pop those glasses on for me
389. (25)
390. Dermot (D): Okay Parker here we go we'll just get in
391. Dermot (D): here
392. [Sound of high speed drill and suction unit]
393. (29)
394. Dermot (D): (Over there)
395. [Sound of high speed drill and suction unit]
396. (21)
397. Dermot (D): (Very well)
398. [Sound of high speed drill and suction unit]

399. (46)
400. Dermot (D): How are you doing ↑
401. Parker (P): Okay
402. Dermot (D): Well done
403. (8)
404. Dermot (D): Okay here we go again
405. [Sound of high speed drill and suction unit]
406. (27)
407. Dermot (D): Okay can I have a matrix band
408. Dermot (D): here please for a moment ↑
409. (8)
410. Dermot (D): Now Parker we'll just put this little em
411. Dermot (D): band in around your tooth
412. [Dentist hums]
413. [Sounds of compressed air]
414. (50)
415. Dermot (D): Now
416. (6)
417. Dermot (D): Can I have em I'll just use amalgam in
418. Dermot (D): this Noreen if you don't mind
419. Noreen (N): Okay... do you want em Ionoseal or
420. Noreen (N): anything [or do you need just amalgam
421. Dermot (D): [No no straightforward yeah
422. Noreen (N): Okay... will I mix away ↑
423. Dermot (D): Yes please
424. [Sound of amalgam machine]
425. (31)
426. Dermot (D): Thank you
427. (29)
428. Dermot (D): I'd say just one more piece is going to
429. Dermot (D): be what I'm going to need
430. Noreen (N): Okay
431. (12)
432. Dermot (D): That's it thank you
433. [Sound of suction]
434. (36)
435. Dermot (D): Now Parker can I get you to just close
436. Dermot (D): your back teeth just clench up and
437. Dermot (D): down there that's it up and down again
438. Dermot (D): one more okay I'll let you open wide

439. (8)
440. Dermot (D): Can I have em a wee bit of floss there
441. Dermot (D): just for a second
442. [Dentist hums]
443. (7)
444. Dermot (D): Thank you (this getting on)
445. (40)
446. Dermot (D): Lovely okay Parker I want you to sit
447. Dermot (D): up again please and just have a rinse
448. Dermot (D): away
449. Noreen (N): Now Parker here
450. [Sound of suction unit]
451. [Dentist hums]
452. (14)
453. Noreen (N): Okay ↑
454. (8)
455. Dermot (D): And I'll just I'll just take a bit of the artic
456. Dermot (D): paper please...thank you... just rest that
457. Dermot (D): here for a minute
458. [Sound of compressed air]
459. (6)
460. Dermot (D): Now can you go chop chop just close the
461. Dermot (D): back ones yeah up and down a few times...
462. Dermot (D): that's great thank you okay a little wider...
463. Dermot (D): yeah that's perfect
464. (4)
465. Dermot (D): Just close up again there now for a moment
466. Dermot (D): and just tilt your head over towards me
467. (3)
468. Dermot (D): Yeah okay well done...now I think what I've
469. Dermot (D): done will ease off the problem for when
470. Dermot (D): you're actually chewing on the food okay ↑
471. Parker (P): Mm
472. Dermot (D): Em you're a little bit tender up there because
473. Dermot (D): I think you're doing a bit of bruxing you've
474. Dermot (D): a couple of marks on your teeth that would
475. Dermot (D): say to me that you're clenching and grinding
476. Dermot (D): unknownst to yourself okay ↑
477. Parker (P): (Yeah)
478. Dermot (D): So you know if you can relax a little bit more

479. Dermot (D): and before you get on the plane take
480. Dermot (D): [a couple of paracetemol
481. Parker (P): [(laughing)
482. Dermot (D): Or or Nurofen whatever works for you okay ↑
483. Parker (P): Mm
484. Dermot (D): Cause chances are you'll start clenching and
485. Dermot (D): grinding just with the anxiety you know ↑
486. Parker (P): (laughing)
487. Dermot (D): So you should be fine em if that gives you any
488. Dermot (D): further problems by all means come back to me
489. Dermot (D): but em you're looking fine here otherwise okay ↑
490. Dermot (D): so em that's not bad going at all... and I
491. Dermot (D): mentioned to you the last day if you ever feel
492. Dermot (D): you want to get something done with
493. Dermot (D): [this side over here yeah
494. Parker (P): [Yeah mm
495. Dermot (D): You can come back and chat to me if you want
496. Dermot (D): to... do something with implants or whatever
497. Dermot (D): you want to do okay listen
498. Parker (P): [Okay
499. Dermot (D): [Em up you go have a rinse away em don't eat
500. Dermot (D): for about an **hour** and a half or thereabouts
501. [Sound of suction unit]
502. Parker (P): Okay
503. Noreen (N): Now Parker
504. Dermot (D): And you should be good
505. (9)
506. Noreen (N): (?)
507. Parker (P): Okay yeah
508. [Sound of suction stops]
509. Noreen (N): Now just to get this bib off you [and I'll
510. Parker (P): [Yeah
511. Noreen (N): Take those glasses and I'll give you your own
512. Noreen (N): ones back okay ↑
513. Parker (P): Grand
514. Noreen (N): Now...there you go [if you want to
515. Parker (P): [(Thanks)
516. Noreen (N): Have a seat then and I'll come out to you in
517. Noreen (N): [two minutes
518. Parker (P): [That's great

519. Noreen (N): Is that alright ↑
520. Parker (P): Now...I'll think of you now when I'm trotting
521. Parker (P): around Boston (laughing)
522. Dermot (D): Hmm ↑
523. Parker (P): I'll think of you when I'm trotting around Boston
524. Parker (P): now
525. Dermot (D): Oh yeah

Case 6

1. Dermot (D): (Is) this Pippa↑
2. Pippa (P): Yeah
3. Dermot (D): Great stuff come on in Pippa you're very welcome hi
4. Dermot (D): Mary [To passing colleague] hello Pippa how are you↑
5. Pippa (P): Hi
6. Dermot (D): Very good look at I'll let you pop your gear over there
7. Noreen (N): Your ring is nice
8. Dermot (D): Now Pippa em how long has it been since you've been
9. Dermot (D): here↑ [or is this your first time↑
10. Pippa (P): [It was mm no I was here with you before em for a
11. Pippa (P): check up but that was a year or maybe two ago em and I
12. Pippa (P): had a wisdom tooth coming in
13. Dermot (D): Okay
14. Pippa (P): Yeah it was about a year maybe a year and a half
15. Dermot (D): Okay alright okay because we've nothing on the
16. Dermot (D): computer for you [so that's making me think em okay
17. Pippa (P): [Alright
18. Dermot (D): So listen you're for a check-up this morning [is that
19. Dermot (D): correct↑
20. Pippa (P): [Yeah yeah
21. Pippa (P): for a check-up
22. Dermot (D): Great stuff any major problems since we last saw you↑
23. Pippa (P): Em the only advice I wanted to get from you is about my
24. Pippa (P): wisdom tooth I'm afraid that it's moving my my other teeth
25. Pippa (P): I don't know now but it doesn't seem to be breaking
26. Pippa (P): through
27. Dermot (D): [Okay
28. Pippa (P): [It's just breaking through a little bit em like I noticed it
29. Pippa (P): about two years ago it kind of poked through and then it's
30. Pippa (P): been on and off like every three or four months it might be
31. Pippa (P): painful for two days then it stops

32. Dermot (D): Okay
33. Pippa (P): Now last week it was a little bit sore em but it doesn't
34. Pippa (P): seem to be coming up it seems to be coming in kind
35. Pippa (P): [of sideways or something
36. Dermot (D): [Okay alright okay
37. Dermot (D): So it's not making it okay…besides your teeth how's the
38. Dermot (D): old general health since we last [saw you↑
39. Pippa (P): [Great
40. Dermot (D): Any are you taking any special medications from a
41. Dermot (D): doctor or anything↑
42. Pippa (P): No [no
43. Dermot (D): [Been hospitalised for anything recently
44. Pippa (P): No [nothing (?)
45. Dermot (D): [Okay any heart conditions diabetic stuff↑
46. Pippa (P): Em no [no
47. Dermot (D): [No pretty healthy all-round↓
48. Pippa (P): Yeah [(?)
49. Dermot (D): [Okay A-one look at I'm going to let you fall back
50. Dermot (D): and let's get a look in
51. (14)
52. Dermot (D): Em there's an old drizzle rain out there this morning isn't
53. Dermot (D): there [yeah↑
54. Pippa (P): [It's actually okay [it's not raining at all
55. Dermot (D): [Yeah no no
56. Pippa (P): It's just like
57. Noreen (N): You need the lights on at home nearly it's that dark
58. Dermot (D): Dark yeah it's not cold though [you know it's em
59. Noreen (N): [I don't know
60. Dermot (D): Okay look at let's get a a look around here and see how
61. Dermot (D): you're getting on
62. (5)
63. Dermot (D): Thank you
64. (28)
65. Dermot (D): Okay I can see where your [em
66. Pippa (P): [Mm hmm
67. Dermot (D): Having problems here on the bottom left okay
68. (4)
69. Dermot (D): Excellent
70. (10)
71. Dermot (D): **Okay** you've got a wisdom tooth

72. Dermot (D): [that's not going to make it up okay
73. Pippa (P): [Mm hmm
74. Dermot (D): Em there's not physically en- …you're tender there
75. Dermot (D): yeah↑
76. Pippa (P): Ah
77. Dermot (D): Yeah yeah look at you've got a wisdom [tooth that's
78. Dermot (D): impacted
79. Noreen (N): [(Yeah)
80. Dermot (D): It's a purely mechanical problem
81. Pippa (P): Okay [there's just no room for it
82. Dermot (D): [Em you're there's no room for it okay↑
83. Dermot (D): And it's [just jamming up the gum yeah
84. Pippa (P): [Can I ask you sorry↑
85. Pippa (P): do I have two on the top… are they out↑
86. Dermot (D): No no I'll soon tell you you have one on the top left and
87. Dermot (D): you have one on the top right [no no they're not out
88. Dermot (D): they're there
89. Pippa (P): [Mm
90. Pippa (P): I didn't even know they were there
91. Dermot (D): Oh yeah they're there
92. Pippa (P): They just came down like I just couldn't understand why
93. Pippa (P): two came down I didn't even know I had them there's
94. Pippa (P): obviously room on the top [for those
95. Dermot (D): [Yeah yeah yeah there's enough
96. Dermot (D): room on the top but em part of the the part of the reason
97. Dermot (D): why you've got room on the top is
98. Pippa (P): I had extractions
99. Dermot (D): You had an extraction yeah
100. Pippa (P): Yeah
101. Dermot (D): Exactly okay
102. Pippa (P): Mm hmm
103. Dermot (D): You're missing a premolar on the top right top left
104. Pippa (P): [Mm hmm
105. Dermot (D): [so there was space made for it okay no intentionally but
106. Dermot (D): em
107. Pippa (P): [Yeah
108. Dermot (D): [There was space made did you wear a brace [as a kid
109. Dermot (D): yeah↑
110. Pippa (P): [I did yeah
111. Dermot (D): Yeah

112. Pippa (P): That's why there's room up there I had three extractions I
113. Pippa (P): had a tooth in my palate
114. Dermot (D): Oh in the roof in [the roof of your mouth↑
115. Pippa (P): [up there yeah
116. Pippa (P): I had that out and I had two out on [the sides
117. Dermot (D): [two premolars
118. Pippa (P): [So that's obviously
119. Dermot (D): [Yeah yeah yeah em no you you're in trouble here now
120. Pippa (P): Mm hmm
121. Dermot (D): I suspect you're worried about the left side I suspect
122. Dermot (D): you've got one stuck here [on the bottom right as well
123. Pippa (P): [I have yeah
124. Dermot (D): Okay okay can you recall the last day you were here em
125. Dermot (D): because I say I'll have to get your chart out em you
126. Dermot (D): weren't were you upstairs for an x-ray that went around
127. Dermot (D): your head↑
128. Pippa (P): Em
129. Dermot (D): Can you recall that↑
130. Pippa (P): I don't think I had an x-ray I was here with yourself
131. Pippa (P): definitely
132. Dermot (D): Right
133. Pippa (P): Just for a check-up and em the wisdom tooth had literally
134. Pippa (P): just come up a tiny bit and em
135. Dermot (D): Okay
136. Pippa (P): You had said if it causes you any more problems to come
137. Pippa (P): back
138. Dermot (D): Alright okay look at what we need to do here this
139. Dermot (D): morning for you is to take an x-ray
140. Pippa (P): Okay
141. Dermot (D): Which will show up the position of the one on the
142. Dermot (D): bottom left
143. Pippa (P): [And the bottom right
144. Dermot (D): [And also the one on the bottom right and then we can
145. Dermot (D): when I have a look at it we can have a chat and we'll
146. Dermot (D): decide what we're going to do is that okay↑
147. Pippa (P): Okay
148. Dermot (D): Alright↑... listen I need an OPG
149. Noreen (N): Yeah okay [(?)
150. Dermot (D): So [we'll go upstairs and and and organise that is
151. Dermot (D): that okay thank you okay look at I'll let you go here with

152. Dermot (D): Noreen right
153. Pippa (P): Okay
154. Dermot (D): And we'll get you organised for an OPG okay we'll you
155. Dermot (D): back in are you pregnant at the moment↑
156. Pippa (P): No
157. Dermot (D): No okay good stuff okay [listen (?)
158. Noreen (N): [Come on upstairs with me
159. Noreen (N): Pippa you can leave everything else here okay↑
160. Pippa (P): [Sure yeah
161. Dermot (D): [Great stuff well done
162. (10)

[Patient leaves room to have radiograph taken- break in recording]

163. Dermot (D): Look at we're going to em okay so we've got it here up for you
164. Dermot (D): now
165. (3)
166. Dermot (D): just give me one wee second here
167. (8)
168. Dermot (D): okay here's your OPG em this this row here are your
169. Dermot (D): upper teeth here's your lowers right↑
170. Pippa (P): Mm hmm
171. Dermot (D): And this is where you're having your problem see this
172. Dermot (D): little guy over here↑
173. Pippa (P): Yeah
174. Dermot (D): On the bottom left
175. Pippa (P): Yeah
176. Dermot (D): Now you're actually quite lucky in that it's sitting
177. Dermot (D): straight up okay it's vertical I thought it might have been
178. Dermot (D): more inclined you know tilted forward↑
179. Pippa (P): Mm hmm
180. Dermot (D): But it's not and the one on the bottom right is there as
181. Dermot (D): well but
182. Pippa (P): [Yeah
183. Dermot (D): [Since it's not giving you any problems we're going to
184. Dermot (D): leave well enough alone [okay↑
185. Pippa (P): [Right
186. Dermot (D): But em this little guy is sitting over here… can you see
187. Dermot (D): the little black halo the little black ring just at the back
188. Dermot (D): there
189. Pippa (P): Yeah↑

190. Dermot (D): That's the infection that's part of the infection okay↑
191. Pippa (P): Okay
192. Dermot (D): Alright so that's (where) you're in trouble… look at in a
193. Dermot (D): nutshell…it's like a car park with twenty cars with room
194. Dermot (D): for twenty cars…all the cars are in but some of them are
195. Dermot (D): too big and somebody's up on the footpath and this
196. Dermot (D): particular last tooth is the one that's up on the footpath
197. Pippa (P): Okay
198. Dermot (D): Okay alright so look at it's purely mechanical you just
199. Dermot (D): need to get the damn thing out
200. Pippa (P): Okay
201. Dermot (D): Okay alright↑ now when you're getting that out em
202. Dermot (D): Darren may decide to say to you he'll take out the top
203. Dermot (D): one as well because when that one goes that top one is
204. Dermot (D): only biting in the fresh air
205. Pippa (P): Oh I [get you yeah
206. Dermot (D): [You understand okay alright it's like one side of a
207. Dermot (D): scissors okay you're not making contact okay↑
208. Pippa (P): Right
209. Dermot (D): So em some patients will just say you know go ahead
210. Dermot (D): and take out the top one with it but later on if you don't
211. Dermot (D): get it out that will over-erupt it'll keep growing down
212. Dermot (D): trying to hit something
213. Pippa (P): Oh
214. Dermot (D): It gets it can get messy it can get sore it can become
215. Dermot (D): awkward
216. Pippa (P): Mm
217. Dermot (D): Right okay so as part of the treatment you might be
218. Dermot (D): better off to get rid of that one
219. Pippa (P): Mm
220. Dermot (D): As well as the bottom one
221. Pippa (P): Mm hmm
222. Dermot (D): Okay↑ right↑ and em we'll leave the top the the opposite
223. Dermot (D): side which is sitting where it is at the moment
224. Pippa (P): Do you think this could be possible this one might come
225. Pippa (P): up without without any problems↑
226. Dermot (D): Em what age are you now↑
227. Pippa (P): Twenty-eight I'm twenty-nine next month
228. Dermot (D): Em I doubt it being honest with you
229. Pippa (P): Mm

230. Dermot (D): Being honest with you you'd be much better off to hope
231. Dermot (D): that it never moves it just stays exactly where it is
232. Pippa (P): Mm
233. Dermot (D): Okay so if it stays where it is happy days
234. Pippa (P): Yeah
235. Dermot (D): Okay if it starts to move you're going to get a problem
236. Dermot (D): similar to the one you've got on the left
237. Pippa (P): Okay
238. Dermot (D): Okay right↑ so em and I'm not into the just you know
239. Dermot (D): the jump in and take all four out em we'll just deal with
240. Dermot (D): the immediate problem [at the moment
241. Pippa (P): [Wherever the problem is
242. Dermot (D): Yeah exactly and deal with with the one on the opposite
243. Dermot (D): side let me just have a wee closer look at that for you for
244. Dermot (D): a moment
245. (27)
246. Dermot (D): No there's no sign of that one [coming down at the
247. Dermot (D): moment
248. Pippa (P): [No
249. Dermot (D): Okay alright look at em Noreen we don't have the hard
250. Dermot (D): copy the old paper charts for this lady do we↑
251. Noreen (N): I'll check for it now [Pippa what's your address↑
252. Dermot (D): [(just because)
253. Pippa (P): 99 Avenue Street Suburb
254. Noreen (N): And were you down here last or were you upstairs↑
255. Pippa (P): Here
256. Noreen (N): Down here [okay
257. Pippa (P): [Mm hmm
258. (9)
259. Dermot (D): Okay look at I shall refer you to a colleague of mine
260. Pippa (P): Mm hmm
261. Dermot (D): And they'll make contact with you
262. Pippa (P): Yeah
263. Dermot (D): And between you you can organise an appointment that
264. Dermot (D): em suits both of you and em I don't I don't do enough of
265. Dermot (D): these to be good at them right
266. Pippa (P): Mm hmm
267. Dermot (D): So I'll let my friend my colleague em (coughs) this is his
268. Dermot (D): area of expertise we'll let him rock'n'roll on this one is
269. Dermot (D): that okay↑

270. Pippa (P): Okay yeah that's fine
271. Dermot (D): Okay↑
272. (8)
273. Dermot (D): And this OPG that we've got here this x-ray↑
274. Pippa (P): Yeah
275. Dermot (D): Em what we can do is if and when you have your
276. Dermot (D): appointment arranged you can ask them to contact us
277. Dermot (D): and we can [email we can
278. Pippa (P): [to have this
279. Dermot (D): Email that em OPG over
280. Pippa (P): Okay
281. Dermot (D): Is that okay↑…excellent
282. (9)
283. Dermot (D): Okay
284. (8)
285. Dermot (D): (?) at some stage you're going to be getting these teeth
286. Dermot (D): cleaned okay↑
287. Pippa (P): [Mm hmm
288. Dermot (D): [You've got a good bit of plaque and tartar
289. Pippa (P): Mm hmm
290. Dermot (D): But the rest of them are looking pretty good I don't think
291. Dermot (D): we have a too much of a problem with em decay
292. Dermot (D): anywhere I'm quite happy with everything else there
293. Pippa (P): That's great
294. (4)
295. Dermot (D): **Okay**
296. (25)
297. Dermot (D): Good stuff … okay look at can I suggest because you're
298. Dermot (D): a little bit sore back there
299. Pippa (P): Mm hmm
300. Dermot (D): You've the gum we leave everything there for today em
301. Dermot (D): I'll just make sure you've the right contact numbers for
302. Dermot (D): you and we'll set this up for you em
303. (3)
304. Dermot (D): The Oral Surgeon that I'm going to send you to he
305. Dermot (D): operates over in Tooth Clinic
306. Pippa (P): Mm hmm
307. Dermot (D): You know there on the Boulevard Road
308. Pippa (P): Yeah
309. Dermot (D): You know where the Boulevard Hotel is↑

310. Pippa (P): [I do know the place yeah
311. Dermot (D): [Just up from that yeah yeah yeah
312. Noreen (N): (?)
313. Dermot (D): Em when did you think you were here last↑
314. Pippa (P): It was about a year or two ago
315. Dermot (D): Do you do you want to guess again
316. Pippa (P): Oh God what was it
317. Dermot (D): Seventeenth of May zero eight
318. Pippa (P): Zero eight↑
319. Dermot (D): Yeah
320. Pippa (P): Ah it couldn't have been [zero eight
321. Dermot (D): [Yeah yeah I did a filling for you
322. Dermot (D): in the top right filling in the top left and you were
323. Dermot (D): having problems with your with your em em your
324. Dermot (D): wisdom tooth back there yeah
325. Pippa (P): The last time I was here I had no work done I swear to you
326. Pippa (P): that
327. Dermot (D): Is that you the nineteenth of the third eighty-three↑
328. Pippa (P): Yeah
329. Dermot (D): Were you on beta-blockers↑
330. Pippa (P): Yeah
331. Dermot (D): Yeah that's you and [(?)
332. Pippa (P): [I probably was here in zero eight
333. Pippa (P): but I was definitely here with the wisdom tooth I didn't
334. Pippa (P): have any fillings
335. Dermot (D): Okay [alright
336. Pippa (P): [Cause I remember I was in and out [literally in
337. Pippa (P): and out a check up
338. Dermot (D): [Yeah yeah
339. Dermot (D): yeah alright okay that's that's you're working with
340. Dermot (D): Trevor Murphy
341. Pippa (P): Mm
342. Dermot (D): [(?) Yeah no there you are yeah
343. Pippa (P): [(?) Yeah
344. Dermot (D): Seventeenth of the fifth oh eight that's all we have and
345. Dermot (D): there's nothing on the computer look at it doesn't matter
346. Pippa (P): Yeah
347. Dermot (D): Doesn't matter doesn't matter
348. (3)
349. Dermot (D): Yeah there you are

350. Pippa (P): Yeah
351. Dermot (D): That's you okay em alright look at listen it doesn't
352. Dermot (D): matter (?) are you still on some medications↑
353. Pippa (P): No no I'm [off them all yeah yeah
354. Dermot (D): [You're off everything
355. Dermot (D): Everything's off okay alright look at I'll set this up for
356. Dermot (D): you
357. Pippa (P): Okay
358. Dermot (D): And I'll get you an appointment with Darren they'll ring
359. Dermot (D): you I'll make sure I've got the right mobile for you and
360. Dermot (D): you can discuss a time and when it suits you but just get
361. Dermot (D): that out okay [because
362. Pippa (P): [Can I ask you is it painful↑
363. Dermot (D): Oh no no no no no no no look at em if I'd done more of
364. Dermot (D): them I'd do it myself okay but em no no a regular
365. Dermot (D): injection just to em a local anaesthetic y-you you'll be in
366. Dermot (D): and out in forty minutes
367. Pippa (P): Do you think so↑
368. Dermot (D): Oh yeah yeah straightforward
369. Pippa (P): I'm hearing horror stories there are people "**Oh** I got my
370. Pippa (P): wisdom tooth out it was terrible" and this that and the
371. Pippa (P): other [you know
372. Dermot (D): [No no no no I don't
373. Dermot (D): envisage that being a terrible one trust me on that okay
374. Pippa (P): Okay
375. Dermot (D): Alright okay like you know what I mean it's not going to
376. Dermot (D): be pleasant but you know what I mean [that's life yeah
377. Dermot (D): yeah
378. Pippa (P): [No but would it
379. Pippa (P): be
380. Dermot (D): You'll be [(back) at work the following day
381. Pippa (P): [Just a little bit more than
382. Dermot (D): Yeah
383. Pippa (P): [Yeah of course yeah
384. Dermot (D): [Just painkillers and antibiotics yeah you'll be up and
385. Dermot (D): running the following day
386. Pippa (P): Mm
387. Dermot (D): Ah yeah no no will be achy but em
388. Pippa (P): Yeah
389. Dermot (D): Look at no no no no no

390. Pippa (P): Like a regular extraction maybe
391. Dermot (D): Well it'll be a little more complicated than a regular
392. Dermot (D): extraction but yeah on a scale of one to ten you're hitting
393. Dermot (D): about a six there
394. Pippa (P): Mm
395. Dermot (D): Okay so you know I I w-wouldn't don't don't get beat
396. Dermot (D): yourself up about that [(?)
397. Pippa (P): [Okay
398. Dermot (D): Just go for it and get it done alright listen em are you
399. Dermot (D): still 087 123[4567↑
400. Pippa (P): [4567
401. Dermot (D): [A-one that's perfect alright
402. Pippa (P): [Yeah that's me
403. Dermot (D): Listen I'll organise this for you
404. Pippa (P): Great
405. Dermot (D): And they'll contact you and as I say if they want this
406. Dermot (D): OPG we can email it on and take it from there
407. Pippa (P): Okay
408. Dermot (D): Okay listen [well done you're very welcome
409. Pippa (P): [Thanks for all your help and advice
410. Dermot (D): No problem no problem whatsoever you're very
411. Dermot (D): welcome
412. Pippa (P): Is it em expensive the wisdom teeth↑
413. Pippa (P): [I don't know I haven't looked it up or anything
414. Dermot (D): [It … yeah well

[End of recording]

Case 7

1. Penny (P): It just came away this morning
2. Dermot (D): Alright okay [okay
3. Penny (P): [Bit of Special K
4. Dermot (D): Bit of Special K did the damage on you
5. Penny (P): That was it I wouldn't mind if it was a big
6. Penny (P): hard sweet or (laughing)
7. Dermot (D): Alright...okay Penny so you've cracked
8. Dermot (D): a tooth up on the [top left
9. Penny (P): [I think yeah it's just
10. Penny (P): here or the filling has come away...I think
11. Penny (P): it's more filling than tooth that's there now

12. Penny (P): at the moment...it's just up here
13. Dermot (D): Okay let's get a look in
14. (18)
15. Dermot (D): Okay
16. Penny (P): Mm
17. Dermot (D): Yeah you've got a you've got a bit of a
18. Dermot (D): classic there alright you're okay (now)
19. Dermot (D): I'm just trying to scrape out the food I
20. Dermot (D): want to see [how
21. Penny (P): [Yeah
22. Dermot (D): How far far down it goes... thanks Noreen
23. Dermot (D): just grab that for me thank you...okay
24. Dermot (D): look at we're going to have a go at
25. Dermot (D): putting **a** filling a large on in this...em
26. Dermot (D): we'll see does this work and if it does
27. Dermot (D): happy days... if it breaks off again or
28. Dermot (D): goes you're moving on to a crown here
29. Dermot (D): okay ↑ alright ↑
30. Penny (P): Mm-hmm
31. Dermot (D): Okay look at I'm going numb you up
32. Dermot (D): em I'll let you sit outside for a few
33. Dermot (D): minutes and em we'll get this sorted out
34. Dermot (D): for you
35. Penny (P): Okay
36. Dermot (D): Just very quick recap the old general
37. Dermot (D): health is pretty okay [at the moment ↑
38. Penny (P): [Yeah
39. Dermot (D): Okay well done you're not on any
40. Dermot (D): special meds or anything like that from
41. Dermot (D): your doctor or anything at the moment
42. Dermot (D): or ↑
43. Penny (P): No [nothing like that
44. Dermot (D): [Okay A-1 okay look at let's rub
45. Dermot (D): a little bit of jelly in here and em
46. Dermot (D): get this thing going for you... just
47. Dermot (D): tilt your head over towards me
48. Dermot (D): here for a second
49. (26)
50. Dermot (D): Okay Penny... can you just clo-
51. Dermot (D): close up a little bit and give me

52. Dermot (D): a bit of space ↑ well done thanks
53. Dermot (D): a million
54. (12)
55. Dermot (D): Are you okay there ↑
56. Penny (P): Mm-hmm
57. [Background conversation between nurse
58. and third party]
59. (10)
60. Dermot (D): Okay
61. (5)
62. Dermot (D): Okay look
63. (20)
64. Dermot (D): Are you okay there Penny ↑
65. Penny (P): Mm-hmm
66. (3)
67. Dermot (D): Okay ↓ well done now look at I'll
68. Dermot (D): let you sit up and have a wee
69. Dermot (D): rinse away [there
70. Noreen (N): [Now Penny here you go
71. [Sound of suction unit]
72. Penny (P): (Thank you)
73. (7)
74. Noreen (N): That okay now ↑
75. Penny (P): Perfect thanks very much
76. Dermot (D): Okay Penny I'll see you [shortly
77. Penny (P): [Be a few
78. Penny (P): minutes (laughing)
79. Dermot (D): Yeah well done okay ↑
80. Penny (P): Thanks
81. Dermot (D): Thanks a million well done
82. [Patient leaves surgery to wait in waiting area]
83. [Recording interrupted]
84. Dermot (D): Okay
85. [Beep of 2nd recording device being activated]
86. (15)
87. Dermot (D): Alright Penny **let's** get in here
88. Dermot (D): and see how we're doing...
89. Dermot (D): are you feeling numb enough there
90. Dermot (D): [in the up in the top left ↑
91. Penny (P): [Yeah

92. Dermot (D): Great stuff good stuff...okay let's just
93. Dermot (D): clean out a little bit of a the old goo
94. Dermot (D): that's up here
95. [Sounds of dental drill]
96. (3)
97. Dermot (D): You'll just pick up some vibrations
98. Dermot (D): there that's all but em otherwise
99. Dermot (D): you you'll manage fine
100. (6)
101. Dermot (D): Are you doing okay ↑
102. Penny (P): Mm-hmm
103. Dermot (D): Excellent... a little bit of cold air now
104. [Sound of compressed air]
105. (9)
106. Dermot (D): Thank you
107. [Sounds of dental drill]
108. (15)
109. Dermot (D): Thank you (?)
110. [Sounds of dental drill]
111. (22)
112. Dermot (D): Well done
113. [Sound of compressed air]
114. (5)
115. Dermot (D): Are you still there with me ↑
116. Penny (P): Yeah [grand thanks
117. Dermot (D): [Excellent
118. [Dentist hums]
119. (13)
120. Dermot (D): Okay Penny just lift your chin up
121. Dermot (D): there a little bit higher there now
122. Dermot (D): for a minute
123. [Sounds of dental drill]
124. (23)
125. Penny (P): [(?)
126. Dermot (D): [You want a wee spit out yeah hang
127. Dermot (D): on I'll get you going now [one second
128. Penny (P): [(laughing)
129. [Sound of suction unit]
130. (4)
131. Dermot (D): Okay ↑ away you go [(spit it out)

132. Penny (P): [Sorry
133. Dermot (D): You're alright you're doing good
134. (4)
135. Dermot (D): There we are we'll [swap you have
136. Dermot (D): it there
137. Penny (P): [Tha- thanks
138. Penny (P): a million
139. Dermot (D): Well done
140. Penny (P): Sorry about that
141. Dermot (D): Okay no problem
142. (5)
143. Penny (P): Was this filling up with (that) ↑
144. Dermot (D): You're alright that's okay it's look
145. Dermot (D): at don't worry Noreen is just not
146. Dermot (D): here so if she was here she she'd
147. Dermot (D): be running her suction so so
148. Dermot (D): [don't worry
149. Penny (P): [(laughing)
150. Dermot (D): Okay ↓
151. [Sound of compressed air]
152. (13)
153. Dermot (D): Okay just one last little bit now with
154. Dermot (D): the... drop of water
155. [Sounds of dental drill]
156. (35)
157. Dermot (D): Now I'll just let you hold it there for
158. Dermot (D): a moment... now I have it here for
159. Dermot (D): you now so (?)
160. [Sound of compressed air]
161. (21)
162. Dermot (D): Thank you
163. [Sound of compressed air]
164. (5)
165. Dermot (D): Now I'm going to show you on the
166. Dermot (D): camera what this guy looks like
167. Dermot (D): okay ↑ [you'll see
168. Penny (P): [Yeah
169. Dermot (D): Yourself you're missing quite a
170. Dermot (D): bit of [natural tooth okay ↑
171. Penny (P): [Yeah yeah

172. Dermot (D): And em we're going to have put
173. Dermot (D): in quite a sizeable large filling here
174. (3)
175. Penny (P): Mm
176. Dermot (D): **I'll** just lock it on for you
177. (16)
178. Dermot (D): Now [if you em look over there
179. Penny (P): [My goodness yeah
180. Dermot (D): You can see yourself
181. Penny (P): Yeah
182. Dermot (D): Em we're missing all this whole
183. Dermot (D): [outside of the tooth
184. Penny (P): [Yeah
185. Dermot (D): And it's look at... the biggest problem
186. Dermot (D): is it's actually down just below the
187. Dermot (D): level of the gum okay ↑
188. Penny (P): Yeah
189. Dermot (D): But em we'll see can we build this
190. Dermot (D): up for you now I'm going to leave
191. Dermot (D): that part of the filling there okay ↑
192. Penny (P): Okay
193. Dermot (D): Em because I'm down to very little
194. Dermot (D): tooth
195. Penny (P): Yes
196. Dermot (D): Em em em if I remove that
197. Penny (P): Okay
198. Dermot (D): Okay ↑ so let's
199. Penny (P): Do you think it might work ↑
200. Dermot (D): Ah yeah yeah [it'll work yeah
201. Penny (P): [Yeah
202. Dermot (D): As long as you don't start cracking
203. Dermot (D): em popcorn on it and stuff [like that
204. Penny (P): [Mm-hmm
205. Dermot (D): You know [em em
206. Penny (P): [Mm mm
207. Dermot (D): I'm actually going to shape it I'm going
208. Dermot (D): to cheat a little bit and shape it that
209. Dermot (D): you'll be able to use it as a functional
210. Dermot (D): tooth
211. Penny (P): Mm

212. Dermot (D): Yeah...em because if I build it up to
213. Dermot (D): it's regular classic shape it'll snap again
214. Penny (P): Mm-hmm
215. Dermot (D): There's absolutely no way it'll stay there okay
216. Penny (P): Okay
217. Dermot (D): Okay let's carry on
218. [Sound of compressed air]
219. (15)
220. Dermot (D): Sorry there Noreen are we okay ↑
221. Noreen (N): Yeah em that's David with O'Brien's
222. [Sound of compressed air]
223. (16)
224. Dermot (D): Okay Noreen can I have a wee bit [of
225. Penny (P): [(?)
226. Dermot (D): Can I have a wee bit of of Ionoseal ↑...
227. Dermot (D): please there
228. [Sound of compressed air]
229. (41)
230. Dermot (D): Okay can you [get it right up there yeah ↑
231. Noreen (N): [(There) ↑
232. (15)
233. [Dentist hums]
234. [Electronic beep]
235. Dermot (D): Little bit more to the buccal Noreen
236. Dermot (D): if you don't mind thank you
237. (14)
238. [Electronic beep]
239. Dermot (D): Well done you're doing great are you
240. Dermot (D): okay there ↑
241. Penny (P): Yeah grand thank you
242. [Sound of suction unit]
243. (3)
244. Noreen (N): Do you want a matrix band there ↑
245. Dermot (D): Em no we'll [em
246. Noreen (N): [(No you're okay are you ↑)
247. (6)
248. Dermot (D): Actually I'll tell you if you've got a
249. Dermot (D): matrix just give me one for a second
250. Dermot (D): I'll just see it might just make it easier
251. Dermot (D): for me in the long term...if it doesn't

252. Dermot (D): work we'll we'll leave it off
253. (25)
254. [Dentist hums]
255. Noreen (N): (Mm)
256. Dermot (D): Okay
257. (7)
258. Dermot (D): Yeah we're good...don't worry about
259. Dermot (D): that little thing em sticking out there
260. Dermot (D): for a moment (?) okay
261. (14)
262. Dermot (D): Okay can you put the zapper on this ↑...
263. Dermot (D): okay this little light it just makes the
264. Dermot (D): whole thing start to go hard okay ↑
265. Penny (P): Okay
266. Dermot (D): So so (from there) alright
267. [Dentist hums; electronic beep]
268. (21)
269. Dermot (D): Okay
270. (9)
271. Dermot (D): Okay thank you and I'll take some
272. Dermot (D): em heavy body as well Noreen
273. Noreen (N): Mm-hmm...(here)
274. Dermot (D): Thank you
275. (27)
276. Dermot (D): **Okay** alright Noreen I'll let you do
277. Dermot (D): that bit first if you don't mind
278. [Dentist hums; electronic beep]
279. (25)
280. Dermot (D): Okay can I have some em more
281. Dermot (D): heavy body↑ thank you
282. (5)
283. Dermot (D): That one's empty Noreen now
284. Noreen (N): Okay
285. (18)
286. Dermot (D): Okay can you em do that one↑...
287. Dermot (D): sorry there catching your lower [lip
288. Penny (P): [Mm
289. Dermot (D): Well done... (just protect there) well
290. Dermot (D): done
291. [Dentist hums, electronic beep]

292. (18)
293. Dermot (D): **Okay**
294. (18)
295. Dermot (D): Well done
296. (8)
297. Dermot (D): Great stuff...it didn't want to come
298. Dermot (D): out there Penny
299. Penny (P): (laughing)
300. Dermot (D): Okay now we'll just tidy this up
301. Dermot (D): for you... a little bit
302. [Sound of suction unit]
303. (3)
304. Dermot (D): Right... can you just turn your head
305. Penny (P): Yeah
306. Dermot (D): A little bit this way well done
307. [Sound of dental drill]
308. (12)
309. Dermot (D): Okay Noreen (here)
310. [Sounds of dental drill and suction unit]
311. (26)
312. Dermot (D): Okay Noreen (take everything that's
313. Dermot (D): there) now let's just try this one more
314. Dermot (D): time
315. (3)
316. Dermot (D): That's great
317. [Sounds of dental drill and suction unit]
318. (13)
319. Dermot (D): (Wider there...at last we get in)
320. (10)
321. Dermot (D): **Okay**
322. [Sound of compressed air]
323. (10)
324. Dermot (D): Now I want you to just to bite up
325. Dermot (D): on this little bit of em paper for
326. Dermot (D): me... and just tell me... I'll tell you
327. Dermot (D): now to check you out now in a
328. Dermot (D): second okay can you bite up and
329. Dermot (D): down yeah just go 'chop chop' a
330. Dermot (D): few times up and down... good
331. Dermot (D): good okay let's have a look

332. (4)
333. Dermot (D): **Okay**
334. [Sounds of dental drill]
335. (41)
336. Dermot (D): **Okay** let me just see it... close up
337. Dermot (D): now
338. (3)
339. Dermot (D): Okay...Noreen can I just have one
340. Dermot (D): more little bit of the fff- heavy
341. Dermot (D): body there again for a second ↑
342. Noreen (N): Yeah
343. [Sound of compressed air]
344. (45)
345. Dermot (D): Okay can you close up there
346. Dermot (D): again just for a second ↑ well
347. Dermot (D): done and stay as you are... and
348. Dermot (D): we'll just modify this for you a
349. Dermot (D): little bit...okay Noreen can you
350. Dermot (D): do that two ways in [from the
351. Noreen (N): [Mm-hmm
352. Dermot (D): Buccal there first
353. [Sound of electronic beep]
354. (3)
355. Dermot (D): Penny just open a little fraction
356. Dermot (D): ... well done... hold it there
357. (6)
358. Dermot (D): Now I'll let you do it from the
359. Dermot (D): from the bottom up for me
360. Dermot (D): Noreen from the occlusal
361. (3)
362. Noreen (N): Can you open up a fraction
363. Noreen (N): Penny ↑ that's it yeah
364. Dermot (D): Well done... see it there it's
365. Dermot (D): an awkward wee son of a gun
366. (9)
367. Dermot (D): Now Penny as I explained to
368. Dermot (D): you at the beginning... we
369. Dermot (D): hope that this stays here and
370. Dermot (D): does the job as we want it to
371. Dermot (D): do but if it falls off or snaps

372. Dermot (D): off again we we're into a
373. Dermot (D): crown okay ↑
374. [Sound of compressed air]
375. (7)
376. Dermot (D): Okay last time just chop up
377. Dermot (D): and down on that for me a
378. Dermot (D): few times chu chu chu
379. Dermot (D): chu chu chu **chu**
380. [Dentist makes 'biting' noise]
381. Dermot (D): Okay
382. (4)
383. Dermot (D): Yeah last little bit of...
384. Dermot (D): modification here now
385. [Sounds of dental drill and suction unit]
386. (35)
387. Dermot (D): Okay Penny...well done
388. Penny (P): Thanks a million
389. Dermot (D): I want you to sit up and have
390. Dermot (D): a wee rinse away there
391. [Sound of suction unit]
392. Noreen (N): Now here you go
393. Penny (P): Thank you
394. (10)
395. Noreen (N): (Finished there) now
396. Dermot (D): Good
397. Penny (P): Perfect thanks
398. Noreen (N): Do you want to give me those
399. Noreen (N): glasses Penny ↑ and I'll just
400. Noreen (N): take this bib off of you
401. Noreen (N): [alright ↑ now
402. Dermot (D): [Okay Penny look at I know
403. Dermot (D): it's [lunchtime
404. Penny (P): [Great
405. Dermot (D): But give that about an hour an
406. Dermot (D): hour and a quarter before you
407. Dermot (D): bite or chew on it [alright okay
408. Penny (P): [Yes definitely
409. Dermot (D): And... you'll be okay [alright ↑
410. Penny (P): [Okay thanks
411. Penny (P): [very much

412. Dermot (D): [Listen well done
413. Penny (P): Thanks a million
414. Dermot (D): Okay take care bye [bye now
415. Penny (P): [Take care
416. Penny (P): bye
417. Dermot (D): Bye bye
418. Noreen (N): I'll come out to you in a second
419. Noreen (N): Penny alright [have a seat there
420. Penny (P): [No problem
421. [Patient leaves]

Case 8

Case 8

1. Noelle (N): Now Philomena come on with me…now just stick your
2. Noelle (N): stuff there
3. David (D): Now come on in Philomena thanks very much so you can
4. David (D): hang up the bits and pieces there (or on the seat) take a seat
5. David (D): for me there whenever you're ready…it's a miserable old day
6. David (D): today [isn't it↑
7. Philomena (P): [It's freezing
8. David (D): I was going to say [it's rough
9. Philomena (P): [I didn't realise it was so cold
10. David (D): Yeah it's it's I didn't either I have to say because I cycled in
11. David (D): this morning of course I was bundled up like the Michelin
12. David (D): Man you know
13. Philomena (P): Will I take this off↑
14. David (D): Oh yeah please and em yeah it's fine there's absolutely you
15. David (D): can take a seat there for me and it was only when sort of I
16. David (D): went out for something a message there this morning
17. David (D): ["I'm frozen" like you know
18. Philomena (P): [(laughing)
19. David (D): So I realised my mistake I should have wrapped up more
20. Noelle (N): Yous have no blood in you↑ I usually feel the cold and I'm
21. Noelle (N): not cold today [(laughing)
22. David (D): [Yeah anyway
23. Philomena (P): Yeah but you've a [you've a uniform on you yeah
24. Noelle (N): [I'm all wrapped up (laughing)

25. Noelle (N): Or there… [(you want to know the story) wear more
26. Noelle (N): clothes
27. Philomena (P): [(You're in a) nice warm office
28. Noelle (N): I am in a nice warm office
29. David (D): (laughing)
30. Noelle (N): Thank God
31. David (D): No [aye it could be worse
32. Noelle (N): [I wouldn't be here if it wasn't [warm believe me
33. David (D): [(laughing)
34. David (D): So anyway so what can we do for you↑ it's **it's**↑
35. Philomena (P): Well it's just polish and clean and just check them [up
36. David (D): [Sure
37. David (D): yeah grand no [problem
38. Philomena (P): [Yeah it was…I don't know whether it's
39. Philomena (P): just me imagina- I find I'm grinding my teeth and I
40. Philomena (P): don't know the cause I've so many missing on this
41. Philomena (P): side↑ [is that normal or is that (?)
42. David (D): [Well it it might you might certainly be more
43. David (D): aware of if you're putting pressure on things [for sure yeah
44. Philomena (P): [Prob- yeah if
45. Philomena (P): I'm five minutes sitting there now I find I'm
46. Philomena (P): grin[ding them
47. David (D): [You can f- yeah yeah
48. Philomena (P): And I don't know because I've nothing you know the
49. Philomena (P): way I've [none
50. David (D): [Yeah
51. Philomena (P): All the way going back there
52. David (D): I know what you but you will you will get I mean I think
53. David (D): you do grind a bit anyway you know even looking at our
54. David (D): notes from before we've that down but em you know when if
55. David (D): you're you're missing some of the back teeth that
56. David (D): unfortunately you are now obviously it because you don't
57. David (D): have that support at the back basically it means that you're
58. David (D): going to definitely put more pressure on the front you know
59. Philomena (P): [Yeah yeah
60. David (D): [So you're certainly you know you've been grinding
61. David (D): beforehand but you're probably more aware of it [since the
62. David (D): teeth are out yeah yeah
63. Philomena (P): [More
64. Philomena (P): aware than ever yeah yeah

65. David (D): Quite possibly that's certainly possible↓ em we'll have a look
66. David (D): sorry is it causing pain↑ or is [it is it↑
67. Philomena (P): [No I I'm having no problems
68. Philomena (P): with them
69. David (D): Right
70. Philomena (P): Like eating or anything I've
71. Philomena (P): [no problems with them you know what I mean↑
72. David (D): [Right right you just you just you kind of know
73. Philomena (P): I can just feel I can
74. David (D): You know
75. Philomena (P): Sometimes I sit and look at the telly and I can notice
76. Philomena (P): [I have to stop myself you know what I mean
77. David (D): [You kno- you know something's up yeah
78. Philomena (P): Yeah
79. David (D): Yeah you see you do grind you mightn't (press that tooth)
80. David (D): during the daytime…if you find you're doing it during the
81. David (D): day it's a matter of trying to coax yourself out of the habit
82. David (D): you know and some people would find even with the you
83. David (D): know if they it's particularly in concentrating quite often that
84. David (D): they're doing it↑ if you find you're doing it even to put the
85. David (D): tip of your tongue between the front teeth you know I mean
86. David (D): you keep your mouth closed obviously but it just means
87. David (D): obviously that [your tongue's in the way you're not going to
88. David (D): grind or clench
89. Philomena (P): [It just stops you
90. David (D): Em it's probably more night-time than anything else you're
91. David (D): doing it to be quite honest and that's a different issue and
92. David (D): that's you know might be worth long-term about thinking
93. David (D): about getting you to wear a night guard even you know↑ but
94. David (D): in the first instance we'd probably like to get some
95. David (D): teeth at the back here [I remember talking about dentures
96. David (D): and that before
97. Philomena (P): [Yeah yeah
98. David (D): You know let's just have a look anyway sure and we'll see
99. David (D): where we are em just before I do anything sorry just
100. David (D): medically there's no change in medical history
101. Philomena (P): [No
102. David (D): [Not taking any new medicines medi[cations no new
103. David (D): allergies↑
104. Philomena (P): [**No**

105. David (D): Or anything like that↑
106. Philomena (P): No
107. David (D): Fit and well still basically yeah↑
108. Philomena (P): Well (laughing)
109. David (D): That's alri- (laughing) that's grand…as best you know then
110. David (D): we'll [say is that it yeah↑
111. Philomena (P): [Best I know what I don't know won't kill me
112. Philomena (P): (laughing)
113. David (D): Em [(laughing)
114. Noelle (N): [(laughing)
115. Philomena (P): Or it might kill me [one or the other
116. Noelle (N): [(Laughing) but you won't know
117. Noelle (N): you're dying
118. Philomena (P): [Yeah (laughing)
119. David (D): [Oh don't be don't be so negative↓ …now let's have
120. David (D): a look em
121. Philomena (P): You know when these s- specialists start messing
122. Philomena (P): around with you you know↑
123. Noelle (N): [(laughing)
124. David (D): [Stop…so we'll have a look anyway and we'll see we'll see
125. David (D): what we've got here… now so I'm just going to have a little
126. David (D): look here↑ okay (just have a look there one area) that's fine
127. David (D): just that was down to watch↑ okay just going to have a little
128. David (D): look here and see…em
129. (4) [Sound of radio in background]
130. David (D): Yeah
131. (5)
132. David (D): Yeah that little fella is definitely
133. (3)
134. David (D): Yeah probably have to pull the trigger on that one… you
135. David (D): okay↑ sorry about that
136. Philomena (P): Mm↑
137. David (D): This one (is okay) ↑
138. (6)
139. David (D): (Look out) for that as well actually
140. [Sound of equipment in surgery, sound of pressurised air blowing]
141. (19)
142. David (D): Mm
143. (5)
144. David (D): Just have a little look there I

145. (5)
146. David (D): **Don't see**...anything else apart from that (let's look at) perio
147. David (D): let's do a CPITN there if you put em upper right three as
148. David (D): down on the distal there if you don't mind... there's a little
149. David (D): area there Philomena we've down to keep an eye on okay↑
150. David (D): just in between
151. Philomena (P): Back here↑
152. David (D): A bit further forward actually↑ yeah oh you're feeling som-
153. David (D): you're feeling something back [there↑
154. Philomena (P): [No **just** when you're
155. Philomena (P): brushing I mean it's it's I don't (know) is there a hole
156. Philomena (P): [there...of your tooth
157. David (D): [Oh of the that's probably
158. David (D): I think that's where you've got the exposed root there it's just
159. David (D): where the the the the gum is receded [a little bit
160. Philomena (P): [Yeah
161. David (D): More than anything else... I'll have another look just you
162. David (D): got me paranoid now we ought to double [check it now
163. Philomena (P): [No
164. David (D): No no I'll just make sure no I mean the filling in that's a
165. David (D): little worn but no there it's it's fine
166. Philomena (P): Yeah
167. David (D): Em no there's a little there's a little there's a little area just a
168. David (D): filling further forwards in between two teeth here okay↑ just
169. David (D): sort of right up about there just in between the the canine
170. David (D): and the one behind it and it's just a a little bit damaged at the
171. David (D): time that's definitely progressed okay↑ so I think we need to
172. David (D): do a little small filling there at some stage okay↑ it's nothing
173. David (D): major but em you know it nee- it's it's at the point now
174. David (D): where we we definitely need to deal with it it's more than
175. David (D): just superficial...yeah it's definitely chalky (to feel) no that's
176. David (D): as plain as day on that yeah em I'll give you the CPITN
177. David (D): sorry I'm (becoming)...getting distracted... yeah not bad
178. David (D): now...**em** one zero...(reckon) that there one...em
179. [Sound of sterilising equipment]
180. (5)
181. David (D): One two...one just one thing just sort of looking around
182. David (D): there's the gums just the brushing just along the insides see
183. David (D): these last two teeth↑ down here on the bottom right↑ [okay↑
184. Philomena (P): [Yeah

185. David (D): Just in there and also (you could say) generally around the
186. David (D): inside but particularly (I would say) you're kind of missing
187. David (D): that a bit with your toothbrush okay↑ em if I just get a
188. David (D): mirror here I'll just show you very quickly…I just want you
189. David (D): to grab that for me a second↑ yeah↑ lovely↑ thank you↑ I'll
190. David (D): just let you see here a minute now just open big wide
191. David (D): there for me if I just drag the instrument along there you see
192. David (D): a bit of white stuff coming off [okay↑
193. Philomena (P): [Yeah
194. David (D): That's the plaque that's the all the thousands of bacteria
195. David (D): basically clumped together so we need to make sure we're
196. David (D): getting right down
197. Philomena (P): Right at [the back of the tooth is it↑
198. David (D): [To the neck yeah
199. David (D): so the inside if you look at those last two teeth they kind of
200. David (D): lean in a little bit [you know
201. Philomena (P): [Yeah
202. David (D): And what happens then is the brusher catches this bit that's
203. David (D): sort of sticking out so you almost have to kind of reach
204. David (D): under and make sure you're cleaning the <u>whole</u> tooth right
205. David (D): the way down to the gum okay↑ it's a bit on the front one
206. David (D): here it's not <u>here</u> we're worried about it's that <u>line</u> up at the
207. David (D): top okay↑ that's where you get it just just along
208. David (D): there is where we've got to watch okay↑ so it's the same on
209. David (D): that tooth it's no different gotta get that brush just down a
210. David (D): little bit <u>lower</u> basically around those there's a little bit over
211. David (D): here as well just right <u>there</u> just that <u>last</u> one kind of missing
212. David (D): that a little too okay↑ so just be just be careful of that okay↑
213. David (D): I'll take that off you there now (thank you) [em
214. Noelle (N): [Pop on them
215. Noelle (N): safety glasses↑
216. Philomena (P): Thank you very much
217. David (D): Yeah no I mean it's definitely the one fill- the one little
218. David (D): filling needs to be done there we need you to just try to
219. David (D): watch the brushing a little bit <u>mainly</u> on the insides okay↑
220. David (D): em it's not diabolical but there's just a few areas we're
221. David (D): missing there okay↑ and it's leaving the gums just bleeding
222. David (D): slightly… em just have a quick look here sorry I just want
223. David (D): to… no it's only superficial it's like over there… sorry
224. David (D): there's just a little mark on this one but I think it's just

225. David (D): stained as much as anything…no I'd leave that for the
226. David (D): minute definitely… again just the brushing just around this
227. David (D): back tooth okay↑ kind of missing that a little bit em just we
228. David (D): don't want the gums getting badly infected or or
229. David (D): or else the… you know obviously holes in the teeth that's
230. David (D): why also I just want to keep things as clean as possible
231. David (D): there… okay… okeydoke well look we'll give things we can
232. David (D): give things a good clean for you now today okay↑ em I I
233. David (D): think we need to get you back and just do that little small
234. David (D): filling if you don't mind okay↑
235. Philomena (P): Yeah
236. David (D): Em in in terms of the grinding…I mean I mean probably the
237. David (D): priority here to be honest in some ways is not so much the
238. David (D): grinding as trying to get the pressure off these front teeth
239. David (D): you know because they're carrying all you know most of the
240. David (D): weight now you [know
241. Philomena (P): [Yeah
242. David (D): Because when will you just just close there for a second↑ I
243. David (D): mean just bite the back teeth together for me yeah and just
244. David (D): just put pop those in behind
245. Philomena (P): [Sorry↑
246. David (D): [Can you can you bite just pop put tho- those in behind
247. David (D): the front ones↑ no no in behind↑ [that's it leave it where you
248. David (D): were a second that's it
249. Philomena (P): [(laughing)
250. David (D): You got it that's it↓ it's amazing how hard it is to bite when
251. David (D): you are asked to I mean you do have this pair still at the
252. David (D): back together at least you know so at least there's something
253. David (D): supporting the back but there's nothing on this [side at all
254. David (D): you know exactly
255. Philomena (P): [Yeah there's
256. Philomena (P): nothing on that side
257. David (D): And that's why you know long-term at the very minimum
258. David (D): some kind of denture or something there would help you
259. David (D): know to give you something to bite on to support and
260. David (D): probably (make it more) manageable…em but it's up to you
261. David (D): at the end of the day obviously you know I was going to say
262. David (D): em **let's** give things a good whizz around here and give
263. David (D): things a good clean for you at least↓ okay↑ so…as I say and
264. David (D): then we'll get you back the next day and sort out

265. David (D): that little filling which as I say is is pretty straightforward
266. David (D): now it's nothing major…now…any plans for your weekend↑
267. David (D): or are you… [just
268. Philomena (P): [**Em** my father-in-law is seventy-**five** on
269. Philomena (P): Sunday so [I'm going out for a drink
270. David (D): [Oh
271. Noelle (N): [Ah lovely↓
272. David (D): On on Sunday yeah↑ [very good
273. Philomena (P): [Well on Saturday night (laughing)
274. Noelle (N): (laughing)
275. David (D): Yeah I suppose not not on a school night says you
276. Philomena (P): [Yeah
277. Noelle (N): [(laughing)
278. David (D): Now let's have a look here so there's a bit of water splashing
279. David (D): around and a bit of noise other than that you should be fine↓
280. (4) [Noise of suction unit and tooth scaler]
281. David (D): (Feel a bit of vibration) with the noise there it's just em quite
282. David (D): a lot of build-up just in behind your front ones so
283. (85)
284. David (D): Sorry I'll get (that thanks) excuse me washing your face
285. David (D): there are you okay↑ [there
286. Philomena (P): [Grand
287. David (D): Water going absolutely everywhere apologies…just doing in
288. David (D): (behind) these front six in particular there's quite a [lot of
289. David (D): build-up so
290. Philomena (P): [I know
291. Philomena (P): If I stopped smoking I suppose [it wouldn't happen
292. David (D): [Oh have you↑
293. Philomena (P): [No I haven't if I did (laughing)
294. David (D): [Oh if you did yeah
295. Noelle (N): (laughing)
296. David (D): I was about to congratulate [you there now
297. Philomena (P): [(laughing)
298. (5)
299. David (D): But obviously yeah if you did give up there would be a lot
300. David (D): less build- up that goes without saying… better for the gums
301. David (D): and everything else too...better for the old pocket↑ it's
302. David (D): expensive hobby that I tell you smoking↑
303. Philomena (P): [(laughing)
304. Noelle (N): [Yeah

305. David (D): If I came home and told my wife I was going to take up a
306. David (D): three thousand euro a year hobby I'd be out the door I'll
307. David (D): [tell you that
308. Philomena (P): [(laughing)
309. Noelle (N): [(laughing)
310. (13)
311. David (D): I can see that one now "It's only golf it could be smoking"
312. Noelle (N): (laughing)
313. Philomena (P): (laughing)
314. David (D): But I'll be honest with you if I started smoking I'd probably
315. David (D): end up divorced
316. Noelle (N): Yeah↑
317. David (D): My wife is very staunchly anti-smoking… now…(the other
318. David (D): side)
319. (26)
320. David (D): Sorry (wee bit sensitive area) are you okay there↑
321. David (D): [(?)
322. Philomena (P): [Yeah
323. David (D): (?) You're doing great are you okay there yeah↑
324. David (D): [doing well↑
325. Philomena (P): [Ah yeah
326. David (D): So far so [good
327. Philomena (P): [I haven't gone through four labours for nothing
328. Noelle (N): [(laughing)
329. David (D): [Ah I suppose
330. Philomena (P): (laughing)
331. Noelle (N): This is a walk [in the park
332. David (D): [I'm I'm glad you're saying that anyway
333. Philomena (P): (laughing)
334. David (D): The number the number of times I've heard "Oh I'd sooner
335. David (D): have a baby than [go to the dentist" you know
336. Philomena (P): [Mm-hmm… yeah
337. David (D): Obviously I can't speak from first-hand [experience
338. Noelle (N): [(laughing)
339. David (D): But having watched my wife because I was there with her
340. David (D): twice I'll tell you I can't even begin to imagine how they
341. David (D): could remotely be comparable (laughing)
342. Noelle (N): (laughing)
343. David (D): I think you have it the right way around there
344. Noelle (N): (laughing)

345. David (D): Now… all done (all the way up there just going to) (?)
346. David (D): around the outside here now
347. (3)
348. David (D): Now some of these marks are just in the tooth of course
349. Philomena (P): [Yeah
350. David (D): [You know they're not join to clean off but em there's a
351. David (D): good bit coming off there it seems… a few little browns
352. David (D): spots here and there that are kind of inherent… short of
353. David (D): actually physically removing some of the tooth structure
354. David (D): there's no other way of getting rid of those oh
355. [Doorbell rings]
356. David (D): Get that would you Noelle↑
357. Philomena (P): You know the way my teeth are all marked… you know
358. Philomena (P): all the all the lines [that are (on them)
359. David (D): [Yeah they're the the brown lines↑
360. David (D): [yeah
361. Philomena (P): [Yeah so like em tooth tooth whitening wouldn't do for
362. Philomena (P): me then would it↑
363. David (D): Not [really no
364. Philomena (P): [No↓
365. David (D): I mean those are little craze lines that [you've got
366. Philomena (P): [Ah
367. David (D): And that ties in again with you putting too much pressure on
368. David (D): these you know you've got these little tiny sort of hairline
369. David (D): cracks almost [on the surface
370. Philomena (P): [Yeah
371. David (D): Now it doesn't mean the tooth is about to break or anything
372. David (D): like that okay↑ but they're they're just little craze lines just
373. David (D): and they do they do sometimes stain a little like that you
374. David (D): know↑ I mean the only way of of of probably really getting
375. David (D): rid of those fully would be to to (I mean) whitening might
376. David (D): improve them a bit but equally it could end up leaving them
377. David (D): more obvious that they mightn't [whiten up you know↑
378. Philomena (P): [Yeah
379. David (D): Em…(?) (these stains are coming off when I'm cleaning the
380. David (D): tooth pretty well on those) but em I mean you know you
381. David (D): could you could camouflage with a little bit of white filling
382. David (D): maybe↑ you know em put a little groove and cover it over or
383. David (D): ultimately if it's very problematic you can even do like a
384. David (D): veneer or something like that I think probably in your case

385. David (D): is the trouble with putting too much pressure on the front
386. David (D): ones if you veneer you're going to end up probably
387. David (D): knocking them off very easily [you know so
388. Philomena (P): [Yeah
389. David (D): It…you could do something maybe a crown (like) as part of
390. David (D): your overall treatment plan but again we'd need to be getting
391. David (D): teeth at the back you know so… it's like anything the sky's I
392. David (D): the limit you know mean you can nowadays often as not you
393. David (D): can literally build everything from scratch if you really want
394. David (D): to↓ put in the time and effort and
395. (7)
396. David (D): Now… you're doing really really well there
397. (15)
398. David (D): It's just the top now it's generally not quite as bad there…(?)
399. (8)
400. David (D): It's just it's just those back teeth in particular just make sure
401. David (D): you're getting the brush up around them okay↑
402. Philomena (P): [Yeah
403. David (D): [You're just kind of missing that top one as well just up
404. David (D): there…and it's kind of standing on it's own a bit but em
405. David (D): make sure you're getting the brush right on it…okay↑…
406. David (D): thanks↓…is that the next one↑
407. Noelle (N): No
408. David (D): Alright
409. (3)
410. David (D): (?)
411. (43)
412. Noelle (N): You okay↑
413. Philomena (P): Yeah I'm grand↓
414. Noelle (N): You're very [(relaxed) (laughing) oh sorry
415. David (D): [You want more (of it done)↑ more more
416. Philomena (P): More patient [(?)
417. Noelle (N): [You are (laughing)
418. David (D): I was going to say… we could sit se- se- set set ourselves
419. David (D): (up) as a spa and charge [for it (laughing) like you know
420. Noelle (N): [Yeah (laughing)
421. Philomena (P): [(laughing)
422. David (D): Put a bit of lavender oil in the water [or something and away
423. David (D): you go
424. Noelle (N): [(laughing)

425. David (D): Now just open big wide you okay there yeah↑
426. Philomena (P): [Yeah
427. Noelle (N): [All good
428. David (D): Yeah we're nearly there just the last little bit around here
429. David (D): (?) (tidy up that↑)
430. (40)
431. David (D): Oh sorry…sorry
432. Philomena (P): Al[right↑
433. David (D): [Yeah no problem yeah just (sit up)
434. Philomena (P): Just going down the back of my throat [(laughing)
435. David (D): [Drow- drowning
436. David (D): you a bit there apologies…take your time there…okay↑
437. David (D): now… just open nice and wide see how does it look↑
438. David (D): literally on the last couple here now… (then) give the teeth a
439. David (D): good polish…(see how) much of the stain is coming off
440. (6)
441. David (D): Thanks
442. (3) [Noise of suction and tooth-scaler ceases]
443. David (D): Now just do a few of these by hand here (to round it off) and
444. David (D): em as I say give things a polish and we'll be done…sorry are
445. David (D): you okay there↑ excuse some lovely sound effects that'll
446. David (D): [make apologies
447. Philomena (P): [(laughing)
448. David (D): Just a very very narrow little instrument it just lets us get
449. David (D): that little bit further into space let us try and grey that last
450. David (D): little bits there just between behind these front ones…then
451. David (D): we will try to brighten them up as much as we can again…
452. David (D): there we go
453. (4)
454. David (D): Then I'll take your cigarettes and hide them [on you
455. Philomena (P): [(laughing)
456. (4)
457. David (D): How many do you smoke at the minute anyway↑
458. Philomena (P): Don't ask that I'd say about fifteen
459. David (D): Yeah
460. Philomena (P): I think if people just left me alone see (if) my husband
461. Philomena (P): doesn't smoke my four children don't smoke [you know
462. David (D): [Alright
463. Philomena (P): And their partners don't smoke [(either) (laughing)
464. David (D): [Mm

465. David (D): You're convinced if we said nothing you'd stop [then is that
466. David (D): it↑
467. Philomena (P): [Yeah
468. Philomena (P): (laughing)
469. (6)
470. David (D): I'll go for the making-a-nuisance of myself strategy if you
471. David (D): don't mind like you know
472. Philomena (P): (laughing)
473. David (D): (laughing) Ah no look I mean at the end of the day it's up to
474. David (D): you you know no one can make you do it [tha- that is true
475. Philomena (P): [Mm
476. (3)
477. Noelle (N): I think he finally realised that Catherine or em Philomena
478. Noelle (N): cause I haven't stopped [(laughing)
479. David (D): [(laughing) Mind you that's a lost
480. David (D): cause [un- unfortunately
481. Noelle (N): [(laughing)
482. (7)
483. David (D): (If you actually) do stop it would do no harm anyway
484. Philomena (P): I know
485. David (D): (Look here) **em** now let's have a look here I'm just going to
486. David (D): give things a go- a good clean for you okay↑ and em I'm
487. David (D): sorry a good polish excuse me and that'll be us done… so
488. David (D): just last little bit here now so I'll just give it a good a good
489. David (D): buff up…so as I say there a few marks are obvious in the
490. David (D): tooth you know I mean particularly in the back ones and and
491. David (D): but no amount of polishing or cleaning alone is going to
492. David (D): remove those but they're not doing any harm you know↑ so
493. David (D): the general advice is to leave them be but em…they're just
494. David (D): areas with a little bit of superficial damage to the tooth but
495. David (D): it's of no real consequence
496. (4) [Sound of dentist polishing teeth]
497. David (D): (And) with the craze lines you know you could do
498. David (D): something with those long-term but you'd be looking as part
499. David (D): of an an overall plan you know↑
500. Philomena (P): Yeah
501. David (D): So…sorry I meant to say actually there's em apologies it's
502. David (D): it's a little tiny chip of this front one as well just fro-
503. David (D): probably from the the just up up here at the front↑ [a little
504. David (D): tiny little (nick)

505. Philomena (P): [Yeah
506. David (D): Now I mean you don't have to do anything with that↑ it's up
507. David (D): to yourself you know it's just a little teeny (little) corner em
508. David (D): just against near up where the filling is we could tidy that up
509. David (D): for you if you wanted… but I definitely want to get you
510. David (D): back and get this one sorted you know that's decaying so
511. David (D): that definitely needs to be done… just get you to open for
512. David (D): me wide well done
513. (16)
514. David (D): Okay and (after) we're just going to zip around the bottom
515. David (D): as well here
516. (13)
517. David (D): Mm-hmm
518. (9)
519. David (D): Good
520. (6)
521. David (D): And…so just right where I am now just just watch that
522. David (D): especially with the brush okay↑ just try and get those areas
523. David (D): as clean as you can first off…I don't want you to run into
524. David (D): trouble with the gums either… they're not too bad at the
525. David (D): minute but…(aim at) keeping it that way
526. Philomena (P): (laughing)
527. David (D): Give me a second here I'll do the ends of these just for a
528. David (D): while
529. (4)
530. David (D): (?) ultrasonic there sorry just two seconds with the suction
531. David (D): there please
532. (9) [Sound of suction and tooth-scaler]
533. David (D): You okay there↑ [yeah (won't be long)
534. Philomena (P): [Yeah
535. David (D): (There we are now)… good
536. (4)
537. David (D): Grand↓ Get you a good rinse there for me↑ all done for
538. David (D): today↑ you okay there↑ all [done that's it you have a good
539. David (D): wash out
540. Philomena (P): [Grand
541. David (D): And em otherwise we can leave it at that…so we'll get you
542. David (D): back…we'll say obviously whenever suits you there's no
543. David (D): massive panic Philomena okay but you know it's it it does
544. David (D): need to be fixed that little spot so we'll get you back and sort

545. David (D): that out anyway okay↑ [because em
546. Philomena (P): [Yeah
547. David (D): It's up to yourself then long-term you know in terms of the
548. David (D): dentures I mean it's it's you know the fact that you've
549. David (D): nothing on the left for eating particularly at the back you
550. David (D): know would would would mean that in an ideal world we
551. David (D): would like to to to try and get some teeth back there for you
552. Philomena (P): Yeah how many↑ is missing there three [is that it↑ three
553. Philomena (P): or four
554. David (D): [em there's
555. David (D): **three** well if you count the wisdom teeth there's four lower
556. David (D): but we wouldn't count those four so because twenty percent
557. David (D): of people don't have them so we'll say effectively there's
558. David (D): three missing on the bottom and two on the top you know↑
559. Philomena (P): [so I mean as I say
560. Philomena (P): [Yeah
561. David (D): I- you know if if if you're making a denture for example
562. David (D): you'd be you'd probably put three teeth on the bottom and
563. David (D): then two teeth on the top on the left hand side this is and the
564. David (D): right of course has a tooth missing at the top (and a bottom
565. David (D): one missing) particularly if you're doing a denture you
566. David (D): would definitely include that as well okay because apart
567. Philomena (P): from anything else it'll make it more steady in the bite
568. David (D): more stable if you have that in there as well on the opposite
569. David (D): side it'll help improve everything in the case basically
570. Philomena (P): And what were you saying is the best the ones with the
571. Philomena (P): wire is it↑
572. David (D): Yeah you can do the chrome dentures that's with the metal
573. David (D): and we showed you those you know just em have a (little)
574. David (D): look here that's a metal there's a demo one we can you can
575. David (D): handle this so it's not for anyone's mouth or anything like
576. David (D): that don't worry em… this this is it basically with a with a
577. David (D): metal frame so the advantage of that is that it clips on to
578. David (D): your own teeth so it's it's very very secure very s- you know
579. David (D): once it's in it's very steady very stable… em it's also easier
580. David (D): on the gums generally you know the disadvantage of the one
581. David (D): like this is first of all it costs more secondly the anchor teeth
582. David (D): the teeth if we take this one as an example it's clipping on to
583. David (D): two teeth there…it's very important those teeth are in good
584. David (D): condition [because if you lose one of those

585. Philomena (P): [Yeah
586. David (D): You've lost the denture it's not going to work you're going to
587. David (D): have to remake it you know so it's important that the teeth
588. David (D): that are anchoring or holding it in place are are are in good
589. David (D): enough shape you know…but I would I would think we
590. David (D): [would s-
591. Philomena (P): [They wouldn't do then for the back teeth then sure they
592. Philomena (P): wouldn't↑
593. David (D): Oh it would yeah
594. Philomena (P): But even… [I don't have anything at the end
595. David (D): [Ah yeah (well they would add if you look)
596. David (D): well this person doesn't have anything at the end either if
597. David (D): you look at that **okay**↑
598. Philomena (P): Yeah
599. David (D): Look at this one here there's no teeth at the back [either you
600. David (D): know
601. Philomena (P): [Yeah
602. David (D): No you're you're you're half right we do like to have a tooth
603. David (D): at the back end to sort of clip on at the back that gives you
604. David (D): the absolute… best sort of most stable set-up you can
605. David (D): [get you know
606. Philomena (P): [Yeah
607. [Sounds of nurse cleaning and tidying room]
608. David (D): But having said that I mean you know you you'd still a a a
609. David (D): good result there you know I mean certainly better than a
610. David (D): plastic you know and the other option is to do is to do an
611. David (D): acrylic or plastic denture…and that works you know the
612. David (D): main advantage of that is… it's cheaper obviously you know
613. David (D): em the downs is it's more bulky in the mouth and they
614. David (D): generally aren't as s- stable aren't as steady you know I
615. David (D): suppose the nice thing about those is it's easier to add a
616. David (D): tooth to it you know if you lose a tooth say… in two year's
617. David (D): time or something like that
618. Philomena (P): Yeah
619. David (D): It's easier to add to a plastic than to add to a to a to a to a
620. David (D): metal one like this you know although it can be added to but
621. David (D): it can be tricky enough you know↑ em so I mean you know
622. David (D): it's not like you're going to make a
623. [Sound of suction unit]
624. David (D): decision like that (overnight ?) yourself [but I'd say but

625. David (D): it's… you know
626. Philomena (P): [Yeah
627. David (D): I mean particularly on on… really on both arches I would
628. David (D): think that's probably the way to go you know [because you
629. David (D): have plenty to kind of
630. Philomena (P): [And what's
631. Philomena (P): the (right now) do you have to would you have to take
632. Philomena (P): keep taking them out to clean them or
633. David (D): [You can take them out you take them out at night-time
634. Philomena (P): [You…you take them out and clean them
635. David (D): Yeah yeah you'd leave it ah you'd probably leave that in
636. David (D): during the day like no problem you know but shouldn't be
637. David (D): worn at night because the gums aren't designed to be
638. David (D): pressed on…[twenty-four hours a day
639. David (D): you know
640. Philomena (P): [Yeah yeah
641. David (D): So you do you do need to leave it out at night but no I mean
642. David (D): you know em…I mean I I can't speak from first-hand
643. David (D): experience obviously but certainly when I'm treating
644. David (D): patients I mean… a patient who had went from one to the
645. David (D): other they'll tell me it's chalk and cheese you know there's
646. David (D): no comparison [between the two you know
647. Philomena (P): [Yeah
648. David (D): So I mean it's it's very much up to yourself you know but em
649. David (D): as I say it you know long-term… [it'd be worth it'd be worth
650. David (D): doing
651. Philomena (P): [Ah yeah
652. David (D): You know that yourself [you know you don't need me to
653. David (D): tell you
654. Philomena (P): [Yeah as you were saying I always
655. Philomena (P): grinding my teeth but I've never noticed I've only
656. Philomena (P): [noticed it now you know what I mean
657. David (D): [Yeah yeah well you might
658. David (D): you might still need a night-guard as well down there okay
659. David (D): so something you wear at night-time just to protect the teeth
660. David (D): a little bit okay and that's something we may need to look at
661. David (D): as well to be quite honest with you okay cause I think you
662. David (D): were…not think you were grinding even [before you lost
663. David (D): these
664. Philomena (P): [(laughing)

665. David (D): These teeth [I would suspect
666. Philomena (P): [Yeah
667. David (D): The wear would be enough to suggest that you were
668. David (D): probably grinding to some extent your whole life you know
669. David (D): [although prob- not frightening
670. Philomena (P): [Mm
671. David (D): You know you know you're **missing**... certainly some tooth
672. David (D): there but it's not a scary amount I've got photographs
673. David (D): (would) make your hair stand on end [of people who grind
674. David (D): you know very aggressively you know
675. Philomena (P): [(laughing)
676. David (D): And you know they would be they have no tooth left hardly
677. David (D): (by the time they've sort of) I've got one guy in his thirties in
678. David (D): fact who's got hardly anything left but mai- most people...
679. David (D): you know they maybe by the time they get to their fifties
680. David (D): that they started to struggle you know as I say but I mean in
681. David (D): your case we're not in bad shape that way at all there you
682. David (D): know [you're in reasonably good nick you know
683. Philomena (P): [Right (need something there get something
684. Philomena (P): done)
685. David (D): Yeah but you're just probably just more aware of it because
686. David (D): you're missing those other teeth you see when [you (say)
687. Philomena (P): [And how
688. Philomena (P): much would would they be↑ for [my mouth... say if
689. David (D): [Em oh for for
690. Philomena (P): You had to do me mouth [you know
691. David (D): [Yeah if
692. David (D): you're doing both yeah I mean well a s- single I mean it's not
693. David (D): it's not just the number of teeth it's the framework's the
694. David (D): expensive bit you [know so
695. Philomena (P): [Yeah
696. David (D): I mean a single one of those is about eleven hundred euros
697. David (D): okay↑ now↓ if I'm doing two together there's there's an
698. David (D): efficiency you know↑ because it's not twice as many visits
699. David (D): so I mean and so forth [so
700. Philomena (P): [Yeah
701. David (D): I mean if I was doing two of those I could probably do the
702. David (D): two for you together for about eighteen hundred you know↑
703. David (D): [for the top and bottom
704. Philomena (P): [Yeah

705. David (D): You know so…it's up to yourself↓ …that alright↑ [okay↑
706. David (D): but em…yeah
707. Philomena (P): [Yeah
708. Philomena (P): that's alright that's no problem just that…**me friend**
709. Philomena (P): that's what he does he makes [them the things… yeah
710. Philomena (P): he's a technician you know
711. David (D): [Oh a technician↑ yeah
712. David (D): yeah okay yeah is he is he is he a clinical technician↑
713. Philomena (P): Yeah
714. David (D): Yeah well then then you know… at the end of the day if you
715. David (D): have a friend who's doing it [you know what I mean… I
716. David (D): know
717. Philomena (P): [He's O'Sullivan (a place on)
718. Philomena (P): [Dublin street] somewhere↑
719. David (D): Right okay I'm [not familiar with it
720. Philomena (P): [Jimmy O'Sullivan
721. David (D): Right I'm not familiar with it now [myself am I↑
722. Noelle (N): [No
723. David (D): I might have seen the actual you know his **place** actually
724. David (D): going past on the bicycle
725. Philomena (P): Mm [that's what he does he's a friend of mine
726. David (D): [Yeah okay↓ well look well yeah well I mean you
727. David (D): know… at the end of the day it's up to you you're [the one
728. David (D): who goes there like (laughing) but em yeah yeah yeah
729. Philomena (P): [Yeah no
730. Philomena (P): I was just no I was just that you were saying you know
731. Philomena (P): so I was getting a price and see
732. David (D): Look sure we'll get you back and sort that filling out anyway
733. David (D): okay we'll [do that for you at
734. Philomena (P): [Ah yeah
735. David (D): [The minimum we'll do that okay↑
736. Noelle (N): [(That's the minimum)
737. David (D): Yeah let's get the get the simple work out of the oh yeah s-
738. [Sound of bib being removed?]
739. Noelle (N): (laughing)
740. David (D): Send [you home
741. Philomena (P): [And stop smoking [(if I can)
742. Noelle (N): [(laughing)
743. David (D): [Yes please that would be great…
744. David (D): now

745. Philomena (P): Mm
746. David (D): Sure if you did that you'd have paid for your dentures in a
747. David (D): few months like you know↑ smoking fifteen a day…that's
748. David (D): about three thousand a year
749. Philomena (P): Oh well like I mean [me son
750. Noelle (N): [(Yeah)
751. Philomena (P): Came home from the Leb there a few weeks ago and he
752. Philomena (P): brought me back six hundred (laughing)
753. Noelle (N): Nice [(laughing) any excuse
754. David (D): [(laughing) Oh I'll tell you
755. Philomena (P): And he's back now next week as well he's finished his
756. Philomena (P): six months stint so [I wouldn't be surprised if he's
757. Philomena (P): another few packs (if he has)
758. David (D): [We'll have to we'll have to we have
759. David (D): we have to we have to convince him to stop bringing them
760. David (D): to you now [you know
761. Noelle (N): [(laughing)
762. David (D): Make you suffer the full [consequences
763. Noelle (N): [Yeah tell him to bring me them
764. Noelle (N): instead [(laughing)
765. David (D): [Yeah I know…you need that like a hole in the head
766. David (D): [now
767. Philomena (P): [I think it's the cup of tea isn't it↑ it's the [cup of tea I
768. Philomena (P): miss (and the second one)
769. David (D): [Yeah now
770. Noelle (N): [I know
771. David (D): That's it [alright↑ sorry sorry there if you just throw it there
772. David (D): that's fine
773. Noelle (N): [I can't live without tea either Philomena
774. Philomena (P): What↑
775. Noelle (N): I can't live without tea either [(laughing)
776. Philomena (P): [I know I drink too much tea as
777. Philomena (P): well [em
778. David (D): [Yeah
779. Philomena (P): And I had to end up going on going on sweeteners
780. Philomena (P): because I I would drink about ten cups of tea I'd say a
781. Philomena (P): [day
782. Noelle (N): [Yeah
783. Philomena (P): And I was taking s- two spoonfuls [of sugar so I
784. Philomena (P): switched to sweeteners

785. Noelle (N): [**Yes**
786. Philomena (P): [You know what I mean (?)
787. Noelle (N): [Oh <u>well done</u>…good
788. David (D): [Oh that that'll certainly help… it won't [won't damage
789. David (D): the teeth at least
790. Philomena (P): [Because like I
791. Philomena (P): say you know that's about twenty spoonfuls of sugar
792. Philomena (P): now [a day if not more
793. Noelle (N): [I know
794. David (D): Yeah
795. Noelle (N): When you [look at it like that
796. Philomena (P): [(So) I switched to [the sweeteners (you know
797. Philomena (P): what I mean)
798. David (D): [Absolutely absolutely
799. Noelle (N): [I don't take sugar in it so
800. David (D): [No you're better much b- yeah yeah my wife <u>loves</u> her tea
801. David (D): sweetened she's the same now she takes sweeteners [now
802. David (D): you know so
803. Philomena (P): [Yeah
804. David (D): Yeah well they do minimal damage… <u>look</u> hang on at the
805. David (D): desk and sure Noelle will sort that [out for you that alright↑
806. David (D): okay↑
807. Philomena (P): [Yeah okay no problem
808. David (D): Alright so we'll say we see you in the next few weeks or
809. David (D): whenever [whenever suits you
810. Philomena (P): [(laughing)
811. David (D): Okay↑ …em (I was going to say but) no no hopefully that
812. David (D): we'll get something out of the weekend the weather doesn't
813. David (D): know what it's doing yet though but sure we'll see what
814. David (D): happens so
815. Philomena (P): Well once it's not raining
816. David (D): That's oh that's it oh yeah that's all I'm asking for is to be dry
817. David (D): [like you know
818. Philomena (P): [That's
819. Philomena (P): what I was saying you could up but [when that rain
820. Philomena (P): would (pour)
821. David (D): [Exactly…I know
822. David (D): sure that's that's that's [you you summed it <u>no problem</u>
823. Philomena (P): [Alright thanks David
824. David (D): It's a pleasure okay↑ take care now thanks so much

825. [Sound of door closing]

Case 9A

Case 9A

1. David (D): That's grand come on in sorry thanks
2. Phoebe (P): Okay
3. David (D): Sorry I'll just that (?) there thanks there now… so how's
4. David (D): things yourself anyway↑
5. Phoebe (P): Grand
6. David (D): Alright↑ [Yeah↑
7. Phoebe (P): [Good good
8. David (D): Good stuff
9. Phoebe (P): Finishing up em Paeds I'm going to Obs and Gynae now
10. David (D): I thought you were done with the rotations↑ are you [still
11. David (D): oh
12. Phoebe (P): [No
13. David (D): [Alright okay
14. Phoebe (P): [I only started em the GP thing this this September this
15. Phoebe (P): July July
16. David (D): Oh sorry no of course it's the GP you're doing the rotations
17. David (D): for [sorry
18. Phoebe (P): [Yeah I had done the [medical I did two rotations
19. Phoebe (P): (there)
20. David (D): [Yeah that's right sorry I'm I'm
21. David (D): getting [myself crossed over
22. Phoebe (P): [No you're grand
23. David (D): (?) Cause I you're definitely finished by now [but yeah
24. David (D): okay yeah
25. Phoebe (P): [I'm certainly
26. Phoebe (P): long enough in the tooth for it
27. David (D): You're a typical medic yez never stop like (laughing)
28. Phoebe (P): (Laughing)
29. David (D): You know it goes on forever just
30. Phoebe (P): I know it's ridiculous
31. David (D): Now… you'll decide now you want to do neurosurgery or
32. David (D): something [else (?)
33. Phoebe (P): [oh no
34. David (D): Another eight years added [there
35. Phoebe (P): [no that's

36. Phoebe (P): the [end of it after that
37. David (D): [let's have a look here… now so we'll have a look and
38. David (D): see… so em are you enjoying it anyway↑
39. Phoebe (P): Yeah it's grand it's grand (laughing)
40. David (D): (laughing)
41. Phoebe (P): It's not too bad I think the GP part will be nice to
42. David (D): Yes you've got to do all the other stuff beforehand don't
43. David (D): you [I suppose
44. Phoebe (P): [Yeah exactly
45. David (D): You'd probably take or leave some of that I guess you
46. David (D): know [so
47. Phoebe (P): [Yeah
48. Phoebe (P): hospital medicine isn't great but [anyway
49. David (D): [which which hospital
50. David (D): are you [based in at the minute
51. Phoebe (P): [I'm in Regional Hospital at the minute
52. David (D): [Oh right right
53. Phoebe (P): [But they're broke so they're only paying us to be there
54. Phoebe (P): half the time so it's like you're job-sharing so there's
55. Phoebe (P): [no continuity it's (mental)
56. David (D): [Really that's crazy isn't it↑
57. Phoebe (P): Yeah
58. David (D): So you're half-training then basically
59. Phoebe (P): (?) so really it's not ideal [but anyway
60. David (D): [no definitely not anyway we'll
61. David (D): pop you back here and have a look is it just for a check-up
62. David (D): today sorry is it em
63. Phoebe (P): A check-up [and
64. David (D): [Yeah
65. Phoebe (P): I think I may have chipped something down [here
66. David (D): [Oh right
67. David (D): okay
68. Phoebe (P): Em it was about a month ago now but
69. David (D): Okay (?) sorry yes the lower right let's have a look… just
70. David (D): check and see it's not causing any pain or any anything
71. David (D): obviously is it↑
72. Phoebe (P): No it was the odd time if I drink something it might feel a
73. Phoebe (P): bit sensitive but it's [not not too sore
74. David (D): [Right right okay no bother no change
75. David (D): in the medical history

76. Phoebe (P): Mm-mm↓
77. David (D): I'm not going to men- you know what I mean you know
78. David (D): the list I'm not going to [mention any of them
79. Phoebe (P): [Yeah
80. (4)
81. David (D): Just the very back one here is it↑ at the [the back
82. Phoebe (P): [Em
83. David (D): you see the little [gum (?) it's very
84. Phoebe (P): [Yeah
85. David (D): that's what I'm looking at anyway you know it's kind of…
86. David (D): yeah
87. (8)
88. David (D): (?) In particular em
89. (14)
90. David (D): Okay I don't see (?) … Yeah certainly a piece br- missing
91. David (D): there if you like it's just worn down there's also a little tiny
92. David (D): mark just in in another tooth the same just down on the
93. David (D): lower right again
94. Phoebe (P): Mh-hmm
95. David (D): Just a little further forward just (going to look to check
96. David (D): out) what we have image wise x-ray wise from before
97. Phoebe (P): Okay
98. David (D): Mm that's no good… yeah… so much longer sorry how
99. David (D): much longer do you have to go then you were saying
100. Phoebe (P): Oh this [is really only
101. David (D): [to be done
102. Phoebe (P): The beginning of four years but
103. David (D): Oh right okay
104. Phoebe (P): But em after…
105. David (D): Is it four years to train for GP↑
106. Phoebe (P): [Yeah
107. David (D): [after wow
108. Phoebe (P): I know two of that is hos- is GP practice though so
109. David (D): Oh that's not so bad [yeah
110. Phoebe (P): [after two years then
111. David (D): You're doing what you want basically [just
112. Phoebe (P): [you've kind of a bit
113. Phoebe (P): more of a life really yeah (laughing)
114. David (D): (laughing)
115. Phoebe (P): Yeah don't have to be on call or carry that bleep anymore

116. David (D): Yeah
117. Phoebe (P): So
118. David (D): That's why I didn't do medicine to be frankly honest with
119. David (D): you (laughing)
120. Phoebe (P): Really↑
121. David (D): Yeah (laughing) large part of it I looked at the hundred
122. David (D): hour shifts and that
123. Phoebe (P): Yeah
124. David (D): Nah no thanks [I'll pass on that yeah
125. Phoebe (P): [It's crazy
126. Phoebe (P): Yeah
127. David (D): It's interesting how years ago GP was kind of where you
128. David (D): went when you weren't good enough for hospital
129. David (D): [medicine
130. Phoebe (P): [It's funny isn't it↑
131. Phoebe (P): Yeah
132. David (D): And now you can't get into it for love [nor money isn't it↑
133. Phoebe (P): [Yeah exactly
134. Phoebe (P): So I was I was lucky to get in
135. David (D): Yeah it's the more social hours I think
136. Phoebe (P): Absolutely yeah
137. David (D): Em now we'll just have a look here (?) I have… no… it's
138. David (D): alright I just want to see when did I last oh I've x-rays from
139. David (D): recently enough actually
140. Phoebe (P): [Mm
141. David (D): [let's have a look
142. (4)
143. David (D): It's ridiculously dark should brighten it up… no there's
144. David (D): nothing showing on that there's the tiniest mark alright at
145. David (D): that stage
146. Phoebe (P): Mm
147. David (D): In fairness we have that down to keep an eye on as well
148. David (D): from before
149. Phoebe (P): Okay
150. David (D): No it's fine no it it it's just there's a mark there I just
151. David (D): wanted to just double check it but we definitely have
152. David (D): actually a mark there before (?)
153. Phoebe (P): Mm
154. David (D): that's the other one no grand
155. Noelle (N): This↑

156. David (D): (?) Hm↑ yes yes yes that's it fine thanks a few of those
157. David (D): yeah exactly I think it just needs em yeah we just need an
158. David (D): autograph on that that's fine we'll have to get the one with
159. David (D): Christine next day just leave it out and we'll get it then
160. David (D): [(?)
161. Noelle (N): [Yeah right
162. David (D): Okay let's see↑ so … yeah we'll keep an eye on that but
163. David (D): we'll give it the benefit of the doubt now let's get back to
164. David (D): the matter in hand em there's em …yeah it's just the back
165. David (D): the whole back of this tooth basically or a large portion of
166. David (D): it i-is is is filling [effectively
167. Phoebe (P): [Mm
168. David (D): and it's just that a piece of that has just broken away on
169. David (D): you it's not I don't think it's the tooth itself that's broken it's
170. David (D): just the it's just part of the filling
171. Phoebe (P): Okay
172. David (D): Em now we'll tidy that back up for you anyway I mean to
173. David (D): be honest with you it's spotlessly clean there's not even
174. David (D): decay okay [so much
175. Phoebe (P): [Hmm
176. David (D): I would just in the first instance just see if we could bond a
177. David (D): piece back into that okay [and just leave it at that probably
178. Phoebe (P): [Okay
179. David (D): Em
180. Noelle (N): Where↑
181. David (D): Em lower seven lower right [seven sorry
182. Noelle (N): [D↑
183. David (D): Put down as a d-o basically yeah but it's only a par- a small
184. David (D): portion of it actually… I mean you could make an
185. David (D): argument that long- term this tooth should actually be
186. David (D): crowned just given you know that the [back's
187. Phoebe (P): [Yeah
188. David (D): Kind of missing but I you know let's try the simple thing
189. David (D): for first anyway sure and we'll see we'll put the show on
190. David (D): the road another while because it's it's
191. Phoebe (P): Okay
192. David (D): It's it's not a massive amount of tooth missing it's just in a
193. David (D): bad area and it's it's broken down quite low you know
194. Phoebe (P): [Mm
195. David (D): [From (the side) it means that we've lost a bit of height in

196. David (D): the bite I think over time as well just means that the filling
197. David (D): ends up thinner there and is more likely to break take a
198. David (D): look at the gums
199. Phoebe (P): Yeah
200. David (D): I'll just I'm going to just literally just patch them up a bit
201. David (D): and then go from there let me have a look [(?)
202. Noelle (N): [(?)
203. David (D): Thanks… just see what we've got here okay zero-ish pretty
204. David (D): much zero it's fine zero again then em and just one there
205. David (D): lower… three (?) two again barely three put it down as
206. David (D): three just for now okay now just sit you up there just two
207. David (D): seconds em just looking there at the at the em
208. Phoebe (P): My gums
209. David (D): At the gums Yeah there's just a little bit of an issue on the
210. David (D): l- particularly more so on the lower than anything else em
211. Phoebe (P): What's showing up↑
212. David (D): It's it's there's a little bit of early signs of periodontal
213. David (D): disease or pyorrhea to give it the old common name okay
214. Noelle (N): (?)
215. David (D): Great of course but it's basically where the the the gums
216. David (D): just become infected to the point they start to peel away
217. David (D): from the tooth a little bit [okay↑
218. Phoebe (P): [Mm-hmm
219. David (D): And there's definitely signs of that on the bottom okay
220. Phoebe (P): [Mm
221. David (D): [Now it's it's very slight it's only a couple of sort of
222. David (D): isolated areas so
223. Phoebe (P): [Mm
224. David (D): [What I would probably suggest at this stage would be just
225. David (D): to see if we can just improve how you are looking after
226. David (D): things at home okay↑
227. Phoebe (P): [Okay
228. David (D): [Maybe try and get you looking after those areas in
229. David (D): question a little bit more effectively
230. Phoebe (P): Okay
231. David (D): And see if it responds just to that okay↑
232. Phoebe (P): [Okay
233. David (D): [There's a good chance that that will actually be enough to
234. David (D): get it back under control okay↑
235. Phoebe (P): Mm

236. David (D): Em I mean if it doesn't we may be looking at a certain
237. David (D): amount of gum treatment would be basically we'd be
238. David (D): cleaning underneath the gum okay as I say now it's under
239. David (D): anaesthetic it's no big deal but we'll see if we can try and
240. David (D): avoid doing that you know and I think there's a good
241. David (D): chance here that you can avoid it to be quite honest [okay
242. Phoebe (P): [Okay
243. David (D): But we definitely definitely need looking after things that
244. David (D): little bit better
245. Phoebe (P): Should I be using a special mouthwash [I'm just using a
246. Phoebe (P): Listerine
247. David (D): [No
248. David (D): No no that's fine no
249. Phoebe (P): [Is that↑
250. David (D): [It'll be mainly about the the the where I'm looking here
251. David (D): the damage I'm seeing is mostly in between the teeth
252. David (D): okay↑
253. Phoebe (P): Mm
254. David (D): So we're we're looking in terms of cleaning in between are
255. David (D): you flossing or using the little [brushes↑
256. Phoebe (P): [Not all the time but I am
257. David (D): Well that's that's the change [in a nutshell
258. Phoebe (P): [I need to do it all the time
259. David (D): Yeah once a day is what we're looking I mean if you do it
260. David (D): even once a day it's normally sufficient you know
261. Phoebe (P): Okay
262. David (D): But you need to be doing it pretty much every day okay
263. David (D): em as I say I'll have a look again just to see what way is
264. David (D): going work best for you there but it- it's not too bad at the
265. David (D): top it's really just on the bottom
266. Phoebe (P): Mm
267. David (D): and it's it's kind of just the the last two three teeth on the
268. David (D): bottom you know so just [those last couple of spaces it is
269. Phoebe (P): [right I get you mm
270. David (D): And it's all in between you know it's not where your
271. David (D): normal brush gets you know the sort of the outside the
272. David (D): inside it's in between the teeth that the actual problem is
273. Phoebe (P): Okay
274. David (D): I'll show you in a second it's quite easy to show you in the
275. David (D): mirror actually okay↑

276. Phoebe (P): Okay
277. David (D): Just so you can see where exactly I'm talking about we just
278. David (D): want to watch that okay↑
279. Phoebe (P): Okay
280. David (D): Look we'll patch this up I don't even need to numb this up
281. David (D): okay↑
282. Phoebe (P): Okay
283. David (D): We're just literally going to just rebond a bit of filling back
284. David (D): [in there
285. Phoebe (P): [Grand
286. David (D): Okay↑
287. Phoebe (P): Mm-hmm
288. David (D): Cause most of the old existing filling is still there and it
289. David (D): sticks to itself perfectly sufficiently
290. Phoebe (P): Is it↑
291. David (D): Mm-hmm
292. Phoebe (P): Is it should I be feeling it a bit sensitive then↑
293. David (D): Not necessarily
294. Phoebe (P): No
295. David (D): Not necessarily no not always em you know particularly
296. David (D): given it's not [it prob
297. Noelle (N): [Thanks
298. David (D): It probably feels huge to the tongue it's not actually that
299. David (D): big a piece missing to be quite honest [you know so
300. Phoebe (P): [Mm okay
301. David (D): it wouldn't be I I wouldn't be worried if you're not feeling
302. David (D): it (to water) okay it doesn't mean the nerve dead or
303. David (D): anything like that I very much doubt it should be fine em
304. David (D): the sorry just to show you that there let you see here on
305. David (D): this instrument here it's blunt it's marked off in little stripes
306. David (D): it's basically a little glorified [ruler
307. Phoebe (P): [Yeah
308. David (D): Now I'll just let you have a little look here and you'll see
309. David (D): now if I just go in here if I go there for example that's
310. David (D): about three millimetres deep which is fine that's normal
311. David (D): okay↑
312. Phoebe (P): Mm-hmm
313. David (D): If I go around in between the teeth that's going down about
314. David (D): four okay↑
315. Phoebe (P): Mm-hmm

316. David (D): (?) that's too far okay
317. Phoebe (P): Mm
318. David (D): If I go there it's about four again again it's in between if I
319. David (D): come here it's only three you know and it's just kind of in
320. David (D): here in there just want to watch that with your normal
321. David (D): brush but it's particularly in between the teeth okay
322. Phoebe (P): Mm-hmm
323. David (D): And that's why cleaning in between is going to be so
324. David (D): important can I go get a point four there (?) we're just
325. David (D): going to have a quick look here and just see what's going
326. David (D): [work best for you
327. Noelle (N): [Did you check that for the last patient did it work↑
328. David (D): Yeah
329. Noelle (N): You did [grand
330. David (D): [Yeah… now
331. (6)
332. David (D): Oh dear (laughing)
333. Noelle (N): Don't ask me to open them any more please (laughing)
334. David (D): Right okay (laughing) did we get it no it's no good you'll
335. David (D): need to get another pack probably okay just scattered them
336. David (D): to the winds in the drawer here sorry
337. Phoebe (P): Oh
338. David (D): Excuse us a moment
339. Phoebe (P): No you're grand
340. David (D): Nah it's not the end of the world there I'll just get the bag
341. David (D): here hang on now…some in here
342. (5)
343. Noelle (N): I don't know how she opens them but you can't see the
344. David (D): [opening
345. David (D): [very very
346. David (D): Daintily obviously [Yeah Yeah
347. Noelle (N): [Yes
348. Noelle (N): Rough and [ready is how I want to open (laughing)
349. David (D): [Sh- sh- sh-
350. Phoebe (P): (laughing)
351. David (D): Sh- she'll argue that you know you should you should have
352. David (D): been more more gentle with them you know no I I tend to
353. David (D): cut the top off as well for the same reason
354. Noelle (N): [Mmm
355. David (D): [means we won't give someone an open pack by accident

356. Noelle (N): [Yeah
357. David (D): [Em just have a little look here yeah that's going to
358. David (D): work quite well there if you em yeah if I can just get you
359. David (D): to hold that mirror just up for a wee second there
360. Phoebe (P): Mm-hmm
361. David (D): Just going to show you a small brush have I shown you
362. David (D): these before↑
363. Phoebe (P): You did [Yeah
364. David (D): [I did didn't I yeah I thought I had yeah that's
365. David (D): right yeah I mean they're going to work a treat for you here
366. David (D): around these areas okay so I would say definitely just go
367. David (D): with the little brushes okay↑ for sure em
368. Phoebe (P): Mm
369. David (D): They're not going to fit in through here [for example
370. Phoebe (P): [No
371. David (D): So I'd floss those front ones but just [go back
372. Phoebe (P): [Yeah
373. David (D): a couple of spaces you know they gen- most people find
374. David (D): these where they're suitable they find these far easier to
375. David (D): work with than the floss you know I'd say around the back
376. David (D): teeth in particular so yeah that's about the right size there
377. David (D): you'd even go a half-size up which is the orange one but
378. David (D): that's not too bad I'd live with [that even
379. Phoebe (P): [Yeah
380. David (D): Yeah we just need you doing it every day
381. Phoebe (P): [Mm
382. David (D): [It's as simple as [that okay
383. Phoebe (P): [I might go with the half-size up cause I
384. Phoebe (P): find that sometimes with those they kind of
385. David (D): Yeah
386. Phoebe (P): They bend
387. David (D): Yeah yeah okay fine do you have orange in there↑ just to
388. David (D): look [and see (?)
389. Noelle (N): [No
390. Phoebe (P): Well it's okay I'll just get them to try [you don't have to
391. David (D): [Throw throw me
392. David (D): the red even there just a second I just want to look I'll just
393. David (D): the next full size up even just see
394. Phoebe (P): There a bit be more stiff wouldn't they be
395. David (D): The yes though its the the the measurement you're looking

396. David (D): at the little number is actually the thickness of the wire
397. David (D): [so I mean
398. Phoebe (P): [Mm
399. David (D): They they do get stiffer and sometimes your your your
400. David (D): correct the thicker sizes can actually be sometimes easier
401. David (D): to work with let me have a look em well that will actually
402. David (D): fit fully… em it's not overly tight it'll never go through
403. David (D): there obviously but it almost goes through all the back
404. David (D): ones let me see I probably (?) it's a bit snug there I'd go the
405. David (D): half-size you know it's too tight I'm sorry you okay with
406. David (D): that there↑
407. Phoebe (P): Mm-hmm
408. David (D): I'll just leave it there alright↑ [(?)
409. Phoebe (P): [(Laughing)
410. David (D): There we go sorry about that
411. Phoebe (P): [No you're grand it's my fault (laughing)
412. Noelle (N): [(?) (Laughing)
413. David (D): Yeah but it'll go but I mean yeah if we get the orange one's
414. David (D): there like a [point four five
415. Phoebe (P): [Mm
416. David (D): They're kind of like a half-size up and they'll fit fine okay
417. Phoebe (P): [Okay
418. David (D): [But that red
419. Phoebe (P): Oh that was the red one okay
420. David (D): Yeah that was it the full size up
421. Noelle (N): [(Red is higher)
422. Phoebe (P): [Okay so red orange orange
423. David (D): [That that that almost made it
424. David (D): okay you don't want to go red go the orange ones go the
425. David (D): point four five that's [kind of the half-size
426. Phoebe (P): [Grand okay
427. David (D): Okay Yeah for sure I mean you could go with that I
428. David (D): mean the point four's doing okay actually [you know but
429. Phoebe (P): [Yeah
430. David (D): I you but you'll fit the point four five through and it is
431. David (D): more rigid so you might find it easier to work with
432. David (D): [for sure
433. Noelle (N): [better yeah
434. Phoebe (P): [Okay cool
435. David (D): [You know okay look we'll just get this little repair job

436. David (D): sorted out first and then we'll just give things a bit of a
437. David (D): clean as well that [alright okay
438. Phoebe (P): [Mm-hmm
439. David (D): Yeah I think we just just just add back to this for now but
440. David (D): [you know
441. Phoebe (P): [Okay
442. David (D): It's it's it's… I mean you know you you could argue both
443. David (D): ways with this one to be honest it's kind of on the
444. David (D): borderline you know what I mean↑
445. Phoebe (P): Mm
446. David (D): To some extent a crown might be the way to go but
447. David (D): equally that involves taking away a bit more tooth you
448. David (D): know so you can… let's try the simple thing first let's just
449. David (D): try and bond something back into it and see how it goes
450. Phoebe (P): What exactly is a crown↑
451. David (D): A crown is basically like a little hat that sits across the
452. David (D): tooth okay so I can
453. Phoebe (P): [Mm
454. David (D): [Show you but basically what you do is you trim down
455. David (D): around the tooth and then [you've the tooth in miniature
456. Phoebe (P): [Oh
457. David (D): And the crown just sits across [like that
458. Phoebe (P): [Okay
459. David (D): Just literally like a little hat almost over it
460. Phoebe (P): Mm
461. David (D): And the advantage of it is they're mechanically very very
462. David (D): strong you know but the disadvantage is that in a case like
463. David (D): this that you do end up removing more tooth you know
464. David (D): and obviously we we like to try not to take away
465. Phoebe (P): [Yeah
466. David (D): [more but sometimes you've no choice but I I would just
467. David (D): try and just patch this up in the first instance definitely if I
468. David (D): can get em no I want to get the curly one if you don't mind
469. David (D): the white suction twirly one Yeah [thanks
470. Noelle (N): [I wasn't giving you
471. Noelle (N): suction I was giving you **bond**
472. Phoebe (P): [(laughing)
473. David (D): [(laughing) I know that I'm asking for suction
474. Noelle (N): (laughing)
475. (4)

476. David (D): Yeah ta
477. (3)
478. Noelle (N): I'm not having a good day knocking everything on the
479. Noelle (N): (floor)
480. David (D): Did you check the cups or
481. Noelle (N): Ah I will yeah
482. David (D): Yeah just have a look and see thanks
483. (9)
484. [Noise from suction unit]
485. David (D): Ta sorry there's this kind of crazy-looking contraption
486. Noelle (N): We've just run out of strips have we got can we use yours↑
487. David (D): Em you can use mine yeah fire away
488. (10)
489. David (D): Just to help keep things dry you okay there↑
490. Phoebe (P): Mm-hmm
491. David (D): Just tweak this around a little bit so it's it's sitting correctly
492. (12)
493. Phoebe (P): Do you want me to hold that↑
494. David (D): No no it's alright I just want to get the angle is just off it's
495. David (D): okay I'll just bend it into shape until it's that's alright it will
496. David (D): go down
497. (22)
498. David (D): Bit of gel now to just to make (?) on the surface
499. Phoebe (P): Mm-hmm
500. (18)
501. David (D): Definitely don't want that in there
502. [Sound of suction unit]
503. (20)
504. David (D): (?) Okay there↑
505. Phoebe (P): Mm-hmm
506. [Sound of suction unit]
507. (14)
508. David (D): Now…I'll (have a) paintbrush yeah <u>fine</u> fine
509. Noelle (N): That's <u>stupid</u> (laughing)
510. Phoebe (P): (laughing)
511. David (D): Ah don't worry… (probably) (?) it's coming early on
512. David (D): you
513. Noelle (N): (laughing)
514. David (D): Much more of that and we'll need Wall-E in here
515. Noelle (N): (laughing) Where's Wally↑ [(laughing)

516. David (D): [Oh not him have you seen
517. David (D): the have you seen the film about Wall-E the robot↑
518. Noelle (N): No↓
519. David (D): He's trying to clean up the earth and the whole of the earth
520. David (D): is covered in trash basically you know↑
521. Noelle (N): [Mm
522. David (D): [And he's a tiny robot you know and there's these big
523. David (D): skyscrapers of rubbish he's building like to try to clean up
524. David (D): the place you know… it's a laugh (with the brushes and
525. David (D): then that like you know)
526. Noelle (N): I know
527. David (D): Anything else we can get on the floor↑ like
528. Noelle (N): (laughing)
529. David (D): I shouldn't be saying that when you're standing holding the
530. David (D): curing light em↑
531. Noelle (N): (laughing)
532. David (D): Well… are you okay there↑
533. Phoebe (P): [Mm
534. David (D): [Alright
535. (4)
536. David (D): Should be it…good… oh sorry thanks I did that earlier as
537. David (D): well
538. Noelle (N): (laughing)
539. David (D): Just hand me the [(?) we should have changed the
540. Noelle (N): [(?)
541. David (D): Oh no no just the others just the others it's very flat yeah
542. David (D): (don't know what we'll do with that)… the problem here is
543. David (D): that it's been (the tooth) at some stage been broken down
544. David (D): for a while and lost a lot of height…the other option would
545. David (D): be to trim a little bit off the top tooth that may be (sensible
546. David (D): plan) in the long-term possibly (in order to) give us a bit
547. David (D): more room get a thicker layer between them (?) and less
548. David (D): likely to (fracture) again…but we'll try it the simple way
549. David (D): first (?) in the long run (?)
550. Phoebe (P): Mm-hmm
551. David (D): See how it goes… that's not working very well actually
552. David (D): can I have the Z-100 or something like that or the next one
553. David (D): of these… maybe the Empress
554. (3)
555. David (D): Yeah that's fine thanks

556. (7)
557. David (D): (A bit) more plastic
558. Noelle (N): Mm
559. (3)
560. David (D): Yeah that's working much better that's great thanks
561. Noelle (N): Yeah have you enough
562. David (D): Oh yeah don't need much (?)
563. (3)
564. David (D): (?)
565. (10)
566. David (D): Are you okay there↑
567. Phoebe (P): Mm-hmm
568. David (D): Just the bright light again
569. (3)
570. Noelle (N): There is another kid's programme called 'Where's Wally'
571. Noelle (N): isn't there↑
572. David (D): Hmm↑
573. Noelle (N): Is there another kid's programme called 'Where's Wally'↑
574. David (D): That's a computer or educational [one or something I think
575. David (D): yeah
576. Noelle (N): [Oh is it
577. David (D): Now it could be television [(programme)
578. Noelle (N): [I don't know
579. David (D): No no there is
580. Noelle (N): I just heard of [that before
581. David (D): [No no I I think you might be right I think it
582. David (D): might be kid's tv as well actually… a bit like 'Dora the
583. David (D): Explorer' that started out in both computers and
584. Noelle (N): Mm
585. David (D): I think it might have started on computers and then before
586. David (D): it became a kid's tv programme afterwards
587. Noelle (N): Right
588. David (D): But em
589. (9)
590. David (D): (It developed) as an educational thing or something like
591. David (D): you know I'm certain of that
592. Noelle (N): Yeah ...[(?)
593. David (D): [Where it started where it started first I'm not so
594. David (D): sure em oh yeah normal suction sorry yeah
595. Noelle (N): Mm-hmm

596. David (D): Okay there yeah all done just don't bite together it's
597. David (D): probably too high you know take care
598. Noelle (N): [(Laughing)
599. David (D): [Just don't just don't crunch down on me
600. Noelle (N): Break it off again [(laughing)
601. David (D): [just shape exactly just shape and trim
602. David (D): it a bit there just get something acceptable…(little bit
603. David (D): of water)
604. (3)
605. David (D): Get the rough shape of it first and tidy up the corners…
606. David (D): (make it go flat)
607. (20)
608. David (D): Okay I'll take that if you don't mind thanks it's a bit lumpy
609. David (D): and bumpy so I might I'll just check the bite and see where
610. David (D): we are
611. (3)
612. David (D): Go back over it all and refine it now (with our instruments)
613. David (D): just get you to close there now for me just tap tap tap and
614. David (D): grind around a little bit there and see (if we make a mark
615. David (D): with that)
616. (4)
617. David (D): That's a bit high (just not sure that's as low as we need to
618. David (D): go)
619. (18)
620. David (D): Okay just close again there just grind around again there
621. David (D): for me (and) open big wide great okay… another…the fact
622. David (D): it's been missing for a while probably doesn't help either
623. David (D): because again it's just let those teeth drift together a bit you
624. David (D): know so
625. Phoebe (P): Mm
626. David (D): So we're running out of space a little here
627. Phoebe (P): Mm
628. David (D): Okay there↑ yeah
629. Phoebe (P): Mm
630. David (D): Yeah
631. Phoebe (P): So the teeth grew together while
632. David (D): Oh yeah if you you take out say
633. Phoebe (P): [Oh
634. David (D): [The classic example if you remove the bottom tooth
635. David (D): completely

636. Phoebe (P): [Yeah
637. David (D): [For example okay what often happens is the top tooth will
638. David (D): over- erupt and actually start to come down↑ and it'll keep
639. David (D): on going
640. Phoebe (P): Really↑
641. David (D): Oh yeah it will keep on going until literally it will hit the
642. David (D): gum on the bottom
643. Phoebe (P): [Oh god
644. David (D): [You know and it's em sometimes someone missing you
645. David (D): know like some lower teeth for example from years and
646. David (D): then they decide they want to do implants or a denture
647. Phoebe (P): Mm
648. David (D): The space is gone [you know well
649. Phoebe (P): [Oh my god
650. David (D): You you can but it's difficult [it's it's no longer
651. David (D): straightforward at all
652. Phoebe (P): [Yeah
653. David (D): Just close there for me… grind around there for me a little
654. David (D): bit more…you might trim a bit off the top teeth or you
655. David (D): know whatever it be get very complicated so … just going
656. David (D): to have a look there but you okay↑
657. Phoebe (P): Mm-hmm
658. David (D): (not going to touch the tooth at all now just trimming the
659. David (D): filling)just a little bit more
660. (5)
661. David (D): Just close again there for me just grind around from side to
662. David (D): side there for me still a little bit heavy
663. Phoebe (P): Mm
664. David (D): … little enough room you have (?) right in the back corner
665. David (D): hard to see even
666. (3)
667. David (D): (?)
668. (8)
669. David (D): Just close down there again grind around a bit (?) getting
670. David (D): close nearly there are you okay there
671. Phoebe (P): That's better
672. Noelle (N): [Mm
673. David (D): [Yeah↑ finally seeing marks on something else other than
674. David (D): the filling
675. Phoebe (P): Mm

676. David (D): It was all on that and nothing else initially
677. (6)
678. David (D): (Get away) from that tooth in front as well just close there
679. David (D): again for me grind it round and round and open big wide
680. David (D): still a bit there you know so you won't go on breaking that
681. David (D): if you put too much pressure on it
682. Phoebe (P): I know
683. (9)
684. David (D): more articulating again [I'm sorry that's in ribbons
685. Phoebe (P): [the crown's might be sooner than
686. Phoebe (P): we think [em
687. David (D): [well
688. David (D): it could be tricky enough to do a crown on it actually to be
689. David (D): honest
690. Phoebe (P): [Mm
691. David (D): [You know you might be an option an inlay or something
692. David (D): might be an option you could do even a gold inlay or
693. David (D): something like that I mean it's far enough back the
694. David (D): appearance isn't critical you know
695. Phoebe (P): Yeah
696. David (D): It's just (random) just close there for me again the space is
697. David (D): the problem just open (the bite) just bite there for me now
698. David (D): yeah just (closing) down take a big bite the advantage of
699. David (D): gold is is you can work in fairly thin sections and it's still
700. David (D): [strong enough you know
701. Phoebe (P): [Yeah
702. David (D): Now the problem here is and it's even now the case to
703. David (D): some extent the filling is now quite in that area in that
704. David (D): corner is quite thin [you know
705. Phoebe (P): [Yeah
706. David (D): And that makes it just that bit more vulnerable to
707. David (D): [you know
708. Phoebe (P): [Breaking
709. David (D): Cracking and breaking exactly you know
710. Noelle (N): Do you need more↑
711. Phoebe (P): No
712. David (D): And the oth- the other option obviously is to clip a bit off
713. David (D): the point in the top tooth you know and and and you you
714. David (D): could make an argument for just take a little shaving off
715. David (D): that you know to get a definitive [option here

716. Phoebe (P): [Yeah
717. David (D): Some kind of inlay plus a little bit of reduction from the
718. David (D): top tooth is probably the way to go here I imagine an inlay
719. David (D): and it doesn't you're not trimming away a load of tooth you
720. David (D): know and that might be the way to go with this we'll
721. David (D): probably do something to it (of that sort)
722. Phoebe (P): Mm
723. David (D): A cast piece is just a lot (thinner)...(?) ... you know↑
724. Phoebe (P): Mm-hmm
725. David (D): Takes a bit more tooth but it's fairly minimal actually you
726. David (D): can do it in ceramic but really a ceramic one we would
727. David (D): definitely have to take something off that top tooth no
728. David (D): question about it you know
729. Phoebe (P): Mm
730. David (D): the gold ones will let you away (with millimetres) quite
731. David (D): often it's such a good material mechanically
732. Phoebe (P): I know
733. (4)
734. David (D): It's remarkably thin about a millimetre thick is all you
735. David (D): need... in in the worst area just close there for me just tap
736. David (D): tap t- how's that feel the bite there now↑
737. Phoebe (P): Good
738. David (D): Yeah and just roll your tongue across it does it feel okay
739. David (D): your tongue it's not too sharp or anything [there is it
740. Phoebe (P): [No no
741. David (D): Yeah let's run with that anyway for the minute okay and
742. David (D): say o- keep the show on the road for wee a little while
743. David (D): anyway at least [but em
744. Phoebe (P): [Okay
745. Noelle (N): (?)
746. David (D): Yeah I'd be I'd be leaning towards doing maybe some sort
747. David (D): of inlay even or something
748. Phoebe (P): Okay
749. David (D): Rather than a full crown you know but em look we can
750. David (D): hold off for hold off for a couple of years yet maybe be
751. David (D): [planning on doing it in the long term
752. Phoebe (P): [Really okay
753. David (D): But em yeah
754. Phoebe (P): What is an inlay↑
755. David (D): It's it's literally like a cast piece I can show you in a second

756. David (D): but it's a cast piece that slots inside the tooth [basically
757. David (D): okay
758. Phoebe (P): [Mm
759. David (D): So so it's it's it's made up of the same shapes the cavity if
760. David (D): you like
761. Phoebe (P): [Okay
762. David (D): [Now you have to design the cavity to a [certain extent
763. David (D): you know
764. Phoebe (P): [it's like a (?)
765. David (D): kind of
766. David (D): It's like a crown in reverse you know it goes inside instead
767. David (D): of [going over the outside you know so
768. Phoebe (P): [Mm mm
769. David (D): The advantage of that is that you'd remove a lot less tooth
770. David (D): you know and it's em you can do them ceramic or you can
771. David (D): do them in in in gold alloy basically the advantage of the
772. David (D): gold is that it's it's incredibly robust you know
773. Phoebe (P): Mm
774. David (D): And you can you can really push it in terms of thicknesses
775. David (D): you know a ceramic one you run into the same problem as
776. David (D): the white filling there's a certain thickness below which
777. David (D): you go it's just going to crunch it's just going to break on
778. David (D): you
779. Phoebe (P): Mm
780. David (D): You know em obviously the advantage of ceramic is it
781. David (D): looks lovely you know (when you compare the two of
782. David (D): them)
783. Phoebe (P): Mm
784. David (D): Em I mean you know it probably would be possible you
785. David (D): know but it would involve taking just a little shaving off
786. David (D): that top tooth very little now okay
787. Phoebe (P): [Mm
788. David (D): [Don't get me wrong you know I'm not going be
789. David (D): compromising it (open a little) em and that you know even
790. David (D): the gold one we probably would do that anyway you know
791. David (D): because [it's just
792. Phoebe (P): [Mm
793. David (D): We just we've so little space there no that's the problem
794. Phoebe (P): Mm
795. (5)

796. David (D): Just giving it a good clean here you oaky there↑
797. Phoebe (P): Yeah
798. David (D): Mm-hmm…(nearly done)… not too bad in this corner
799. David (D): (?)…definitely coming back (to check) the gums around
800. David (D): the back here you know so I mean you you know it can be
801. David (D): (variable)
802. (8)
803. David (D): That's a little pocket (?) just give me two seconds there
804. David (D): right the suction there again
805. (3)
806. David (D): (?)
807. (12)
808. [Door-bell noise]
809. David (D): That's outside yeah thanks
810. (50)
811. David (D): Okay there↑
812. Phoebe (P): Yeah
813. David (D): How's everyone else in the family keeping anyway↑
814. Phoebe (P): Grand [everybody's good
815. Phoebe (P): [Alright
816. Phoebe (P): Twin's are getting big
817. David (D): I was going to say yeah what age are they <u>now</u>↑
818. Phoebe (P): Em they are they're going to be two in January
819. David (D): Oh crikey they were only tots the last time I saw them
820. Phoebe (P): [Yeah
821. David (D): [Oh sorry [<u>water excuse me</u>
822. Phoebe (P): [(laughing) It's okay it's alright
823. Phoebe (P): Oh the valve is obviously em [sorry about that
824. Phoebe (P): [Yeah it's funny isn't it they
825. Phoebe (P): they just get big so quick
826. David (D): Yeah absolutely
827. Phoebe (P): Yeah… my mam is actually having chemo [she has lung
828. Phoebe (P): cancer
829. David (D): [Oh crikey
830. Phoebe (P): I think since the last time
831. David (D): I didn't hear that I didn't know [that was right
832. Phoebe (P): [Yeah
833. Phoebe (P): So she was in she had a piece of her lung taken out and
834. Phoebe (P): [she's having chemo now
835. David (D): [Oh god s- sorry to hear that now

836. Phoebe (P): She's doing okay [now considering
837. David (D): [She alright is she↑
838. Phoebe (P): Yeah
839. David (D): Okay good
840. (4)
841. David (D): I met her she was in one day with with the twins like [she
842. David (D): was
843. Phoebe (P): [Oh
844. Phoebe (P): yeah
845. David (D): Doing babysitter I think basically you know [and em
846. Phoebe (P): [Mm-hmm
847. David (D): So it's em I think that the last em from memory that's the
848. David (D): last time I saw her actually myself now to be honest it's
849. David (D): probably about
850. Phoebe (P): Mm
851. David (D): God I'd say well over a year ago anyway so yes they were
852. David (D): only tiny at that stage really
853. Phoebe (P): Mm-hmm
854. David (D): Three months or something like that
855. (4)
856. David (D): Sorry excuse me are you okay there↑
857. Phoebe (P): Mm-hmm
858. David (D): Just go back (a while and see)
859. Phoebe (P): The babies were in for their first check weren't they were
860. Phoebe (P): they
861. David (D): Unless it was [the other dentist] I don't think they were
862. Phoebe (P): Oh were they not↑
863. David (D): With me hang on now now you're making me paranoid
864. David (D): hang on
865. Phoebe (P): Oh no maybe I'm mistaken
866. (7)
867. David (D): No hang on
868. (5)
869. Phoebe (P): I though she said she was [bringing them
870. David (D): [<u>They were</u> they were in in
871. David (D): April <u>you're right</u>
872. Phoebe (P): Yeah
873. David (D): Yes I did see them that's right I did I saw them in April
874. David (D): your mum wasn't there that time it was the time [before
875. Phoebe (P): [the time

876. Phoebe (P): before
877. David (D): Yeah yeah you're right no they were sorry I'd I'd forgotten
878. David (D): that…that's right yeah… I can't remember which is which I
879. David (D): checked there was one was fine and the other one was a bit
880. David (D): trickier I remember that like you know [but it was (?)
881. Phoebe (P): [Aw
882. (4)
883. David (D): I know one of them was quite placid about it altogether
884. David (D): you know
885. Phoebe (P): [Mm-hmm
886. David (D): [It's just em (?)
887. (7)
888. David (D): And that's about building confidence as much as anything
889. David (D): at that stage the last thing you want to do is to do any
890. David (D): dentistry
891. Phoebe (P): Yeah
892. David (D): But I have done it on one or two occasions I've done an
893. David (D): extraction on an eleven month-old once
894. Phoebe (P): Have you↑
895. David (D): [Mm
896. Phoebe (P): [We have some kids coming in em and they like they fall
897. Phoebe (P): or whatever and [crack them they have to have their teeth
898. Phoebe (P): out
899. David (D): [Mm-hmm
900. David (D): Mm-hmm [that's right
901. Phoebe (P): [they're (like bits) it's just crazy
902. David (D): Well this this this fella had basically he had had three
903. David (D): central incisors you know
904. Phoebe (P): [Mm-hmm
905. David (D): [you know an extra little [well it was a little spiky one in
906. David (D): the middle
907. Phoebe (P): [Oh
908. David (D): So he had like two central incisors and this little fang you
909. David (D): know just right in the middle you know so it was a
910. David (D): supernumerary an extra tooth so he was as placid as can be
911. David (D): so (I say) 'let's chance this and see how we go' you know
912. Phoebe (P): Yeah
913. David (D): And we got the anaesthetic into him with no problem like
914. David (D): you know
915. Phoebe (P): Very good

916. David (D): You know he was absolutely fine he had a slight whimper
917. David (D): with the anaesthetic and then just looked around as if
918. David (D): nothing had happened you know and
919. Phoebe (P): Oh
920. David (D): We just had it out it was about ten seconds five seconds of
921. David (D): slight tears and that was it like [you know
922. Phoebe (P): [Yeah that's good
923. David (D): Cause I kind of initially thought 'Ah general anaesthetic
924. David (D): off it goes' kind of thing [you know
925. Phoebe (P): [Yeah
926. David (D): And the mum was dead set against the idea of a GA which
927. David (D): you can understand you know and I thought well look
928. Phoebe (P): Mm
929. David (D): I'll I'll try if you want sort of thing em expecting to fail
930. David (D): [to be quite honest
931. Phoebe (P): [Yeah I know
932. David (D): You know and it actually did happen so
933. Phoebe (P): Very good
934. David (D): But em you ne- you never know with kids you know
935. Phoebe (P): Mm
936. David (D): They can be you'd know that sure from your rotations even
937. David (D): you know that
938. Phoebe (P): Mm-hmm
939. David (D): They can be radically different from one to the next
940. Phoebe (P): Mm-hmm
941. (4)
942. David (D): Em I also remember a little three year old and and
943. David (D): unfortunately she needed about five fillings and [first visit
944. David (D): and
945. Phoebe (P): [Oh
946. David (D): Very relaxed customer you know
947. Phoebe (P): [Mm-hmm
948. David (D): [I thought hm let's see if we can make a start here you
949. David (D): know as we're looking good you know… quite happy
950. Phoebe (P): [Mm
951. David (D): [Ended up ended up doing anaesthetic two fillings first
952. David (D): visit no bother to her
953. Phoebe (P): [Wow
954. David (D): [Turn- turns around to me at the end and goes 'What are
955. David (D): we doing next↑'

956. Phoebe (P): [(laughing)
957. David (D): ['No no we're finished for today' 'Oh okay' quite happy to
958. David (D): continue on and do some more [and that's some good
959. Phoebe (P): [Gas
960. David (D): The guts of forty minutes I'd say she's in the chair [at this
961. David (D): point
962. Phoebe (P): [Wow
963. David (D): Not a bother to her you know and you [get those like that
964. David (D): you know
965. Phoebe (P): [Mm
966. David (D): They'd let you do anything you know [I mean em
967. Phoebe (P): [Mm
968. David (D): You could do a surgical extraction they'd let you
969. David (D): [probably
970. Phoebe (P): [(laughing)
971. David (D): You know but... you okay there
972. Phoebe (P): Mm-hmm
973. (3)
974. David (D): If you're (opposite) a kid certainly in my line of work
975. David (D): anyway if you want to know whats going to happen next
976. David (D): look at the parent you know cause that'll tell you
977. David (D): everything you need to know
978. Phoebe (P): (laughing)
979. David (D): If the parent's looking anxious and nervous you know
980. David (D): [and sweaty
981. Phoebe (P): [Mm
982. David (D): The kid picks up immediately something's wrong you
983. David (D): know and they start to get nervous
984. Phoebe (P): Yeah
985. David (D): If the parent sits and opens a magazine or the newspaper
986. David (D): and is not even remotely interested the kid's [the same you
987. David (D): know
988. Phoebe (P): [Will be grand
989. David (D): They'll they'll do the same and em it's em then they're very
990. David (D): relaxed then all (the way so)
991. Phoebe (P): Mm
992. (3)
993. David (D): Mm that's lovely you're done with for today
994. Phoebe (P): Cool
995. David (D): Great okay [so I'll sit you up there a wee second

996. Phoebe (P): [Good
997. David (D): Are you alright there↑
998. Phoebe (P): Yeah good three [fillings at
999. David (D): [Em
1000. Phoebe (P): Age three↑ is that just
1001. David (D): Five at age three actually [unfortunately yeah
1002. Phoebe (P): [Oh
1003. David (D): Yeah it was the well luckily they were all restorable
1004. David (D): there was (nothing) that needed to come out you know
1005. David (D): but I remember we did [two the first
1006. Noelle (N): [Thank you
1007. David (D): Day and
1008. Phoebe (P): Thank you
1009. David (D): I think we did two two and one we had it all done in
1010. David (D): three visits [like she
1011. Phoebe (P): [Oh
1012. David (D): Was she was fine but
1013. Phoebe (P): Had em [do you wonder↑
1014. Noelle (N): [There's a rinse there
1015. Phoebe (P): Thank you what was it that made her [was it↑
1016. David (D): [Fruit juice
1017. Phoebe (P): Fruit juice
1018. David (D): Yeah always fruit juice at that age (in that way) <u>always</u>
1019. David (D): well not alw- virtually always
1020. Phoebe (P): Mm
1021. David (D): The other thing is of course nursing caries you see that
1022. David (D): in the little tots sometimes where they have like milk
1023. David (D): in the bottle or or or
1024. Phoebe (P): Yeah
1025. David (D): Even worse Coca-cola or something [in the bottle
1026. Phoebe (P): [Oh
1027. David (D): Yeah it's it's em that will make short work of of baby
1028. David (D): teeth if you're sipping that all day long so so
1029. Phoebe (P): Interesting
1030. David (D): Just take that off you
1031. Phoebe (P): Yeah
1032. David (D): That's grand okay
1033. Phoebe (P): [Thanks a million
1034. David (D): [So that's you for the minute yeah I mean just just
1035. David (D): watch those areas [of the gum

1036. Phoebe (P): [Okay I I
1037. David (D): I mean
1038. Phoebe (P): I'll get the bigger sized [one
1039. David (D): [Yeah even the point four I
1040. David (D): mean the point four will be okay but the point four
1041. David (D): five will fit I'm certain of it looking [at that
1042. Phoebe (P): [Yeah
1043. David (D): You know I'd say if we have a pack of them we'll give
1044. David (D): them to you we have them… are we out of them↑
1045. Noelle (N): Not four [five
1046. Phoebe (P): [Oh it's [alright that's grand
1047. David (D): [Not the orange I'm sorry
1048. Noelle (N): [I never had the orange
1049. Phoebe (P): [Sure they'll them in the [local chemist so
1050. David (D): [We did we did we had the
1051. David (D): orange absolutely
1052. Noelle (N): Well I'll have a look there
1053. David (D): Yeah just check yeah we might have we might have
1054. David (D): them okay just have a look em [the
1055. Noelle (N): [I've never seen them
1056. David (D): Oh yeah [I've given
1057. Noelle (N): [(laughing)
1058. David (D): Five or six packs out we definitely we got them we got
1059. David (D): the mixed selection so we do have them em the if we
1060. David (D): go with em yeah if we go with the point four five even
1061. David (D): that will work fine you know
1062. Phoebe (P): Okay
1063. David (D): And em we would you mind↑ if I dragged you back
1064. David (D): maybe two weeks time just to have a quick look at
1065. David (D): [the gums
1066. Phoebe (P): [Yeah
1067. David (D): Just see how they look there just to make sure they've
1068. David (D): tightened back up they've actually responded would
1069. David (D): that be okay
1070. Phoebe (P): Yeah
1071. David (D): If you do it every day I'm pretty convinced they [will
1072. David (D): you know
1073. Phoebe (P): [They
1074. Phoebe (P): will
1075. David (D): But we just need to have a look just to be sure

1076. David (D): [rather than
1077. Phoebe (P): [Okay
1078. David (D): Rather than leave it six months and let things
1079. David (D): deteriorate would that be okay↑
1080. Phoebe (P): [Yeah
1081. David (D): [Or if it four to [six weeks ish you know what I mean
1082. Phoebe (P): [Four to six weeks okay
1083. David (D): It's not set in stone [that alright↑
1084. Phoebe (P): [Yeah
1085. David (D): [Okay↑
1086. Phoebe (P): [Grand
1087. David (D): Hang on at the desk and we'll sort that out [for you
1088. David (D): now
1089. Noelle (N): [I will be
1090. Noelle (N): out to you
1091. Phoebe (P): [Cool
1092. David (D): [Okay but that's us
1093. Phoebe (P): [Thanks a million
1094. David (D): I'll just put that down as a repair okay just that little bit
1095. David (D): at the back corner okay so
1096. Phoebe (P): Yeah [whatever
1097. David (D): [It won't be a full filling ah no [(we'll we'll just)
1098. David (D): as a repair
1099. Phoebe (P): [Really↑
1100. David (D): Ah not at all [no
1101. Phoebe (P): [You're always letting me off
1102. David (D): But sure it's the [(?)
1103. Noelle (N): [Stop complaining
1104. David (D): For god's sake you know like
1105. Phoebe (P): But I feel guilty
1106. David (D): Now no it's not you I'd [do it for anyone for that
1107. Noelle (N): [You done it for my finger she
1108. Noelle (N): treated my finger (laughing)
1109. David (D): [Oh fair enough
1110. Noelle (N): [(laughing)
1111. Phoebe (P): (I do I'm more than) being treated by the dentist
1112. Phoebe (P): (laughing)
1113. David (D): Yeah we'll go we'll we just put that down as fifty for
1114. David (D): that okay↑
1115. Phoebe (P): Okay you're very good

1116. David (D): Is that okay↑
1117. Phoebe (P): [Thank you
1118. Noelle (N): [I'll be out to you now
1119. David (D): [I'll talk to you again thanks so much now
1120. Phoebe (P): [Thanks thank you

Case 9B

Case 9B

1. Noelle (N): Thank you so much how are you doing↑
2. Phoebe (P): (?)
3. Noelle (N): [You're grand don't be silly it's only a quick check-up
4. David (D): [Now
5. Phoebe (P): Hi
6. David (D): Hi Phoebe how are you doing how's grand so come on in
7. David (D): now and take em take a seat there for me and we'll have a a
8. David (D): quick look won't take long here [okay↑ so
9. Phoebe (P): [Okay grand
10. David (D): Its just to just see how we are getting after last [day
11. Noelle (N): [We'll not
12. Noelle (N): ruin your Saturday (laughing)
13. Phoebe (P): No sure don't be silly
14. David (D): I I I'll try I'll try not to find nine sort of [big holes
15. David (D): (laughing)
16. Noelle (N): [(laughing)
17. Phoebe (P): [Oh (laughing)
18. David (D): (All of a sudden at this stage) okay how's things anyway↑
19. Noelle (N): [(coughs)
20. David (D): [Any word↑
21. Phoebe (P): Not bad [busy but em
22. David (D): [Yeah
23. Noelle (N): How's the new job↑
24. Phoebe (P): It's okay [it's very busy
25. Noelle (N): [Yeah
26. Phoebe (P): And it's a long commute I'm in Westmeath [but
27. Noelle (N): [Aw
28. Phoebe (P): It's not I was dreading it
29. Noelle (N): Yeah
30. Phoebe (P): So it's not [as bad as I thought
31. Noelle (N): [As bad as you thought

32. David (D): Well [it's
33. Noelle (N): [It never is (laughing)
34. Phoebe (P): [Yeah
35. David (D): [The motorway in particular it's it's not
36. Phoebe (P): It's quicker than I suppose it would have been a few
37. Phoebe (P): years back
38. Noelle (N): [Yeah
39. David (D): [That's right cause once once you get out beyond
40. David (D): Dublin you're probably flying I'd say [cause you're going
41. David (D): the right way aren't you↑
42. Phoebe (P): [Yeah
43. David (D): At [that stage↑
44. Phoebe (P): [Yeah [that's it
45. Noelle (N): [Yeah
46. Phoebe (P): Yeah so it's [it's grand
47. David (D): [And what time what time do you start then
48. David (D): eight [is it↑
49. Phoebe (P): [Half- eight [half eight
50. David (D): [Okay at least you're missing the the
51. David (D): serious rush even at the other end then [probably and
52. David (D): school traffic and that
53. Phoebe (P): [Yeah that's true
54. Noelle (N): What time do you have to leave at↑
55. Phoebe (P): Yeah I leave around seven [normally
56. Noelle (N): [Aw god (laughing)
57. Phoebe (P): So
58. Noelle (N): I'm only [after getting up (laughing)
59. Phoebe (P): [It's a change from em I usually just rock out of
60. Phoebe (P): bed and go across the road to [(Dublin) Hospital so
61. Noelle (N): [Yes I know
62. Phoebe (P): And I'm not a morning person but (laughing)
63. Noelle (N): (laughing)
64. Phoebe (P): I have to become one
65. Noelle (N): (laughing) Unfortunately
66. Phoebe (P): Yeah
67. Noelle (N): I'm a morning person if I'm working if I'm off don't you
68. Noelle (N): dare get me out of my bed (laughing)
69. David (D): (laughing)
70. Phoebe (P): (laughing) Yeah
71. Noelle (N): Or then I'm not a morning person (laughing)

72. Phoebe (P): [(Laughing) beware
73. David (D): [So [just just going
74. Noelle (N): [Yes
75. David (D): Just going to have a little look here [just at the em
76. Phoebe (P): [Okay
77. David (D): Just around the particularly around the bottom ones okay
78. Phoebe (P): Mm-hmm
79. David (D): That we were talking about so you've been working hard
80. David (D): for us [anyway↑
81. Phoebe (P): [I have I have if this didn't do the trick I don't know
82. David (D): Well do you see any improvement yourself↑ I mean you
83. David (D): probably see less bleeding I would hope or↑
84. Phoebe (P): Yeah
85. David (D): Yeah↑
86. Phoebe (P): Yeah
87. David (D): Let's see
88. Phoebe (P): See what you say anyway
89. David (D): Okay… you're hedging your bets there on me aren't you↑
90. David (D): (laughing)
91. Phoebe (P): (laughing) I don't know [what you're going to find
92. David (D): [(Laughing) We'll see
93. Phoebe (P): [It should be better
94. David (D): [I sh-
95. David (D): Yeah it's just a check-up I mean if you've been doing if
96. David (D): you've been doing the the the
97. Phoebe (P): Yeah
98. David (D): You know the the the brushing in particular it should
99. David (D): definitely show okay let me have a look and see em…
100. David (D): yeah no that's definitely tightened right back up again
101. David (D): now
102. Phoebe (P): Oh
103. David (D): Yeah all that's where I'll just give the CPITN again there
104. David (D): do you want to just
105. Noelle (N): Yeah
106. David (D): For the sake of completeness… yeah I mean I've
107. David (D): tightened right back up tiny tiny bit (minimal loose) yeah
108. David (D): and appearance wise (things are very good)
109. Phoebe (P): Yeah
110. David (D): Em zero zero… zero… and one zero zero
111. Noelle (N): Well done

112. David (D): That's virtually there (?) no I'd be happy enough with that
113. David (D): now if you can keep that we definitely can live that
114. Phoebe (P): Okay
115. David (D): It's just when the gum is peeled away and so the pockets
116. David (D): they they they've tightened right back up again you know
117. David (D): so
118. Phoebe (P): Mm-hmm
119. David (D): There were a couple of areas where it was just there was
120. David (D): that little space between tooth and gum had opened up
121. David (D): you know a little bit more than it should have but it's it's
122. David (D): definitely fully closed back up again so you don't need
123. David (D): [me
124. Phoebe (P): [Great
125. David (D): You don't need me doing any gum treatment or anything
126. David (D): like that now
127. Phoebe (P): [Phew
128. David (D): [Ah I wouldn't have expected it now to be honest at that
129. David (D): point you usually can sort it yourself I've always
130. David (D): thought… that's fine…this tooth so where's the…did I do
131. David (D): a…shadow on it
132. (11)
133. David (D): Right Phoebe just one second here if you [don't mind
134. Phoebe (P): [Okay
135. David (D): I want just a quick…(?) to keep an eye on it… we last
136. David (D): took x-rays of that in February
137. (5)
138. David (D): Have a look at that
139. (4)
140. David (D): Looked like nothing at that stage but
141. (6)
142. David (D): Do you mind if we just retake one of the x-rays [here
143. Phoebe (P): [Yeah
144. Phoebe (P): alright
145. David (D): I won't even charge for it don't [worry about it
146. Phoebe (P): [No it's grand
147. David (D): Ah it's fine fine it's just to satisfy myself I'm not missing
148. David (D): something stupid here… let's have a look here sorry are
149. David (D): you okay there↑
150. Phoebe (P): Yeah
151. David (D): Just get a photograph of that now… now I'm just yeah I'll

152. David (D): just retake that image if you don't mind
153. Phoebe (P): Okay
154. David (D): Okay I only took one in February so it's only about ten
155. David (D): months or so but it's em
156. Phoebe (P): Looks like there's a defect↑ is it↑
157. David (D): Yeah there is a little there is definitely a little bit of
158. David (D): damage in that area okay now on the x-ray in February it
159. David (D): gi- it certainly gives the appearance of something that's
160. David (D): just a (little bit) of superficial damage you know↑
161. Phoebe (P): [Mm-hmm
162. David (D): [And when it's like that it's in between the two teeth and
163. David (D): when it's like that when it's just literally in the enamel in
164. David (D): the surface only often as not you just you just leave it
165. Phoebe (P):keep an eye on it you know
166. Phoebe (P): [Yeah
167. David (D): [But I'm just looking in the mouth there there's just a
168. David (D): definitely just a little bit of tinting or sort of just a little bit
169. David (D): of discolouring in the area so I wouldn't mind just having
170. David (D): a repeat if you don't mind okay↑
171. Phoebe (P): [Yeah
172. David (D): [Just in case [it's
173. Phoebe (P): [Yeah I noticed that one of the teeth down
174. Phoebe (P): there had gone kind of looked a bit grey
175. David (D): Yeah that well I don't know if it's [the same one we're
176. David (D): looking at
177. Phoebe (P): [That's it
178. David (D): Or not as I say but there is definitely it's just it's just I
179. David (D): don't know if you can see what I'm seeing there but
180. David (D): there's a definite little greying to the back of one here so
181. David (D): we'll have a look… just close there for me get a mirror
182. David (D): swap see see if we're both looking at the same one or not
183. David (D): here oh magic ah sorry wrong side of the wires now
184. David (D): excuse me
185. Phoebe (P): (?)
186. David (D): You get used to the other room now so I it's the one thing
187. David (D): that's the other way around
188. Phoebe (P): Mm
189. David (D): Everything else is set up the same but that been because
190. David (D): where the computer is you know with the cable on the
191. David (D): opposite side

192. Phoebe (P): Mm
193. David (D): Just nice and still there↑ you okay there↑ grand just a few
194. David (D): seconds there sorry Phoebe can I ask you you're not
195. David (D): pregnant at the minute [or anything↑
196. Phoebe (P): [Mm-mm↓
197. David (D): I should have asked before I put that in there sorry… I
198. David (D): assume in your line of work you'd tell me anyway but still
199. Phoebe (P): Mm
200. David (D): Just ask you just to open there a minute for me now…
201. David (D): and eh
202. (5)
203. Phoebe (P): So you're in the other room now as well↑
204. David (D): Oh mostly
205. Noelle (N): Yeah (laughing)
206. David (D): Most of the time I'd be down in the back room [now yeah
207. Phoebe (P): [Oh right
208. David (D): I got the short straw [the other dentist]'s in [this one now
209. Noelle (N): [(laughing)
210. David (D): So
211. Phoebe (P): Ah
212. David (D): It's actually not too bad because all the equipment that's
213. David (D): down there has no wear and tear on it at all [basically
214. Noelle (N): [Yeah
215. David (D): [So it's like
216. Phoebe (P): [That's good
217. David (D): [Starting with new stuff
218. Phoebe (P): [Brand new
219. Noelle (N): [Yeah
220. David (D): So it's not all bad…oh don't have quite as nice a view
221. David (D): perhaps but that's about it
222. Noelle (N): You don't have as much r- room
223. David (D): Exactly that's looks like it's through there
224. Phoebe (P): Yeah
225. Noelle (N): You weren't supposed to find anything
226. David (D): I know I wasn't supposed to find anything
227. Phoebe (P): [Drat
228. Noelle (N): [(laughing)
229. David (D): [I decided at the last minute to have a look just have a
230. David (D): look at the previous x-ray as well just have [a look
231. Noelle (N): [How's your

232. Noelle (N): mum↑
233. Phoebe (P): She's <u>good</u> now she's just over her second chemo she
234. Phoebe (P): said this one was much worse than the [last one
235. Noelle (N): [Aw
236. Phoebe (P): But it is a cumulative thing it does get worse [everytime
237. Phoebe (P): so
238. Noelle (N): [Right
239. David (D): [Yeah
240. Phoebe (P): Just going to have a kind of quiet Christmas
241. Phoebe (P): [see how she is
242. Noelle (N): [Yeah
243. David (D): Absolutely
244. Phoebe (P): But she's okay
245. Noelle (N): Ah god and how's Jane↑
246. Phoebe (P): Jane's is good I was minding the twins last [night she
247. Phoebe (P): was off
248. Noelle (N): [Ah no <u>way</u>
249. Phoebe (P): On her em [Christmas night out thing
250. Noelle (N): [Christmas do
251. Phoebe (P): So em
252. Noelle (N): <u>Deadly</u> how [are they↑
253. Phoebe (P): [She's good she's good they're great crack
254. Noelle (N): Yeah
255. Phoebe (P): They're so funny you can nearly have a conversation
256. Phoebe (P): with [them now
257. Noelle (N): [Ah god
258. Phoebe (P): It's gas at least they'll understand [they don't say a lot
259. Noelle (N): [I know <u>yes</u>
260. Noelle (N): Is Jimmy back or not or what↑
261. Phoebe (P): He got back last night then after eh around half ten
262. Phoebe (P): eleven he came in
263. Noelle (N): Is he finished over there yet no↑
264. Phoebe (P): Oh he's up the north now
265. Noelle (N): Oh <u>right</u> [<u>great</u> so he is finished in
266. Phoebe (P): [Yeah he's doing his intern year
267. Noelle (N): Great ah that's [good
268. Phoebe (P): [In Belfast (?)
269. David (D): Oh Belfast I thought it was Newry sorry it's Belfast is he
270. David (D): he's
271. Phoebe (P): He's well I think he's in a few different [places

272. David (D): [Ah right fine
273. Phoebe (P): But right around Belfast
274. David (D): Yeah ah right yeah grand ah right
275. Phoebe (P): [I'm not exactly sure
276. Noelle (N): [But he doesn't commute every day does he↑
277. Phoebe (P): No [no he
278. Noelle (N): [No that's alright
279. Phoebe (P): He lives up there for
280. Noelle (N): Monday to Fr- Thursday
281. Phoebe (P): I suppose I well sometimes they're in like a block of like
282. Phoebe (P): two weeks
283. Noelle (N): [Right
284. Phoebe (P): [And then he might have a week off (or so)
285. Noelle (N): Ah grand
286. Phoebe (P): So he would just stay for the two weeks or [whatever (?)
287. Noelle (N): [She's a good
288. Noelle (N): wife to put up with [that
289. Phoebe (P): [She's amazing
290. Noelle (N): I know [(laughing)
291. Phoebe (P): [She's amazing yeah… I know
292. David (D): It's been a hard haul for the pair of them that
293. Phoebe (P): Yeah
294. David (D): Em I don't see just sit you up sorry I don't see a h- there's
295. David (D): a couple of spots all on this side actually all on the right
296. David (D): that were down to keep an eye on okay↑ em and just
297. David (D): looking at at at this one spot in particular okay
298. Phoebe (P): [Mm
299. David (D): [That just looks very suspicious in the mouth okay now
300. David (D): on the x- ray it's…. it's a little bit vague okay so I mean I
301. David (D): em I mean you know the x-ray doesn't look too bad sorry
302. David (D): I'll put (a contrast) on the screen the x-ray looks it's not
303. David (D): clear-cut I'll put it that way okay
304. Phoebe (P): [Mm
305. David (D): [And generally if there is decay in that area often it will
306. David (D): show up very well on [an x-ray
307. Phoebe (P): [Is it there↑
308. David (D): That's the sorry looking at it the wrong way around that's
309. David (D): the old one that's the one we've just taken there now
310. David (D): okay↑ so the area it's almost too bright on this monitor…
311. David (D): someone messed with the contrast on this now… washed

312. David (D): out or something… see brighter… contrast that could be
313. David (D): it… sorry
314. (3)
315. David (D): Click it again
316. (5)
317. David (D): Just give me a second here
318. Phoebe (P): You're alright
319. David (D): That's right now had problems with it all morning so I've
320. David (D): got to brighten this up through the roof basically it's… it's
321. David (D): washed out so you can't see a thing I was looking at a
322. David (D): photograph this morning that was a disaster Noelle was
323. David (D): there and went "Oh that looks fine" I looked around at her
324. David (D): monitor and realised it looked completely different on the
325. David (D): other ones
326. Phoebe (P): I know
327. David (D): That's the thing isn't it
328. Noelle (N): (coughs)
329. David (D): Em turn it off for a second there we go em yeah that's
330. David (D): better now we'll see where we're looking at just looking
331. David (D): here to enlarge this em there's the area I'm looking at em
332. David (D): at at the minute okay
333. Phoebe (P): Mm-hmm
334. David (D): And it's very very subtle okay
335. Phoebe (P): Yeah
336. David (D): There's a bit of overlap which really doesn't help but I
337. David (D): mean the- there just maybe a slight little break in the
338. David (D): enamel there
339. Phoebe (P): Mm
340. David (D): There's also one up there where the enamel's still intact
341. David (D): it's a matter of keeping a close eye on that as well okay↑
342. David (D): this one
343. Phoebe (P): [Mm-hmm
344. David (D): [The third one there so there are a few spots sort of in-
345. David (D): between the teeth here I mean that one in particular eh
346. David (D): you know I eh I I would I would probably give that the
347. David (D): benefit of the doubt for now [okay
348. Phoebe (P): [Mm-hmm
349. David (D): But probably retake the x-ray maybe the next time you're
350. David (D): in even↑
351. Phoebe (P): [(That's fine)

352. David (D): [Six months okay just so we can get a sequence you
353. David (D): know I mean there's no real change from February till
354. David (D): now okay so if we but we'll have a look and see what it
355. David (D): looks like in the mouth the next time we would assume
356. David (D): but I'm going to suspect probably we would end up taking
357. David (D): another x-ray at that point [okay↑
358. Phoebe (P): [Okay
359. David (D): Now if it still looks like that we'd maybe just step back
360. David (D): again and say fine it it's just one of those that looks worse
361. David (D): than it is [you know what
362. Phoebe (P): [Mm
363. David (D): I mean to say it just maybe particularly in between you
364. David (D): get the sort of shadows that kind of reflect almost through
365. David (D): the tooth you know↑
366. Phoebe (P): Mm
367. David (D): And it looks it looks more than it is you know↑
368. Phoebe (P): Okay
369. David (D): So I mean on the basis of that x-ray I mean you I wouldn't
370. David (D): disregard you know what I'm seeing with my own eyes
371. David (D): either you know but but
372. Phoebe (P): Mm
373. David (D): I I'm going to leave it six months definitely okay
374. Phoebe (P): [Okay
375. David (D): [Nothing disastrous is going to happen in six months put
376. David (D): it that way you know if it turns out I'm wrong and it is
377. David (D): something [start brewing there
378. Phoebe (P): [It'll be okay
379. David (D): It'll still be tiny in six months you know so we'll have a
380. David (D): look but it may become more obvious at that stage you're
381. David (D): looking at going "Ah yeah hang on there's [something
382. David (D): here" we've got to
383. Phoebe (P): [We need to do
384. Phoebe (P): something
385. David (D): Now you're talking at most kind of a filling here okay
386. David (D): [but eh
387. Phoebe (P): [Okay
388. David (D): Let's let's hold off and give it the benefit of the doubt
389. David (D): because sometimes you can get little sort of super- like
390. David (D): these ones here for example you know if they're kept nice
391. David (D): and clean especially if you're cleaning in between going

392. David (D): easy on the sugary things little marks like that can stay
393. David (D): like that for ten or twenty years you know they can arrest
394. David (D): they can not progress at all you know [so
395. Phoebe (P): [Okay
396. David (D): There's there's nothing inevitable that these teeth will be
397. David (D): touched okay
398. Phoebe (P): Mm
399. David (D): This one I'm just not a hundred percent sure of it I'd like
400. David (D): to have a look at it maybe in sort of [six months time
401. Phoebe (P): [Grand
402. David (D): That [alright↑
403. Phoebe (P): [Perfect
404. David (D): Okay↑
405. Phoebe (P): Yeah
406. David (D): Yeah [we'll leave it at that then
407. Phoebe (P): [Thank you
408. David (D): No the gums are vastly improved okay↑ so [(?) they're
409. David (D): light years away
410. Phoebe (P): [Good
411. David (D): You're basically back to normal now okay↑
412. Phoebe (P): Fabulous [great
413. David (D): [So can't ask more than that
414. Phoebe (P): No
415. David (D): So
416. Phoebe (P): Thank you
417. David (D): As I say any plans for the Christmas then↑ [are there just
418. David (D): or
419. Phoebe (P): [Ah take it
420. Phoebe (P): easy
421. David (D): Yeah
422. Phoebe (P): I've a few days off which is nice
423. David (D): You're not being given the short straw just cause you're
424. David (D): [a junior you know that's great
425. Phoebe (P): [No I was lucky I don't know
426. Phoebe (P): Well I'm actually senior to all the rest of them but I just
427. Phoebe (P): on the sca- [scale yeah
428. David (D): [Well yeah exactly yeah exactly you know
429. David (D): but em
430. Phoebe (P): No it's grand so I have a few days off anyway just
431. David (D): Yeah

432. Phoebe (P): Like Christmas week so it'll be nice
433. David (D): So they get the kids to man over Christmas then do they ↑
434. David (D): basically yeah so
435. Phoebe (P): Yeah
436. David (D): Not the time to get an injury on Christmas day anyway
437. Phoebe (P): No
438. David (D): All the student doctors you know
439. Phoebe (P): But I'm doing Obs and Gynae at the minute so I'm sure
440. Phoebe (P): like people
441. David (D): [Oh you
442. Phoebe (P): [They'll be going into labour [and it won't matter what
443. Phoebe (P): day it is
444. David (D): [You could be dragged you
445. David (D): could be dragged in anyway I suppose (?)
446. Phoebe (P): I just won't be answering the phone (laughing)
447. David (D): (laughing) Yeah exactly
448. Phoebe (P): How about you↑
449. David (D): But em oh I'm I'm off and I'm I've a week off after
450. David (D): Christmas just and I'm heading off but em so I've one day
451. David (D): emergency cover to do at some point there's a group of us
452. David (D): [kind of clubbing together so we'll
453. Phoebe (P): [Yeah each take a day
454. David (D): take each a day exactly yeah so I'll be in for four or five
455. David (D): hours one of the days like you know so you could be you
456. David (D): could sit here and read a book for four hours [you could
457. David (D): be out the door
458. Phoebe (P): [That's right
459. David (D): You've no idea what's [going to happen
460. Phoebe (P): [Yeah yeah
461. David (D): You know it just depends but sure we'll see how it goes
462. David (D): but
463. Phoebe (P): Yeah
464. David (D): Another another year we did it we literally sat and just
465. David (D): read read a book for [four hours like and went home again
466. Phoebe (P): [Really↑ that's grand
467. David (D): You know but em [the important thing is you're here if
468. David (D): they need you
469. Phoebe (P): [Good stuff
470. David (D): [Em so yeah that's grand
471. Phoebe (P): [Yeah

472. David (D): So just keep it up okay [keep going I was saying
473. Phoebe (P): [Yeah
474. David (D): We'll keep I mean we know we've got these spots to keep
475. David (D): an eye on we know that from well over a year ago but a
476. David (D): couple of years ago indeed but as I say just that one in
477. David (D): particular just [catch one eye
478. Phoebe (P): [Okay
479. David (D): We'll have a look at it again next time [you're here we'll
480. David (D): leave it at that
481. Phoebe (P): [Great
482. David (D): Okay
483. Phoebe (P): Brilliant [thanks a thanks a million David
484. David (D): [Listen have a great have a great Christmas okay
485. Phoebe (P): You too
486. David (D): Give my regards to
487. Phoebe (P): I will
488. David (D): As I say to to all the the clan at this [stage so many alright
489. David (D): yeah
490. Phoebe (P): [The clan there are
491. Phoebe (P): so many of them yeah are you going anywhere exciting
492. Phoebe (P): in [in
493. David (D): [Ah just the
494. David (D): Canaries for a week and [(class yeah so)
495. Phoebe (P): [Oh nice
496. David (D): The em how did you say your mother is she is she
497. David (D): finished the second session↑ [is she through with it or↑
498. Phoebe (P): [She just had the second one
499. Phoebe (P): last week
500. David (D): [Yeah okay
501. Phoebe (P): [But it's she just goes in overnight they do the hydration
502. Phoebe (P): and chemo and then [she comes home
503. David (D): [Sure yeah
504. Phoebe (P): But it's only a few days after that that it really kind of
505. Phoebe (P): hits her
506. David (D): Yeah you know well that's to say well exactly yeah [so
507. Phoebe (P): [Em
508. Phoebe (P): But she's like for a few days there she was just feeling
509. Phoebe (P): terrible and then [she's up and
510. David (D): [I imagine
511. Phoebe (P): Like I brought down tea last night and she was off at

512. Phoebe (P): some meeting so
513. David (D): [Grand
514. Phoebe (P): [Like she's still doing her daily [things
515. David (D): [Yeah sure sure excellent
516. Phoebe (P): Sure you couldn't keep her down
517. David (D): Oh she's tough
518. Phoebe (P): She is
519. David (D): Tough cookie you know I mean [definitely you know
520. Phoebe (P): [Yeah
521. David (D): I'd say she'd be [she'd be
522. Phoebe (P): [They were in here talking your ear off
523. Phoebe (P): that day then
524. David (D): I was going to say ah yeah
525. Phoebe (P): Relatives
526. David (D): Ah yeah but she was the kind of person you think would
527. David (D): just she'd want to get on with things [I imagine
528. Phoebe (P): [Exactly
529. David (D): You know that kind of personality just [you know
530. Phoebe (P): [That's it so
531. David (D): Ah sure listen okay give my regards [anyway to (her)
532. David (D): obviously
533. Phoebe (P): [I will
534. David (D): [Listen I'll talk to you again take it easy okay
535. Phoebe (P): [Thanks a million I will thank you
536. David (D): You can just head on there's nothing for that okay alright↑
537. Phoebe (P): [Oh
538. David (D): [Talk to you
539. Phoebe (P): Oh you're [very good
540. David (D): [Oh not at all goodness sakes it's only a follow
541. David (D): up don't be silly alright↑
542. Phoebe (P): [Thanks very much bye
543. David (D): [See you again alright take it easy bye now thanks

Case 10

Case 10

1. David (D): Now↓ fine that's fine there…now… thanks for that I

2. David (D): appreciate that
3. Polly (P): Oh that's no problem [at all
4. David (D): [Sorry for keeping you a few minutes
5. David (D): [there as well (just) a little bit delayed
6. Polly (P): [Oh no that's grand
7. David (D): How's things anyway↑
8. Polly (P): Good yeah [things are good now
9. David (D): [Yeah↑
10. David (D): Good stuff…so
11. Polly (P): I brought my mouthguard as [well for you to look at (I'll
12. Polly (P): leave my jacket here as well)
13. David (D): [Oh good excellent let's have
14. David (D): a look yeah of course yeah you can hang that up I'll… I'll
15. David (D): look and see what you've been what you've been doing to
16. David (D): this …now so I just want (?) nearly the weekend
17. David (D): anyway↑
18. Polly (P): I know
19. David (D): Yeah well at least you're wearing it anyway [you've got
20. David (D): the…yeah
21. Polly (P): [Yeah I know
22. Polly (P): I wear it ever- I don't mind wearing it actually I've kind of
23. Polly (P): got used to [it
24. David (D): [Got used to it [yeah
25. Polly (P): [Yeah I don't mind it yeah
26. David (D): I said that it becomes like part of you nearly [after a
27. David (D): while you know
28. Polly (P): [Yeah
29. David (D): Yeah you're making f- em how long have you had that
30. David (D): now↑ [(?)
31. Polly (P): [**Em**
32. Polly (P): was it the end of August↑ [or no sorry was it September↓
33. David (D): [Yeah
34. Polly (P): Would it have been around the thirty-first of [August↑
35. David (D): [Yeah so
36. David (D): you've only had that for oh you're making mincemeat of
37. David (D): that
38. Polly (P): Am I↑
39. David (D): Yeah that's that's a very high rate of wear↓…Yeah well
40. David (D): look look it's it's fine for the minute okay↑ we'll keep on
41. David (D): going but I've a feeling you'll be you'll be lucky to get the

42. David (D): year [you might be lu- you might
43. Polly (P): [Yeah
44. David (D): get eighteen months tops okay↑
45. Polly (P): Yeah
46. David (D): So I mean look go with it for now but I think you're
47. David (D): probably going to need to go to a heat-cured one to a
48. David (D): hard more of a hard one [basically okay↑
49. Polly (P): [Okay
50. David (D): You're just your rate of wear is [**is**
51. Polly (P): [Yeah is high
52. David (D): **Yes** yes I mean I would have …if you'd shown me that
53. David (D): without telling me I would have said well that's at least a
54. David (D): year and a [half old↑
55. Polly (P): [Yeah
56. David (D): You know not three months you know so…[I mean
57. Polly (P): [At least I
58. Polly (P): have it now like [so
59. David (D): [Yeah well exactly well look look kee-
60. David (D): keep going for now I mean y- you'll you'll probably get at
61. David (D): least another six months out of it you [know more likely
62. David (D): than not
63. Polly (P): [Alright
64. David (D): You know you might even get another year or so but but
65. David (D): I can't see you getting much more than that to be quite
66. David (D): honest with you [okay↑
67. Polly (P): [That's fine
68. David (D): Em so I mean don't mind a bit of wear and tear I mean
69. David (D): that's acceptable okay↑ [you know you know
70. Polly (P): [Is it where↑ is it at the back↑ I'm
71. Polly (P): doing [a lot
72. David (D): [Yeah
73. Polly (P): That's why I can [notice it so so it is
74. David (D): [Yeah ye-yeah you can see the groove
75. David (D): and you're even starting to cut even further forward if I
76. David (D): just get the light here I'll just show you even further
77. David (D): forward if you look you can see all the sort of the dents
78. David (D): worn into it↑ [you can see them up there↑
79. Polly (P): [Ah yeah
80. David (D): For example↑ and here↑ you know so that's in the eye
81. David (D): tooth so that's where you're wearing down …you've got

82. David (D): way more on this side than that side you obviously
83. David (D): favour the right when you're grinding [or certainly at the
84. David (D): minute anyway
85. Polly (P): [Must do yeah
86. David (D): But we see that's and that's you just going back and
87. David (D): forward even up here you're starting to cut into it
88. David (D): [now
89. Polly (P): [It's gas
90. David (D): But yeah you've beaten the daylights [out of the back at
91. David (D): this stage
92. Polly (P): [Yeah
93. David (D): [No
94. Polly (P): [It's fascinating to see like
95. David (D): Well that's what you've been doing to your teeth the
96. David (D): whole [time
97. Polly (P): [God
98. David (D): You know so that's why we (do we want it in it)
99. David (D): look [lo-
100. Polly (P): [And I've noticed since I go that I never get the
101. Polly (P): pains back in my jaw anymore
102. David (D): It's taking the pressure off everything [you see that's the
103. David (D): thing
104. Polly (P): [Yeah
105. David (D): Look↓ keep going with it for now it's perfectly
106. David (D): [acceptable (?) as it is
107. Polly (P): [And I'll keep an eye on it as well
108. David (D): Yeah if you find the key thing to look for [is if you see a
109. Polly (P): [is if there's a
110. Polly (P): hole
111. David (D): Correct↓ [once you've got a hole…yeah
112. Polly (P): [I'll check it every now and again that's why I
113. Polly (P): saw that the **dents**
114. David (D): Yes [exactly
115. Polly (P): [Where it's I'm obviously clamping [inside at the back
116. Polly (P): or something
117. David (D): [Yeah yeah you're just
118. David (D): you're just you're just [grinding dow- you've powered
119. David (D): down
120. Polly (P): [Working away
121. David (D): into it simple as that no I mean you there's no question of

122. David (D): that you're going to need to go to the heat-cured one
123. David (D): okay↑ [but look sure
124. Polly (P): [That's fine
125. David (D): Run with it for now and we'll you know [we'll cross that
126. David (D): bridge when we come to it
127. Polly (P): [And the hard
128. Polly (P): one then they em
129. David (D): They're a little more difficult to wear em [but with but
130. Polly (P): [Takes a while
131. Polly (P): to get used to it [really
132. David (D): [Yeah but if you've been wearing one of
133. David (D): these it's not that difficult to sort of step up to it↑
134. David (D): [you know↑ whereas
135. Polly (P): [Yeah
136. David (D): If we start just straight off with the hard one like some
137. David (D): people find it very very difficult to get used to [you
138. David (D): know↑ as you (wear it more)
139. Polly (P): [Yeah the
140. Polly (P): odd morning I can tell when I've had a bad night because
141. Polly (P): there's one or two mornings I woke up and my lip was like
142. Polly (P): bleeding [so obviously I'd… chomped into my lip
143. Polly (P): (laughing)
144. David (D): [**Oh** you actually… cut yourself maybe↑ yeah
145. David (D): yeah okay
146. Polly (P): There's been the odd s- time I've noticed [that
147. David (D): [Yeah yeah no I
148. David (D): think it's I mean you know I it's it's it's you know I mean
149. David (D): I knew you were you know a a
150. Polly (P): A grinder
151. David (D): You know a grinder I mean I felt at the time looking at
152. David (D): you you might have been intermittent now you see you
153. David (D): may be one of those people some people you give them a
154. David (D): guard they grind less other people they actually grind
155. David (D): more you [know↑
156. Polly (P): [Yeah
157. David (D): And you may be you may just be the category that now
158. David (D): you've got something to play with [you're enjoying
159. David (D): yourself basically
160. Polly (P): [(Laughing)
161. David (D): You know for for for a l- a lack of a slightly more

162. David (D): scientific [way of stating it
163. Polly (P): [I know
164. David (D): but it's more or less the the case and I I think when we
165. David (D): see that I would be thinking then in terms of maybe
166. David (D): putting you in a hard one longer [term you know
167. Polly (P): [Yeah
168. David (D): I mean and that's the… [you know as I say
169. Polly (P): [They're dearer then as well
170. Polly (P): [aren't they↑
171. David (D): [Yeah it is more expensive to make unfortunately [(need
172. David (D): to be sure it's worth it)
173. Polly (P): [How
174. Polly (P): much are they↑ just so [(I get a sense)
175. David (D): [It's about four it's about four
176. David (D): hundred and fifty euro to do a hard one you know
177. David (D): [well yeah then the only thing
178. Polly (P): [I'll start saving (laughing)
179. David (D): About those now is that I mean you know…[em
180. Polly (P): [You get
181. Polly (P): longer
182. David (D): Ah yeah I mean most people would get ten years plus
183. David (D): [out of one of those you know so
184. Polly (P): [So I'll start
185. Polly (P): I'll start saving up for one of them so
186. David (D): Yeah yeah so I mean no it it I mean put it this way at the
187. David (D): rate you're going it'll pay you to go onto a [hard one
188. David (D): cause you'll be
189. Polly (P): [Oh yeah I'd
190. Polly (P): rather
191. David (D): You'll be going through one of those every year like
192. David (D): [you know↑
193. Polly (P): [Yeah
194. David (D): So it's just it's just it makes no sense [it's (just)
195. David (D): impractical you know
196. Polly (P): [Yeah
197. David (D): Well look you keep going with it for now you have it for
198. David (D): the minute [you know it it'll give
199. Polly (P): [Yeah exactly
200. David (D): It certainly you'll certainly get at least another six months
201. David (D): out [of the thing for sure

202. Polly (P): [Cool
203. David (D): Now let's have a little look here anyway↑ so I'm just
204. David (D): going to pop you back…I'm glad to hear that the the
205. David (D): symptoms have em
206. Polly (P): Yeah
207. David (D): Gone down well at least it proves we're on the right track
208. David (D): anyway [doesn't it↑
209. Polly (P): [Yeah I don't have any of the pains or the
210. Polly (P): headaches from it anymore like so [at least
211. David (D): [Good
212. Polly (P): The guard is taking the pressure
213. David (D): Oh the headaches reduced as well did they↑
214. Polly (P): Yeah
215. David (D): Yeah some people I've heard that sort of before from
216. David (D): patients like you know I mean there's been some
217. David (D): evidence linking migraine and grinding that
218. Polly (P): Yeah well I still get the odd migraine but I wouldn't get
219. Polly (P): the kind of...headaches that I used to get [kind of with the
220. Polly (P): ears and stuff I don't really get them anymore so it's all
221. David (D): [Sure…ah yeah
222. David (D): well that yeah well that would have been from the joint
223. David (D): you see [yeah exactly yeah
224. Polly (P): [Yeah
225. David (D): No it's it's it's it's i mean the I'm not saying 'Oh grinding
226. David (D): causes migraines' or anything like that but there we've
227. David (D): seen some evidence [that well yeah well like
228. Polly (P): [Stress like related is it
229. David (D): It could be it could be just the fact that stress is causing
230. David (D): both of them
231. Polly (P): Mm
232. David (D): It may not be related but there've been su- suggestion of a
233. David (D): connection you know I mean now I I I'm pretty guilty of
234. David (D): not having read the very very latest science on it I'm
235. David (D): probably a year or two behind…but there they certainly
236. David (D): hadn't proved anything last time I looked you know but
237. David (D): they were certainly suggesting a [possible connection
238. Polly (P): [Yeah
239. David (D): Now let's see
240. Polly (P): My mum went to see a perio anyway in Cork
241. David (D): Oh **yes** [and↑

242. Polly (P): [And em…he said that it's fascinating what she
243. Polly (P): has that it doesn't seem like a very straightforward type of
244. Polly (P): periodontal
245. David (D): Right
246. Polly (P): That it's almost like there's something eating away under
247. Polly (P): her gums and he's gone to get all of her records now and
248. Polly (P): he's going doing some research
249. David (D): [Right
250. Polly (P): [He said whatever she has it's quite unusual but he said
251. Polly (P): because of that he said he he might be able to save her
252. Polly (P): teeth she's going back… Monday week
253. David (D): Grand [okay
254. Polly (P): [So but
255. David (D): Alright [but but
256. Polly (P): [They they they said he said if it is it's a very rare
257. Polly (P): type or [an unusual type
258. David (D): [Something unusual anyway
259. Polly (P): And he wonders is it connected to like she's been on
260. Polly (P): beta-blockers and stuff for a long time [so he thinks it
261. Polly (P): could be possibly connected to all of them yeah↑
262. David (D): [Right… a
263. David (D): connection for these or something right okay
264. Polly (P): It's [interesting
265. David (D): [Well there you go anyway but I was like now you
266. David (D): know it's it's at least she's in…[in the hands of specialists
267. David (D): anyway
268. Polly (P): [Yeah she's she's starting
269. Polly (P): to say because he said he might be able to do gum
270. Polly (P): transplants for her as well for the reced- recession and
271. Polly (P): stuff so
272. David (D): Alright okay [and
273. Polly (P): [Yeah
274. David (D): And put in a bit of bone-grafting↑ or something like that
275. David (D): [there (ultimately) okay
276. Polly (P): [So she's looking into that maybe [long term maybe
277. Polly (P): they kind of know what it is
278. David (D): [Yeah…yeah yeah
279. David (D): okay well that's there you go so [som- something
280. Polly (P): [Yeah
281. David (D): Something unusual by the sounds of it [anyway as I say

282. Polly (P): [Yeah
283. David (D): Without em having seen your mum or anything like I
284. David (D): [mean but em
285. Polly (P): [Yeah
286. David (D): Well I'm glad to hear it's em in hand [anyway
287. Polly (P): [Mm
288. David (D): Let's have a is it just for a check-up today isn't it↑ sorry
289. David (D): [I yeah exactly of course yeah exactly no sorry
290. Polly (P): [Check-up scale and polish yeah my six-month one
291. David (D): I got distracted with you [earlier
292. Polly (P): [(laughing)
293. David (D): and didn't actually ask you apologies em and there's no
294. David (D): change in medical history not taking any new [medics
295. David (D): medicines medications fi-
296. Polly (P): [No no all the same
297. David (D): fit and well yeah that's great lovely now that's it
298. David (D): now…(just write up on that) from before that's fine we
299. David (D): have that already and have a look here there's a couple of
300. David (D): spots were down to keep an eye on so obviously we'll em
301. [Sound of compressed air syringe blowing]
302. David (D): take a quick look at those in particular but we'll have a
303. David (D): look at everything…okay
304. [Sound of compressed air syringe blowing]
305. (13)
306. David (D): (?) [Whispered] No I don't see [much there
307. Noelle (N): [Next Friday's patient
308. Noelle (N): turned up
309. David (D): Oh dear [a week early
310. Noelle (N): [Yeah
311. David (D): Are they okay about it↑
312. Noelle (N): Yeah
313. David (D): Yeah there's no way we could fit her in in at this stage
314. David (D): unfortunately…now… that's fine yeah no that looks
315. David (D): pretty good there okay↑ (I think we can be) happy
316. David (D): enough [gums look
317. Polly (P): [Right
318. [Sound of doorbell]
319. David (D): Gums looking as if they're in fairly good shape at the
320. David (D): minute actually↑ okay↑
321. Polly (P): Right [(laughing)

322. David (D): [You're you're doing your homework [alright yeah↑
323. David (D): yeah yeah
324. Polly (P): [**Yeah** flossing
325. Polly (P): once if not twice a day
326. David (D): Ah no I believe you [ah no cause
327. Polly (P): [(laughing)
328. David (D): I mean it's it's you're you know cause I mean there was a
329. David (D): dramatic improvement [from what
330. Polly (P): [Mm
331. David (D): I saw from the first time to the second time and but
332. David (D): you're holding up very very well you know so I mean
333. David (D): that's the you you you've kept things you know in
334. David (D): extremely good [shape
335. Polly (P): [Mm
336. David (D): So I mean the gums are are pretty much normal they're
337. David (D): fine nearly you know there's a little bit of hard build-up
338. David (D): alright around those but nothing dramatic okay↑ [so we'll
339. Polly (P): [Yeah
340. David (D): Get rid of that for you but as I say [it's
341. Polly (P): [Yeah even when I go
342. Polly (P): home to at weekends
343. David (D): Mm-hmm
344. Polly (P): And my Mum would be like 'What are you doing in the
345. Polly (P): bathroom↑ I'm [like 'Flossing' she's like 'For that long↑' I
346. Polly (P): said 'Yes Mother↓'
347. David (D): [(laughing)
348. Polly (P): And I was like 'That's what you should have done↓'
349. David (D): I was going to say [sh-
350. Polly (P): [(laughing)
351. David (D): She may there [yet before you
352. Polly (P): [Yeah
353. David (D): Or doing more than you [even god help her
354. Polly (P): [Yeah
355. David (D): If she's got a s- significant problem are you okay there↑
356. Polly (P): Mm-hmm
357. [Sounds of ultrasonic tooth-cleaning]
358. David (D): Well done yes em the gum specialists I tell you they can
359. David (D): get into all kinds [of interesting ways of cleaning them so
360. Polly (P): [Mm
361. David (D): She'll probably have a little collection of different sized

362. David (D): brushes and [all kinds of things (possibly) by the time
363. David (D): they're finished
364. Polly (P): [Mm
365. David (D): Quite possible now…you'll get your own back then
366. Polly (P): (laughing)
367. (11)
368. David (D): But em
369. (6)
370. David (D): It's not too bad here (just bleeding) a little bit (? at the
371. David (D): corners and) at the inside at the bottom here…nothing
372. David (D): nothing nothing to worry about you're doing very well…
373. David (D): put a zero all around on the CPITN
374. Noelle (N): [Okay
375. David (D): [It 'll be okay just afterwards but we're but we're holding
376. David (D): we're fine (we'll try and do the perio thing after that)
377. Noelle (N): She's a very good girl [(laughing)
378. David (D): [She is…(if everyone ?)
379. Noelle (N): Yeah if only
380. David (D): Did you see the night guard though↑
381. Noelle (N): No
382. David (D): I thought it was a year and a half old [I have to be honest
383. David (D): when I looked at it
384. Polly (P): [(Laughing)
385. Noelle (N): And how old was it↑
386. David (D): Three months
387. Noelle (N): Oh no
388. David (D): Yeah ah it was you'll get you'll get another six months
389. David (D): [or so like
390. Noelle (N): [Yeah
391. David (D): I'll tell you that you could well six to twelve maybe at the
392. David (D): most but I can't see it getting more than twelve↑
393. Noelle (N): (laughing) Busy girl
394. David (D): [You could say that
395. Polly (P): [(Laughing)
396. Noelle (N): (Laughing)
397. (3)
398. David (D): Mm there is certainly wear on the canines alright but
399. Polly (P): Hmm
400. David (D): I think you may be grinding a little bit more because of
401. David (D): the guard even so we may need to go for a heat-cured

402. David (D): they tend not to do that
403. Polly (P): Mm
404. David (D): And after that that will (at least) even if you at least you
405. David (D): take a [long time to eat through it
406. Noelle (N): [Yeah
407. Polly (P): Yeah
408. David (D): Are you okay there↑ [(?)
409. Polly (P): [Yeah
410. (6)
411. David (D): So I'd say as I said to you before I grind and I I would
412. David (D): wear on- one like you have at the minute [you know
413. Polly (P): [Mm
414. David (D): And that's more than sufficient for me you know em
415. David (D): everyone's different I mean my my mother [would go
416. David (D): through one of those in four months
417. Noelle (N): [Is (it hard
418. Noelle (N): or soft)↑
419. David (D): The hard sort next oh no so it's reinforced it's still… I'll
420. David (D): show you you can have a look…you don't mind if Noelle
421. David (D): has a look [at the guard↑
422. Polly (P): [No↓ go ahead
423. (5)
424. David (D): (Show you) just very quickly
425. Polly (P): Like Jaws or something (laughing)
426. Noelle (N): (laughing) Oh yeah
427. David (D): You're going [fairly you're going fairly hard on that
428. Noelle (N): [**God** (laughing)
429. Polly (P): Thank God I have it [imagine if I didn't
430. Noelle (N): [**Yes**
431. David (D): [I know
432. Noelle (N): That's [what you do to your teeth
433. David (D): [I know that's [yeah exactly yeah
434. Polly (P): [Yeah
435. Noelle (N): [I know
436. David (D): And you see and by separating things out you take the
437. David (D): pressure off the [joint and that's why the joint is feeling
438. David (D): an awful lot better
439. Polly (P): [Mm
440. [Sounds of ultrasonic tooth-cleaning continue]
441. David (D): I mean that's the main reason I put you into it [you know

442. Polly (P): [Mm
443. David (D): It was because of that because the amount of when I look
444. David (D): in the mouth you know at wear of the teeth it's certainly
445. David (D): there but it's not scary-scary kind of stuff you know [so
446. Polly (P): [Mm
447. (6)
448. David (D): If you're stressed at the minute obviously you know↑
449. Polly (P): Mm
450. David (D): Did you ever think about becoming a lighthouse keeper
451. David (D): or [something like that you know↑
452. Noelle (N): [(laughing)
453. Polly (P): [(laughing)
454. David (D): With low pressure you know (stick) to the sea watch the
455. David (D): seagulls read a book
456. Noelle (N): What happens if there's a tsunami↑ (laughing)
457. Noelle (N): [(laughing)
458. Polly (P): [I know
459. David (D): [Yeah well th- that
460. David (D): that would get stressful you know [but
461. Noelle (N): [(laughing)
462. David (D): It's only going to be for five minutes [and then (you
463. David (D): won't) have
464. Noelle (N): [(laughing)
465. David (D): Any more stress ever again
466. Noelle (N): Why would you be dead↑
467. David (D): Yeah well [a tsunami you probably would
468. Noelle (N): [(Laughing)
469. David (D): Well mind you it's amazing how some of those
470. David (D): lighthouses are built to survive
471. Noelle (N): Yeah
472. David (D): They're they're you see the pictures of some of them you
473. David (D): see in these storms like you know the waves are going
474. David (D): over the top of the thing like [you know
475. Noelle (N): [I know yeah
476. David (D): And they they come out the other side unscathed
477. (19)
478. David (D): A lot of them are built with interlocking blocks like
479. David (D): lego nearly you know [so
480. Noelle (N): [Yeah
481. David (D): Once it's put together unless you take it apart in exactly

482. David (D): the right [order
483. Noelle (N): [One piece by piece
484. David (D): Exactly [it can't actually be dismantled
485. Noelle (N): [Yeah
486. David (D): And then they bolt it so it's literally bolted into the
487. David (D): bedrock you [know so
488. Polly (P): [Yeah
489. David (D): It needs to be some some wave to take it down like you
490. David (D): [know↑
491. Noelle (N): [Why why
492. Noelle (N): didn't they build the the twin towers like that [then↑
493. Polly (P): [I know
494. Noelle (N): You know what [I mean↑ (laughing)
495. David (D): [Hard to build hard to build something
496. David (D): jet-proof now
497. Noelle (N): (laughing)
498. David (D): You okay there↑ [alright↑
499. Polly (P): [Mm-hmm
500. (7)
501. David (D): You get nothing indestructible
502. Noelle (N): True
503. [Noise of Scaler and suction stops]
504. Polly (P): I know that's the thing with the work I do it's all project
505. Polly (P): work
506. Noelle (N): (laughing)
507. Polly (P): So it's like <u>always</u> just stress
508. Noelle (N):[**Ahh**
509. David (D): [Yes↓ going from one to the other to the other [(?) yeah
510. Polly (P): [Yeah
511. Polly (P): it's just <u>always</u> working to a deadline
512. David (D): Yeah
513. (11)
514. David (D): And of course in this day and age everybody wants
515. David (D): everything done yesterday [of course I can imagine
516. Polly (P): [Mm
517. David (D): Let's have a look here (now)…(?) little scratchy noise
518. David (D): there
519. (3)
520. David (D): No that looks nice I'd be happy enough there okay↑ so
521. (4)

522. David (D): That's (good okay)
523. Polly (P): Keep doing what I'm doing so↑
524. David (D): Absolutely [exactly
525. Noelle (N): [Yeah
526. Polly (P): Cool
527. David (D): You're doing really well okay↑ just going give things a
528. David (D): polish↑ and we're done
529. Noelle (N): What do you want for it [that↑
530. David (D): [Please and prophy… just
531. David (D): finish it off
532. Noelle (N): Have we another one↑
533. David (D): **Em** oh oh yeah we have to do that
534. Noelle (N): Yeah
535. David (D): Thanks… we'll just set one aside for Polly would you↑
536. Noelle (N): Yeah
537. David (D): So we …I mean I'm sure we can photocopy it [(anyway it
538. David (D): doesn't matter)
539. Noelle (N): [True
540. David (D): It's my own silly fault for not getting the first one have a
541. David (D): look here…oh ah there we go
542. (12)
543. David (D): Okay there↑
544. Polly (P): Mm-hmm
545. David (D): Yeah↑
546. Polly (P): I'm fine
547. David (D): Just buffing things up a little bit here
548. (3)
549. David (D): Isn't it good you have the weekend off anyway↑
550. Polly (P): Mm
551. David (D): I hope
552. Noelle (N): (laughing)
553. David (D): That's alright
554. Polly (P): Yeah
555. David (D): Yeah are you doing anything for it↑ or
556. Polly (P): My parents are actually coming up tomorrow
557. David (D): Oh right [oh lovely very good
558. Polly (P): [For the weekend yeah so we'll go shopping and
559. David (D): Absolutely
560. Polly (P): (laughing)
561. David (D): Do lunch with Mum that kind of thing eh↑ [yeah

562. Polly (P): [Mm
563. (6)
564. David (D): Sorry (?)
565. (3)
566. Polly (P): Dad's going to the rugby so
567. David (D): [Ah very good
568. Noelle (N): [(Lovely)
569. Polly (P): I only got him the ticket today they were coming up
570. Polly (P): anyway
571. David (D): Oh [right
572. Polly (P): [So I had a look and there was a few tickets left [so
573. David (D): [Oh
574. David (D): brilliant excellent
575. Polly (P): He was like probably going to be bored with us
576. Polly (P): [anyway so
577. David (D): [Yeah yeah
578. Polly (P): (laughing)
579. David (D): He'll be delighted then [probably yeah
580. Polly (P): [Mm
581. David (D): Yeah and she gets it gets him out of your Mum's hair she
582. David (D): can shop properly [then you know
583. Polly (P): [Exactly yeah
584. David (D): Without him sort of moping around yeah very good
585. David (D): everyone's happy…yeah they're selling those tickets for
586. David (D): those games directly
587. [Sounds of suction and machinery starting again]
588. Polly (P): Mm
589. David (D): So it was em it was great like if you to get them there's
590. David (D): no problem you know↑ so… I think there's a good bit left
591. David (D): for the Argentinian [game so
592. Polly (P): [Mm
593. David (D): Kind of tempted (anyway to go late) but em…might
594. David (D): bring my little fella [so
595. Polly (P): [Yeah
596. David (D): Just a little bit there now… the I think the South African
597. David (D): one is virtually sold out though [it's so I think
598. Polly (P): [There's a good few left
599. David (D): Is there right↑ [okay↑ yeah yeah
600. Polly (P): [Yeah a few yeah not lots but there's a
601. Polly (P): separate certain sections

602. David (D): Yeah I'd say you'd probably find they'll keep them you'll
603. David (D): find tomorrow morning 'Ah sure let's go to the game'
604. Polly (P): Mm
605. David (D): You'll fi- I'd say you'll find by by kick-off you'll find it'll
606. David (D): be virtually [sold out now↓
607. Polly (P): [Mm↓
608. David (D): There's… as long as they don't beat us sixty nil I'll be
609. David (D): happy enough [with that
610. Polly (P): [Mm
611. David (D): Now yeah if that happens your Dad will come back with
612. David (D): a big face like thunder [on him in wicked form
613. Polly (P): [I know
614. David (D): Your Mum won't thank you then [(laughing)
615. Polly (P): [I know I'm actually
616. Polly (P): going to the Irish soccer match Wednesday night
617. Polly (P): [I've no interest
618. David (D): [Oh cool
619. Polly (P): But some friends from work are going
620. David (D): So you're tagging along [yeah↑
621. Polly (P): [It's only a go it's only twenty
622. Polly (P): euro each
623. David (D): Absolutely why not have a good rinse there that's it yeah
624. David (D): you might as well sure it's it's it's it's an evening out
625. David (D): something [different isn't that right↑
626. Polly (P): [Yeah
627. David (D): Now
628. Polly (P): I've been to concerts there but never a match so
629. David (D): Yeah I'm the other way around I've been to matches but
630. David (D): never mainly rugby matches but I've never (laughing)
631. David (D): been to an actual concert or a gig or anything else
632. Polly (P): I'm only living over the road from it so I might as well
633. David (D): Yeah absolutely yeah…ah yeah you'd be right across just
634. David (D): wouldn't you there↑
635. Polly (P): Mm
636. David (D): Now let's have a look here so no I'd be I'd be quite quite
637. David (D): pleased at how you're going there okay↑
638. Polly (P): Mm
639. David (D): So I'd say I mean you know just given maybe the bit of
640. David (D): issue with the gums we'll keep you on the six months if
641. David (D): you don't mind [for the minute is that alright↑ okay↑ for

642. David (D): the em yeah
643. Polly (P): [Oh yeah no yeah no that's what I want
644. Polly (P): yeah anyway
645. David (D): Well I'm happy enough to leave you be until then
646. Polly (P): Per[fect...and if... and
647. David (D): [I'll take those off you I'll give you your guard back
648. David (D): here hang on sorry
649. Polly (P): And in the meantime if I notice any holes (laughing)
650. Polly (P): [appearing in this I'll
651. David (D): [Yes yes
652. David (D): if you find that's falling apart you can see right through it
653. David (D): you know [etcetera you need to give me a shout
654. Polly (P): [Yeah
655. David (D): Okay↑
656. Polly (P): Yeah [I definitely will
657. David (D): [Em but I mean you know I I I my I mean looking at
658. David (D): it I w- I would be surprised if you didn't get at least till
659. David (D): your next check-up out of it anyway
660. Polly (P): Yeah
661. David (D): But you might you I'll be honest with you you might be
662. David (D): through it by then even it's possible [the rate you're going
663. David (D): you know
664. Polly (P): [Yeah
665. David (D): Em you know that's a no-brainer [you've got to get a
666. David (D): (new one)
667. Polly (P): [Like I only noticed
668. Polly (P): those kind of cracks in the back recently [they haven't
669. Polly (P): been there a while
670. David (D): [Mm mm
671. Polly (P): So I wonder have I been doing it a lot more recently
672. David (D): It you it it it it's grinding is not always like sort of
673. David (D): necessarily a steady thing it can go like that you can go
674. David (D): [sort of in bursts you know exactly yeah
675. Polly (P): [Might have a couple of weeks where I'm very bad yeah
676. David (D): Stress you know like you said yourself you've a deadline
677. David (D): at work or something [like that you know
678. Polly (P): [Yeah which is always so
679. Polly (P): (laughing)
680. David (D): (laughing) Well then you
681. Polly (P): Doomed

682. David (D): You need a guard always then rather [(then at)...let's
683. Polly (P): [I know I should start
684. Polly (P): sending the bill to work (laughing)
685. David (D): Exactly exactly
686. Polly (P): But em perfect that's great [thanks a million
687. David (D): [Alright listen have a n- enjoy
688. David (D): your weekend anyway [okay↑ alright↑
689. Polly (P): [Thank you you too
690. David (D): And sure we'll see you in due course and any problems or
691. David (D): difficulties with that in the meantime just give me a shout
692. David (D): obviously [okay↑
693. Polly (P): [Perfect [thanks a mill
694. David (D): [Thanks again okay take care now
695. [Sound of door closing]

Case 11

Case 11

1. Noelle (N): **Ah** thank you very much↓ [Entering the room]
2. Prunella (P): Serious
3. Noelle (N): I'm just throwing these down the back
4. David (D): (?) There we go now
5. Prunella (P): How are you [keeping↑
6. David (D): [N- not too bad Prunella thanks very much
7. David (D): now yourself↑
8. Prunella (P): Ah good yeah
9. David (D): Yeah↑ now let's [see
10. Prunella (P): [Funny ol' year but I think everybody had
11. Prunella (P): that kind of a year [didn't they↑
12. David (D): [I'd say (laughing) we've had a few of
13. David (D): them at this stage (laughing) like [(?)
14. Prunella (P): [I know
15. David (D): Let's have a look anyway so it's it's just for a check today↑
16. David (D): is that right ↑
17. Prunella (P): Em
18. David (D): A bit of a [clean↑
19. Prunella (P): [A bit of a clean↑
20. David (D): Yeah of course yeah yeah [absolutely no problem
21. Prunella (P): [Yeah

22. David (D): Let's
23. Prunella (P): I'm trying my best (laughing)
24. David (D): **That's** all we can ask off you I suppose isn't [that right↑
25. Prunella (P): [Mm-hmm
26. David (D): Alright em there's no change in your medical history not
27. David (D): taking any new medications [medicines or
28. Prunella (P): [**Em**
29. David (D): Anything like that no↑
30. Prunella (P): No [do I
31. David (D): [No↑
32. Prunella (P): Need to mention that I started HRT↑
33. David (D): Yeah [we
34. Prunella (P): [Yeah
35. David (D): That's okay it shouldn't aff- affect anything we'd do today
36. David (D): or anything but yeah fine we need to make a note of that
37. David (D): [(?)
38. Prunella (P): [Yeah well I suppose it is something new
39. David (D): Yeah that's fine… do you know exactly which one it is
40. David (D): you're taking↑ or
41. Prunella (P): Em F- em Femoston I think↑
42. David (D): Oh right yeah↓
43. Prunella (P): I can give em the I can get the correct name if you like
44. David (D): It's okay I can probably look it up with with with… I
45. David (D): think I know (?)
46. Noelle (N): Sorry (this on)
47. Prunella (P): No you're grand
48. Noelle (N): Finger sticking in your head (laughing)
49. (12)
50. Prunella (P): I'd probably recognise it David
51. David (D): I know what you mean yeah I'm just having a look here
52. David (D): it's [it's not
53. Prunella (P): [Mm
54. David (D): Critical at this stage at the moment here we're fine it's
55. David (D): just just for my notes↓
56. (17)
57. Prunella (P): Actually I have a prescription [in my bag
58. David (D): [Oh do you↑ oh great
59. David (D): okay oh I mean that's good that's perfect that'll give us
60. David (D): [all the details
61. Prunella (P): [Silly me

62. David (D): Even <u>better</u> yeah↑
63. Prunella (P): Yeah
64. David (D): Sorry no I just (want to…bring) it up there [I was
65. Noelle (N): [Beside you
66. Noelle (N): (David)
67. David (D): That would be <u>super</u>… I'll say no to that
68. Prunella (P): Yeah
69. David (D): Let's have a look there yeah that's grand Femoston yeah
70. David (D): fine okay (?) <u>yeah</u> perfect that's grand okay↑ we can make
71. David (D): a make a proper note of that [now
72. Prunella (P): [Okay
73. David (D): If you can just go back to that chart (and the notes) thanks
74. David (D): very much there you go
75. Prunella (P): (coughs)
76. David (D): Yeah I'll just change (tha- ah no I'll hold on to it)…thanks
77. David (D): lovely↑
78. Noelle (N): Okay↑
79. David (D): Yeah that's it now↓ now there we <u>go</u> now so we're just
80. David (D): going to **have** a little look <u>here</u> and em (we'll) pop you
81. David (D): back <u>now</u> and see what we've got↓
82. Prunella (P): Mm-hmm
83. David (D): So keeping well otherwise↑
84. Prunella (P): Yeah↑ bus[y... working
85. David (D): [Busy I was going to say busy at work yeah↑
86. Prunella (P): Mainly working mm-hmm (laughing)
87. David (D): (laughing)
88. Prunella (P): But yeah it's all good
89. David (D): Ah that's good
90. Prunella (P): Looking forward to Christmas (the) break it'll be nice
91. David (D): Right yeah it's em (couldn't believe) Noelle said to me this
92. David (D): morning it was six weeks to [Christmas
93. Noelle (N): [Mm
94. Prunella (P): [Yeah
95. David (D): [(I went) "<u>What</u>↑" you know↑ [it's it's
96. Prunella (P): [That's right
97. David (D): I know we're in J- Aug- in November but it still seems like
98. David (D): it's eight weeks away [for some reason but obviously it
99. David (D): can't be but it just
100. Prunella (P): [I know
101. David (D): It sort of em a mismatch between reality and what you're

102. David (D): sort of [you
103. Prunella (P): [Mm
104. David (D): mentally expect it to be for some reason… let's have a
105. David (D): little look here now…so I just want to have a look at
106. David (D): everything first here (and see I put) a watch there no so
107. David (D): that's been filled since that's alright em let's have a look at
108. David (D): another one↑
109. (4)
110. David (D): CPITN there from before Noelle↑
111. Noelle (N): No↓
112. David (D): I didn't think so probably not…grab that definitely…just
113. David (D): have a look at the gums here as well if you don't mind
114. (11)
115. David (D): (Start) it there three zero
116. (6)
117. David (D): Em
118. (3)
119. David (D): Em
120. (19)
121. David (D): One two or actually not two make that two two
122. Noelle (N): Hold on I've got three zero
123. David (D): Three zero three
124. Noelle (N): Three
125. David (D): Yeah
126. Noelle (N): Then what
127. David (D): And then what
128. Noelle (N): And then yeah two two three
129. (6)
130. David (D): Yeah… so we've attachment loss as well well that's old
131. David (D): but it's it's it's (there) from before but (?) in there…(?)…
132. David (D): just put another watch on the occlusal of the lower left
133. David (D): seven there for me… it's pretty worn out at this stage
134. Prunella (P): Like myself David
135. Noelle (N): (laughing)
136. David (D): Yeah c'mon now don't [be that hard on yourself
137. Prunella (P): [(laughing)
138. David (D): No it's just just one of the old filling back [here
139. Prunella (P): [Mm
140. David (D): It's still still actually sealed it's still doing it's [job
141. Prunella (P): [Mm

142. David (D): it's just kind of the middle of it just got worn down there
143. David (D): but it's it's I mean I wouldn't be rushing to replace it you
144. David (D): know
145. Prunella (P): [Mm
146. David (D): [Just keep an eye on it↓ em I'll just sit you up there a wee
147. David (D): second I'll just have a little chat hang on em just looking at
148. David (D): the the gums okay↑ they're they're they're… they're not
149. David (D): great okay↑ we're definitely seeing some signs of
150. David (D): periodontal disease or or pyorrhoea to give it the old
151. David (D): common name you might know it by that and what that it
152. David (D): is in plain English is basically where the gums become
153. David (D): infected to the point they start to peel away from the teeth
154. David (D): [okay
155. Prunella (P): [Yeah
156. David (D): And then the the gum and indeed the bone that holds the
157. David (D): tooth in just melts away over time and eventually you just
158. David (D): end up with an otherwise perfectly good tooth lost because
159. David (D): the foundations are just gone you know so… em there I
160. David (D): mean there's certainly in in in three of the quarters in
161. David (D): particular there's clear-cut signs of things just not being
162. David (D): right there okay↑
163. Prunella (P): Right
164. David (D): Em…I think it's a bit far gone to be just relying on on on
165. David (D): getting you brushing now we do need to improve how
166. David (D): you're looking after things at home (I remember) we talked
167. David (D): about this before [but but we need to just look again and
168. David (D): maybe
169. Prunella (P): [Yeah
170. David (D): particularly cleaning in between okay↑ em and just see if
171. David (D): we can improve that some more but [it's em
172. Prunella (P): [Okay
173. David (D): There there **definitely** we're straying into problem territory
174. David (D): now ok[ay↑
175. Prunella (P): [Okay↓
176. David (D): And I would think we realistically we need to be looking
177. David (D): at at at a bit of gum treatment here okay↑ so
178. Prunella (P): Mm
179. David (D): We need to be looking at well I mean I you know well I
180. David (D): don't want to only do three quarters I'd do all four to be
181. David (D): honest you know cause even the fourth one is not quite as

182. David (D): bad but it's not great either you know so we're probably
183. David (D): looking at doing just the the four quarters…we have you
184. David (D): numb doing it okay↑
185. Prunella (P): [Yeah
186. David (D): [So it's just like the normal cleaning in many ways except
187. David (D): we're cleaning right under the gum [okay↑
188. Prunella (P): [Okay↓
189. David (D): I'll show you in the mirror cause it's quite easy to
190. David (D): demonstrate the [problem
191. Prunella (P): [Yeah
192. David (D): And actually let you see okay↑
193. Prunella (P): Mm
194. David (D): Em and apart from anything else if you can understand
195. David (D): what's going wrong then what we ask you to do in terms of
196. David (D): cleaning at home and stuff starts to make an awful lot
197. David (D): more [sense
198. Prunella (P): [Yes
199. David (D): Okay↑ so let's pop you back and we'll just have a little
200. Noelle (N): In there
201. Prunella (P): [Yes
202. David (D): [Em
203. Prunella (P): I know it's it's just em it I suppose it's myself I'm not as
204. Prunella (P): vigilant about it as I [should be
205. Noelle (N): [**Yeah**
206. David (D): [We we we yeah I mean you've got I
207. David (D): mean you've had damage this way before Prunella of
208. David (D): course haven't you↑ with the with the gums [I mean just
209. David (D): looking at the
210. Noelle (N): [No Jim
211. Prunella (P): No it was Jim
212. David (D): Oh Jim yeah of course that's right no no but no but there is
213. David (D): a bit of old damage there too [from recession and that↑
214. Prunella (P): [Yeah
215. David (D): But but you never had the actual pockets [I'll just show
216. David (D): you there a second
217. Prunella (P): [Yeah
218. David (D): Just hold that for me a wee minute↑
219. Prunella (P): Right
220. David (D): There… now… no I know I've never done any gum
221. David (D): treatment with you or anything like that but I was

222. David (D): thinking… you always had a little bit of loss around these
223. David (D): but if I just show you sorry this is blunt okay↑
224. Prunella (P): Mm
225. David (D): And just to show you this little space little space there
226. David (D): about three millimetres or so deep↑ you can see [that↑
227. Prunella (P): [Yeah
228. David (D): And that's actually okay [you know anything up to three
229. David (D): millimetres is basically normal okay↑
230. Prunella (P): [Mm
231. David (D): Em when I get further back though… I'm trying to get one
232. David (D): that'll show you easily they're more on the inside along
233. David (D): here but they're all oh that's that's that's just a bad angle it's
234. David (D): not that deep hang on… (there) I'll show you the bottom
235. David (D): (probably be just as easy) you okay there↑ well I hope you
236. David (D): can see there you alright yeah↑
237. Prunella (P): [Mm-hmm
238. David (D): [Well done… you can see that's going down about five
239. David (D): millimetres there↑ [okay↑
240. Prunella (P): [Mm-hmm
241. David (D): That's just too much it shouldn't be doing that okay↑ and I
242. David (D): mean this this the quarter that isn't so bad the lower right
243. David (D): [but
244. Prunella (P): [Mm
245. David (D): Over here you know I mean I'm just trying to show you
246. David (D): there you go that's going down ver- that's going down six
247. David (D): there [probably okay↑
248. Prunella (P): [Mm
249. David (D): So you know that's quite significant em we'll go over here
250. David (D): em ah sure that's only about four there there you go it's
251. David (D): five there now for example you know there's four and a
252. David (D): half we'll say so again you know fairly significant [okay↑
253. David (D): so
254. Prunella (P): [Yeah
255. David (D): I would think you know we should be okay with the **basic**
256. David (D): treatment you know↑ but you definitely that… smoking↑
257. Prunella (P): I am
258. David (D): Yeah how many a day↑ at the minute [honestly now c'mon
259. Prunella (P): [**Em**
260. David (D): In terms of just trying to give me an idea I'm [not trying to
261. David (D): stop (?)

262. Prunella (P): [At least ten
263. David (D): Hmm↑
264. Prunella (P): [Ten
265. David (D): [Yeah yeah em you see it's it's it's… take it off
266. David (D): sorry…[em
267. Prunella (P): [Yeah
268. David (D): The the problem is that while you're smoking and you've
269. David (D): got gum issues you're kind of fighting a losing battle to a
270. David (D): large extent you know↑
271. Prunella (P): [Yeah
272. David (D): [I'm not saying you shouldn't do the treatment but I mean
273. David (D): if if if we do nothing ignore the problem completely you're
274. David (D): probably looking at starting to lose teeth certainly within
275. David (D): ten years possible a bit less even you know↑ [I mean it's
276. David (D): it's
277. Prunella (P): [Oh no I'd agree
278. Prunella (P): we'll go with the treatment [yeah for sure
279. David (D): [Go with the treatment but
280. David (D): but but I would really ask you to look at smoking
281. Prunella (P): Okay
282. David (D): I know it's easy for me to say I don't smoke and you know
283. David (D): but
284. Prunella (P): Yes
285. David (D): I- if if you continue to smoke even with the gum treatment
286. David (D): you're you're you're going to end up losing some of these
287. David (D): regardless probably eventually [it might
288. Prunella (P): [Okay
289. David (D): Take longer [but you'll still lose them
290. Prunella (P): [Yeah
291. David (D): **Em** if you can get off the cigarettes
292. Prunella (P): Mm↑
293. David (D): There's no reason why you can't stop this you know in it's
294. David (D): tracks and if we can stabilise you where you are now
295. David (D): there's no reason why you can't hold on to the teeth you
296. David (D): know probably indefinitely okay↑
297. Prunella (P): [Okay mm
298. David (D): [Em I would like to get an x-ray as well just to have a
299. David (D): look at the bone levels just see exactly what bone is
300. David (D): actually missing or how much is left there [okay↑
301. Prunella (P): [Okay

302. David (D): So I think that'll be worth doing now I'll just grab that
303. David (D): quickly just at the [end this morning
304. Prunella (P): [Alright
305. David (D): Is that alright↑ [okay↑
306. Prunella (P): [Alright yeah that's no problem
307. David (D): Look we'll give things a bas- the the teeth are fine there's
308. David (D): no de- [no decay or anything like that
309. Prunella (P): [Yeah
310. David (D): We'll give things a go- just a basic clean here at least it'll
311. David (D): [help
312. Prunella (P): [Yeah
313. David (D): The help you with the brushing I'm going take my time
314. David (D): just talking about the cleaning as well [is that alright↑
315. David (D): okay↑
316. Prunella (P): [Okay thanks David
317. David (D): Can you grab that mirror for me a [minute again there↑
318. Prunella (P): [Mm-hmm
319. David (D): And just point five I'm guessing
320. Noelle (N): [Yeah
321. David (D): [Just have a look and see
322. (6)
323. [Sound of opening a plastic wrapper]
324. [Dentist proceeds to try different sized interdental brushes]
325. David (D): Just be a moment here↑ that's great thanks…I'll just be a
326. David (D): second here Prunella sorry [just going to have a look at
327. David (D): these
328. Prunella (P): [Yeah go on
329. David (D): Em let me just… show you here too (just) playing around
330. David (D): here now just… it'll be only two minutes (just only) (?) it's
331. David (D): kind of hit-and-miss you can see all the stuff coming <u>off</u>
332. David (D): on that okay↑ [so you see it's all the plaque in between em
333. Prunella (P): [Yeah
334. David (D): Just playing around with sizes here sorry just to see <u>em</u>
335. David (D): that's probably about right… yeah I think I'll sta- I'll keep
336. David (D): them this size it's fitting the vast majority you okay there↑
337. David (D): [well done↑
338. Prunella (P): [Mm-hmm
339. David (D): Yeah so what you do with this you'll see all the rubbish
340. David (D): coming off [it's very very straightforward
341. Prunella (P): [Yeah

342. David (D): It's just literally just pass it through like that give it a rub
343. David (D): and back out [okay↑ you
344. Prunella (P): [You don't go up to the gum [no
345. David (D): [Well well I'm
346. David (D): against the gum you feel me against the gum there↑ [okay↑
347. Prunella (P): [**Yeah**
348. David (D): So we are doing in between against the gum [okay so
349. Prunella (P): [Mm-hmm
350. David (D): Yeah you don't want to be up high you know [here
351. David (D): somewhere
352. Prunella (P): [Yeah
353. David (D): You want to be rubbing down against the gum em I mean
354. David (D): generally if you get the brush size right it will tend to go
355. David (D): there anyway you know↑ [(I'd say)
356. Prunella (P): [Okay
357. David (D): But just making sure now that's working pretty well there
358. David (D): you know↑ now I mean as I say you know it's quite st- sort
359. David (D): of awkward to get those ones but they are manageable
360. David (D): okay↑
361. Prunella (P): [Mm-hmm
362. David (D): [I mean see all the the muck coming off [there okay↑
363. Prunella (P): [Yeah
364. David (D): So thats all the plaque that's all the bacteria and that's why
365. David (D): the gums are are affected to the point they're starting to
366. David (D): come away on you here okay↑ as I say I'll just in through
367. David (D): here and it's like that well so you know we just do all these
368. David (D): spaces with the brush you know it's the back in particular
369. David (D): that's badly affected [okay↑
370. Prunella (P): [Yeah
371. David (D): So it's really these spaces towards the back they're the
372. David (D): crucial ones okay↑
373. Prunella (P): Yeah
374. David (D): Now you should be doing the ones further forward you can
375. David (D): use the brush if it fits if it doesn't fit I mean some of these
376. David (D): ones here might be too tight for it I would use a bit of floss
377. David (D): just anywhere it doesn't [fit okay↑
378. Prunella (P): [Okay yeah
379. David (D): The secret with these is not to force them okay↑
380. Prunella (P): Yeah
381. David (D): This is what I okay I'll just use this to demonstrate sorry

382. David (D): em if you go here you know I'm getting stuck on purpose
383. David (D): here now you know↑ well actually it's going through there
384. David (D): sorry em there we go you don't force that okay↑
385. Prunella (P): Yeah
386. David (D): (If it's stuck like that) you'll hurt yourself and you'll bend
387. David (D): the brush [okay↑
388. Prunella (P): [Okay
389. David (D): If it's not going through change the angle change the
390. David (D): direction and you'll find there's a sweet spot that it goes
391. David (D): through no problem at all ok[ay↑
392. Prunella (P): [Okay
393. David (D): Now the first time you do this you're kind of learning those
394. David (D): angles learning those directions so it might take you five
395. David (D): ten minutes okay↑... if it does don't panic just be patient
396. David (D): take your time and what you'll find is within a week or so
397. David (D): you'll probably do it in sort of two and a half three minutes
398. David (D): okay↑
399. Prunella (P): Yeah
400. David (D): Patients using these for six months don't even need a
401. David (D): mirror anymore they can sit and just watch tv and do it you
402. David (D): know↑
403. Prunella (P): Mm
404. David (D): Without even thinking...becomes like riding a bicycle but
405. David (D): it takes time to get to that point but if it takes ten minutes
406. David (D): or something tonight don't get frustrated just be patient
407. David (D): [you'll
408. Prunella (P): [Yeah
409. David (D): Speed up very very quickly without even trying
410. Prunella (P): Yeah
411. David (D): Okay↑ but we need to be getting in around these [far far
412. David (D): better
413. Prunella (P): [Okay
414. David (D): Okay↑ I'll give you a pack of those to start you off okay↑
415. David (D): the [size I'm giving you is a point five millimetre↑ [oh
416. David (D): sorry sorry
417. Prunella (P): [Okay [right
418. David (D): I'll get that off there em it's a point five millimetre↑
419. Noelle (N): (coughs)
420. David (D): Em and em they come in a pack of eight...once a day is
421. David (D): enough with these okay↑ so your best bet is night time so

422. David (D): you do your normal brushing first then use these you know
423. David (D): then you go to bed that way the gums are nice and clean
424. David (D): for a number of hours em the you can re-use these you
425. David (D): rinse them off and use them again [you normally get a few
426. David (D): goes out of each
427. Prunella (P): [Yeah
428. David (D): When the bristles shed sort of comes of starts to
429. David (D): disintegrate basically bin it go for the next one okay↑
430. Prunella (P): Okay
431. David (D): Em so a pack like that should do you you know six weeks
432. David (D): eight weeks potentially even em the little clear lid much
433. David (D): more usefully goes on the other end to give you a long
434. David (D): handle okay↑
435. Prunella (P): [Okay
436. David (D): [So you'll find that a godsend for doing down the back
437. David (D): [in particular
438. Prunella (P): [Right
439. David (D): You'll find these in every pharmacy in Ireland [most
440. David (D): supermarkets have them as well
441. Prunella (P): [Mm
442. David (D): It's quite often this manufacturer I'm not absolutely
443. David (D): concerned with who makes them but as long as you get the size right
444. David (D): [okay↑ if you buy a point seven
445. Prunella (P): [Yeah okay
446. David (D): Or something that won't fit if [you buy
447. Prunella (P): [I know
448. David (D): A little tiny point four it'll go through without actually
449. David (D): cleaning anything properly okay↑ [so that that
450. Prunella (P): [Okay
451. David (D): Then we may look at the size again but for the minute
452. David (D): that's definit[ely where we want you okay↑ [so
453. Prunella (P): [Okay [alright
454. David (D): You take that pack [with you
455. Prunella (P): [I will do that
456. David (D): Yeah that'll get you going so
457. Prunella (P): Mm-hmm
458. David (D): You've no excuses now for
459. Prunella (P): No [it's my exercise
460. David (D): [Yes yeah mm-hmm exactly ah you'll be i- i- i- it
461. David (D): you'll be amazed how how quickly [you'll get used to it

462. Prunella (P): [Mm
463. David (D): You know but I say but just be patient the first couple of
464. David (D): goes you know because it's it's like anything new you need
465. David (D): to learn the directions learn the angles (you know) [it does
466. David (D): take time
467. Prunella (P): [Yeah
468. Noelle (N): Anyway will you put that in the front of the [(?) computer
469. David (D): [Oh right
470. David (D): yeah sure
471. Noelle (N): Thanks
472. David (D): It's getting squished is it↑
473. Noelle (N): Bashed yeah
474. David (D): No problem
475. Noelle (N): And put the mirror at the back [so that way it won't get hit
476. Noelle (N): thank you
477. David (D): [Right yeah yeah makes
478. David (D): makes sense there…now
479. Noelle (N): Can you pop on them safety glasses Prunella please↑
480. David (D): Ah yeah [sure sorry
481. Prunella (P): [Mm-hmm
482. David (D): [Shove those on
483. Noelle (N): [Thanks a million
484. David (D): Thanks…grand now…(we'll get going here now)
485. [Sounds of suction unit and scaler]
486. (4)
487. David (D): Now
488. Noelle (N): (?)
489. David (D): Turned down to nothing hang on yeah set to zero…now I'll
490. David (D): not go under the gum when I'm here Prunella we're just
491. David (D): doing just a normal clean okay [but
492. Prunella (P): [Mm-hmm
493. David (D): It just means that the brush has access to the area a bit
494. David (D): better you know↑ em… (so when you clean you get the
495. David (D): back of them)…(?) if you don't mind I'll just grab the x-ray
496. David (D): we need to do as well okay↑
497. Prunella (P): [Mm
498. David (D): [(?)
499. (10)
500. David (D): (We need) more tissues
501. Noelle (N): Hmm↑ (you want) tissues↑

502. Prunella (P): Mm-hmm
503. David (D): Oh sorry sorry the usual usual program enquiries there
504. Noelle (N): Yeah
505. David (D): Water everywhere…sorry don't want to drown you too
506. David (D): much
507. Prunella (P): I'm grand
508. David (D): Okay (here we go)
509. [Sounds of suction unit and scaler]
510. (62)
511. David (D): What time do you expect the man to collect those on
512. David (D): Monday↑
513. Noelle (N): Pardon↑
514. David (D): [Researcher] to collect [those on Monday
515. Noelle (N): [Oh right
516. David (D): So if you could let him know when the recalls are for those
517. David (D): two that are coming back and give him the dates and times
518. David (D): and stuff [so he knows when he has to get them back to us
519. Noelle (N): [Yeah
520. David (D): You can also apologise (from me) first of all (not having
521. David (D): collected the release form from the first patient from
522. David (D): [Philomena)
523. Noelle (N): [Mm
524. David (D): (There'll be no problem to get them like she'll bring it the
525. David (D): next [day)
526. Noelle (N): [Yeah
527. David (D): (?) and also apologise for me leaving the radio on the first
528. David (D): one
529. Noelle (N): He's going to hear you saying all [that
530. David (D): [(Ah yeah fair enough)
531. Noelle (N): (laughing)
532. David (D): (laughing) Ah well there you go we don't need you to (tell
533. David (D): him)
534. Noelle (N): (laughing)
535. [Sounds of suction unit and scaler continues]
536. David (D): See that's how (little) self-conscious I am about them now
537. David (D): couldn't care less em but no I don't care (?) apologise to
538. David (D): him (anyway) that I left the radio on in the first one so
539. David (D): might have ruined it…in sort of a directional sense cause
540. David (D): they are…but we got three good ones….hopefully
541. David (D): (laughing)

542. Noelle (N): (laughing)
543. David (D): (Open wide now)
544. [Sounds of suction unit and scaler continues]
545. (75)
546. David (D): You okay there Prunella yeah [(we're nearly there now)
547. David (D): sorry
548. Prunella (P): [Mm-hmm
549. David (D): (We don't have too much more to go here) just another …
550. David (D): (Aside from the gum) I mean it's cleaning all this general
551. David (D): stain…we can blame the cigarettes for doing that I'm
552. David (D): afraid
553. Noelle (N): (laughing)
554. [Sounds of suction unit and scaler continue]
555. (27)
556. David (D): Now…now
557. [Sounds of suction unit and scaler continue]
558. (7)
559. David (D): (There we are)
560. (13)
561. David (D): And thanks
562. [Sounds of suction unit and scaler cease]
563. (3)
564. David (D): That's grand a couple of bits by hand here… then give
565. David (D): them a
566. Prunella (P): good polish
567. Prunella (P): Mm-hmm
568. David (D): And then mostly done for today…yeah we we'll need to
569. David (D): get you back and get the gums sorted here [okay↑
570. Prunella (P): [Okay
571. David (D): So we'll just
572. (4)
573. David (D): Unfortunately cigarettes play a <u>really</u> big part in this
574. David (D): [you know so
575. Prunella (P): [Mm-hmm
576. David (D): Even if you could reduce it would help [you know
577. Prunella (P): [Mm-hmm
578. David (D): Five a day is better than ten
579. Prunella (P): Mm-hmm
580. David (D): So
581. (3)

582. David (D): Apart from anything else it's an expensive hobby
583. Prunella (P): Mm-hmm
584. David (D): Even ten a day it's like what the the guts of two grand a
585. David (D): year now isn't it like↑ you know or near enough
586. Prunella (P): Well I cut down
587. David (D): You were you were [on more weren't you↑
588. Prunella (P): [I'm I'm on rollies
589. David (D): Yeah you're on rollies now↑
590. Prunella (P): Yeah
591. David (D): Oh worst of all no filter even
592. Prunella (P): Yeah… I have a filter
593. David (D): Oh right I know what you mean yeah one of the little end
594. David (D): things↑ okay
595. Prunella (P): Yeah
596. David (D): Oh dear
597. Prunella (P): I know
598. David (D): I
599. Prunella (P): We'll find a way to keep smoking
600. David (D): I know it's what I always say to Noelle even if we threw
601. David (D): them (dead) away she'd probably smoke seaweed on you
602. David (D): or [something now
603. Noelle (N): [(laughing)
604. David (D): Tree leaves rolled up
605. Prunella (P): Mm
606. [Sound of polishing drill]
607. (6)
608. David (D): Great em just almost done (?)…that's that for the minute…
609. David (D): so yeah definitely go on those little brushes okay↑
610. David (D): [in particular
611. Prunella (P): [Mm-hmm
612. David (D): You you your normal your normal brushing you know
613. David (D): with the the toothbrush isn't too bad [you know
614. Prunella (P): [Mm
615. David (D): It's in between that's killing you here [you know so
616. Prunella (P): [Mm
617. David (D): I mean so in terms of the cleaning you know that's the the
618. David (D): first big change [you need to make you know↑
619. Prunella (P): [Mm
620. David (D): As I say and you're ah okay you're on look at cut back on
621. David (D): the smokes a bit that's going to help too you know↑ so

622. (3)
623. Prunella (P): Yeah
624. David (D): I often tell patients it's a simple choice you can pick teeth
625. David (D): or cigarettes because you're not keeping both
626. David (D): [let me tell you
627. Prunella (P): [I know I know
628. David (D): That's unfortunately the truth [quoted through as it may be
629. Prunella (P): [Mm-hmm
630. David (D): Em you know so it's it's it's just you know I know it's easy
631. David (D): for me to lecture but just really try and look at that you
632. David (D): know [just for the gums' sake you know cause
633. Prunella (P): [Mm-hmm
634. David (D): From my point of view it's soul-destroying to be doing
635. David (D): treatment and you know sort of get a so-so improvement
636. David (D): [you know what I mean
637. Prunella (P): [Yeah and then I smoke
638. David (D): And then you'll be struggling on (?) you know part of what
639. David (D): I ideally like to do is to fix this do it once and not do it
640. David (D): again [just maintain thing you know just look after things
641. David (D): after that
642. Prunella (P): [Yes
643. (3)
644. David (D): Not to be constantly trying fighting this losing battle
645. David (D): because [unfortunately
646. Prunella (P): [Mm
647. David (D): If you're smoking it it it quite often deteriorates into
648. David (D): something like that
649. Prunella (P): Okay
650. David (D): How's Jim keeping anyway↑
651. Prunella (P): He's good
652. David (D): Yeah↑
653. Prunella (P): Ah em you know
654. David (D): Good
655. Prunella (P): Working away yeah
656. David (D): Good [excellent
657. Prunella (P): [I'll send him over to you
658. David (D): Ah yeah he's probably due by now I'm guessing [isn't he
659. David (D): I'd say
660. Prunella (P): [Yeah
661. David (D): Yeah…but em yeah I'm glad to hear he's keeping well and

662. David (D): all
663. Prunella (P): Mm-hmm
664. David (D): He's back working anyway is he↑
665. Prunella (P): Yeah [it ain't bad
666. David (D): [That's that's good that's good em… gets you up
667. David (D): and out of out of the house [as they say doesn't it↑
668. Prunella (P): [Ah yeah it's great
669. David (D): Just open a little more there
670. [Sound of polishing drill]
671. (3)
672. David (D): Okay any job's better than no job it [doesn't matter what
673. David (D): (?)
674. Prunella (P): [Mm
675. David (D): The old thing of of but em it's easier to get a job when you
676. David (D): have a job [as well you know↑ so
677. Prunella (P): [Mm
678. David (D): You're always better doing anything
679. [Sound of suction and polishing drill]
680. (32)
681. David (D): All done that's really good...now...(just have a little look in
682. David (D): here)
683. (7)
684. David (D): Sorry there [(could you just?)
685. Prunella (P): [Hmm↑
686. David (D): (We'll just go hard at this and then ?)
687. Noelle (N): (?)
688. David (D): (Well) we got some of it...okay well look sure we'll get
689. David (D): you back anyway and we'll get going I'll just get the x-ray
690. David (D): here quickly if you don't mind okay↑ [is that alright↑ just
691. David (D): so we have that there
692. Prunella (P): [Sure absolutely
693. David (D): Last little look and then we can...we can call it [a day for
694. David (D): you today oh yeah have a good wash out there yeah lovely
695. Noelle (N): [Have a
696. Noelle (N): rinse tissue beside the bowl [there for you
697. Prunella (P): [Thanks (now)
698. Noelle (N): No problem
699. David (D): Now
700. [Beep of machinery]
701. David (D): Ah you've already got this (set up)...ah

702. Noelle (N): I'll leave them there for you
703. Prunella (P): [Thanks Noelle
704. David (D): [Now
705. Noelle (N): You can take [off the glasses and the bib if you [like
706. David (D): [Right [oh yeah
707. David (D): sure
708. Noelle (N): We're done with all them [there thank [you so much
709. David (D): [We're done with all that yeah
710. Prunella (P): [Thank you
711. David (D): Finish finished in here...now
712. Noelle (N): Thanking [you
713. Prunella (P): [Thanks honey
714. Noelle (N): No problem
715. David (D): Okay↑ so
716. Noelle (N): [You just follow [David
717. Prunella (P): [(?)
718. David (D): [You you want to follow come on with
719. David (D): me
720. Prunella (P): Yeah
721. David (D): I'm going to move us out of the room for this one so (if
722. David (D): you'd like to come with me)
723. [Dentist and patient leave the room to take an x-ray]
724. [Sounds of nurse cleaning the room]
725. [Muffled sounds of dentist and patient from adjoining room]
726. (152)
727. [Dentist and patient return to the room]
728. David (D): Now so
729. Prunella (P): (Wow)
730. David (D): In and have a look here so yeah yeah come on over to the
731. David (D): screen [if you want here I'm just going to rinse my hands
732. David (D): off
733. Prunella (P): [(Reminds me a bit of a scales)
734. Noelle (N): (laughing)
735. David (D): That's you that's the there's like the the whole jaw folded
736. David (D): out flat [basically
737. Prunella (P): [Wow
738. David (D): Okay↑ so there's it lets you see there's (some of) the teeth
739. David (D): that haven't come up here (incidentally [lying there) for
740. David (D): example
741. Prunella (P): [My buried one

742. Noelle (N): [**Yeah**
743. David (D): [Mm-hmm and also the the two wisdom teeth as well
744. David (D): indeed **em**
745. (3)
746. David (D): Something distal on that maybe actually...might be one
747. David (D): filling to do there as well... that one there **em** [**the**
748. Prunella (P): [That's my
749. Prunella (P): crown obviously
750. David (D): Yes [that's right yeah that's the root-canal treatment
751. Prunella (P): [And my (and then)
752. David (D): You see the line goes right [up inside↑
753. Prunella (P): [Yeah
754. David (D): So that's where they they cleaned out the nerve [okay↑
755. Prunella (P): [Mm
756. David (D): The reason I've taken this is really to see the bone level so
757. David (D): if you see sort of here [okay↑ that's the bone
758. Prunella (P): [Yeah
759. David (D): Well it's it's I mean you've lost a bit certainly the one here
760. David (D): for example I mean that's that's definitely maybe fifteen
761. David (D): twenty percent bone loss
762. Prunella (P): Yeah
763. David (D): It's more than we'd like [but it's not diabolical [okay↑ you
764. David (D): know
765. Prunella (P): [Yeah [Right
766. David (D): I mean that will that should respond okay still it's actually
767. David (D): interesting I don't know if you can see but there's like two
768. David (D): little tiny little white lump just on the edge of that↑
769. Prunella (P): Yeah
770. David (D): Little white lump there and those are actually the lumps of
771. David (D): calculus or tartar the hard build-up in underneath the gum
772. David (D): you can actually see it on the x-ray now
773. Prunella (P): Right
774. David (D): When you see it on the x-ray it usually means there's a fair
775. David (D): old bit you can see there as well you know so [I mean so
776. Prunella (P): [Yeah
777. David (D): These are the areas I was talking we need to clean
778. David (D): underneath the gum [you know↑
779. Prunella (P): [Yeah
780. David (D): Em the bottom okay there's bone loss around this but that's
781. David (D): different it because it's an impacted tooth but

782. Prunella (P): Mm
783. David (D): There's a bit there with the same problem but I mean bone
784. David (D): levels on the bottom aren't too bad we're definitely in more
785. David (D): trouble at the top [okay↑
786. Prunella (P): [Yeah
787. David (D): And that would be consistent with a smoker as well
788. Prunella (P): [**Right**
789. David (D): [Because obviously you think about a smoker and it's it
790. David (D): affects
791. Prunella (P): [Yeah
792. David (D): [Top more than the bottom typically **em** yeah we we we
793. David (D): definitely need to do a bit of a bit of gum [treatment here
794. Prunella (P): [Okay
795. David (D): I might be just taking the next day I won't don't worry
796. David (D): won't keep you now but I might take a small x-ray just of
797. David (D): this left hand area [as well just
798. Prunella (P): [Yeah do you want to do it now↑
799. David (D): Ah no it's okay it's we're not set up for it [we I'll make a
800. David (D): note
801. Prunella (P): [Alright
802. David (D): And do it next day there's no panic it's just em we might
803. David (D): end up having to do a filling at the back of that I'm not sure
804. David (D): okay↑
805. Prunella (P): Yeah
806. David (D): We wouldn't trust this x-ray a hundred percent for looking
807. David (D): for cavities okay↑
808. Prunella (P): Okay
809. David (D): But I definitely must follow up and just take a small
810. David (D): picture just to re-check that [area now it could
811. Prunella (P): [Alright then
812. David (D): Just be a shadow it may be [nothing okay↑
813. Prunella (P): [That's fine
814. David (D): Em but we need to follow it up the next day
815. Prunella (P): [Alright
816. David (D): [The no so look I mean yeah I mean the bone levels are
817. David (D): are you know a bit more maybe there in particular but I
818. David (D): mean they're they're kind of what I would have expected to
819. David (D): see you know↑ [so
820. Prunella (P): [Yeah
821. David (D): It's em you know we've just got to try and and and just I'm

822. David (D): wondering about this tooth here... see there's a little bone
823. David (D): missing there I wonder is it the one that's laying on the
824. David (D): bottom it's on the inside↑ you know the one that's tilted
825. David (D): right in↑
826. Prunella (P): Mm
827. David (D): The one that's crowded out it yeah the one instanding one
828. David (D): that's right yeah that's right the one that's leaning in I
829. David (D): would no it's on the other side
830. Prunella (P): Oh right
831. David (D): It's this this one here the one that's pointing the one that's
832. David (D): up yeah that one that's sticking on the inside↑
833. Prunella (P): Sorry which one↑
834. David (D): This one here...just there... the one that's like tipped [right
835. David (D): in
836. Prunella (P): [The
837. Prunella (P): buried one↑
838. David (D): The yeah [it's half-buried yeah
839. Prunella (P): [Yeah yeah
840. David (D): That's this one here [the other one the other one's got's no
841. Prunella (P): [Oh I thought that was that
842. David (D): No that's completely buried
843. Prunella (P): Oh so I still have a [buried one↑
844. David (D): [That's yeah that's not that hasn't
845. David (D): come up at all okay↑ [that's completely impacted
846. Prunella (P): [(Oh my god)
847. David (D): This one is kind of as you say it's it's all up on the inside it
848. David (D): makes this area generally extremely difficult to keep clean
849. Prunella (P): okay↑ I know I do try and
850. David (D): Yeah oh ah yeah it it's just the set-up's a nightmare there
851. David (D): and it it given the amount of bone missing there it may
852. David (D): make sense to consider even getting this [out of there
853. Prunella (P): [Taken out↑
854. David (D): Exactly so at least then it protects the other two you know↑
855. David (D): [but I mean [y-
856. Prunella (P): [And get a filling or a [false one or [something↑
857. David (D): [You wouldn't need to
858. Prunella (P): [Would I not↑
859. David (D): [It's right inside no you can't see it if I [take that out
860. David (D): (like)
861. Prunella (P): [So you can't (?)

862. David (D): Here have a mirror you won't here like I said look the other
863. David (D): two are touching it's completely if you take that inside one
864. David (D): out that's one tooth two teeth three teeth [that's a separate
865. David (D): tooth (in here)
866. Prunella (P): [Oh so take the
867. Prunella (P): one on the bottom↑
868. David (D): Take the take this one that's right in there
869. Prunella (P): Mm
870. David (D): Out
871. Prunella (P): Mm
872. David (D): And I mean if you you you can't see anything there's no
873. David (D): space at all there
874. Prunella (P): That's true [yeah
875. David (D): [It's it's not in the line at all you know↑ [em
876. Prunella (P): [I
877. Prunella (P): thought I'd have to get my gum cut or something for
878. Prunella (P): that↑
879. David (D): The the question would be how difficult it is to remove
880. David (D): absolutely okay↑ [I mean (and we need this to kind of look
881. David (D): at that)
882. Prunella (P): [Right
883. David (D): But it's it might be worth considering I'm not I'm not
884. David (D): looking to make a decision at this stage I mean [no
885. Prunella (P): absolutely not
886. Prunella (P): [Yeah
887. David (D): Em you know we'll we'll do the gums first get the basic
888. David (D): work done see how it responds okay↑ but **long** term it may
889. David (D): end up making sense to remove [that one
890. Prunella (P): [Yeah
891. David (D): I'm just kind of flagging it [to you now
892. Prunella (P): [I know yeah
893. David (D): So I'm not springing it as a surprise [in six months' time
894. Prunella (P): [Do many people have
895. Prunella (P): these buried teeth↑
896. David (D): It can happen...yeah it well it's something [I mean see
897. Prunella (P): [I know how it
898. Prunella (P): came up [this one
899. David (D): [These are these are yeah these are quite I have
900. David (D): one like that myself actually [these are
901. Prunella (P): [I (bit) down on it really in

902. Prunella (P): anger once [and next thing it appeared
903. David (D): [Right
904. David (D): Yeah yeah okay well th- [it probably would have come up
905. Noelle (N): [(laughing)
906. David (D): Anyway to be honest [it would have yeah I don't think
907. David (D): [well
908. Prunella (P): [Would it have↑ [yeah
909. David (D): I don't think you made it it probably [would have come up
910. Noelle (N): [(laughing)
911. David (D): Anyway just if th- that one's just tipped inwards you
912. David (D): know↑I have one similar actually [as I say
913. Prunella (P): [Yeah
914. David (D): On on the same side actually em
915. Prunella (P): Yeah
916. David (D): That's not unusual at all
917. Prunella (P): Mm
918. David (D): It's a bit more unusual to see one like this where it's
919. David (D): completely trapped in underneath the other two and hasn't
920. David (D): come up at all you know↑ ...but yeah I've seen it I've seen
921. David (D): it before it's not you know
922. Prunella (P): My Mum when I was a kid had a I think about six teeth
923. Prunella (P): on either side removed
924. David (D): Yeah
925. Prunella (P): To make room for [cause so you can imagine
926. David (D): [Right because she was crowded
927. Prunella (P): Had she not done that
928. David (D): Yeah yeah [she'd no
929. Prunella (P): [I don't I don't know it would look like now
930. David (D): Yeah well there no I mean it's it's it's it's you know it's
931. David (D): fairly it's your fairly crowded down in the bottom that's
932. David (D): why it's like that you know [but
933. Prunella (P): [Yeah
934. David (D): Look I mean let's let's get you back we'll do the gums
935. David (D): [get
936. Prunella (P): [Yeah
937. David (D): The basic work done [first
938. Prunella (P): [(And I'll do more)
939. David (D): Yeah you've got the homework to do [okay↑
940. Prunella (P): [**Yes**
941. David (D): I always tell patients 'It's eighty percent your work and

942. David (D): twenty percent my work' [okay↑ so you know↑
943. Prunella (P): [And you're right David yeah
944. David (D): You're the
945. Prunella (P): For sure
946. David (D): You're you're the you're the ringleader [I'm (only the
947. David (D): helper)
948. Prunella (P): [Yes (laughing)
949. David (D): Okay the ringmaster I should say
950. Prunella (P): I'm the example for [shame (laughing)
951. David (D): [Yeah **exact**- oh listen come on
952. David (D): now...em oh there they are there actually [I'll pass that to
953. David (D): you so
954. Prunella (P): [Thanks very
955. Prunella (P): much
956. David (D): You don't don't forget them okay↑
957. Prunella (P): Yeah
958. David (D): That's it [alright↑ so we'll book you back
959. Prunella (P): [Alright well have a good weekend
960. David (D): Yeah okay and we'll get going on the gums the next day
961. David (D): [alright↑
962. Prunella (P): [See you soon
963. David (D): Talk to [you again okay↑
964. Prunella (P): [Thanks a million David
965. David (D): Thanks now [take it easy
966. Prunella (P): [Bye

Case 12

Case 12

1. Danielle (D): Hi Philip how are you doing [this morning there
2. Danielle (D): (laughing)
3. Philip (P): [Yeah
4. Danielle (D): Hi my name is Danielle I'm one of the dentists here
5. Danielle (D): [nice to meet you
6. Philip (P): [Hi Danielle nice to meet you I'm very well
7. Danielle (D): What can I do for you today↑
8. Philip (P): Just a (simple) clean
9. Danielle (D): Just a [clean↑
10. Philip (P): [Clean yeah

11. Danielle (D): No problem at all there
12. (6)
13. Danielle (D): If you grab a wee seat here
14. (3)
15. Danielle (D): And you were here seven months ago [the address and
16. Danielle (D): all (?)
17. Philip (P): [Em I've been seen
18. Philip (P): up the North (for mouth ulcers and emergencies but I
19. Philip (P): haven't had a clean for a while so)
20. Danielle (D): No problem look I'm just going to pop the wee
21. Danielle (D): chair back [now
22. Philip (P): [Yeah yeah sure
23. Natalie (N): I'll give you those glasses to wear
24. Philip (P): Okay thanks
25. (8)
26. Natalie (N): Sorry there...thank you
27. (4)
28. Danielle (D): Did you have a nice weekend for yourself
29. Philip (P): Working the whole weekend... so
30. Danielle (D): Busy busy
31. Philip (P): (Like I've never been away) (laughing)
32. Danielle (D): Aw (laughing)... not nice outside [there today sure it's
33. Danielle (D): not
34. Philip (P): [No it's nasty so it is
35. (6)
36. Danielle (D): We'll start there on the lower left and work our
37. Danielle (D): way around there okay
38. [Noise of scaler and suction]
39. (225)
40. Natalie (N): Are you okay↑
41. Philip (P): Mm-hm
42. Danielle (D): Philip if you could turn your head to the right a little bit
43. Danielle (D): and then push it back a tiny bit... very careful
44. (151)
45. Danielle (D): You watched any of the rugby over the weekend
46. Danielle (D): yourself↑ [or anything
47. Philip (P): [No missed everything
48. Danielle (D): Too busy (laughing) (?)
49. Philip (P): I'll catch it this morning on the Player
50. Danielle (D): Yeah I (mean) you've a day off

51. Philip (P): Well I go in at three
52. Danielle (D): That's not too not too bad a few hours off for yourself
53. Danielle (D): anyway
54. Philip (P): Yeah
55. Danielle (D): I'm just going to do a wee polish here [okay↑
56. Philip (P): [Yeah
57. (95) [Sounds of drill]
58. Danielle (D): Now we'll give you a little rinse there...here I'll
59. Danielle (D): pop the chair up again for you
60. (9)
61. Philip (P): (In here↑)
62. Natalie (N): Yeah
63. (22)
64. Natalie (N): Now [I'll look after those Philip
65. Philip (P): [Thanks very much cheers
66. Danielle (D): Philip I'm just going to give you a wee look in the mirror
67. Danielle (D): there and check the teeth that you're [happy with those
68. Danielle (D): there
69. Philip (P): [(Yeah fair play)
70. Philip (P): Yeah good
71. Danielle (D): Feeling a bit better
72. Philip (P): Yeah much better
73. Danielle (D): No bother
74. Philip (P): Thanks very much yeah
75. Danielle (D): Kev I just couldn't get you em there's just a wee form
76. Danielle (D): here if you just had a had a minute today or
77. Philip (P): Yeah oh the survey yeah I saw it outside
78. Danielle (D): Just a colleague of mine is doing a little bit of em
79. Danielle (D): research in it so
80. Philip (P): Okay
81. Danielle (D): It's just the... address is on the envelope here so just a
82. Danielle (D): little form to fill out about your experience here
83. Philip (P): Oh yeah for the cleaning
84. Danielle (D): Ay if you got a chance to do it that would be great
85. Philip (P): That would be yeah yeah good
86. Danielle (D): Well thanks [for coming in
87. Philip (P): [Thanks very much guys
88. Danielle (D): Have a nice day
89. Natalie (N): Thank you enjoy yourself
90. Danielle (D): Bye

91. Natalie (N): Bye

Case 13

Case 13

1. Danielle (D): Morning Paige how [are you today↑ (laughing)
2. Paige (P): [How's it going
3. Natalie (N): You can put your coat there if you like
4. Paige (P): Thanks
5. Danielle (D): So my name is Danielle I'm one of the dentists here nice
6. Danielle (D): to meet you (laughing)
7. Paige (P): You too
8. Natalie (N): Oops
9. Danielle (D): And what can I do for you today↑
10. Paige (P): Em just a clean and and kind of a quick check I've a little
11. Paige (P): bit of sensitivity on my top up here but [that should be it
12. Paige (P): hopefully (laughing)
13. Danielle (D): [Okay no problem
14. Danielle (D): at all and em no other problems apart from the [wee bit
15. Danielle (D): of sensitivity there
16. Paige (P): [Em I
17. Paige (P): don't think so no it's longer I had root canal done in 2010
18. Danielle (D): Okay
19. Paige (P): Em in the same place so I don't know is it's just cause the
20. Paige (P): gums are receding or not sure what
21. Danielle (D): Okay well we'll have a little look and see [what shows
22. Danielle (D): up
23. Paige (P): [Thanks
24. Danielle (D): You know↑
25. Paige (P): Right
26. (4)
27. Danielle (D): Just put the wee chair back here
28. Paige (P): Mm-hmm
29. Danielle (D): And have a little look
30. Paige (P): Yeah
31. (5)
32. Danielle (D): Now big big stretch here for a minute (if you'd) great
33. (4)
34. Danielle (D): So chart wise… the upper right eight's missing↑ seven
35. Danielle (D): okay six m-o amalgam

36. (7)
37. Danielle (D): Five four three two one okay… one two three okay four
38. Danielle (D): five okay six m-o-d part amalgam seven okay and eight
39. Danielle (D): missing… lower left eight missing seven okay six okay
40. Danielle (D): five four three two one okay... one two three four five
41. Danielle (D): okay… six seven okay and eight missing
42. (5)
43. Danielle (D): New comments now
44. (6)
45. Danielle (D): B-P-E (goes) two two one
46. (3)
47. Danielle (D): Two
48. (10)
49. Danielle (D): One two then… will you pop your tongue up to the top
50. Danielle (D): of your mouth for me and touch the left cheek and the
51. Danielle (D): right cheek there perfect
52. (10)
53. Danielle (D): A little bit of Endofrost there as well please
54. (9)
55. Danielle (D): Just if you can tell me do you feel anything at all here
56. Paige (P): Mm-hmm
57. Danielle (D): And how about here↑ No↑
58. Paige (P): Mm-hmm
59. Danielle (D): Yeah okay
60. (3)
61. Danielle (D): So what we're going to do I'd say is just get some x-rays
62. Danielle (D): is that okay with you no way you can be pregnant or
63. Danielle (D): anything↑
64. Paige (P): No
65. Danielle (D): Perfect… so I'll just do periapical of the upper left and
66. Danielle (D): then some bitewings as well
67. Natalie (N): Yes
68. (10)
69. Danielle (D): Bitewings
70. Natalie (N): Thank you Danielle
71. (8)
72. Danielle (D): Put this in and
73. (3)
74. Danielle (D): If I could get you there to open again for me like that
75. Danielle (D): and em if you just bite together now perfect

76. (7)
77. Danielle (D): So I'm just going to go outside and then [(the noise will
78. Danielle (D): go)
79. Paige (P): [Mm-hmm
80. (17)
81. Danielle (D): Okay and the other side…and right bite down a little for
82. Danielle (D): me that's lovely
83. (19)
84. Danielle (D): Okay I just want to get another x-ray there of that tooth I
85. Danielle (D): think you had the root canal done
86. Paige (P): Yeah
87. Danielle (D): Up there so we'll just check that
88. (61)
89. Danielle (D): Okay brilliant well done… thank you very much now
90. Natalie (N): (?)
91. (38)
92. Danielle (D): Okay so the x-rays look okay there em with regards to
93. Danielle (D): the root canal treatment [em
94. Paige (P): [Mm-hmm
95. Danielle (D): You don't have a crown on that as of yet
96. Paige (P): No
97. Danielle (D): So I don't know did you em last time did they mention
98. Danielle (D): [getting a crown↑
99. Paige (P): [Yeah she'd
100. Paige (P): said em she'd filled it and she was like "Look it might hold
101. Paige (P): it might break but potentially that will need to maybe get a
102. Paige (P): permanent kind of structure" [so it's a matter of yeah
103. Danielle (D): [Well we would we would
104. Danielle (D): recommend [you know
105. Paige (P): [Yeah
106. Danielle (D): Just em em putting a crown on the tooth there
107. Paige (P): Mm-hmm
108. Danielle (D): What it is is basically em for a shell you know it has em
109. Danielle (D): [ceramic
110. Paige (P): [Yeah the different yeah
111. Danielle (D): And you know you can either get an all-ceramic crown
112. Danielle (D): or one with a layer of metal in it and it just strengthens
113. Danielle (D): the [tooth after the root canal
114. Paige (P): [Yeah
115. Danielle (D): Be prone to fracturing so as I said I can put that on the

116. Danielle (D): plan for if you like
117. Paige (P): [Okay
118. Danielle (D): [There em the rest of the teeth are looking okay there em
119. Danielle (D): gums a little bit inflamed at the minute
120. Paige (P): Yeah
121. Danielle (D): And so we'll get them really clean [(?)
122. Paige (P): [Mm-hmm
123. (13)
124. Danielle (D): Okay so we'll just do a wee clean for you now
125. Paige (P): Mm-hmm
126. (16)
127. Danielle (D): Now… going to start on your lower left
128. (213)
129. Danielle (D): Just if you could turn to the right side please thank you
130. (54)
131. Danielle (D): Yeah
132. (9)
133. Danielle (D): Just a little polish now
134. (72)
135. Danielle (D): Now we'll have you give you a little rinse there okay↑…
136. Danielle (D): feeling a bit better for you
137. Paige (P): Mm-hmm
138. Danielle (D): Are you going to work now yourself↑
139. Paige (P): Em not till a little later about two (I start)
140. Danielle (D): Oh that's nice you have a [few hours to yourself now
141. Danielle (D): this morning
142. Paige (P): [Mm-hmm mm-hmm
143. (22)
144. Danielle (D): So I'll give you a look in the mirror there you can just
145. Danielle (D): check the teeth
146. Paige (P): (laughing)
147. Danielle (D): You've got a little bit of tartar build-up [around the
148. Danielle (D): lower teeth
149. Paige (P): [**Yeah**
150. Danielle (D): Now em are you flossing them at all or↑
151. Paige (P): I haven't been recently [no
152. Danielle (D): [Right
153. Paige (P): I haven't been enough
154. Danielle (D): Just [something to do to try to habit of (always)
155. Paige (P): [Em

156. Danielle (D): [Doing you know kind of every day and stuff
157. Paige (P): [Yeah yeah
158. Danielle (D): So so it's good just to keep the spaces [between the teeth
159. Danielle (D): after that with
160. Paige (P): [Yeah
161. Danielle (D): Them or [with the toothbrush em (laughing)
162. Paige (P): [Oh with them… yeah
163. Danielle (D): They're not too bad so it's just the top left side there the
164. Danielle (D): em [tooth's
165. Paige (P): [(coughs)
166. Danielle (D): Quite weak so em
167. Paige (P): Yeah
168. Danielle (D): You know we'd recommend to get a crown on it em I
169. Danielle (D): can put it on the treatment plan for you↑ [and
170. Paige (P): [Yeah what's
171. Paige (P): the procedure like is it↑
172. Danielle (D): So the first appointment's for one hour and em basically
173. Danielle (D): what we're doing is we're cutting the tooth into the shape
174. Danielle (D): for the crown
175. Paige (P): [Okay
176. Danielle (D): [So it's crown preparation and then we have a few
177. Danielle (D): impressions to take
178. Paige (P): Mm
179. Danielle (D): Goes off for three weeks to the laboratory to get made
180. Danielle (D): and then it comes back [and
181. Paige (P): [Okay
182. Danielle (D): Em very short appointment then [just to fit it
183. Paige (P): [Yeah not too long
184. Paige (P): okay
185. Danielle (D): Em in the meantime you do have a temporary crown on
186. Danielle (D): the em tooth
187. Paige (P): [Okay…oh …yeah
188. Danielle (D): [For the three weeks and that will be the same sh- shape
189. Danielle (D): as the tooth is at the minute
190. Paige (P): Okay
191. Danielle (D): So I [suppose maybe after Christmas
192. Paige (P): [Yeah
193. Danielle (D): Or something like that [you'd come back in for that then
194. Danielle (D): (laughing)
195. Paige (P): [Okay…yeah… yeah (laughing)

196. Danielle (D): That's perfect [thank you very much there
197. Paige (P): [Thanks a million
198. (3)
199. Danielle (D): So
200. (7)
201. Danielle (D): Em put that in
202. (9)
203. Danielle (D): So would I be able to give you a wee em just a little
204. Danielle (D): form to fill out there if you get [a minute at some stage
205. Paige (P): [Mm-hmm
206. Danielle (D): There you know in the next couple of days
207. Paige (P): Oh yeah
208. Danielle (D): There's like a a stamp already on it and a wee [the
209. Danielle (D): envelope there
210. Paige (P): [Okay
211. Paige (P): perfect
212. Danielle (D): Great and [em see you again↑
213. Paige (P): [Thank you yeah
214. Danielle (D): Nice [meeting you
215. Paige (P): [Thanks a million
216. Danielle (D): No problem have a nice Christmas
217. Paige (P): You too thanks
218. Natalie (N): Your bag
219. Paige (P): Oh yeah (laughing)
220. Danielle (D): (laughing)
221. Paige (P): Thanks very much
222. Danielle (D): Thanks a million

Case 14A

Case 14A

1. Danielle (D): Hi Peter how are you today↑
2. Peter (P): Hi there how are you doing↑
3. Danielle (D): I'm Danielle I'm one of the dentists here nice to meet
4. Danielle (D): you…em what can I do for you today Peter↑
5. Peter (P): Em it's just em just I guess a check-up and a clean
6. Danielle (D): Perfect no problem at [all
7. Peter (P): [Thanks
8. Danielle (D): And em any problems at all with the teeth at all↑

9. Peter (P): Em no (laughing) but I haven't the last time I was here was
10. Peter (P): about maybe year and a half or two years ago so em I hope
11. Peter (P): nothing's gone seriously wrong in between (laughing)
12. Danielle (D): No problem I'll have a wee look there…just going to
13. Danielle (D): pop this wee chair back now…if you could move up in
14. Danielle (D): the chair a little bit there for me now (just a bit)
15. Natalie (N): (?)
16. (10)
17. Danielle (D): Now pop your wee head back and we'll have a little look
18. Danielle (D): for you there (and a nice big stretch) for a minute
19. (3)
20. Danielle (D): Okay so just a little bit of air on the teeth now Peter…
21. Danielle (D): upper right eight missing seven occlusal amalgam
22. [Sounds of compressed air and packaging being opened]
23. (13)
24. Danielle (D): Six occlusal caries… five four three two one okay…one
25. Danielle (D): two three four five okay
26. (4)
27. Danielle (D): Six occlusal composite seven occlusal amalgam and
28. Danielle (D): eight missing… lower left eight missing seven occlusal
29. Danielle (D): amalgam six occlusal amalgam five four three two one
30. Danielle (D): okay one two three four five okay six d-o amalgam
31. Danielle (D): seven occlusal amalgam and eight missing
32. (6)
33. Danielle (D): And perio is two one two
34. (5)
35. Danielle (D): One two and one move your tongue up to the top of your
36. Danielle (D): mouth for me↑ that's great touch the left cheek
37. Peter (P): Mm
38. Danielle (D): And the right cheek for me great.. so I just wanted to
39. Danielle (D): take some x-rays if that's okay with you↑
40. Peter (P): [Yeah sure
41. Danielle (D): [So it's just going to make sure there's no decay
42. Danielle (D): underneath the fillings and between the teeth↑
43. (39)
44. Danielle (D): (Put them together) that's great… you can bite together
45. Danielle (D): for me there…perfect… bite there
46. (24)
47. [Beeping sound]
48. Danielle (D): Thank you… so now we just do the other side now (I'll

49. Danielle (D): just move that around to the front)
50. Peter (P): Yeah
51. Danielle (D): And bite together again that's brilliant
52. (20)
53. [Beeping sound]
54. Danielle (D): Well done that's great thank you
55. Peter (P): Okay (coughs)
56. (16)
57. Natalie (N): (?)
58. Danielle (D): So just having a wee look at the teeth there just the one
59. Danielle (D): small filling to do at the top right and it has already got a
60. Danielle (D): silver filling in it but just part of it has come out
61. Peter (P): Okay
62. Danielle (D): Em so we can book you in for that then next time then↑
63. Peter (P): [Right
64. Natalie (N): [(?)
65. Danielle (D): But em everything else looking okay gums a little bit
66. Danielle (D): inflamed you know at the minute em you know we'd
67. Danielle (D): recommend ke- flossing every day (laughing) em
68. Danielle (D): [you know
69. Peter (P): [Yeah I'd say I fall down on
70. Peter (P): that it's pretty much em you guy- I think you guys said the
71. Peter (P): same the last time
72. Danielle (D): Get into the habit of it [like
73. Peter (P): [Exactly yeah yeah
74. Danielle (D): It's mainly around the lower front teeth there you know
75. Danielle (D): with the where there's tight spaces and stuff there
76. Peter (P): But apart from that (how are they) ↑
77. Danielle (D): Apart from that you're not too bad [(laughing)
78. Peter (P): [Not too bad okay
79. (9)
80. Danielle (D): We'll just put Peter in for the wee filling the next time
81. Danielle (D): there↑
82. Natalie (N): Mm-hmm
83. (3)
84. Danielle (D): So just a little clean now Peter
85. Peter (P): Alright
86. (4)
87. Danielle (D): Now just a big big stretch for me there… that's great
88. (4)

89. Danielle (D): Thank you very much
90. Natalie (N): No problem
91. [Sound of machinery and suction]
92. (19)
93. Danielle (D): You okay↑
94. Peter (P): Mm-hmm
95. [Sound of machinery and suction]
96. (74)
97. Danielle (D): You okay↑
98. Peter (P): Mm-hmm
99. [Sound of machinery and suction]
100. (61)
101. Danielle (D): Now a great big stretch again for me that's great
102. (95)
103. Danielle (D): I'm just going to get you to turn to the right for me a
104. Danielle (D): little bit another bit (to the side) great perfect…just a
105. Danielle (D): little
106. (123)
107. Danielle (D): Thank you very much there
108. Natalie (N): Thank you
109. Danielle (D): You doing okay↑
110. Peter (P): Yeah yeah
111. Danielle (D): So I'll give them a wee polish and (then I'll give you a
112. Danielle (D): rinse)
113. [Sound of machinery]
114. (19)
115. Danielle (D): Another bit of suction in there Natalie
116. Natalie (N): Mm-hmm
117. [Sound of suction]
118. (46)
119. Danielle (D): (I'll give you) a little rinse there
120. Peter (P): Alright
121. Natalie (N): Some nice paper towel
122. (24)
123. Danielle (D): Peter you have a little look in the mirror there just if you
124. Danielle (D): want to check your teeth for me
125. Peter (P): Yeah
126. (3)
127. Danielle (D): How're they feeling↑
128. Peter (P): Em it feels like there's a lot of space [behind my (lower)

129. Peter (P): front teeth
130. Danielle (D): [Yeah (laughing)
131. Danielle (D): Em it just the bit of tartar is all gone there now em so it's
132. Danielle (D): just to be able to get the floss between the teeth
133. Peter (P): Mm-hmm
134. Danielle (D): Em it's good to g- you know to get in the habit of trying
135. Danielle (D): to do it every day [you know
136. Peter (P): [Yeah...em
137. Danielle (D): There's just a little filling the next time take about
138. Danielle (D): twenty minutes or so
139. Peter (P): Okay
140. Danielle (D): So em I'll just book you in for that
141. Peter (P): Lovely
142. Danielle (D): And we'll see you again
143. Peter (P): Thanks thanks very much
144. Danielle (D): Now I'll take that off you there
145. Peter (P): Oh yeah
146. Danielle (D): Good
147. Peter (P): Thank you
148. Danielle (D): Okay bye bye Peter
149. Natalie (N): Thanks a lot bye [Peter
150. Danielle (D): [Bye
151. Natalie (N): [Bye
152. Peter (P): [Cheers see ya

Case 14B

Case 14B

1. Danielle (D): Okay Natalie will you bring em the patient in there↑
2. Natalie (N): Who is the patient↑
3. Danielle (D): Peter
4. Natalie (N): Peter
5. (21)
6. Danielle (D): Hi Peter [how are you doing em today↑ (laughing)
7. Peter (P): [Hi how are you↑
8. Danielle (D): Did you have a nice weekend yourself↑
9. Peter (P): Yeah it was great how about yourself↑
10. Danielle (D): Good oh not too bad at all like... nice'n easy this
11. Danielle (D): weekend like
12. Peter (P): Yeah (laughing) it's good to do that

13. Danielle (D): I **know** (obviously) especially coming up to
14. Danielle (D): Christmas like
15. Peter (P): (laughing)
16. Danielle (D): So Peter you're in for the wee filling today
17. Peter (P): Em yeah that's it
18. Danielle (D): Perfect I'm [just going to pop the wee chair back and
19. Natalie (N): [(?)
20. Danielle (D): Have a little look there↑
21. (3)
22. Danielle (D): Nice early start for you [this morning
23. Peter (P): [Yeah I know I figured it's em
24. Peter (P): kind of when when my senses haven't fully kind of
25. Peter (P): [awoken
26. Danielle (D): [Get it done before you start work (laughing)
27. Peter (P): It's (typical) yeah (laughing)
28. Danielle (D): Now we'll just have a little look here↑
29. Natalie (N): Em
30. (6)
31. Danielle (D): Just going to blow a little bit of air on the tooth there↑
32. (3)
33. Danielle (D): Em (power is nothing) I wonder is it [turned on↑
34. Natalie (N): [Yeah
35. [Sound of radio in background]
36. (31)
37. Danielle (D): Okay so what we are going to do in there will be
38. Danielle (D): going to put a wee bit of jelly in just to numb the gum
39. Danielle (D): up... and then I'll give a little bit of local anaesthetic
40. Danielle (D): and em... should take about ten minutes to do the
41. Danielle (D): filling there (once) it's numb enough to do the filling↑
42. Peter (P): Mm-hmm
43. [Sound of compressed air]
44. (55)
45. Danielle (D): Just going to pop a little bit of anaesthetic in here↑
46. Peter (P): Mm-hmm
47. (3)
48. Danielle (D): (Great)... you okay↑
49. Peter (P): Yeah
50. (39)
51. Danielle (D): Now just going to give you a little rinse there
52. Peter (P): Okay

53.(25)
54.Peter (P): Gee that works pretty fast
55.Danielle (D): It's starting to kick in now that's great
56.Peter (P): Yeah (laughing)
57.(11)
58.Danielle (D): Were you watching the rugby at the weekend and
59.Danielle (D): stuff↑
60.Peter (P): Yeah em I was more kind of dipping out of pubs kind
61.Peter (P): of doing Christmas shopping (laughing) so [I em
62.Danielle (D): [Yeah yeah
63.Danielle (D): did you get most of it done↑ (laughing)
64.Peter (P): Em the majority of it yeah I've em we kind of do this
65.Peter (P): Kris Kindle thing in our house↑
66.Danielle (D): Yeah [yeah
67.Peter (P): [For my family home back in Limerick and it's
68.Peter (P): em
69.Danielle (D): So you've to buy one [big present is it↑
70.Peter (P): [It's it's kin- yeah but it's kind
71.Peter (P): of hard because em the person I have to get is my sister's
72.Peter (P): fiancé↑
73.Danielle (D): Yeah
74.Peter (P): So I don't know (laughing) what to get so it's the one
75.Peter (P): that I've got to it's the last present to get but I'm lost
76.Peter (P): I've no idea so...going to try and get on to my sister try
77.Peter (P): and find out what she would buy↑
78.Danielle (D): So you're buying a pretty nice for a pretty big one
79.Danielle (D): then if it's only [the one then
80.Peter (P): [Yeah exactly yeah yeah
81.Danielle (D): Oh very good...I noticed the shops were very busy
82.Danielle (D): over the weekend I was in on Saturday (doing) a little
83.Danielle (D): shopping now but
84.Peter (P): It was mayhem it's all it's all kicked off
85.Danielle (D): Yeah absolutely...now (I'm going to) pop the wee
86.Danielle (D): chair back for you there just for this filling
87.[Sounds of suction unit]
88.(10)
89.Danielle (D): Turn to the right there Peter perfect
90.(4)
91.Danielle (D): (We're) just going to be removing the the old filling
92.Natalie (N): (Can you move your chair there↑)

93. Peter (P): Mm-hmm
94. Natalie (N): (?)
95. [Sounds of dental drill and suction unit]
96. (108)
97. Danielle (D): Can I have a little bit of cotton wool there please↑
98. (12)
99. Danielle (D): Another bit of suction there please (?)
100. (4)
101. Danielle (D): There's just a bit of saliva there (next to his)
102. Danielle (D): tongue...there
103. (6)
104. Danielle (D): (There)
105. [Sounds of suction and compressed air and radio]
106. (30)
107. Danielle (D): Okay and em the wee bond please
108. (3)
109. Danielle (D): Thank you
110. (3)
111. Danielle (D): I'll take it here be fine
112. Natalie (N): (?)
113. Danielle (D): Yeah...if you just press the start button there
114. [Electronic beep and sound of radio]
115. (15)
116. Danielle (D): Give us the (?)
117. Natalie (N): (?) and press
118. Danielle (D): Yeah
119. [Electronic beep]
120. (4)
121. Danielle (D): Okay
122. (15)
123. Danielle (D): Mm-hmm good
124. [Sounds of suction and electronic beep]
125. (24)
126. Danielle (D): Stop
127. (30)
128. Danielle (D): Do the inner (?) here
129. [Electronic beep and radio]
130. (3)
131. Natalie (N): Yeah
132. (7)

133. Natalie (N): Yeah is that enough
134. [Electronic beep and radio]
135. Natalie (N): Do you want more↑
136. Danielle (D): (Perfect until the finish okay↑)
137. [Sounds of radio and electronic beeps]
138. (35)
139. Danielle (D): Now I'm just going to bit of (tape) to tap together on
140. Danielle (D): the paper for me tap tap tap... and open again (well
141. Danielle (D): done)
142. (3)
143. Danielle (D): And how does that feel for you to close together on
144. Danielle (D): that↑ does it feel a little big or anything↑
145. Peter (P): Mm I don't actually feel it there feel the face (laughing)
146. Danielle (D): Feels normal enough [yeah
147. Peter (P): [Yeah (laughing)
148. Danielle (D): I'll just check it once more Peter for you...close and
149. Danielle (D): tap tap tap and open again Peter (thank you)...there's
150. Danielle (D): actually just a tiny bit there I want to adjust a little bit
151. Danielle (D): for you
152. Natalie (N): Mm
153. [Sounds of suction and dental drill and radio]
154. (11)
155. Danielle (D): Great that's it and em can I get a little bit of polish
156. Danielle (D): there↑ ...and a polishing cup
157. Natalie (N): Mm
158. Peter (P): I'd say it's hard to tell because
159. Danielle (D): So numb (laughing)
160. Peter (P): So numb yeah (laughing)
161. (3)
162. Danielle (D): So I was just checking it with a little this is a very
163. Danielle (D): very thin piece of of paper that's coloured typically
164. Danielle (D): [(?)
165. Natalie (N): [That's it
166. Danielle (D): Em shows if there's any points that you're
167. Danielle (D): hitting...early
168. [Sounds of compressed air and suction and radio]
169. (7)
170. Danielle (D): And tap tap tap...grand and open again
171. (5)
172. Danielle (D): Do a wee bit of suction there for me↑

173. [Sounds of suction and radio and dental drill]
174. (16)
175. Danielle (D): A bit of polish now
176. [Sounds of polishing drill and radio]
177. (9)
178. Danielle (D): Brilliant... just pop the chair up and have a little rinse
179. Danielle (D): there
180. Peter (P): Okay
181. (6)
182. Natalie (N): There you go
183. (26)
184. Danielle (D): So Peter there just with em the filling obviously
185. Danielle (D): you're going to be numb for a few hours so just be
186. Danielle (D): careful eating or drinking anything hot until the
187. Danielle (D): [anaesthetic wears off
188. Peter (P): [Yeah
189. Danielle (D): Em little white filling em may (have) a little bit of
190. Danielle (D): sensitivity to hot and cold for a few weeks that would
191. Danielle (D): be normal... if it lasted any longer than that (be sure
192. Danielle (D): that you) come back in and we can
193. Danielle (D): [we'll check the tooth there
194. Peter (P): [Right...okay
195. Danielle (D): But em all finished for another six months [we'll send
196. Danielle (D): you a
197. Natalie (N): [(?)
198. Danielle (D): Reminder in six months time to come back in for
199. Danielle (D): your clean again
200. Peter (P): Lovely
201. Danielle (D): So em j- can I just give you a **form** if you just took
202. Danielle (D): wouldn't you mind em [kind of filling this out just a
203. Danielle (D): wee questionnaire
204. Natalie (N): [Sorry↑
205. Danielle (D): Just if you have a chance [and pop this into the...
206. Danielle (D): the post
207. Peter (P): [Oh yeah em my em my
208. Peter (P): wife oh sorry I can't even talk (laughing)
209. Danielle (D): (laughing)
210. Peter (P): I'm totally aware of it my wife em
211. Peter (P): [she did one last week
212. Danielle (D): [She did one as well yeah

213. Peter (P): Yeah so it's [that would be that would be the same↑
214. Danielle (D): [Would that be would that be okay↑ just if
215. Danielle (D): you get a [chance there
216. Peter (P): [Yeah of course
217. Danielle (D): That'd be great
218. Peter (P): Lovely
219. Danielle (D): Thanks a million [Peter
220. Peter (P): [Thanks a million
221. Danielle (D): And we'll see you in six months
222. Peter (P): See yous later
223. Danielle (D): Bye bye (laughing)

Case 15

Case 15

1. Poppy (P): [(I'm parked)
2. Noelle (N): [(laughing)
3. David (D): [Yeah don't worry it's fine... now you
4. David (D): take a wee seat there for me how are
5. David (D): you doing ↑ sorry [just going to get
6. David (D): this recorder going
7. Poppy (P): [I'm grand and you↑
8. David (D): Now
9. Poppy (P): I thought I'd seen the last of yous
10. Poppy (P): two [(laughing)
11. Noelle (N): [(laughing)
12. David (D): [(laughing) You're sick of the
13. David (D): sight of us at this stage [are you ↑
14. Poppy (P): [Yeah
15. David (D): [God help you
16. Noelle (N): [(laughing)
17. David (D): Em how did it go with Dr Murphy
18. David (D): [anyway ↑ so it's
19. Poppy (P): [Em it went grand
20. David (D): Yeah
21. Poppy (P): It was very sore em but it it
22. Poppy (P): was grand after a [while it's just
23. David (D): [Right okay
24. Poppy (P): Em
25. David (D): And how's it been since it was since it
26. David (D): [was complete ↑ it's been okay ↑

27. Poppy (P): [It's grand but I think it's sort of like
28. Poppy (P): last week em I just haven't had a
29. Poppy (P): chance to get down em [and
30. David (D): [Mm-hmm
31. Poppy (P): Last week I sort of... I think the
32. Poppy (P): side of it chipped
33. David (D): I'll have a look and see [no problem
34. Poppy (P): [But em...
35. Poppy (P): it's not that it's painful it just it
36. Poppy (P): hadn't bothered me until then ↑
37. David (D): Right okay
38. Poppy (P): So
39. David (D): Have a look and see... definitely... now
40. David (D): so just going to see what we got here yeah
41. Noelle (N): (?)
42. David (D): (Let's see) I know I haven't seen you in a
43. David (D): while but obviously you were busy with
44. David (D): her so as I say we'll have a look and see
45. David (D): what's going on here with this anyway...
46. David (D): now hopefully it's nothing...too major
47. Poppy (P): If it is I'm just getting it pulled out
48. Poppy (P): (laughing)
49. David (D): [(laughing)
50. Noelle (N): [(laughing)
51. David (D): Don't jinx yourself just yet hang on let's
52. David (D): have a look and see exactly what's
53. David (D): happening and go from there
54. (3)
55. David (D): Just here is it [the edge ↑
56. Poppy (P): [Mm
57. David (D): You'd only look to take a little tiny
58. David (D): bit off that okay ↑ I don't think it's
59. David (D): too... you okay there ↑
60. Poppy (P): Yeah
61. David (D): Not sore when I do that is it ↑
62. Poppy (P): No it's not so sore it's just tender
63. David (D): Right okay (unless there's a crack
64. David (D): on the floor or something... can
65. David (D): I just see (?))
66. [Sound of metal tapping on tooth]

67. David (D): Is it sore when I tap it now ↑ no ↑
68. Poppy (P): I'm not sore I can feel it
69. David (D): Yeah (probably) just compare it
70. David (D): there that with that
71. Poppy (P): Little [tiny bit
72. David (D): [Is
73. David (D): Tiny bit more (on that one)
74. Poppy (P): Yeah
75. David (D): Is it throbbing at night time ↑
76. David (D): [or could it be no not like that
77. Poppy (P): [No no no
78. David (D): Okay...em...alright there I'll just pop
79. David (D): the dressing out of this just just to
80. David (D): have a little look underneath if you
81. David (D): don't mind okay ↑ we'll just have a
82. David (D): look at the floor of this would that
83. David (D): be alright ↑ [just to t-
84. Poppy (P): [Okay
85. David (D): There's no need for anaesthetic or
86. David (D): anything here there's no nerve in
87. David (D): this okay ↑ so it's
88. Poppy (P): Mm
89. David (D): It's like your fingernail or something
90. David (D): at this stage [or you hair you know
91. Poppy (P): [(laughing)
92. David (D): [It's got no sensation
93. Noelle (N): [(laughing)
94. Poppy (P): I just have no pain threshold [at all
95. Noelle (N): [(laughing)
96. David (D): [Ah yeah tha-
97. David (D): that's okay you don't need it here for
98. David (D): this okay ↑ no it's just I just want to em
99. David (D): I just wanted to check to make sure that
100. David (D): there isn't a crack in underneath or
101. David (D): something like that [okay ↑
102. Poppy (P): [On this side it's
103. Poppy (P): chipped can you see that ↑
104. David (D): I can oh [yeah a piece has come off
105. Poppy (P): [Yeah yeah
106. David (D): Yeah I can see that em no if it was just

107. David (D): that little corner broken off I wouldn't
108. David (D): have any worries at all [I'll put it this way
109. Noelle (N): [Thank **you**
110. David (D): [Em
111. Poppy (P): [(?)
112. Noelle (N): [Thank you very much [(?)
113. David (D): [Yeah if it was
114. David (D): just that little corner I wouldn't have
115. David (D): any worries at all Poppy you know I'd
116. David (D): be [I would be fine
117. Poppy (P): [Yeah
118. David (D): It's just I suppose just you're saying it's
119. David (D): a little bit tender I'm just wondering is
120. David (D): there something going on underneath ↑
121. David (D): you know ↑ I'm not seeing the evidence
122. David (D): for it but I'm just going to just take the
123. David (D): dressing out and have a look if you don't
124. David (D): mind [okay ↑
125. Poppy (P): [Okay
126. David (D): This should have a permanent filling in it
127. David (D): anyway okay [just so yeah so yeah
128. Poppy (P): [Yeah no that's what she said
129. Poppy (P): to me
130. David (D): So that's just let's just get this out of here
131. David (D): quickly we'll have a little look underneath
132. David (D): ... if I'm not seeing anything obvious what
133. David (D): I would do is I'd put in a a a p- definitely
134. David (D): put in a more permanent [filling
135. Poppy (P): [A proper filling
136. Poppy (P): yeah
137. David (D): Yeah and then we'd leave it for a little
138. David (D): while just to make sure everything is settled
139. Poppy (P): Mm
140. David (D): Long term it's probably as you know this
141. David (D): tooth ideally should have a crown on it you
142. David (D): know ↑ because there's so much missing
143. David (D): between the [original damage and the root canal
144. Poppy (P): [Well I'll just eat on the other side
145. Poppy (P): of me... [mouth for the rest of me life (laughing)
146. Noelle (N): [(laughing)

147. David (D): Well that that might [em
148. Noelle (N): [Then that'll wear them
149. Noelle (N): down
150. David (D): That that might work I don't know [but anyway
151. Poppy (P): [(laughing)
152. David (D): It's em **it's em** un un un unfortunately I
153. David (D): wouldn't I wouldn't I wouldn't (laughing) bet
154. David (D): on that being [the the permanent solution
155. Poppy (P): [(laughing)
156. David (D): But look we'll have a look today let's get the
157. David (D): dressing out of this first just okay ↑ so high
158. David (D): volume probably will be best yeah...em just take
159. David (D): two minutes just to polish this out for you and
160. David (D): see see exactly what we're... what we're looking
161. David (D): at okay ↑ so
162. [Sounds of dental drill and suction unit]
163. (6)
164. David (D): (Just come in there a little left)
165. (3)
166. David (D): Okay ↑
167. (11)
168. David (D): You okay ↑
169. Poppy (P): Yeah
170. David (D): (?)(Just a wee while now)
171. (3)
172. David (D): If I manage to go at the (lower side there) it
173. David (D): might be alright actually... [might be there
174. David (D): for a long time
175. Noelle (N): [You're getting
176. Noelle (N): the taste of it (laughing)
177. David (D): And now [close
178. Poppy (P): [Hmm ↑
179. Noelle (N): Is it [the taste ↑
180. David (D): [The cloves taste ↑ ...no ↑
181. Poppy (P): No just horrible (laughing)
182. Noelle (N): [(laughing)
183. David (D): [(laughing)
184. [Sounds of dental drill and suction unit]
185. David (D): Like a little kid once said to me 'it
186. David (D): 'taste- tastes like Christmas'

187. Noelle (N): (laughing)
188. David (D): Mm...well done doing <u>really</u> well there
189. [Sounds of dental drill and suction unit]
190. (69)
191. David (D): Nearly there...now
192. [Sounds of dental drill and suction unit]
193. (42)
194. David (D): Okay ↑
195. Poppy (P): Mm-hmm
196. David (D): You're doing really well
197. [Sounds of dental drill and suction unit]
198. (4)
199. David (D): (?)
200. [Sounds of dental drill and suction unit]
201. (38)
202. David (D): Nearly there now Poppy (?)
203. [Sounds of dental drill and suction unit]
204. (7)
205. David (D): Just in there
206. (3)
207. David (D): (?)
208. [Sounds of dental drill and suction unit]
209. (27)
210. Noelle (N): You [okay↑ I'll take that off you
211. Poppy (P): [Finished ↑ yeah (laughing)
212. Noelle (N): [You're soaked [(laughing)
213. David (D): [I'm sorry about that [(laughing)
214. Poppy (P): [(laughing)
215. Noelle (N): Are you okay ↑ (laughing)
216. Poppy (P): Yeah (laughing) ...oh god I hate
217. Poppy (P): dentists
218. Noelle (N): [**Aw**
219. David (D): [I know... [not your favour-
220. Poppy (P): [Sorry
221. David (D): You're [**fine** it's okay I know I know
222. Poppy (P): [No I <u>hate</u> it
223. David (D): [(?)
224. Noelle (N): [We know it's nothing personal
225. Poppy (P): I know
226. David (D): [(?)

227. Noelle (N): [(laughing)
228. David (D): Em the em no that that's em there's
229. David (D): no sign of a crack or anything in
230. David (D): that it looks okay [alright so ↑
231. Poppy (P): [Okay
232. David (D): I mean you broke the little piece
233. David (D): off the edge that normally wouldn't
234. David (D): be enough to matter okay ↑ [so
235. Poppy (P): [Okay
236. David (D): I mean I think...I'll go ahead and and put
237. David (D): something permanent in [it anyway just
238. David (D): for the minute and
239. Poppy (P): [Yeah yeah yeah
240. David (D): See how it goes I'd say you know it's
241. David (D): slightly slightly tender there still...it's not
242. David (D): that long since the root canal was done so
243. David (D): I mean you know I'd hold off a little [bit
244. David (D): yet maybe
245. Poppy (P): [Okay
246. David (D): And just see how it goes
247. Poppy (P): Or I might prefer just to probably get the
248. Poppy (P): filling in I think it'd be better
249. David (D): Well [yeah exactly you know
250. Noelle (N): [Yeah
251. David (D): So we'll do that anyway I mean definitely
252. David (D): an- and you know I'd say it should em it
253. David (D): should at least kind of bind everything
254. David (D): together [a little bit more
255. Noelle (N): [Doing a comp ↑
256. David (D): [Than a dressing
257. Poppy (P): [Mm
258. David (D): You know as I say you know ideally
259. David (D): particularly a molar it it really does need
260. David (D): a crown long-term because the risk is it
261. David (D): can fracture down through the middle
262. David (D): (of this and) through the floor you know ↑
263. David (D): and if that happens it's gone... after all that work
264. Noelle (N): Yeah and expense
265. David (D): (That's all that's there so now) suction there
266. David (D): definitely I'll go comp if you don't mind

267. David (D): definitely (rather than an alloy core) it's not
268. David (D): even a question ...(?)
269. [Sound of suction unit]
270. (3)
271. David (D): It looks okay but there is a fair old bit
272. David (D): missing now in fairness...it's a big one
273. David (D): okay there ↑
274. Poppy (P): Mm
275. David (D): Well done just keep a tiny bit of pressure
276. David (D): there sorry once that's on it should be
277. David (D): okay... just a little circle of foil just to help
278. David (D): us shape up the actual...filling...that's grand
279. David (D): get a little bit of suction again there [now just
280. David (D): one last time
281. Noelle (N): [Yeah
282. [Sound of suction unit]
283. (7)
284. David (D): That's grand...we'll go with bond there
285. David (D): oh sorry I mean with em yeah a bit of bond
286. David (D): that's right yeah...get you to cover that...(?)
287. (3)
288. David (D): Make sure it's properly dry here...(?)
289. [Sound of compressed air]
290. (4)
291. David (D): (?)
292. (5)
293. David (D): Just take a second here sorry there's a lot of
294. David (D): surface to...cover here
295. (3)
296. David (D): Painting on a little bonding agent here at the
297. David (D): minute it's just em it's like a glorified glue in
298. David (D): some ways... these particular fillings are stuck
299. David (D): in or glued in basically...<u>well done</u> are you
300. David (D): okay there ↑
301. Poppy (P): Mm-hmm
302. David (D): That's brilliant
303. (6)
304. David (D): Hm ↑
305. (5)
306. David (D): Thank you

307. [Sound of compressed air, radio plays in background]
308. Noelle (N): (You know I'm getting) too old for that
309. Noelle (N): radio station do you know that ↑
310. David (D): [Hm ↑
311. Noelle (N): [Only (ever one thing) I know on that
312. Noelle (N): station yet today is '2 FM' [(laughing)
313. David (D): [(laughing)
314. David (D): You're very pernickety about your radio
315. David (D): aren't you [(?)
316. Noelle (N): [Yeah
317. David (D): Just a second there see if (I can get that)
318. David (D): now sorry Poppy [(?)
319. Noelle (N): [I have to move further
320. Noelle (N): away again so I can listen to it on the
321. Noelle (N): way in (laughing)
322. David (D): Exactly
323. Noelle (N): (laughing)
324. David (D): You can't win any contests you're too
325. David (D): you're living too close [(to here)
326. Noelle (N): [Yeah (laughing)
327. David (D): You never saw anyone win radio
328. David (D): competitions like [Noelle here Poppy [she'd
329. Noelle (N): [(laughing)
330. Poppy (P): [Mm
331. David (D): A she'd a whole social life on [the back of
332. Noelle (N): [(laughing)
333. David (D): the radio [stations like
334. Poppy (P): [Yeah
335. Noelle (N): [(laughing)
336. David (D): From going to various gigs and comedy
337. David (D): shows and you name it
338. Noelle (N): Yeah (laughing)
339. [Electronic beep from light-curing device]
340. David (D): Now ↓
341. Noelle (N): Have you enough of the em [(?)
342. David (D): [It was almost
343. David (D): like a fortnightly outing for you nearly
344. David (D): [at one stage
345. Noelle (N): [It was (laughing)
346. [Electronic beep from light-curing device]

347. (3)
348. David (D): You'll never forgive not getting the
349. David (D): the [holiday though
350. Noelle (N): [The holiday
351. David (D): Off to Du- Dubai or somewhere [wasn't
352. David (D): it ↑ yeah
353. Noelle (N): [Yeah
354. Noelle (N): Nearly won that [Poppy (laughing)
355. David (D): [Yeah
356. David (D): Now let's have a look here well done
357. David (D): you're doing really well there I'll just (curing)
358. David (D): that there now
359. [Electronic beep from light-curing device]
360. David (D): So just a bright light just so
361. Poppy (P): Mm
362. David (D): Glorified blue torch [(really)
363. Poppy (P): [(laughing)
364. Noelle (N): [(laughing)
365. David (D): Hardening this all up...now I'm just going
366. David (D): to put another layer we're doing this in a
367. David (D): couple of layers because it's it's oh can I
368. David (D): get more SDR first sorry sorry yeah need
369. David (D): another one [(is it a new one ↑)
370. Noelle (N): [Wait now
371. David (D): That's (dead now) thanks sorry I'm [(?)
372. Noelle (N): [I asked
373. Noelle (N): you and you said no [(laughing)
374. David (D): [Oh sorry (laughing)
375. David (D): that's (more) me not listening then apologies
376. David (D): yeah em yeah thanks...ta cheers... just doing
377. David (D): another layer of this em (internally) we do a
378. David (D): couple of layers just cause it's quite deep and
379. David (D): I would try to do the whole lot in one go but
380. David (D): the... the light won't get down far enough for
381. David (D): it to harden properly then...and that wouldn't
382. David (D): do at all as they say
383. (4)
384. David (D): Good (that is definitely) plenty of a build up
385. David (D): with this cause it's... apart from anything else
386. David (D): (it's a lower stress option)...good is that (?)

387. David (D): light yeah let's have it here thanks ready
388. [Electronic beep from light-curing device]
389. David (D): Okay let's give it thirty there that's fine
390. David (D): thank you...[(?)
391. Noelle (N): [You need suction at the back
392. David (D): Yeah okay then [I'll take the light then go on
393. Noelle (N): [(laughing)
394. David (D): I got it thanks
395. [Electronic beep from light-curing device]
396. Noelle (N): That's only ten
397. David (D): Yeah
398. [Sound of suction unit]
399. (20)
400. David (D): Sorry
401. (3)
402. David (D): Yeah same again... thanks... you okay there ↑
403. Poppy (P): Mm
404. David (D): How 're we doing ↑ alright grand just add the
405. David (D): final layers here now then (?)
406. (6)
407. David (D): (?)
408. (3)
409. David (D): That's fine
410. (5)
411. Noelle (N): That everything ↑
412. David (D): Yeah one [more
413. Noelle (N): [You're going to need another one
414. David (D): I think probably yes is the short answer I'm
415. David (D): <u>pretty</u> sure it's not quite enough yet...yeah
416. David (D): I'm out of (width here)
417. (8)
418. David (D): Just a little more to do
419. (3)
420. David (D): Ah not yet not yet (laughing)
421. Noelle (N): (laughing) shape ↑
422. David (D): Some kind of shape would be nice yeah
423. David (D): ... from here it looks like a Christmas
424. David (D): tree (?)
425. (5)
426. David (D): I know you're on a meter don't worry

427. David (D): okay↑ so
428. Poppy (P): (laughing)
429. Noelle (N): (laughing)
430. David (D): Don't want to be responsible for you getting
431. David (D): clamped (or something like that)... so we're
432. David (D): going to get this done in another few
433. David (D): minutes here we're almost there...(?) (almost
434. David (D): keep that) I'm going to just keep this a little
435. David (D): bit out of the bite anyway to be honest with
436. David (D): you okay ↑ I don't want you putting too
437. David (D): much pressure on the tooth em as I say
438. David (D): (checking the bite) it's a fairly big em...
439. David (D): it's a fairly big em filling you know and
440. David (D): and plus the fact that it's root-canal
441. David (D): treated the whole thing just weakens the
442. David (D): tooth quite a bit so... we'll keep it a little
443. David (D): bit low just for the minute I'd say... try to
444. David (D): keep the pressure off it a bit
445. [Electronic beep from light-curing device]
446. (3)
447. David (D): Now...just this now it's the last layer we're
448. David (D): putting on we've about three or four
449. David (D): minutes shaping work to do here as well
450. David (D): okay ↑ [so
451. Poppy (P): [Yeah
452. David (D): As I say I get that done...and we should
453. David (D): be okay
454. [Electronic beep from light-curing device]
455. (10)
456. David (D): That on for thirty ↑ you doing [ten ↑
457. Noelle (N): [Thirty
458. David (D): Alright...can't have too much I suppose
459. Noelle (N): Mm-hmm
460. David (D): (?) [(?) give it another ten for luck
461. Noelle (N): [(coughing)
462. David (D): A bit of suction there just if you don't
463. David (D): mind thanks
464. [Sounds of dental drill and suction unit]
465. (16)
466. David (D): You okay there ↑

467. Poppy (P): Mm-hmm
468. David (D): We're not touching the teeth at all here
469. David (D): now it's just em (the filling we're
470. David (D): shaping it up)...just needs a little polish
471. David (D): here (for a sec)... blend it in a little... and
472. David (D): we get more of a tooth shape and a bit
473. David (D): less of a blob (?)
474. [Sounds of dental drill and suction unit]
475. (3)
476. David (D): (Finish it like that)
477. [Sounds of dental drill and suction unit]
478. (26)
479. David (D): Just open (very) wide there a little
480. David (D): Poppy thanks there just for a moment (?)
481. [Sounds of dental drill and suction unit]
482. (18)
483. David (D): (?)
484. (5)
485. David (D): (?)...(?)...check the bite [here check just check
486. David (D): the bite now actually
487. Noelle (N): [You okay ↑ well done
488. David (D): Bit of artic there
489. Noelle (N): Yeah
490. David (D): Sorry are you okay there ↑ [(?)
491. Poppy (P): [No it's the
492. Poppy (P): taste [is rotten
493. David (D): [It's the dust from that I [know apologies
494. Noelle (N): [(laughing)
495. David (D): We try and get [most of it with the suction
496. Noelle (N): [I I know it sounds stupid but
497. Noelle (N): I'd rather have a tooth out than a filling
498. Noelle (N): because I hate the smell and the [taste of that
499. Poppy (P): [Mm
500. David (D): Mm [but you shouldn't really smell it
501. Noelle (N): [(laughing)
502. David (D): though really but the dust definitely gives
503. David (D): a taste just close there for me a second just
504. David (D): grind around there a little second and just
505. David (D): open a minute now yeah that's fine lovely
506. David (D): (?) I don't think (just mark the tooth for now)

507. [Sounds of dental drill and suction unit]
508. David (D): (?) (chipped those areas just fractured anyway)
509. (4)
510. [Sounds of dental drill and suction unit]
511. David (D): (?)... lost the old filling... you okay there ↑
512. Poppy (P): Mm-hmm
513. David (D): Just trying to get the finish on this right now
514. David (D): (and once that's over we're done) then just a
515. David (D): quick last little polish...(and we'll leave it
516. David (D): at that)
517. (8)
518. David (D): (?)
519. [Sounds of dental drill and suction unit]
520. (6)
521. David (D): (?) two seconds I'll get a bit of floss I'll just
522. David (D): check that as well (?) this side just suction
523. David (D): for one sec
524. (3)
525. David (D): (?) keeps slipping to you there Noelle
526. David (D): [apologies
527. Noelle (N): [(laughing)
528. [Sounds of dental drill and suction unit]
529. David (D): (?)
530. Noelle (N): (?) (it's not possible) (?) (laughing)
531. David (D): Okay fair enough
532. (6)
533. Noelle (N): I'm good but I ain't that good
534. (6)
535. David (D): (Just move over to me)
536. Noelle (N): (coughing)
537. [Sounds of dental drill and suction unit]
538. David (D): You okay there Poppy yeah ↑
539. Poppy (P): Mm
540. David (D): (Just going to do a little there) we're almost
541. David (D): done (I know)... I'm sure you've had (of
542. David (D): me by) now but [we're <u>almost</u> finished
543. Noelle (N): [(laughing)
544. (3)
545. David (D): (?) Shape it actually (?) would [be best here
546. Noelle (N): [She's okay

547. Noelle (N): she only has you half an hour I have you
548. Noelle (N): since [eight o'clock this morning (laughing)
549. David (D): [(laughing)
550. Noelle (N): (laughing)
551. Poppy (P): You're getting well paid for it
552. Noelle (N): (laughing)...[true
553. David (D): [Now
554. [Sound of suction unit]
555. (7)
556. David (D): You've made my day Poppy I should
557. David (D): make her pay for the privilege of me
558. David (D): working [here (?)
559. Poppy (P): [Mm
560. David (D): [(laughing)
561. (3)
562. David (D): Do you hav-
563. Noelle (N): What about the mental torture
564. Noelle (N): do I not get paid for that no ↑
565. David (D): Do you have any idea how hard she
566. David (D): is to keep entertained for a whole day ↑
567. Noelle (N): (laughing)
568. Poppy (P): Well it's very hard to come across
569. Poppy (P): good dental nurses I'd say
570. Noelle (N): Thank [you Poppy
571. David (D): [(laughing)
572. Poppy (P): You should cherish the one you have
573. David (D): Exactly
574. Noelle (N): Ah <u>good girl</u> [(laughing)
575. David (D): [Ah you've got... I think
576. David (D): I'm out-voted here
577. Noelle (N): (laughing)
578. David (D): The sisterhood sticking together
579. David (D): [(?)
580. Poppy (P): [(laughing)
581. Noelle (N): [(laughing)
582. David (D): You okay there ↑
583. Poppy (P): Yeah
584. David (D): Well done now [(?)
585. Noelle (N): [Are you saying she's
586. Noelle (N): not tru- it's not right what she's saying

587. Noelle (N): [David ↑ (laughing)
588. David (D): [(laughing)
589. Poppy (P): [(laughing)
590. David (D): Oh I'll quit while I'm [ahead
591. Noelle (N): [I think he
592. Noelle (N): knows better [than to open his mouth now
593. David (D): [I I'll I was going to say
594. David (D): [I'll quit while I'm ahead
595. Noelle (N): [(laughing)
596. David (D): **Em** yeah no that Poppy that that there's no
597. David (D): sign of a crack or anything in that [okay so
598. David (D): I mean
599. Poppy (P): [Okay
600. Poppy (P): well maybe it was just a bit sensitive
601. David (D): Well I mean I'm not going to just dismiss
602. David (D): it out of hand like that either you know I
603. David (D): mean it is <u>possible</u> something's going on
604. David (D): there but it's just not showing up or it's
605. David (D): not visible you know but em it may just
606. David (D): be from you know from the fact that you
607. David (D): know it it may have got a bit of a bang
608. David (D): when it was cracked originally you know
609. David (D): maybe it's just a bit sensitive it could be
610. David (D): the root canal itself you know just taking
611. David (D): time to settle I mean I loo- I saw the x-ray
612. David (D): sent from Dr Murphy from the report and
613. David (D): they you know they and they it looks lovely
614. David (D): you know I mean I mean certainly be
615. David (D): surprised if it's an issue...no root canal's a
616. David (D): hundred percent guarantee ever you know ↑
617. David (D): [but
618. Poppy (P): [Mm
619. David (D): (That's just to be aware) are you back to see
620. David (D): her about that anyway ↑
621. Poppy (P): No
622. David (D): Oh she's she's done is she ↑ [she
623. Poppy (P): [Yeah
624. Poppy (P): yeah
625. David (D): Did the review and the follow-up
626. David (D): and she's happy is she ↑ with that [yeah

627. Poppy (P): [She
628. Poppy (P): didn't do a review I didn't get a mess-
629. David (D): Oh right okay oh she was ho- she
630. David (D): might have been she doesn't always
631. David (D): depends on the yeah that's fine perfect
632. David (D): [okay
633. Noelle (N): [Let's see
634. David (D): Just check what the notes say there will
635. David (D): you ↑ there's the report...just have a
636. David (D): look just just (referral and) glanced at
637. David (D): the letter I didn't it's a while since I
638. David (D): actually physically read it...okay hold
639. David (D): on a sec I don't want to put junk there
640. David (D): just give me a minute
641. Noelle (N): No it says 'I would' em 'I would
642. Noelle (N): appreciate if you could assess and treat
643. Noelle (N): as you see appropriate call me if I can
644. Noelle (N): assist' [so she doesn't have
645. David (D): [That's me that's my letter
646. David (D): [(laughing)
647. Noelle (N): [Oh sorry
648. David (D): You're alright [that's me there it is
649. Noelle (N): [**Duh**
650. David (D): 'I recommend the tooth be crowned the
651. David (D): tooth be restored with a crown'
652. Noelle (N): Yeah
653. David (D): 'The root filling will be reviewed in
654. David (D): six months' when was it done ↑ ...the
655. David (D): review's in January...she has you down
656. David (D): in my notes here for a review
657. David (D): appointment in January did you get
658. David (D): that or ↑
659. Poppy (P): No
660. David (D): Right maybe they're [going to contact you
661. Poppy (P): [Nothing
662. David (D): with it I don't know I'm not too [sure how
663. David (D): they do it
664. Noelle (N): [Yeah
665. David (D): But em now she'll want to have a little final
666. David (D): look at that it's it's just a like a five minute

667. David (D): [sort of check [just to make sure it's okay
668. Poppy (P): [Okay
669. Noelle (N): [Do you want to have a rinse
670. Noelle (N): Poppy ↑
671. David (D): Sorry yeah have a [good wash out yeah
672. Noelle (N): [Tissue there have a
673. Noelle (N): rinse if you like
674. Poppy (P): [Is the (mouthwash) for me ↑
675. David (D): [Em
676. Noelle (N): Yeah especially for you (laughing)
677. David (D): [(laughing)
678. Poppy (P): [(laughing)
679. David (D): Yeah so it's it's em no but from from
680. David (D): the tone of the letter she she's she's
681. David (D): happy enough with it [you know
682. Poppy (P): [Thanks a lot
683. Noelle (N): [No problem
684. David (D): [I mean and certainly looking at the
685. David (D): x-ray it looks good too [you know
686. Poppy (P): [Okay
687. David (D): But as a matter of I'll take off that
688. David (D): [as a matter of a matter of routine
689. Noelle (N): [There it is look
690. David (D): She would nearly always do [a six
691. Poppy (P): [Yeah
692. David (D): Month check you know ↑ so...
693. David (D): I mean [I I I
694. Poppy (P): [(?) tooth
695. David (D): Yeah I'll just I'll just confirm with
696. David (D): [them they
697. Noelle (N): [(coughing)
698. David (D): Might maybe what they do is they
699. David (D): actually call you nearer the time I
700. David (D): don't know okay ↑ [so
701. Poppy (P): [Okay
702. David (D): I'll just double check to see if they
703. David (D): have you down [for
704. Poppy (P): [Okay ↓
705. David (D): Some kind of recall or something
706. David (D): but she <u>normally</u> likes to have a

707. David (D): little last little look at it six months
708. David (D): [after she does it just to [make sure
709. Poppy (P): [okay [alright
710. David (D): It's okay [that alright so okay ↑
711. Poppy (P): [That's great thanks a million
712. David (D): No [problem
713. Poppy (P): [Yeah very good thanks
714. David (D): Well look at least at least that's better
715. David (D): than having the dressing in there
716. David (D): anyway it's a lot more robust you
717. David (D): know ↑ [but em
718. Poppy (P): [Yeah
719. David (D): A- a- as her letter says and I would
720. David (D): agree for the amount of tooth missing
721. David (D): there you [need a crown on that
722. Poppy (P): [I know yeah
723. David (D): Long term I know it's more hassle and
724. David (D): more kind of everything else but it's
725. David (D): [it's
726. Poppy (P): [Yeah
727. David (D): The danger is that that fractures
728. David (D): through the floor some fractures
729. David (D): [can do that you know ↑
730. Poppy (P): [Well I can get all me teeth out
731. Poppy (P): then [(laughing)
732. Noelle (N): [(laughing)
733. David (D): If you want [if you want if you want plas-
734. David (D): as you can
735. Poppy (P): [Unless I meet a <u>millionaire</u> it'll
736. Poppy (P): be it'll be staying like that (laughing)
737. David (D): If you want plastic ones in a glass says
738. David (D): you [<u>no</u> but I mean it's (?)
739. Poppy (P): [(laughing)
740. Noelle (N): (laughing)
741. David (D): I mean I do I genuinely I mean I do
742. David (D): appreciate you know obviously it's it's
743. David (D): an additional significant expense
744. David (D): [you know
745. Poppy (P): [Yeah
746. David (D): And there's no getting away from that

747. Poppy (P): Yeah
748. David (D): Em you know so it's it's at the end of
749. David (D): the day I can only give you the advice
750. David (D): [you know ↑ and it's up to you
751. Poppy (P): [Yeah no I know yeah
752. David (D): You know ↑ but as I say you know if
753. David (D): it's an option for you at some stage
754. David (D): you know I [would
755. Poppy (P): [Yeah
756. David (D): Recommend crowning it [if it's
757. David (D): (possible) is that alright ↑
758. Poppy (P): [Okay
759. Poppy (P): that's grand
760. David (D): Okay ↑
761. Poppy (P): Thanks very much
762. David (D): Listen hang on at the desk and
763. David (D): [we'll sort that out okay ↑
764. Poppy (P): [Thanks a million you're very good
765. David (D): Not [at all
766. Poppy (P): [Thanks (laughing)
767. David (D): It's a pleasure as always okay ↑
768. Poppy (P): [Thanks a lot
769. David (D): [Now scoot go on get your car (laughing)
770. Noelle (N): [(laughing)
771. Poppy (P): [(laughing) I'm going to collect me child
772. David (D): Okay
773. Noelle (N): (laughing)
774. David (D): That's it [take care
775. Poppy (P): [See you
776. David (D): Bye now

Case 16

Case 16

1. Dorothy (D): Hiya is it Petra ↑
2. Petra (P): Petra
3. Dorothy (D): Hi my name's Dorothy I'm one of the
4. Dorothy (D): dentist's here [nice to meet you
5. Petra (P): [Hi (?)
6. Dorothy (D): If you'd just follow [me around here

7. Petra (P): [(It's a cold
8. Petra (P): morning) (laughing)
9. Dorothy (D): It's freezing I know my hands are cold
10. Dorothy (D): too (laughing)...just come around here
11. Nicola (N): I'll take your bag and your coat [for you
12. Nicola (N): thank you
13. Petra (P): [(Just here↑)
14. (5)
15. Petra (P): (Sorry)
16. (4)
17. Nicola (N): (You can) have a seat there
18. Petra (P): Okay
19. Dorothy (D): Okay ↑...and just have a seat there
20. Dorothy (D): yeah ↑ ...okay so what brings you to us today↑
21. Petra (P): Just to do a check-up and a clean the teeth please
22. Dorothy (D): And are you having any problems at all from
23. Dorothy (D): any of your teeth ↑
24. Petra (P): I don't have any problems no
25. Dorothy (D): So no problems or sensitivity and when were
26. Dorothy (D): you last with a dentist ↑
27. Petra (P): (About) I would say two years ago
28. Dorothy (D): Two years ago okay... right so we'll pop you
29. Dorothy (D): back and have a look alright ↑...em just
30. Dorothy (D): having a look at your questionnaire here
31. Petra (P): Thanks
32. Nicola (N): Thank you that's great
33. Dorothy (D): Okay so you just suffer from hay
34. Dorothy (D): fever is that right ↑
35. Petra (P): Yeah that's right
36. Dorothy (D): And obviously not at this time of the
37. Dorothy (D): year and usually [(be just when) okay
38. Petra (P): [Yeah no no in
39. Petra (P): summertime
40. Dorothy (D): **And** fainting attacks or epilepsy no ↑
41. Petra (P): No
42. Dorothy (D): Oh you've ticked the 'no' box sorry...
43. Dorothy (D): and you're not a diabetic but it runs
44. Dorothy (D): in your family
45. Petra (P): Yeah
46. Dorothy (D): Just your grandmother had it [type two

47. Petra (P): [Yeah
48. Dorothy (D): Okay↓...no allergies at all
49. Petra (P): No
50. Dorothy (D): Okay↓ so I'll pop you back in the
51. Dorothy (D): chair... we'll have a look... and you
52. Dorothy (D): want the cleaning done today as well
53. Petra (P): Yeah
54. Dorothy (D): Right that's no problem
55. (6)
56. Dorothy (D): I'm trying to warm up [(laughing)
57. Nicola (N): [Yeah
58. Nicola (N): (laughing) I know...I'll get that (?)
59. Nicola (N): there's some glasses for you okay ↑
60. Petra (P): Okay
61. Dorothy (D): Right...so the chair's just going to
62. Dorothy (D): pop back there with you
63. (16)
64. Dorothy (D): Okay ↑...that's just the light
65. Dorothy (D): there...so I'm just going to check
66. Dorothy (D): your neck first there let me know
67. Dorothy (D): if anything feels tender at all
68. (6)
69. Dorothy (D): **And** big wide for me...nice wide...
70. Dorothy (D): and close up↑ ...and open wide ↑...
71. Dorothy (D): any knocks or clicks from your jaw ↑
72. Petra (P): **No**
73. Dorothy (D): Okay↓...right just going to have a
74. Dorothy (D): look at your gums first
75. (3)
76. Dorothy (D): And can I get you to stick your tongue
77. Dorothy (D): out as far as you can ↑...and move it
78. Dorothy (D): over to the right hand side...and over
79. Dorothy (D): to the left hand side
80. Nicola (N): (?)
81. Dorothy (D): And up towards your palate...and relax
82. Dorothy (D): your tongue...okay...and there's just a
83. Dorothy (D): little probe that I'm going to run around
84. Dorothy (D): your gums just to check if your gums are
85. Dorothy (D): healthy...bit of pressure there...okay ↑
86. Dorothy (D): top right B-P-E is a two...middle is zero...

87. Dorothy (D): top left is two...lower left two...middle
88. Dorothy (D): two...and lower right two...okay there's
89. Dorothy (D): just a little bit of tartar build-up in some
90. Dorothy (D): areas...j- just back here ↑ do you know
91. Dorothy (D): when plaque becomes hard ↑
92. Petra (P): Yeah yeah
93. Dorothy (D): It takes up the minerals in the saliva just
94. Dorothy (D): here where the saliva ducts are and then
95. Dorothy (D): on the bottom on the inside as well↑...
96. Dorothy (D): just a bit [of tartar in between
97. Petra (P): [Mm-hmm
98. Dorothy (D): But we'll be able to clean that away
99. Dorothy (D): for you em...your gums aren't...
100. Dorothy (D): they're they're good they're healthy
101. Dorothy (D): but the only thing is when you're brushing
102. Dorothy (D): ...imagine my finger's a toothbrush just
103. Dorothy (D): bite your back teeth together there
104. Petra (P): Mm-hmm
105. Dorothy (D): Yeah...when your teeth are meeting you'll
106. Dorothy (D): find you've easier access to the molars and
107. Dorothy (D): if you were to imagine this is the toothbrush
108. Dorothy (D): just work your way all the way around to
109. Dorothy (D): the back just like that ↑
110. Petra (P): Mm-hmm
111. Dorothy (D): Spend two minutes in the morning two
112. Dorothy (D): minutes at night horizontal strokes directed
113. Dorothy (D): at **the** gumline and just open big wide...
114. Dorothy (D): same on the inside of your bottom front
115. Dorothy (D): teeth
116. Petra (P): Mm-hmm
117. Dorothy (D): And the main thing with tartar in between
118. Dorothy (D): your teeth is flossing you need to be doing
119. Dorothy (D): that every day cause otherwise the plaque
120. Dorothy (D): it doesn't matter how good your brushing
121. Dorothy (D): is you're not getting into the contact points
122. Dorothy (D): in between the teeth okay ↑
123. Petra (P): Mm-hmm
124. Dorothy (D): Otherwise the plaque becomes hardened...
125. Dorothy (D): I'm just going to check...your teeth there
126. Dorothy (D): now it's just a bit of air okay ↑ let me

127. Dorothy (D): know if any of them are sensitive to the
128. Dorothy (D): air ↑
129. [Sound of compressed air]
130. (7)
131. Dorothy (D): Okay
132. [Sound of compressed air]
133. (14)
134. Dorothy (D): That okay ↑
135. Petra (P): Mm-hmm
136. [Sound of compressed air]
137. (11)
138. Dorothy (D): Okay ↓...so just some charting there
139. Dorothy (D): Nicola whenever you're ready
140. Nicola (N): Go ahead
141. Dorothy (D): The top right eight is fine just a watch on
142. Nicola (N): Mm-hmm
143. [Sound of compressed air]
144. Dorothy (D): Seven sound six has an occlusal amalgam...
145. Dorothy (D): five four sound three two one...one two three
146. Dorothy (D): four five sound six has an occlusal composite
147. Dorothy (D): ...seven stained fissures just a watch on eight
148. Dorothy (D): missing... lower left...eight missing seven
149. Dorothy (D): occlusal composite six occlusal compo- em
150. Dorothy (D): sorry M-O composite on the six...that's fine
151. Dorothy (D): five four sound three two one one two three
152. Dorothy (D): four five sound...six has an M-O composite...
153. Dorothy (D): seven is sound eight missing...right...your
154. Dorothy (D): teeth look okay on the surface
155. Petra (P): Mm-hmm
156. Dorothy (D): You've got a few fillings in your back teeth
157. Dorothy (D): s- some white big white fillings that you're
158. Dorothy (D): not having any problems you were saying
159. Dorothy (D): from any of them
160. Petra (P): No I don't have [any problems no
161. Dorothy (D): [Okay...
162. Dorothy (D): What we'll do is we'll give you a cleaning
163. Dorothy (D): and then I'm just going to take two little
164. Dorothy (D): x-rays just to check in between the teeth
165. Dorothy (D): cause obviously I can't see... on the surface
166. Dorothy (D): if there's anything but just to confirm...that

167.Dorothy (D): there's nothing going on underneath those
168.Dorothy (D): fillings okay ↑
169.Petra (P): Mm-hmm
170.Dorothy (D): Can you remember the last time you had
171.Dorothy (D): any x-rays taken ↑
172.Petra (P): [Ooh
173.Dorothy (D): [Was it a long time ↑
174.Petra (P): I think it was at a time probably about ten years
175.Petra (P): ago when I go **the** em the wisdom teeth
176.Petra (P): pulled out
177.Dorothy (D): Okay so [probably
178.Petra (P): [That's (?)
179.Dorothy (D): A good idea for us to take just to make sure
180.Dorothy (D): today but but it doesn't look like there's
181.Dorothy (D): anything going on there okay ↑
182.Petra (P): Mm
183.Dorothy (D): And you don't have much of a sweet tooth
184.Dorothy (D): do you ↑...[you don't
185.Petra (P): [No actually I don't I I had when
186.Petra (P): I was pregnant (my first kid) (laughing)
187.Dorothy (D): Okay (laughing)
188.Petra (P): That's when I got my last big filling
189.Dorothy (D): That was the last time you had a big filling
190.Dorothy (D): yeah ↑
191.Petra (P): (Yes)
192.Dorothy (D): How old is your baby now or↑
193.Petra (P): Em the eldest is em just turned three
194.Dorothy (D): Aw... and how old's your youngest ↑
195.Petra (P): He's **a** year and a half
196.Dorothy (D): Keeps you busy
197.Petra (P): Yeah indeed
198.Dorothy (D): (laughing)...right so with this
199.Dorothy (D): scaler... I'm sure you've had it
200.Dorothy (D): before there's just quite a bit of
201.Dorothy (D): water okay ↑
202.Petra (P): Yeah
203.Dorothy (D): You will feel some areas might
204.Dorothy (D): be a bit sensitive to the air and
205.Dorothy (D): the cold okay ↑...if you want me
206.Dorothy (D): to stop at any point just raise

207.Dorothy (D): your hands and the water is sterile

208.Dorothy (D): so if you swallow any it's fine

209.Petra (P): Mm-hmm

210.Dorothy (D): I've got suction tip here okay ↑

211.(5)

212.Dorothy (D): Thank you...o some loud squeaky

213.Dorothy (D): noise there

214.[Sound of suction unit]

215.(10)

216.[Sound of suction unit and scaler]

217.Dorothy (D): Mm-hmm just big wide for me

218.(5)

219.Dorothy (D): Okay ↑

220.Petra (P): Mm-hmm

221.Dorothy (D): Does that feel alright ↑

222.Petra (P): Mm

223.[Sound of suction unit and tooth-scaler]

224.(29)

225.Dorothy (D): You're doing very well we're just...

226.Dorothy (D): working our way around

227.[Sound of suction unit and tooth-scaler]

228.(37)

229.Dorothy (D): Sorry about the water

230.[Sound of suction unit and tooth-scaler]

231.(149)

232.Dorothy (D): We're nearly there...most of the build-up's

233.Dorothy (D): there on the bottom...front teeth... (now

234.Dorothy (D): we're) pretty much done

235.[Sound of suction unit and tooth-scaler]

236.(49)

237.Dorothy (D): Could I get you to tilt your head this way

238.Petra (P): [Mm-hmm

239.Dorothy (D): [Lovely

240.[Sound of suction unit and tooth-scaler]

241.(10)

242.Dorothy (D): Just a sec...okay

243.Nicola (N): Mm-hmm

244.(4)

245.Dorothy (D): You can close up for a second there

246.[Sounds of suction unit]

247.(10)
248.Dorothy (D): You're doing very well
249.(5)
250.Dorothy (D): Sorry about all the water (laughing)
251.Petra (P): Mm
252.(3)
253.Dorothy (D): And big wide again
254.[Sound of suction unit and tooth-scaler]
255.(52)
256.Dorothy (D): You must be a coffee or tea drinker
257.Petra (P): Yeah tea and coffee
258.Dorothy (D): Tea and coffee **yeah** it's just a bit of
259.Dorothy (D): staining but it's all coming away
260.[Sound of suction unit and tooth-scaler]
261.(16)
262.Dorothy (D): (And turn slightly more this way)
263.[Sound of suction unit and tooth-scaler]
264.(44)
265.Dorothy (D): And big wide (if you can)
266.[Sound of suction unit and tooth-scaler]
267.(12)
268.Dorothy (D): Now...I'm going to polish your
269.Dorothy (D): teeth with our polishing paste you'll
270.Dorothy (D): be happy to know I'm done (laughing)
271.Dorothy (D): with this awful scaler yeah ↑
272.Petra (P): Okay
273.Dorothy (D): There's just a small little bit of hand
274.Dorothy (D): scaling around the bottom front teeth
275.Dorothy (D): that will take me a moment to...there's
276.Dorothy (D): no water with that so you don't have to
277.Dorothy (D): worry
278.(44)
279.Dorothy (D): Bit of pressure there okay ↑... just in
280.Dorothy (D): the tight spots in between your lower
281.Dorothy (D): front teeth
282.(36)
283.Dorothy (D): Well done...thank you
284.(28)
285.Dorothy (D): Right and now just my polishing paste
286.Dorothy (D): so it's just a bit of toothpaste m- minty

287.Dorothy (D): flavoured...and that's great for getting
288.Dorothy (D): rid of any staining surface staining
289.Dorothy (D): there
290.(19)
291.Dorothy (D): Okay
292.(5)
293.Dorothy (D): And now just some buzzing with an
294.Dorothy (D): electric toothbrush okay ↑
295.Petra (P): Okay
296.[Sound of dental drill]
297.(150)
298.Dorothy (D): Big wide for me...well done
299.[Sound of dental drill]
300.(87)
301.Dorothy (D): I'm going to pop you up there and I want
302.Dorothy (D): you to have a really good rinse out ↑
303.Petra (P): Okay
304.Dorothy (D): There's some facial tissues there I'll just
305.Dorothy (D): get you some in just one second...it's just
306.Dorothy (D): here...and just for the paste around your
307.Dorothy (D): mouth I've got some facial tissues...okay↑
308.Dorothy (D): ...and we'll set up to take that x-ray
309.Dorothy (D): whenever you're done
310.Petra (P): Mm-hmm
311.(16)
312.Dorothy (D): Okay ↑ All done ↑
313.(30)
314.Dorothy (D): Sorry about the little bit of paste
315.Dorothy (D): (laughing)
316.Petra (P): (laughing)
317.Dorothy (D): Round there you can just see...yeah take
318.Dorothy (D): your time
319.Petra (P): Oh yeah (very good)
320.Dorothy (D): Are you happy enough with that ↑
321.Petra (P): Mm-hmm yeah [(actually good)
322.Dorothy (D): [There are little tight spots
323.Dorothy (D): between your upper front teeth they're
324.Dorothy (D): quite difficult to get between but I tried
325.Dorothy (D): to get rid of as much as I could there
326.Petra (P): Yeah

327.Dorothy (D): Yeah ↑
328.Petra (P): No I think it looks great
329.Dorothy (D): Yeah...have another little rinse if you'd like
330.(10)
331.Dorothy (D): Okay ↑ so I'll bring you around to the x-ray
332.Dorothy (D): room...there's no chance that you're pregnant
333.Dorothy (D): is there ↑
334.Petra (P): No
335.Dorothy (D): No okay well just follow me around...you
336.Dorothy (D): don't need the glasses for that
337.Petra (P): Alright
338.Dorothy (D): Great...thank you
339.(8)
340.Dorothy (D): Okay and just have a seat there...sorry it's
341.Dorothy (D): really cold in here...em
342.Petra (P): (?)
343.Dorothy (D): It's cold everywhere isn't it yeah...em just
344.Dorothy (D): a second
345.(13)
346.Dorothy (D): Right ↓ so basically there's just a little
347.Dorothy (D): digital sensor and a bit of plastic
348.Petra (P): Okay
349.Dorothy (D): It's not the most comfortable thing in the
350.Dorothy (D): world I'll only have it for a few seconds
351.Dorothy (D): there in your mouth...kind of uncomfortable
352.Dorothy (D): against the roof of your mouth just to check
353.Dorothy (D): that those fillings are okay alright
354.(46)
355.Dorothy (D): Oh good and close this side together
356.(6)
357.Dorothy (D): There we are
358.(6)
359.Dorothy (D): So I'm just going to place this in the floor
360.Dorothy (D): of your mouth...I'll tell you when to
361.Dorothy (D): bite...and big wide...sorry I know it's not
362.Dorothy (D): very comfortable and <u>bite</u> together...lovely
363.Dorothy (D): and stay in that position
364.[Mechanical squeaking of x-ray unit]
365.(8)
366.Dorothy (D): And just stay there for a few seconds okay ↑

367.Petra (P): Mm

368.[Beep of x-ray unit]

369.(8)

370.Dorothy (D): Okay ↓

371.(10)

372.Dorothy (D): That's one of them and just the top now

373.(5)

374.Dorothy (D): And bite together...perfect

375.[Mechanical squeaking of x-ray unit]

376.[Beep of x-ray unit]

377.(15)

378.Dorothy (D): (Switch to the other side)...pop that out

379.Dorothy (D): for a sec

380.(17)

381.Dorothy (D): Okay now it's just the x-ray on this side

382.Petra (P): Okay

383.Dorothy (D): Why does this keep happening ↑...

384.Dorothy (D): I'll just grab another glove

385.(16)

386.Dorothy (D): And I'll tell you when to bite up...and

387.Dorothy (D): now bite together

388.[Beep of x-ray unit]

389.(20)

390.Dorothy (D): Now your last one

391.(3)

392.Dorothy (D): Well done...you'll be glad to done

393.Dorothy (D): with this [(laughing)

394.Petra (P): [(laughing)

395.(3)

396.Dorothy (D): And bite

397.[Beep of x-ray unit]

398.(12)

399.Dorothy (D): Okay ↑ I'll pop that out now...and

400.Dorothy (D): we'll just have a look at those x-rays

401.Dorothy (D): just to make sure that there's no decay

402.Dorothy (D): in between your teeth

403.(25)

404.Dorothy (D): Okay the top right...looks okay

405.Petra (P): Yeah

406.Dorothy (D): The filling's fine...just a bit of

407.Dorothy (D): shadowing here so we'll keep an eye
408.Dorothy (D): on that [on the top right
409.Petra (P): [Mm-hmm
410.Dorothy (D): Em second molar there
411.(4)
412.Dorothy (D): Bottom is fine...that filling's fine...
413.Dorothy (D): top left
414.(9)
415.Dorothy (D): Yeah...looks alright
416.(30
417.Dorothy (D): And the lower left... is fine so as I
418.Dorothy (D): said to you just on the top right it
419.Dorothy (D): looks like there's the early start of
420.Dorothy (D): something there
421.Petra (P): Okay
422.Dorothy (D): It's not cavitated it's not into dentine
423.Dorothy (D): so we're going to keep watch on it
424.Dorothy (D): there's no reason to for us to do anything
425.Dorothy (D): right now the only thing I want you to
426.Dorothy (D): watch out for is just to try and get as
427.Dorothy (D): much fluoride as possible like fluoride
428.Dorothy (D): toothpaste I'm sure you're using twice
429.Dorothy (D): a day and a fluoride mouth rinse as well
430.Dorothy (D): and fluoride kind of helps the enamel
431.Dorothy (D): remineralise if there's something
432.Dorothy (D): starting [there
433.Petra (P): [Okay alright [thanks
434.Dorothy (D): [But other than
435.Dorothy (D): that everything's <u>fine</u> and just keep
436.Dorothy (D): with your check-ups just em every
437.Dorothy (D): six months
438.Petra (P): Yeah
439.Dorothy (D): And em...you don't have a sweet tooth
440.Dorothy (D): so hopefully it stays that way...[alright ↑
441.Petra (P): [(Great)
442.Dorothy (D): So that's us done
443.Petra (P): Now (thank you)
444.Dorothy (D): No problem em there's just a small
445.Dorothy (D): bit of paste just on the tip of your
446.Dorothy (D): nose there (laughing)

447.Petra (P): [(laughing)
448.Dorothy (D): [I'll just get you some tissue (laughing)
449.Dorothy (D): just pink...here you go...just on the tip
450.Dorothy (D): **em** yeah it's gone now [alright ↑
451.Petra (P): [(?)
452.Dorothy (D): So well done there could I ask you just
453.Dorothy (D): to fill out em there's a little
454.Dorothy (D): questionnaire here
455.Petra (P): Yeah
456.Dorothy (D): Cause I don't think we need to see
457.Dorothy (D): you again
458.Petra (P): Yeah
459.Dorothy (D): And there's an envelope there and this
460.Dorothy (D): is just a questionnaire about today and
461.Dorothy (D): if you just post it out there's a stamp there
462.Dorothy (D): to Researcher [at the postgraduate centre
463.Petra (P): [Yes
464.Dorothy (D): [Thanks very much
465.Petra (P): [Okay I'll do that
466.Dorothy (D): For taking part in our study as well
467.Petra (P): Alright [thanks very much
468.Dorothy (D): [It was lovely meeting you...I'll just
469.Dorothy (D): grab your jacket for you
470.(3)
471.Dorothy (D): You'll want to wrap up [warm
472.Dorothy (D): (laughing) yeah
473.Petra (P): [(laughing)
474.Petra (P): (?)
475.Dorothy (D): It's cold outside...there you go
476.Petra (P): Thanks a million...[cheers
477.Dorothy (D): [No problem take care
478.Dorothy (D): Take it easy the only thing to watch
479.Dorothy (D): out for is em you may get a bit of
480.Dorothy (D): sensitivity today and tomorrow after
481.Dorothy (D): a cleaning... that's normal just avoid
482.Dorothy (D): ice-cold drinks and that and it should settle
483.Petra (P): Alright
484.Dorothy (D): Okay ↑
485.Petra (P): Cheers thanks very much
486.Dorothy (D): Bye bye

Case 17

Case 17

1. Dorothy (D): Okay Paul↑
2. Paul (P): Yeah do I just sign it↑
3. Dorothy (D): Yeah thank you
4. (14)
5. Dorothy (D): Thanks very much
6. Paul (P): [(There you go)
7. Dorothy (D): [So my name is Dorothy and I'm one of the dentists
8. Dorothy (D): here↑
9. (4)
10. Dorothy (D): I'll just come around↑… and if you want to take your
11. Dorothy (D): jacket off there's a hanger just around the right [there↑
12. Paul (P): [Lovely
13. Dorothy (D): You could hang [your jacket up there
14. Paul (P): [Perfect
15. (6)
16. Dorothy (D): Okay
17. (4)
18. Dorothy (D): So you are here for a check-up and a clean is that right↑
19. Paul (P): Yeah that's it yeah
20. Dorothy (D): And you're not having any problems at the moment are
21. Dorothy (D): you
22. Paul (P): No
23. Dorothy (D): No pain or symptoms or [anything↑
24. Paul (P): [No
25. Dorothy (D): Just have a seat… okay↑…medically you don't suffer
26. Dorothy (D): from anything [no allergy↑
27. Paul (P): [I get migraines
28. Dorothy (D): Just migraines
29. Paul (P): Yeah I've written it down there
30. Dorothy (D): **Yeah** I think at the back probably yeah and do you ever
31. Dorothy (D): have to take anything for that↑
32. Paul (P): No
33. Dorothy (D): [Okay
34. Paul (P): [Sleep it off just

35. Dorothy (D): Sleep it off that's good (laughing) right em so we'll have
36. Dorothy (D): a look in today and em you want a cleaning as well
37. Paul (P): [Yeah
38. Dorothy (D): [That's right okay↑ so we've set up for that
39. (20)
40. Dorothy (D): Okay we'll pop you back there now↑
41. (16)
42. Dorothy (D): Can I just get you to pull up to the top of the chair just
43. Dorothy (D): so that your head's at the top [there↑
44. Paul (P): [Grand yeah
45. (35)
46. Dorothy (D): Okay I'll just check your [neck there
47. Paul (P): [Yeah
48. Dorothy (D): Any tenderness at all
49. Paul (P): [No
50. Dorothy (D): [In any of these lymph nodes they're all fine yeah↑
51. Paul (P): Yeah
52. Dorothy (D): And just open big wide↑ and close up↑ and open↑ any
53. Dorothy (D): knocks or clicks from your jaw↑
54. Paul (P): No
55. Dorothy (D): No okay just have a look in okay now just going to have
56. Dorothy (D): a look at your gums first can I just get you to stick your
57. Dorothy (D): tongue out as far as you can and move it over to the
58. Dorothy (D): right↑ and over to the left↑ and up towards your palate↑
59. Dorothy (D): and relax your tongue that's fine okay this is just a little
60. Dorothy (D): probe into your gum↑ just to check your gums okay↑
61. (7)
62. Dorothy (D): And tilt your head towards me lovely okay just some
63. Dorothy (D): charting whenever you're ready Nicola
64. Nicola (N): Yeah sure
65. (5)
66. Paul (P): Mm
67. Dorothy (D): Sorry is that a bit sensitive there [Phone ringing]
68. Paul (P): No not at [all no it's my phone I said to you (laughing)
69. Dorothy (D): [Everytime I… oh that's your phone oh (laughing)
70. Dorothy (D): Do you know I didn't even hear it
71. Paul (P): Yeah (laughing)
72. Dorothy (D): Not to worry
73. (15)
74. Dorothy (D): <u>And just big wide</u> there for me…[Phone ringing]

75. Dorothy (D): someone's really wants you
76. Paul (P): It's always the way when something [when I sit down always
77. Paul (P): there's always
78. Dorothy (D): [(laughing)
79. Paul (P): Someone who wants me [typical (laughing)
80. Dorothy (D): [(laughing)
81. Dorothy (D): Just be quiet there for me (laughing) let me know if any
82. Dorothy (D): of these are sensitive to the air okay… any sensitivity at
83. Dorothy (D): all↑
84. Paul (P): No
85. Dorothy (D): Okay…and top left as well↑ [fine
86. Paul (P): [fine
87. (13)
88. Dorothy (D): You don't have much of a sweet tooth do you↑
89. Paul (P): No [why↑
90. Dorothy (D): [No not really no no no you're fine you don't have many
91. Dorothy (D): fillings
92. Paul (P): Mm
93. Dorothy (D): There's just one little one down here em I'll go through it
94. Dorothy (D): with you in a sec so top right the B-P-E is a two the
95. Dorothy (D): middle was zero
96. Nicola (N): Okay
97. Dorothy (D): Top left is two lower left is two lower middle two and
98. Dorothy (D): lower right two basically these numbers I'm calling out
99. Dorothy (D): [it just means
100. Paul (P): [I know
101. Dorothy (D): There's a small bit of tartar just here↑ [in these
102. Paul (P): [Yeah
103. Dorothy (D): Little areas your gums are healthy there's no bleeding
104. Dorothy (D): when I'm probing and you're not a smoker are you [no
105. Paul (P): [No
106. Dorothy (D): So just here these little areas are missing and it's norm-
107. Dorothy (D): it's quite common for people to get tartar on the inside of
108. Dorothy (D): their bottom front teeth it's because they've got little
109. Dorothy (D): salivary glands there
110. Paul (P): Right
111. Dorothy (D): And what happens is if you get any plaque saliva has
112. Dorothy (D): cal-calcium and all these minerals in it [and
113. Paul (P): [Mm-hmm
114. Dorothy (D): It takes up the minerals in saliva and becomes hardened

115. Paul (P): Mm-hmm
116. Dorothy (D): That's when it turns forms into tartar↑ but we can clean
117. Dorothy (D): that all away for you [today
118. Paul (P): [Yeah
119. Dorothy (D): I'm just going to check the rest of your teeth there just
120. Dorothy (D): big wide↑ just to write them top right eight sound and
121. Dorothy (D): present seven is an occlusal amalgam that's fine six
122. Dorothy (D): occlusal amalgam sound five four sound three two one
123. Dorothy (D): one two three fine four has an M-O amalgam five is
124. Dorothy (D): sound six has an occlusal amalgam seven occlusal
125. Dorothy (D): amalgam sound eight is sound just a watch on big wide
126. Dorothy (D): again lower right eight present and just a watch on a bit
127. Dorothy (D): stained fissures there seven watch six is fine five… five
128. Dorothy (D): sound four sound three two one one two three four five
129. Dorothy (D): sound six is a <u>really</u> small little hole here it's tiny and
130. Dorothy (D): there's a bit of shadowing underneath it so there some
131. Dorothy (D): occlusal caries <u>very</u> minimal
132. Paul (P): Mm-hmm
133. Dorothy (D): It would need a tiny filling okay [just this tooth there
134. Paul (P): [Mm-hmm
135. Dorothy (D): The seven is fine and the eight is fully up and just a
136. Dorothy (D): watch on so that's a really minimal b- em kind of
137. Dorothy (D): decayed lesion and it's only in the enamel kind of
138. Dorothy (D): slightly probably into dentine just because I could see a
139. Dorothy (D): bit of shadowing↑
140. Paul (P): Yeah
141. Dorothy (D): Em just on the biting surface and I know you've very
142. Dorothy (D): small fillings in some of your other teeth [as well
143. Paul (P): [Mm
144. Dorothy (D): So I don't think decay is really an issue for you
145. Paul (P): Yeah
146. Dorothy (D): It could have been active a while and it's stopped now
147. Dorothy (D): but it's just because it's cavitated because it is a little
148. Dorothy (D): hole ideally we should fill it we could do that another
149. Dorothy (D): day
150. Paul (P): Yeah
151. Dorothy (D): I'll talk you through that em so we can give you a
152. Dorothy (D): cleaning today [your
153. Paul (P): [Yeah
154. Dorothy (D): Your teeth otherwise are fine only little tip I'd give you

155. Dorothy (D): with brushing is bite your back teeth together↑ imagine
156. Dorothy (D): my finger's the toothbrush you'll find that when your
157. Dorothy (D): teeth are meeting you'll have easier access to these areas
158. Dorothy (D): where you're missing [and
159. Paul (P): [Okay that's probably a em like
160. Paul (P): that
161. Dorothy (D): literally in and out yeah yeah just [make sure you're
162. Dorothy (D): getting
163. Paul (P): [Mm
164. Dorothy (D): All the way to the [back about thirty seconds in each
165. Dorothy (D): area
166. Paul (P): [Mm-hmm…okay
167. Dorothy (D): It's hard to to spend that long I I get it but and pull your
168. Dorothy (D): lip down and in between your lower front teeth em
169. Dorothy (D): flossing is a big thing
170. Paul (P): Okay
171. Dorothy (D): Because that's the main thing with tartar but otherwise
172. Dorothy (D): keep doing what you're doing
173. Paul (P): Mm-hmm
174. Dorothy (D): So… with this scaler there'll be quite a bit of water
175. Paul (P): Mm-hmm
176. Dorothy (D): Em it's sterile if you swallow any of it and we've got a
177. Dorothy (D): suction tip
178. Paul (P): Okay
179. Dorothy (D): If any area is sensitive em just raise your hand and let
180. Dorothy (D): me know and I'll try and move on to another area but
181. Dorothy (D): we'll get rid of all the tartar and staining and then I just
182. Dorothy (D): to take a small X- ray of that tooth just to make sure that
183. Dorothy (D): it's not progressed any further than it looks like it is
184. Dorothy (D): [on the
185. Paul (P): [Okay
186. Dorothy (D): Surface [otherwise it'll be fine
187. Paul (P): [Okay
188. Dorothy (D): Okay↑… thank you↑
189. (12)
190. Nicola (N): Just lift there for me thank you and the glasses
191. Dorothy (D): Can I get you to pull your head to the very top↑
192. Paul (P): Sorry [that's okay yeah yeah
193. Dorothy (D): [Yeah that's lovely just so that your head's supported
194. Paul (P): Yeah

195. Dorothy (D): Do you feel a bit more comfortable yeah↑
196. Paul (P): Yeah grand
197. Dorothy (D): Okay I'll just grab that piezo around you sorry… thank
198. Dorothy (D): you
199. (16)
200. Dorothy (D): Okay right
201. (7)
202. Dorothy (D): So let's start there just a buzzy noise a squeaky noise
203. Dorothy (D): from the machine okay↑
204. Paul (P): Em yeah
205. (12)
206. Dorothy (D): Now nice wide for me↑ lovely
207. (75)
208. Dorothy (D): You okay↑
209. Paul (P): Mm
210. (36)
211. Dorothy (D): (And starting up here) ↑
212. (39)
213. Dorothy (D): Higher
214. Paul (P): Mm-hmm
215. Dorothy (D): Nearly there… and just tilt your head slightly this way
216. Dorothy (D): lovely
217. (22)
218. Dorothy (D): Just this very back tooth sorry [I'll try and get at it… just
219. Dorothy (D): yeah that's perfect
220. Paul (P): [Mm
221. (3)
222. Dorothy (D): That wisdom tooth can be a bit awkward to reach
223. Paul (P): Mm
224. (17)
225. Dorothy (D): Close tight
226. Paul (P): Mm
227. Dorothy (D): Okay so you'll be happy to know I'm done with this
228. Dorothy (D): awful scaler I'm just going to use a small hand scaler it
229. Dorothy (D): doesn't have any water (laughing)
230. Paul (P): Okay
231. Dorothy (D): So it's not as sensitive just in between your bottom front
232. Dorothy (D): teeth just to
233. Paul (P): Okay
234. Dorothy (D): Because it's quite tight there so I can really fit in there

235. Dorothy (D): okay↑ bit of pressure
236. (3)
237. Dorothy (D): It's getting those tight corners okay↑
238. Paul (P): Mm-hmm
239. (39)
240. Dorothy (D): Well done
241. (17)
242. Dorothy (D): Okay [now
243. Paul (P): [Yeah
244. Dorothy (D): We're just going to polish your teeth with our polishing
245. Dorothy (D): paste
246. Paul (P): Okay
247. Dorothy (D): Yeah I've got rid of anything in between there it's just
248. Dorothy (D): em…just get some of our polishing paste one sec
249. (37)
250. Dorothy (D): Okay
251. (5)
252. Dorothy (D): We use just a brush as well
253. (3)
254. Nicola (N): You okay↑ you got your stuff
255. Dorothy (D): Yeah I'm fine my nurse is actually sick today
256. [Recording paused]
257. (49)
258. Dorothy (D): Okay
259. Paul (P): Yeah [no problem
260. Dorothy (D): [You just you can pop the glasses off and we don't need
261. Dorothy (D): the bib
262. Paul (P): Right
263. Dorothy (D): I'll get take that off you as well
264. Paul (P): Okay
265. Dorothy (D): You don't have to see orange anymore
266. Paul (P): Right
267. Paul (P): Okay
268. (8)
269. Dorothy (D): So if you just follow me around here↑
270. Paul (P): I can leave my stuff there can I
271. Dorothy (D): Em yeah you can leave it here… there's no one else
272. Dorothy (D): around so you're okay we'll only be gone for a few
273. Dorothy (D): secs… and just have a seat… okay so it's just a digital
274. Dorothy (D): sensor and a bit of plastic [just have a seat there

275. Paul (P): [Right
276. Dorothy (D): Oops↑ [gosh sorry about that
277. Paul (P): [Oh sorry (sorry)
278. Dorothy (D): I'll tell you when to bite so it was the bottom (not sure)
279. Dorothy (D): on what side just open… yeah it was the bottom right I'd
280. Dorothy (D): say that's where it was pointing towards if you could
281. Dorothy (D): (look over) this way… okay…if you could tilt your head
282. Dorothy (D): just slightly that way yeah… okay so we'll just position
283. Dorothy (D): this it's slightly uncomfortable for a few seconds on the
284. Dorothy (D): floor of your mouth… I'll tell you when now and bite
285. Dorothy (D): sorry about that and bite together yeah lovely …that
286. Dorothy (D): one… and just stay in that position for a few seconds
287. (4)
288. Dorothy (D): We'll have a look now↑… that's great
289. Paul (P): Yeah
290. Dorothy (D): Lovely thank you
291. Paul (P): Thank you
292. (6)
293. Dorothy (D): Okay
294. (5)
295. Dorothy (D): So it's just to confirm that it's only in the superficial area
296. Dorothy (D): and that's not spread any further yeah that's fine it's not
297. Dorothy (D): in the contact point so [as I said
298. Paul (P): [So
299. Dorothy (D): To you it's only a small [little bit of decay
300. Paul (P): [Where is it there↑
301. Dorothy (D): You can't see it on the x-ray [because it's in the biting
302. Dorothy (D): surfaces
303. Paul (P): [Oh right…oh okay
304. Dorothy (D): That's why it hasn't spread down [here or there
305. Paul (P): [I know into your em
306. Paul (P): the
307. Dorothy (D): canal so it isn't and that's what I want to check there is a
308. Dorothy (D): bit of shadowing here so I want to keep watch this is the
309. Dorothy (D): tooth behind it [and that's okay
310. Paul (P): [Right…right
311. Dorothy (D): Em and the reason I checked here is if it was any deeper
312. Dorothy (D): I would know okay it's going to be a big filling but this
313. Dorothy (D): is literally like a preventative filling where wherever the
314. Dorothy (D): hole is I'm just going to clean it out

315. Paul (P): Mm
316. Dorothy (D): And c- seal it so I'm the aim of this is more to seal seal
317. Dorothy (D): the hole off [so that stuff won't
318. Paul (P): [Keep that (?)
319. Dorothy (D): Get trapped in it like food won't get trapped in it and it
320. Dorothy (D): won't progress further but like I don't really have much
321. Dorothy (D): to clean it's just a case of it's [more of a
322. Paul (P): [I (get it)
323. Dorothy (D): It's not a sealant it's still a filling but it's a preventative
324. Dorothy (D): kind of resin filling that I'll be doing and it will be white
325. Dorothy (D): and very small
326. Paul (P): Okay
327. Dorothy (D): But em you don't have to get it done before Christmas
328. Dorothy (D): there's no rush I'd just have it hopefully sometime in the
329. Dorothy (D): new year
330. Paul (P): Okay
331. Dorothy (D): And I'll print you an estimate for that one [there's
332. Paul (P): [Okay
333. Dorothy (D): Only a small filling on the bottom right okay↑
334. Paul (P): Okay
335. Dorothy (D): And a filling of that size is 70 euro just to let you know
336. Dorothy (D): and everything else is fine
337. Paul (P): Okay
338. Dorothy (D): Just keep up with your cleaning and thank you
339. Paul (P): Alright [yeah
340. Dorothy (D): [Okay↑
341. (5)
342. Dorothy (D): Em so print that estimate
343. (10)
344. Dorothy (D): And
345. (7)
346. Dorothy (D): This is for you I think my colleague is here who is doing
347. Dorothy (D): the (laughing) study
348. Paul (P): Right
349. Dorothy (D): Em if I am to see you again you can fill it out at a later
350. Paul (P): point but if I don't see you if you were to fill this out and just
351. Dorothy (D): post it off and it's in the Dublin Dental Hospital [and
352. Dorothy (D): that's the the envelope that would be great
353. Paul (P): [Okay
354. Paul (P): okay thanks very much thank you

355. Dorothy (D): Okay thanks for helping us [with that
356. Paul (P): [Thank you thanks a lot there
357. Dorothy (D): No problem

Case 18A

Case 18A

1. Dominic (D): Okay hi Patrick how are you↑
2. Patrick (P): Good [I'm good
3. Dominic (D): [Good good my name is Doctor Dominic one of the
4. Dominic (D): doctors here so how I can help you today↑
5. Patrick (P): I have some problems em with my teeth [em
6. Dominic (D): [Yeah
7. Patrick (P): I'm actually not sure if it's the gums the teeth em the work
8. Dominic (D): Okay
9. Patrick (P): It's em around here the upper left hand molar [around
10. Patrick (P): there
11. Dominic (D): [Okay yes
12. Patrick (P): So it started I have the problem already for weeks
13. Patrick (P): actually
14. Dominic (D): Okay
15. Patrick (P): Em
16. Dominic (D): What kind of problems like is it pain↑ or [sensitivity
17. Dominic (D): or↑
18. Patrick (P): [It it it used to
19. Patrick (P): be em
20. Patrick (P): sensitivity just when I grind or ate em hot↑
21. Dominic (D): Okay
22. Patrick (P): Or ate sweet↑
23. Dominic (D): Mm-hmm
24. Patrick (P): But em then it went away for weeks and now it came
25. Patrick (P): [back
26. Dominic (D): [It's come back
27. Patrick (P): But em right now I have also I have even pain when I
28. Patrick (P): bite em [on that side
29. Dominic (D): [Even when you are biting you are getting [pain
30. Dominic (D): with it o- yeah
31. Patrick (P): [Yes
32. Patrick (P): and and even
33. Patrick (P): when I don't do anything

34. Dominic (D): Do you remember whether the tooth was em filled
35. Dominic (D): before or anything like that↑ [or you had
36. Patrick (P): [Yes it it has been filled
37. Patrick (P): and
38. Dominic (D): Yeah
39. Patrick (P): As far as I remember but it's long time ago [they even
40. Patrick (P): made a
41. Dominic (D): [Mm
42. Patrick (P): Root canal there but I I'm [not sure about that
43. Dominic (D): [Oh right okay so you did have
44. Dominic (D): some root canal treatment but you're not sure↑
45. Patrick (P): Yes
46. Dominic (D): Okay that's fine that's fine I'm just going to ask you a
47. Dominic (D): couple of quick questions about your medi- so you're
48. Dominic (D): allergic to penicillin is that right [yeah↑
49. Patrick (P): [Yes mm-hmm
50. Dominic (D): Em do you take any medications for anything at all↑
51. Patrick (P): No
52. Dominic (D): Whatsoever no okay that's fine no Aspirin or Plavix or
53. Dominic (D): anything like that↑ [at all
54. Patrick (P): [No
55. Dominic (D): Excellent okay so I'm just going to have a quick look
56. Dominic (D): inside your mouth↑
57. Patrick (P): Mm-hmm
58. Dominic (D): And we might need to take an x-ray as well [okay↑
59. Patrick (P): [Yes
60. Dominic (D): Just [to make sure that em we are missing anything
61. Patrick (P): [Yes yes mm-hmm
62. Dominic (D): Okay↑ we'll sit you back now…where are you from
63. Dominic (D): yourself↑
64. Patrick (P): From Austria
65. Dominic (D): Austria okay very good are you studying↑ or working↑
66. Dominic (D): or↑
67. Patrick (P): I'm working
68. Dominic (D): You're working [okay
69. Patrick (P): [Yes
70. Dominic (D): You've been in Ireland for a while↑
71. Patrick (P): Over four years
72. Dominic (D): Oh very good so you're practically Irish now huh↑
73. Dominic (D): (laughing)

74. Patrick (P): Yes (laughing)
75. Dominic (D): No I'm from I'm from UAE myself
76. Patrick (P): Okay
77. Dominic (D): You know in the Middle-East↑ [em Dubai yeah
78. Patrick (P): [Yes yes
79. Dominic (D): I'm from there yeah [but but I studied in Ireland and
80. Dominic (D): em
81. Patrick (P): [Ah (from there)
82. Dominic (D): [you know I've been here for a while so
83. Patrick (P): [Ah you studied here
84. Dominic (D): Great
85. (9)
86. Dominic (D): Excellent (so)
87. (3)
88. Dominic (D): (Coughs)...so just open wide for me↑
89. Patrick (P): Mm-hmm
90. Dominic (D): Mm...okay↓
91. (3)
92. Dominic (D): Okay↓ I'm just going to tap around [those teeth oaky↑
93. Patrick (P): [Mm↑ yeah mm
94. Dominic (D): I'll start with the front and then I'll work... all the way
95. Dominic (D): down to the tooth
96. (4)
97. Dominic (D): That sore↑
98. Patrick (P): I feel a bit but [not much mm
99. Dominic (D): [A little bit not not much okay okay...well
100. Dominic (D): the tooth is definitely heavily-filled there but
101. Patrick (P): Mm
102. Dominic (D): Any pain there↑
103. Patrick (P): Mm-mm↓
104. Dominic (D): Any pain when I do that↑
105. Patrick (P): Mm↑
106. Dominic (D): A little bit↑
107. Patrick (P): Mm
108. Dominic (D): How about there↑
109. Patrick (P): Mm-mm↓
110. Dominic (D): There↑
111. Patrick (P): (Yeah)
112. Dominic (D): That is pain okay
113. Patrick (P): Mm

114. Dominic (D): What about this tooth here↑
115. Patrick (P): Mm-mm↓
116. Dominic (D): That is okay great em just have a feel there any
117. Dominic (D): soreness here at all↑…when I press↑
118. Patrick (P): Mm-mm↓
119. Dominic (D): No soreness okay
120. Patrick (P): I did that when I pressed myself I actually felt [em some
121. Patrick (P): soreness there
122. Dominic (D): [You felt
123. Dominic (D): pain oh okay…today or in the last couple of days↑
124. Patrick (P): Also today
125. Dominic (D): Also today [okay
126. Patrick (P): [Em yeah like around here [I think
127. Dominic (D): [Okay
128. Patrick (P): Therefore I'm not sure where [it is from exactly
129. Dominic (D): [Mm-hmm okay that's fine
130. Dominic (D): so we'll just have a basically I'm just going to go
131. Dominic (D): through all your teeth okay↑
132. Patrick (P): Mm-hmm
133. Dominic (D): So we can have a record of them yeah↑
134. Patrick (P): Yeah
135. Dominic (D): So upper right eight is missing↑…the seven has
136. Dominic (D): occlusal amalgam↑ and it's fine… the six occlusal
137. Dominic (D): amalgam↑ and it's fine.. the five is fine the four is fine
138. Dominic (D): three is fine two has a distal and mesial composite
139. Dominic (D): separately… the anterior you okay yeah↑ the one is
140. Dominic (D): fine one is fine two has a mesial composite↑ it's fine
141. Dominic (D): three is okay four is okay five has a D-O composite six
142. Dominic (D): has an M-O-D composite the seven has occlusal
143. Dominic (D): amalgam eight is missing↑ lower left hand side eight
144. Dominic (D): is missing the seven occlusal amalgam…and em
145. Dominic (D): mesially sorry now a bit of air there yeah mesially it's
146. Dominic (D): okay the six has occlusal amalgam and separate buccal
147. Dominic (D): amalgam the five is okay the four is okay three two
148. Dominic (D): one one two three four five are okay↑ six has an
149. Dominic (D): M-O-D composite↑ and em
150. (3)
151. [Sound of compressed air]
152. Dominic (D): I think that is the the seven is missing and the eight has
153. Dominic (D): an M-O em an M-O composite… that tooth what is the

154. Dominic (D): story with that tooth any any problems from that
155. Dominic (D): bottom one↑
156. Patrick (P): No
157. Dominic (D): No okay it's been like this for a long time is it↑
158. Patrick (P): Mm
159. Dominic (D): Okay okay that's fine
160. (3)
161. Dominic (D): Okay so we'll just em just want to feel around this
162. Dominic (D): tooth here and see
163. (7)
164. Dominic (D): You never had any bleeding gum around that tooth or
165. Dominic (D): [anything like that no
166. Patrick (P): [No no never
167. Dominic (D): (Coughs) okay↓ (just feel around here as well)
168. (14)
169. Dominic (D): Right okay
170. (3)
171. Dominic (D): Let me just this is a bit of air here [just to
172. Patrick (P): [Mm yeah
173. [Sound of compressed air]
174. Dominic (D): Is that sensitive↑ when I do that↑
175. Patrick (P): Mm-mm↓
176. Dominic (D): No
177. Patrick (P): No
178. Dominic (D): Okay
179. (13)
180. Dominic (D): Mm okay Patrick what I'm going to do I'm going to
181. Dominic (D): take an x-ray
182. Patrick (P): Mm
183. Dominic (D): Of th- of basically th- those teeth and also [the other
184. Dominic (D): teeth as well
185. Patrick (P): [Yes
186. Dominic (D): [Just to
187. Patrick (P): [Okay
188. Dominic (D): Make sure that we are not missing anything
189. Patrick (P): Yes
190. Dominic (D): Because this tooth at the bottom here looks suspicious
191. Dominic (D): to me as well
192. Patrick (P): Okay
193. Dominic (D): It's very very <u>dark</u>

194. Patrick (P): Mm
195. Dominic (D): And also you've got this massive filling on top of it as
196. Dominic (D): well
197. Patrick (P): Okay
198. Dominic (D): So I'm not sure what is going underneath it as well
199. Patrick (P): Okay
200. Dominic (D): So just to make sure that we are not missing anything
201. Patrick (P): [Yes
202. Dominic (D): [So we'll take an an x-ray which [basically
203. Patrick (P): [Okay
204. Dominic (D): Shows the whole teeth yeah↑ so I'll just sit you up and
205. Dominic (D): then we'll do that for you
206. Patrick (P): Yes
207. Dominic (D): Okay
208. Nicola (N): PA or OPG↑
209. Dominic (D): OPG please yeah yeah thanks…okay let's come over
210. Dominic (D): [yeah
211. Patrick (P): [Yes
212. Dominic (D): Come over with me yeah (coughs)
213. (4)
214. Nicola (N): Oops [sorry
215. Dominic (D): [Sorry thanks excellent okay Patrick so I just want
216. Dominic (D): you you see this little groove here↑ [I just want you to
217. Dominic (D): bite into it okay↑
218. Patrick (P): [Yes
219. Dominic (D): Em actually I'll put you up a bit more
220. [Beeping from x-ray machine]
221. (3)
222. Dominic (D): Perfect and you just bring your hands forward just put
223. Dominic (D): [them on the
224. Patrick (P): [Okay
225. Dominic (D): Other thing yeah okay↑…excellent…so basically this
226. Dominic (D): machine you know the one on your head it will just
227. Dominic (D): rotate around you clockwise and then go back anti-
228. Dominic (D): clockwise
229. Patrick (P): Mm
230. Dominic (D): So I don't want you to go anywhere until I come in
231. Dominic (D): okay↑
232. Patrick (P): [Mm
233. Dominic (D): [I will go outside while it's moving and then come

234. Dominic (D): back
235. Patrick (P): Okay
236. Dominic (D): Okay↑ so I just want you to kind of relax and… until
237. Dominic (D): that comes back okay↑
238. Patrick (P): Mm
239. Dominic (D): Yeah
240. (34)
241. Dominic (D): Great okay maybe can you come out now↑ yeah now I
242. Dominic (D): want you just to go back and have a seat I'll [em
243. Patrick (P): [Okay
244. Dominic (D): To your seat and I'll be back in a minute
245. (32)
246. Dominic (D): Now Patrick if you come with me we'll just have a
247. Dominic (D): [a chat
248. Patrick (P): [Yes
249. Dominic (D): About the x-ray okay↑ so
250. Nicola (N): (I'll put it up here)
251. Dominic (D): Thanks
252. Nicola (N): (Another x-ray after that↑ no)
253. (7)
254. Patrick (P): Now [I can't see without my glasses
255. Dominic (D): [It's okay↑ huh↑ oh yes you need your glasses so
256. Dominic (D): you can see [yeah yeah
257. Patrick (P): [Yes
258. Dominic (D): Yes that's perfect so basically this is an x-ray okay↑
259. Patrick (P): Mm
260. Dominic (D): This is your bottom teeth and these are your top teeth
261. Dominic (D): okay↑
262. Patrick (P): Mm
263. Dominic (D): Now the **tooth** in question is this guy here
264. Patrick (P): Mm
265. Dominic (D): Okay↑ now I know you were thinking that it it
266. Dominic (D): probably it was root-filled I don't think it's root-filled
267. Patrick (P): Okay
268. Dominic (D): There's a huge massive filling on it [okay↑
269. Patrick (P): [Mm-hmm
270. Dominic (D): And also somebody tried to fill the outside of it as well
271. Dominic (D): because it seems like you probably had a quite an
272. Dominic (D): advanced gingival recession you know the gum has
273. Dominic (D): receded away from the root and somebody tried to

274. Dominic (D): repair that
275. Patrick (P): Mm
276. Dominic (D): So that is the filling there but it's a deep fill deep
277. Dominic (D): filling in there okay↑ now I don't see any convincing
278. Dominic (D): infection around it that I can tell there but it's there is a
279. Dominic (D): little bit of widening here okay↑
280. Patrick (P): Mm
281. Dominic (D): Which is probably suggestive that probably the nerve
282. Dominic (D): is dying or something like that you know↑
283. Patrick (P): Mm
284. Dominic (D): Em but the thing is I c- the the the canals are so em
285. Dominic (D): wide here normally if you compare this tooth to this
286. Dominic (D): one you can see the canal you see that dark line↑
287. Patrick (P): Mm-hmm
288. Dominic (D): That is basically the canal where the nerve is on this
289. Dominic (D): tooth I cannot see the canal so it's most likely it's like
290. Dominic (D): closed
291. Patrick (P): Okay
292. Dominic (D): Most likely anyway but we again this x-ray is very
293. Dominic (D): crude view
294. Patrick (P): Mm
295. Dominic (D): It doesn't give you the full picture the only way of
296. Dominic (D): knowing by going in [you know↑
297. Patrick (P): [Mm
298. Dominic (D): Taking all the filling out [cleaning it up and exploring
299. Patrick (P): [Okay…mm
300. Dominic (D): This is obviously if you want to save the tooth
301. Patrick (P): Yes
302. Dominic (D): Okay↑
303. Patrick (P): Mm
304. Dominic (D): So we explore it and see if we can find the canals
305. Dominic (D): fantastic
306. Patrick (P): Mm
307. Dominic (D): But even if they are small but if we can find them we
308. Dominic (D): can do something about it
309. Patrick (P): Okay
310. Dominic (D): But if they are completely closed then that can be very
311. Dominic (D): very tricky
312. Patrick (P): Mm
313. Dominic (D): To do something about it [okay↑

314. Patrick (P): [Okay
315. Dominic (D): Em so that is that is the tooth there okay↑ em the gum
316. Dominic (D): seems to be well the bone level around the tooth seems
317. Dominic (D): to be quite good so I don't think you have any
318. Dominic (D): problems with that but probably I would suggest to
319. Dominic (D): you that you get a cleaning every six months or so
320. Patrick (P): Mm-hmm
321. Dominic (D): Now the the tooth here this there on the bottom right
322. Dominic (D): hand side the bottom six there is somebody started a
323. Dominic (D): root canal treatment okay↑
324. Patrick (P): Okay
325. Dominic (D): But it's very flimsy [unfortunately
326. Patrick (P): [Okay
327. Dominic (D): Em and also I see there is an infection underneath the
328. Dominic (D): tip of the roots there okay↑…now I know it hasn't been
329. Dominic (D): causing you any problems
330. Patrick (P): Mm
331. Dominic (D): But keep an eye on it it is a potential for problems in
332. Dominic (D): the [future
333. Patrick (P): [Yes
334. Dominic (D): Okay↑
335. Patrick (P): So that that looks actually worse than the one that is
336. Patrick (P): making problems
337. Dominic (D): Yes exactly you're absolutely right absolutely right and
338. Dominic (D): I really really think you are probably because you've
339. Dominic (D): already had this root-filling in there which is going all
340. Dominic (D): the way down to the tip of the root and also on this
341. Dominic (D): side here
342. Patrick (P): Mm
343. Dominic (D): I probably think you are better off without that tooth
344. Dominic (D): because what will happen if you try to take if you try
345. Dominic (D): to re-do the root canal
346. Patrick (P): Mm
347. Dominic (D): Okay you try to re-do it but then you don't have
348. Dominic (D): enough structure for the crown you need a crown on
349. Dominic (D): that tooth
350. Patrick (P): Mm-hmm
351. Dominic (D): In the long-term
352. Patrick (P): Okay
353. Dominic (D): So I think your best option is to take the roots out and

354. Dominic (D): put an implant in there
355. Patrick (P): Mm-hmm
356. Dominic (D): If you are really wanting to to have something done↓
357. Patrick (P): Okay
358. Dominic (D): An implant will last you for a long long period of time
359. Patrick (P): Mm-hmm
360. Dominic (D): You know over ten years fifteen years something like
361. Dominic (D): that you know↑ and if you look after it it can last you
362. Dominic (D): for a long time
363. Patrick (P): Mm
364. Dominic (D): So I think you will be fighting a battle trying to save
365. Dominic (D): that tooth
366. Patrick (P): Okay
367. Dominic (D): You know↑ but this guy here I think probably we will
368. Dominic (D): give it the benefit of the doubt if you want to save it
369. Dominic (D): we can go down the route of a the route of the root-
370. Dominic (D): canal treatment
371. Patrick (P): [Mm
372. Dominic (D): [If you want to take it out then we can take it out for
373. Dominic (D): you okay↑
374. Patrick (P): Mm
375. Dominic (D): I don't see any problems with this tooth here the one in
376. Dominic (D): front of it although the filling is very deep but it is
377. Dominic (D): away from the nerve the nerve is here
378. Patrick (P): Mm
379. Dominic (D): So you've got this about two millimetres of dentine
380. Dominic (D): which is f- separating it from the filling
381. Patrick (P): Mm-hmm
382. Dominic (D): And that and that is okay and I don't see any any
383. Dominic (D): pathology there or anything like that
384. Patrick (P): Mm
385. Dominic (D): So I think most likely it is this tooth here
386. Patrick (P): Okay and then my options would be that that you yeah
387. Patrick (P): remove it and and
388. Dominic (D): Well remove the filling
389. Patrick (P): Yes
390. Dominic (D): First I'm not going to remove the whole filling I'm just
391. Dominic (D): going to remove enough in the middle
392. Patrick (P): Mm-hmm
393. Dominic (D): So I can get access to the to the em to the nerve

394. Patrick (P): Okay
395. Dominic (D): And then if I can clean the canal all the way up here
396. Dominic (D): and all the way up there em you have three canals
397. Dominic (D): there
398. Patrick (P): Mm
399. Dominic (D): This one two and then the third in the middle you see
400. Dominic (D): all the way up there okay↑ em but as I said the x-ray
401. Dominic (D): only gives me only one dimension it doesn't give me
402. Dominic (D): three dimensions
403. Patrick (P): Mm
404. Dominic (D): So the only way of I of knowing is by going in and
405. Dominic (D): exploring it
406. Patrick (P): Mm
407. Dominic (D): At the moment I can give you a prescription of
408. Dominic (D): antibiotics
409. Patrick (P): Mm
410. Dominic (D): To help you out with the infection and with the with
411. Dominic (D): the pain and all that stuff
412. Patrick (P): Mm
413. Dominic (D): And then I can see you maybe I'll book you for an
414. Dominic (D): hour because that will take me em you know
415. Dominic (D): [a good hour
416. Patrick (P): [An hour okay so
417. Dominic (D): Forty minutes up to an hour
418. Patrick (P): You couldn't do that now
419. Dominic (D): Yes no no no unfortunately because you are booked in
420. Dominic (D): for a very short period of time
421. Patrick (P): [(Okay)
422. Dominic (D): [So what I will do I will basically give you a
423. Dominic (D): prescription now that will help you with your pain
424. Dominic (D): definitely because it will get rid of that infection until
425. Dominic (D): you come back
426. Patrick (P): Okay
427. Dominic (D): And then we can we can em we can explore it
428. Patrick (P): So you you would take out the filling↑ and and and
429. Patrick (P): depending on what you see there wh-
430. Dominic (D): Yes
431. Patrick (P): What would be the options then↑
432. Dominic (D): Yes [if you
433. Patrick (P): [You either em em clear the [canal

434. Dominic (D): [That's **right** yes if I
435. Dominic (D): can clear the canal then I will go ahead and finish the
436. Dominic (D): root canal treatment for you
437. Patrick (P): Okay
438. Dominic (D): The root canal treatment will take maybe another two
439. Dominic (D): visits
440. Patrick (P): Okay
441. Dominic (D): In addition to the visit that I'm going to start
442. Dominic (D): [so another two visits so [if I can
443. Patrick (P): [Mm [mm
444. Dominic (D): see and identify all the three canals↑
445. Patrick (P): Mm
446. Dominic (D): Then no problem I can do that for you so we will go
447. Dominic (D): down the route of root canal treatment
448. Patrick (P): Mm
449. Dominic (D): And I can finish it for you
450. Patrick (P): Mm
451. Dominic (D): And then make a a big filling in there
452. Patrick (P): [Mm
453. Dominic (D): [And that's it you'll be sorted
454. Patrick (P): Okay
455. Dominic (D): But if I cannot see the canals or they are very difficult
456. Dominic (D): or em if I encounter something else because you know
457. Dominic (D): this big filling here is making a shadow
458. Patrick (P): Mm-hmm [okay yes mm
459. Dominic (D): [From the outside so I don't know what is this
460. Dominic (D): filling covering
461. Patrick (P): Mm
462. Dominic (D): It might be covering a disaster there underneath it
463. Dominic (D): which I don't know
464. Patrick (P): (Okay yes)
465. Dominic (D): That I mean
466. Patrick (P): Mm
467. Dominic (D): So the only way of knowing is by going in cleaning it
468. Dominic (D): up and everything
469. Patrick (P): Em what would be the second option↑ [if if you couldn't
470. Patrick (P): em
471. Dominic (D): [Ah ah the second
472. Dominic (D): option will be two options now after that there there if
473. Dominic (D): I can not find the canals

474. Patrick (P): Mm
475. Dominic (D): Or I'm finding them very very difficult
476. Patrick (P): Mm
477. Dominic (D): I will refer you to a specialist
478. Patrick (P): Okay
479. Dominic (D): Endodontist
480. Patrick (P): Mm
481. Dominic (D): And I will see what he says you know↑ normally those
482. Dominic (D): guys they can **navigate** arou- because they have the
483. Dominic (D): microscope
484. Patrick (P): Mm-hmm
485. Dominic (D): So when you are working under the mic- microscope
486. Dominic (D): it's completely different scenario
487. Patrick (P): Okay
488. Dominic (D): You can see even more
489. Patrick (P): Mm
490. Dominic (D): With a microscope
491. Patrick (P): Mm
492. Dominic (D): So again we are still trying to save the tooth by
493. Dominic (D): referring you to a specialist endodontist
494. Patrick (P): Mm
495. Dominic (D): If the endodontist say 'No no no I cannot do anything
496. Dominic (D): about it' that's it
497. Patrick (P): Okay
498. Dominic (D): So he will refer you back to me either to take the tooth
499. Dominic (D): **out** or maybe make a you know provision for an
500. Dominic (D): implant or something like that if you need in the future
501. Patrick (P): Okay
502. Dominic (D): But at least we will try to save the tooth because the
503. Dominic (D): best way of dealing with this is to is the your natural
504. Dominic (D): tooth you know↑
505. Patrick (P): Mm
506. Dominic (D): So if I can do it
507. Patrick (P): Mm
508. Dominic (D): I will proceed to do it
509. Patrick (P): [Yes I understand
510. Dominic (D): [If I cannot at least I will put some medication inside
511. Dominic (D): the canal
512. Patrick (P): Mm
513. Dominic (D): You know put some temporary dressing which will

514. Dominic (D): last you for a month or two↑
515. Patrick (P): Mm
516. Dominic (D): During this month or two you will see a specialist
517. Patrick (P): Mm
518. Dominic (D): He will try and do a what like if it's [possible
519. Patrick (P): [Yeah mm
520. Dominic (D): He will try to look under the microscope and
521. Dominic (D): everything and identify those canals
522. Patrick (P): Okay…yeah the
523. Dominic (D): Does that sound fair↑
524. Patrick (P): It sounds okay
525. Dominic (D): Yes
526. Patrick (P): So of course the usual question is em [how much will it
527. Patrick (P): cost↑
528. Dominic (D): [how much
529. Dominic (D): (laughing)
530. Patrick (P): Yeah
531. Dominic (D): Well the root canal treatmen- treatment will cost you
532. Dominic (D): three fi- fifty↑
533. Patrick (P): Mm
534. Dominic (D): Three hundred and fifty that is the root canal treatment
535. Patrick (P): Yes
536. Dominic (D): And then you will I will need to put a permanent
537. Dominic (D): filling
538. Patrick (P): Mm
539. Dominic (D): After the root canal so that will be another eighty euro
540. Patrick (P): Okay
541. Dominic (D): Okay so three-fifty plus eighty
542. Patrick (P): That would be the case if you find [(the canals) okay
543. Dominic (D): [If I find exactly
544. Dominic (D): If I cannot **find** the canals I will only charge you for
545. Dominic (D): the for the actual that procedure which is going to be
546. Dominic (D): a- around a hundred euro
547. Patrick (P): Okay
548. Dominic (D): That's all and then I refer to the to the actual specialist
549. Dominic (D): now the specialist might say he might charge you five
550. Dominic (D): hundred six hundred euro for the root canal because it
551. Dominic (D): requires more specialist **input** more specialist
552. Dominic (D): instruments and all that stuff
553. Patrick (P): Mm okay

554. Dominic (D): Do you go back to Austria very often↑
555. Patrick (P): Mm not that often
556. Dominic (D): Oh you are settled here now for the time being is it↑
557. Patrick (P): Yes [yes
558. Dominic (D): [Yeah… so so yeah
559. Patrick (P): Yes
560. Dominic (D): So are you happy with that↑ kind of [approach↑
561. Patrick (P): [Yeah yeah yeah I
562. Patrick (P): I can't keep it like that [it's yes I would like to go ahead
563. Patrick (P): with this
564. Dominic (D): [Yeah yeah yeah yeah I think so I
565. Dominic (D): think I think so to be honest with you em and also I I
566. Dominic (D): just want to make sure that we are not missing
567. Dominic (D): anything because I don't know once I clean that up I'm
568. Dominic (D): not sure what to what I will find there because this has
569. Dominic (D): been <u>obscured</u> by the filling
570. Patrick (P): [Mm
571. Dominic (D): [That filling there you see that white thing↑ [it's just
572. Patrick (P): [Mm
573. Dominic (D): On the <u>outside</u> so what I will do I will I will clean all
574. Dominic (D): that up and everything and then and then see what we
575. Dominic (D): can what we what we can see there
576. Patrick (P): Yeah okay
577. Dominic (D): Yeah↑
578. Patrick (P): Let's do that
579. Dominic (D): Yeah↑ [yes
580. Patrick (P): [Yes
581. Dominic (D): I think so↓ so so today I will give you a <u>prescription</u>
582. Dominic (D): and then we can sort that out at a later stage
583. Patrick (P): Mm
584. Dominic (D): You know [once we are settled down and everything
585. Patrick (P): [Yes yes
586. Dominic (D): Because this one is not causing you any pain or
587. Dominic (D): anything [(now)
588. Patrick (P): [Yes
589. Dominic (D): So we'll leave it alone
590. Patrick (P): Mm
591. Dominic (D): **Until** we are <u>ready</u> for it you know [let's let's deal with
592. Dominic (D): this acute problem first
593. Patrick (P): [Yes yes perfect

594. Patrick (P): first that and then the maintenance [(of the other ones)
595. Dominic (D): [**Exactly** exactly
596. Dominic (D): exactly so I'll just going to write you a
597. Dominic (D): prescription…are you allergic to pe- you are allergic to
598. Dominic (D): penicillin yeah↑
599. Patrick (P): Yes
600. Dominic (D): So I'll give you an erythromycin which is a little bit
601. Dominic (D): different
602. (3)
603. Dominic (D): And then **Flagyl** as well… basically I'm going to give
604. Dominic (D): you two types of antibiotics they work quite nicely
605. Dominic (D): together
606. Patrick (P): Mm
607. Dominic (D): Okay↑ to eliminate this kind of bacteria
608. Patrick (P): Okay
609. Dominic (D): Dental bacteria em and what about painkillers do you
610. Dominic (D): have at home any painkillers↑ do you have **Brufen**↑
611. Patrick (P): Not really I [it's fine
612. Dominic (D): [Or… yeah↑
613. Patrick (P): Yes [(it's) okay
614. Dominic (D): [Yeah… because you can get Ibuprofen you know
615. Dominic (D): from the pharmacy you don't need a prescription for
616. Dominic (D): that
617. Patrick (P): Yes [if if it's getting worse (I'll get some)
618. Dominic (D): [So so if it's getting worse exactly exactly so I'll
619. Dominic (D): write you for that
620. Patrick (P): I try to avoid medication whenever possible
621. Dominic (D): **Exactly** exactly
622. (3)
623. Dominic (D): So so I think if we book you next visit for an hour so
624. Dominic (D): we can take our time
625. Patrick (P): Yes
626. Dominic (D): You know numb you up **nicely**
627. Patrick (P): Mm
628. Dominic (D): Take the filling out clean as much as possible [and
629. Dominic (D): explore what is going on there
630. Patrick (P): [Mm
631. Dominic (D): Okay↑
632. Patrick (P): Mm
633. Dominic (D): Em and and then and take it from there

634. Patrick (P): Okay do do you think we get the they are [depending on
635. Dominic (D): [Soon↑ well I
636. Dominic (D): mean like em I mean I am I work here on Wednesdays
637. Dominic (D): and Saturdays
638. Patrick (P): Mm
639. Dominic (D): So I can see you this Saturday [if you want
640. Patrick (P): [Okay
641. Dominic (D): But there is a slot for you here
642. Patrick (P): Mm
643. Dominic (D): There is a gap I [can see you this Saturday [even even
644. Patrick (P): [Okay [okay okay
645. Dominic (D): If you didn't finish the antibiotics that is [okay
646. Patrick (P): [Okay okay
647. Dominic (D): You know at least we can start you [because I know
648. Patrick (P): [Yeah
649. Dominic (D): You you s- you sound quite anxious to get something
650. Dominic (D): done
651. Patrick (P): Yeah I mean I would like to have it em [em
652. Dominic (D): [Yeah sorted
653. Patrick (P): Before Christmas [if possible like well
654. Dominic (D): [Yeah yes yeah
655. Patrick (P): I mean it's in two weeks or [less than two weeks (I
656. Patrick (P): know)
657. Dominic (D): [Yes yes I know I know but
658. Dominic (D): as it if we can [do as much as possible yeah
659. Patrick (P): [If it's not possible yes
660. Dominic (D): If we can do as much as possible [will be good
661. Patrick (P): [Mm
662. Dominic (D): [Anyway
663. Patrick (P): [Mm okay
664. Dominic (D): Even em if we just temporise it
665. Patrick (P): Mm
666. Dominic (D): Until after Christmas [you know↑
667. Patrick (P): [Yes
668. Dominic (D): So at least you'll be pain-free [that way
669. Patrick (P): [Mm
670. Dominic (D): Without any problems
671. Patrick (P): Yes
672. Dominic (D): Yeah↑ perfect
673. Patrick (P): Okay [very good

674. Dominic (D): [Excellent thank you so much indeed and em and

675. Dominic (D): then I will I will will get you so we'll just close (this)

Case 18B

Case 18B

1. Dominic (D): Okay…so
2. (7)
3. Dominic (D): So Patrick since the last time I saw you any problems or any
4. Dominic (D): pain↑ or anything like that at all↑
5. Patrick (P): I took the antibiotics [but
6. Dominic (D): [Yeah
7. Patrick (P): Em it's still hurting a bit [not as much as before
8. Dominic (D): [It's still hur-
9. Patrick (P): But em [when
10. Dominic (D): [Okay
11. Patrick (P): When em I try to bite
12. Dominic (D): Yeah
13. Patrick (P): It's still hurting
14. Dominic (D): It's still hurting
15. Patrick (P): It's fine [(if I don't)
16. Dominic (D): [Okay okay that's fine so we'll just sit you back and
17. Dominic (D): and have a look again
18. (9)
19. Dominic (D): **Okay** so guys there a bit of local infiltration there (coughs)
20. (3)
21. Dominic (D): Thanks
22. Nicola (N): You're welcome
23. Dominic (D): Put on that for me ↑
24. Patrick (P): Okay
25. (3)
26. Dominic (D): Good… now…now
27. (6)
28. Dominic (D): Excellent
29. (9)
30. Dominic (D): Great okay thank you Nicola just the
31. (4)
32. Dominic (D): It's actually I need short em Nicola…can I have the short
33. Dominic (D): yeah↑
34. (10)

35. Dominic (D): Mm
36. (20)
37. Dominic (D): Now… so this is going to numb this tooth for you [okay↑
38. Dominic (D): Patrick↑
39. Patrick (P): [Mm okay
40. Dominic (D): Yeah…just just close for me a little bit↑ close a little bit
41. Dominic (D): close that's a good man… just keep breathing through your
42. Dominic (D): nose nice deep breath through your nose
43. Patrick (P): Mm
44. Dominic (D): Well done good man
45. (7)
46. Dominic (D): Mm
47. (18)
48. Dominic (D): Okay…great…can I have another cartridge there↑ just a
49. Dominic (D): small one for this one yeah↑
50. (3)
51. Dominic (D): Thanks… thank you…okay
52. (3)
53. Dominic (D): Just a scratch at the back okay↑ …that's it all done
54. (13)
55. Dominic (D): Great
56. (3)
57. Dominic (D): Would you like to have a rinse or you're okay↑ like to rinse
58. Dominic (D): your mouth↑
59. Patrick (P): Yes [please
60. Dominic (D): [Yeah yeah I'll just sit you up there…yeah have a good
61. Dominic (D): rinse
62. (4)
63. Dominic (D): (coughs)
64. [Sound of water spilling]
65. (5)
66. Dominic (D): Oh oh oh what's that↑
67. Patrick (P): Mm
68. (7)
69. Dominic (D): Mm yes it's first stage em root canal
70. (6)
71. Dominic (D): Okay Patrick
72. Nicola (N): (?)
73. Dominic (D): Em not really no not for this one yet no just sit you back now
74. (6)

75. Patrick (P): And that and that is the one thing that also changed but it was
76. Patrick (P): also before it's now sensitive against [cold
77. Dominic (D): [Ah okay it's more
78. Dominic (D): sensitive now [okay
79. Patrick (P): [Yes mm-hmm
80. Dominic (D): Yeah yeah okay
81. (3)
82. Dominic (D): (Let's have a look)...right okay
83. (10)
84. Dominic (D): Okay
85. (4)
86. Dominic (D): Now...do you feel any sharpness there at all↑
87. Patrick (P): Mm-mm↓
88. Dominic (D): Do you feel the sharpness there at all↑
89. Patrick (P): Mm-mm↓
90. Dominic (D): Excellent okay...that's fine okay↓... so I'll start cleaning the
91. Dominic (D): tooth okay↑
92. Patrick (P): Okay
93. Dominic (D): If there is any problems or anything like just raise your hand
94. Dominic (D): okay↑ because the tooth is nice and numb now okay↑
95. Patrick (P): Yes
96. Dominic (D): Excellent okay...okay↑
97. Patrick (P): Mm-hmm
98. [Sound of suction unit]
99. Dominic (D): (Open bigger for me now)
100. Dominic (D): (That's perfect excellent) Okay↑
101. Patrick (P): Mm-hmm
102. (30)
103. Dominic (D): Mm-hmm↑
104. (25)
105. Dominic (D): Mm-hmm↑
106. (8)
107. Dominic (D): Mm-hmm↑...okay↑
108. [Sounds of suction unit and dental drill]
109. (23)
110. Dominic (D): How are you doing there Jim you okay↑ [Patrick you okay
111. Dominic (D): yeah↑
112. Patrick (P): [Mm yeah
113. Dominic (D): You're okay yeah↑
114. (5)

115. Dominic (D): Okay (turn that off there↑)
116. Nicola (N): Mm-hmm
117. [Sound of suction reduces]
118. (36)
119. Dominic (D): (coughs)
120. [Sound of suction increases once more]
121. (5)
122. Dominic (D): Okay↑
123. [Sounds of suction and dental drill]
124. (22)
125. Dominic (D): Okay
126. (3)
127. Dominic (D): Mm-hmm
128. [Sound of compressed air]
129. (19)
130. Dominic (D): Okay… just there if you put that back in there and (?) if you
131. Dominic (D): could ask Nina just to put the x-rays on on the on the screen
132. Dominic (D): for me↑
133. Nicola (N): Mm-hmm
134. Dominic (D): Just em so I can see
135. Nicola (N): Mm-hmm excuse me could you put the x-rays on the screen
136. [Nurse from adjacent bay, Nina, works on computer to display x-rays]
137. Dominic (D): (coughs)
138. (6)
139. Dominic (D): Thanks
140. (16)
141. Dominic (D): Hand me you know the alcohol wipe yeah↑ this one yeah
142. Nicola (N): This one↑
143. Dominic (D): Yeah yeah yeah just take it off…thanks
144. (10)
145. Dominic (D): Okay
146. (26)
147. Dominic (D): Now…okay…mm
148. (9)
149. Dominic (D): Now (wait while I see yeah) okay
150. Nicola (N): Mm
151. Dominic (D): (You're welcome)
152. [Sounds of dental drill]
153. (68)
154. Dominic (D): Okay suction there please↑

155. [Sounds of suction unit and compressed air]
156. (40)
157. Dominic (D): Okay
158. [Sounds of suction and dental drill]
159. (48)
160. Dominic (D): Okay
161. [Sound of compressed air, then dental drill]
162. (94)
163. Dominic (D): (coughs) And suction again↑
164. [Sound of suction and compressed air]
165. (26)
166. Dominic (D): Okay
167. (122)
168. Dominic (D): (Okay)
169. (19)
170. Dominic (D): (On the seven)
171. (22)
172. Dominic (D): Okay
173. [Sound of dental drill]
174. (61)
175. Dominic (D): Okay suction again↑
176. [Sounds of suction and compressed air]
177. (30)
178. Nicola (N): (Do you want Corsodyl↑)
179. (41)
180. Dominic (D): (? or something)
181. (32)
182. Dominic (D): Okay…just do a little bit of irrigation just in general there
183. Dominic (D): maybe the small the small I think yeah...okay more em
184. Dominic (D): (coughs) kind of yeah
185. Nicola (N): Mm-hmm
186. (4)
187. Dominic (D): And just very close to the tooth yeah↑
188. Nicola (N): Mm-hmm
189. Dominic (D): Okay…okay
190. [Sound of suction unit]
191. (15)
192. Dominic (D): Mm-hmm
193. (13)
194. Dominic (D): Now Patrick I was able to find only one canal

195. Patrick (P): Mm
196. Dominic (D): Out of three and I think the other ones are very sclerosed so
197. Dominic (D): basically… because of the inflammatory process it's just the
198. Dominic (D): the canals have closed
199. Patrick (P): Mm-hmm
200. Dominic (D): Em so I'm not able to I'm not able to get into the other canals
201. Dominic (D): you know↑
202. Patrick (P): Mm
203. Dominic (D): Which which is the can I have some paper points as well
204. Dominic (D): yeah↑…no paper points paper points for the
205. Nicola (N): Em
206. Dominic (D): Just yeah ask em
207. Nicola (N): Gauze↑
208. Dominic (D): No no no ask ask Nina for paper point there yeah↑
209. Nicola (N): Paper p-
210. Dominic (D): Paper paper points you call them paper points
211. (7)
212. Dominic (D): **So** em
213. Nicola (N): Do you want the white ones↑
214. Dominic (D): Just the yellow one will be fine
215. (14)
216. Dominic (D): Okay…thanks…yeah…oh no no no you're okay I think
217. Dominic (D): they're open no↑ [they are not okay... if you just yeah
218. Nicola (N): [I'll just use this…
219. Nicola (N): Break them kind of down that way↑
220. Nina (N): (Okay and adjust the light for Dominic)
221. (9)
222. Nina (N): There's more behind you if you need them okay↑
223. Dominic (D): [Okay
224. Nicola (N): [Okay thanks
225. (11)
226. Dominic (D): Okay
227. (59)
228. Dominic (D): Okay… and em Nina
229. Nina (N): Yeah
230. (6)
231. Dominic (D): I'll need Fuji please
232. (49)
233. Dominic (D): Right
234. (5)

235. Dominic (D): Okay…yeah I'm ready or yeah
236. (3)
237. Dominic (D): Thanks
238. (6)
239. [Sound of beep from curing light]
240. Dominic (D): Just here
241. (5)
242. Dominic (D): Temporary dressing… okay
243. (7)
244. Dominic (D): Yeah
245. Nicola (N): Thanks
246. (23)
247. Dominic (D): Great
248. [Sound of beep from curing light]
249. (25)
250. Dominic (D): Okay that's great
251. (10)
252. Dominic (D): Okay… (?)
253. (3)
254. Dominic (D): Okay just going to trim that a little bit… just polish it
255. Dominic (D): (coughs)
256. [Sounds of suction and dental drill]
257. (11)
258. Dominic (D): Okay (great)
259. (3)
260. Dominic (D): Mm-hmm↑…put this one on the other on the same tooth
261. Dominic (D): yeah yeah okay (very good) just a bit sideways↑
262. Nicola (N): Mm-hmm
263. Dominic (D): Good
264. (23)
265. Dominic (D): O- you okay↑ mm-hmm mm-hmm okay…good okay maybe
266. Dominic (D): let me just have a look... very good
267. (11)
268. Dominic (D): Okay…now… just close for me together↑ close teeth
269. Dominic (D): together↑okay…okay that's fine and open wide again…okay
270. Dominic (D): that's great so I'll just sit you up and let you have a rinse okay
271. Dominic (D): and then I'll have a chat with you
272. Patrick (P): Okay
273. Dominic (D): About the tooth there okay↑
274. Patrick (P): (Okay)

275. (30)
276. Dominic (D): Now **okay** Patrick if you come over here I'll just em explain
277. Dominic (D): to you em
278. (3)
279. Patrick (P): Now basically not so good news
280. Dominic (D): No no unfortunately basically what is what happened is that
281. Dominic (D): I've exposed the kind of the pulp chamber on that side which
282. Dominic (D): is basically where the nerve is okay↑
283. Patrick (P): Okay
284. Dominic (D): I I was able to identify just one canal which is most likely it
285. Dominic (D): is this one here↑
286. Patrick (P): Mm
287. Dominic (D): But according to the x-ray you you've almost got like what
288. Dominic (D): we call them 'sclerosed canals' which is basically when the
289. Dominic (D): chronic inflammation has been going on what happens is
290. Dominic (D): that the canals start closing
291. Patrick (P): Mm-hmm
292. Dominic (D): Okay↑ and it is quite difficult basically with the with the
293. Dominic (D): normal instrument to find that canal now you have two
294. Dominic (D): options here you either I send you to a specialist
295. Dominic (D): endodontist↑
296. Patrick (P): Mm
297. Dominic (D): To have a look at it okay↑ and see if they can identify those
298. Dominic (D): canals because they have like a microscope and also they
299. Dominic (D): have different types of instruments as well
300. Patrick (P): Mm
301. Dominic (D): To locate those canals…it will be difficult even for an
302. Dominic (D): endodontist
303. Patrick (P): Mm
304. Dominic (D): It will be difficult (laughing)
305. Patrick (P): Yes
306. Dominic (D): **But** em but you know if you want to I can I can do that the
307. Dominic (D): other option obviously to take it out
308. Patrick (P): Mm
309. Dominic (D): But it seems like you are quite keen I don't know like I mean
310. Patrick (P): Yeah I think at this point [em I
311. Dominic (D): [Yeah
312. Patrick (P): I would rather opt for that option
313. Dominic (D): For that option [yeah for for an endodontist [yeah ↑
314. Patrick (P): [Yes [no no the [latter

315. Patrick (P): one
316. Dominic (D): [For
317. Dominic (D): the extraction↑
318. Patrick (P): Yeah
319. Dominic (D): Really↑ okay okay okay it's just to be honest with you em I
320. Dominic (D): was hoping that if I could find at least like I mean three
321. Dominic (D): canals there
322. Patrick (P): Mm
323. Dominic (D): I will be happy
324. Patrick (P): [Mm
325. Dominic (D): [Em but the problem is like I only was able to find and even
326. Dominic (D): getting into that particular canal was not easy
327. Patrick (P): Mm
328. Dominic (D): I really had to dig too deep
329. Patrick (P): Mm
330. Dominic (D): You know because if you dig and dig and dig too deep you
331. Dominic (D): might actually perforate or you might do damage or
332. Dominic (D): something like that
333. Patrick (P): Yes
334. Dominic (D): So that's why I was just c- stopped at the at the very at the
335. Dominic (D): very end of it you know↑ so [at least
336. Patrick (P): [Em
337. Dominic (D): What I have done today at least I opened the canal even that
338. Dominic (D): canal I opened it up took the nerve out and everything and
339. Dominic (D): put some medication there and that will help you in terms of
340. Dominic (D): symptoms (to settle there) it might be a little bit sore when
341. Dominic (D): you go home today
342. Patrick (P): Mm-hmm
343. Dominic (D): So just Ibuprofen or something like that [you can you can
344. Dominic (D): take
345. Patrick (P): [Okay okay
346. Dominic (D): Em you can make up your mind maybe after Ch- I put some
347. Dominic (D): temporary dressing there it's a strong temporary dressing
348. Patrick (P): Okay
349. Dominic (D): It will keep going for another two months or three months
350. Patrick (P): Okay
351. Dominic (D): Okay↑ and then see what you want↑
352. Patrick (P): Mm
353. Dominic (D): If you change your mind in the New Year you can always
354. Dominic (D): give me a buzz and then I will refer you to a specialist

355. Dominic (D): [okay↑
356. Patrick (P): [Mm
357. Dominic (D): Now the specialist probably will take in terms of the in terms
358. Dominic (D): of the em charge probably they will be charging you seven
359. Dominic (D): hundred
360. Patrick (P): Mm
361. Dominic (D): Seven hundred euro eight hundred euro [something like that
362. Patrick (P): [Yes
363. Dominic (D): You know↑ em but again or if you want me to take it out
364. Dominic (D): then we can book you in and get it out okay↑ em it's just you
365. Dominic (D): have this kind of... a lot of the teeth are the same thing even
366. Dominic (D): this tooth here and even that tooth there there is no canals in
367. Dominic (D): them it's almost like completely closed
368. Patrick (P): Okay
369. Dominic (D): So even if God forbid if you need a root canal on that tooth
370. Dominic (D): or on that tooth or that tooth it's not going to be d- em easy
371. Patrick (P): Mm
372. Dominic (D): You have this kind of em common type of em sclerosed
373. Dominic (D): canals you know↑ which is which makes it difficult in the
374. Dominic (D): future
375. Patrick (P): Okay
376. Dominic (D): To do root canal treatment
377. Patrick (P): Yes
378. Dominic (D): Em so what do you want to do↑ you want to what do you
379. Dominic (D): want em↑
380. Patrick (P): Yeah well I mean I don't think I would change [I will
381. Dominic (D): [Yeah
382. Patrick (P): Change my mind on [(the extraction)
383. Dominic (D): [You don't think so no↑
384. Patrick (P): I think we can make an appointment [(?)
385. Dominic (D): [Okay in the in the in the
386. Dominic (D): New Year
387. Patrick (P): Yeah [there there is no [rush then if [you say it's covered
388. Dominic (D): [Yeah [perfect [that's fine
389. Patrick (P): For now [and then we it would make sense
390. Dominic (D): [Yeah yeah yeah I mean to be honest with you even
391. Dominic (D): for an endodontist will be quite [tough
392. Patrick (P): [Mm yes [yes that's what I
393. Patrick (P): hear
394. Dominic (D): [Because we are

395. Dominic (D): talking yeah
396. Patrick (P): From [from what you are saying [(?)
397. Dominic (D): [Yeah [I mean I mean with the
398. Dominic (D): sclerosed canals
399. Patrick (P): Mm
400. Dominic (D): It is really tough but again at the same time em an
401. Dominic (D): endodontist has more instruments [has
402. Patrick (P): [Mm
403. Dominic (D): More specialist instruments and everything and em and I've
404. Dominic (D): been to courses as well to (learn) to how to use those
405. Dominic (D): instruments
406. Patrick (P): [Mm
407. Dominic (D): [Unfortunately I don't have them here
408. Patrick (P): Mm
409. Dominic (D): But at the same time even with those instruments will be it
410. Dominic (D): will be very tough
411. Patrick (P): Yeah I I mean em nobody likes to em
412. Dominic (D): Yeah
413. Patrick (P): To pull out [em the tooth (but if you have to)
414. Dominic (D): [Of course yes yes but at the same time I mean you
415. Dominic (D): can what you can do you can **actually** say well you know I
416. Dominic (D): mean em an endo an endodontist is not going to finish the
417. Dominic (D): whole treatment in one session
418. Patrick (P): Mm
419. Dominic (D): But at least if you have the opinion of endodontist
420. Patrick (P): Mm
421. Dominic (D): And see what they say if it is doable
422. Patrick (P): Mm
423. Dominic (D): Then fine but if it is not doable then at least he will be able to
424. Dominic (D): tell you on the first visit
425. Patrick (P): Mm
426. Dominic (D): And then you have that kind of option at least em so you
427. Dominic (D): know it's up to you like
428. Patrick (P): Em I think I will go em for the no [(root canal treatment)
429. Dominic (D): [Pull it out okay…so at the
430. Dominic (D): moment we've temporised it for you
431. Patrick (P): Yes
432. Dominic (D): Okay↑
433. Patrick (P): Mm
434. Dominic (D): And em that will keep you going for the next few weeks

435. Dominic (D): okay↑
436. Patrick (P): Yes
437. Dominic (D): Em if there is any problems or anything like that mean- at
438. Dominic (D): the meantime you can come back to us [okay↑
439. Patrick (P): [Okay
440. Dominic (D): If not then I will see you in the New Year
441. Patrick (P): Mm
442. Dominic (D): And I will take that out for you
443. Patrick (P): [Good
444. Dominic (D): [I'd rather take it out myself because I am a surgeon as well I
445. Dominic (D): do surgery
446. Patrick (P): Okay
447. Dominic (D): While the other guys if it breaks on them or something like
448. Dominic (D): that you will end up referred to me
449. Patrick (P): Okay
450. Dominic (D): So I might as well do it myself
451. Patrick (P): Mm [okay
452. Dominic (D): [Okay↑ because the tooth is very heavily restored
453. Patrick (P): Mm
454. Dominic (D): And there is a high chance that when I try to take it out it
455. Dominic (D): might break
456. Patrick (P): Okay
457. Dominic (D): So at least if it breaks with me I know how to deal with it
458. Dominic (D): you know↑
459. Patrick (P): Okay
460. Dominic (D): So that kind of thing…so I think if I see you in the New Year
461. Dominic (D): will be the best thing
462. Patrick (P): Okay [yeah then let's schedule (an appointment)
463. Dominic (D): [Okay so so enjoy enjoy your Christmas and everything
464. Patrick (P): [You too
465. Dominic (D): [And then we'll (see) okay↑
466. Patrick (P): Thank you very much
467. Dominic (D): You're welcome no problem at all thanks Patrick thanks

Case 19

Case 19

1. Naomi (N): (Leave your bag over there)
2. Pierce (P): Okay
3. Donal (D): So how how have you been [good↑… very good s-so

4. Pierce (P): [Ah not too bad not too bad
5. Donal (D): We do c- em [again sandblasting yes↑
6. Pierce (P): [A cleaning… yeah okay
7. Naomi (N): Will you put the glasses on there as well↑
8. Pierce (P): Thank you
9. (4)
10. Naomi (N): Are you all set for Christmas↑
11. Pierce (P): Yeah just I'm not a lover of Christmas though to be honest
12. Pierce (P): with you you know
13. Donal (D): Is it already one month since I saw you↑
14. Pierce (P): Yeah a month ago [yeah
15. Donal (D): [Can't believe this because it's really
16. Donal (D): [always
17. Pierce (P): [(Floats) in doesn't it↑
18. Donal (D): [Seriously
19. Pierce (P): [This year went it flew in this [year
20. Naomi (N): [Yeah it actually only feels a
21. Naomi (N): couple of weeks was saying (that to my brother) last week
22. Naomi (N): actually
23. Donal (D): Yes…lay down
24. Pierce (P): It's great for the kids don't get me wrong it's great for the
25. Pierce (P): kids you know Christmas but
26. Naomi (N): Mm-hmm mm-hmm
27. Pierce (P): [But when you get to my…when you get to m-
28. Donal (D): [Yeah if you are a kid the more expense is the best
29. Donal (D): (laughing)
30. Pierce (P): But when you get to my age it's just like another day really
31. Pierce (P): you know apart from the Christmas dinner and [that
32. Naomi (N): [Yeah but it's
33. Naomi (N): a good party that (laughing)
34. Donal (D): Okay I will just check [one thing
35. Pierce (P): [Mm-hmm
36. (4)
37. Donal (D): So how many cigarettes you smoke still how many↑
38. Pierce (P): Em a packet
39. Donal (D): Okay
40. (4)
41. Pierce (P): And then som- sorry [sometimes
42. Donal (D): [Mm-hmm
43. Pierce (P): Em I roll me own you know cause [of the price of them

44. Donal (D): [Mm
45. (22)
46. Donal (D): But you know em you are quite lucky because apart [from
47. Donal (D): that
48. Pierce (P): [Mm
49. Donal (D): Staining your gums they don't look bad
50. Pierce (P): Mm-hmm
51. Donal (D): (Remarkably) because smoking is such [is so damaging
52. Donal (D): gums yeah
53. Pierce (P): [Mm-hmm
54. Pierce (P): I em… I know it's not good for them
55. Donal (D): Right [so ready (now)
56. Pierce (P): [It's trying to give up them that's the problem
57. Donal (D): Yeah
58. Pierce (P): They say em trying to give up cigarettes is harder than
59. Pierce (P): giving up heroin
60. Naomi (N): [(laughing)
61. Donal (D): [(laughing)
62. Pierce (P): So they say↑
63. (4)
64. Donal (D): Okay so let's do the cleaning
65. Naomi (N): (?) isn't it↑
66. (80)
67. Naomi (N): You okay there↑
68. Pierce (P): Fine yeah
69. (29)
70. Donal (D): You okay↑ okay look drink water I think we need to top up
71. Donal (D): water Pierce so rinse your rinse your mouth yeah
72. Pierce (P): Okay
73. (8)
74. Donal (D): So em are you spending Christmas with your family or
75. Donal (D): what [are you
76. Pierce (P): [Yeah
77. Pierce (P): Staying with my family
78. Donal (D): Here in Dublin↑
79. Pierce (P): Em yeah my mother's house I'll go up to my mother's house
80. Donal (D): Mm
81. Pierce (P): My brother (coughs) he's coming home from New York
82. Donal (D): Oh [very good
83. Pierce (P): [He visits every Christmas do you know

84. Donal (D): Your <u>brother</u>↑ lives in New [York↑
85. Pierce (P): [Yeah lives in New York yeah
86. Pierce (P): [(?)
87. Donal (D): [How f- since when how long he's been living [there
88. Pierce (P): [Ah he's been
89. Pierce (P): there since he was in his twenties he's in his forties now
90. Pierce (P): [(so)
91. Donal (D): [Does he like it↑
92. Pierce (P): Ah he loves it yeah he won't move back home now he's there
93. Pierce (P): for life sure he has he's bought his own house and all over
94. Pierce (P): there so he's not gonna move back here now you know
95. Pierce (P): [he has
96. Donal (D): [So his own life over there now
97. Donal (D): How would you like to join him there↑ I mean em em
98. Donal (D): [you don't want to
99. Pierce (P): [I've been to America a couple of times
100. Donal (D): And↑
101. Pierce (P): I've been to America a couple of times it's a great place for a
102. Pierce (P): holiday you know but I wouldn't have choosed it to be honest
103. Pierce (P): with you I like this country I think this is a much better
104. Pierce (P): country to live in than America
105. Donal (D): Yeah↑ I think em I mean I've heard
106. Pierce (P): I've been to America a coup- I've been to New York about
107. Pierce (P): three times
108. Donal (D): I've heard someone saying that America is the best country
109. Donal (D): for rich people and the worst for poor people
110. Naomi (N): Yeah [yeah it's true
111. Pierce (P): [Exactly yeah
112. Donal (D): (coughs)
113. Pierce (P): Like I mean there's no dental care over there if you're sick
114. Pierce (P): and you're not insured [tough
115. Naomi (N): [Yeah
116. Donal (D): [But I think they would I think
117. Pierce (P): [It's the attitude "If you haven't got the money [you"
118. Donal (D): [Obama
119. Donal (D): will change this you will see because they have no choice
120. Pierce (P): Yeah
121. Donal (D): Otherwise they will just go down
122. Pierce (P): And like over there there's no dole you don't once your
123. Pierce (P): [stamps run out

124. Naomi (N): [They don't (help)
125. Pierce (P): That's [it not like here
126. Naomi (N): [If you have nothing
127. Pierce (P): You get handouts [here
128. Donal (D): [Yeah
129. Naomi (N): [Mm
130. Pierce (P): This is a great country for em benefits you know we don't
131. Pierce (P): realise how lucky we are
132. Donal (D): But Germans are or [Germans French and Scandinavians are
133. Donal (D): even luckier
134. Pierce (P): [Yeah yeah yeah
135. Donal (D): One cause in Germany you have more benefits than France
136. Pierce (P): Yeah but you see that's why all the f- [foreigners come here
137. Donal (D): [(Laughing) That's
138. Donal (D): why many have come here
139. Pierce (P): Cause they get [they get better dole here than they would in
140. Donal (D): [(coughs)
141. Pierce (P): Their own country
142. Donal (D): Mm that's true
143. Pierce (P): And who's pa- sorry who's paying for it all you know
144. Donal (D): We
145. Pierce (P): Yeah exactly
146. Donal (D): Open please
147. (13)
148. Donal (D): There definitely I would say too much taxes here but there is
149. Donal (D): no escape from this (laughing)
150. Pierce (P): Yeah
151. Donal (D): Seriously
152. (10)
153. Donal (D): Cause like my accountant told me that if I try to pay less and
154. Donal (D): less using tricks they will straightaway notice this and there
155. Donal (D): is higher chance of investigation that they will investigate me
156. Naomi (N): Mm
157. Donal (D): And once they investigate (?) you they are right and not you
158. Donal (D): and then you need to pay interest from [unpaid tax
159. Naomi (N): [From the last year
160. (109)
161. Donal (D): You okay↑
162. Pierce (P): Mm-hmm
163. Donal (D): Open

164. (69)
165. Donal (D): And open↑
166. (24)
167. Donal (D): I think they have better weather in New York than we have
168. Donal (D): here cause they have a lot of snow
169. Pierce (P): [Mm-hmm
170. Naomi (N): [Yeah
171. Donal (D): In the winter
172. (5)
173. Donal (D): And quite hot in the summer yeah↑
174. Pierce (P): [Yeah
175. Naomi (N): [(It's a bit) too hot in the summer over there though
176. Donal (D): Have you been there during the summer↑
177. Naomi (N): No no when I was there was February and it was snow
178. (9)
179. Donal (D): Will you give me some more powder
180. (8)
181. Donal (D): That's enough I think yeah… I have to watch the movie em
182. Donal (D): "New Year's Eve" it's from the last year
183. Naomi (N): Oh [I've seen that
184. Donal (D): [Have you watched this↑
185. Naomi (N): Yeah
186. Donal (D): Is it nice↑
187. Naomi (N): Yeah it's [good
188. Donal (D): [Because they it's loaded with you know very
189. Donal (D): famous [actors
190. Naomi (N): [Yeah
191. Donal (D): [But em it doesn't necessarily mean
192. Naomi (N): [There's loads of them (in it)
193. Donal (D): It is good was it good↑ or
194. Naomi (N): It was [okay it wasn't brilliant
195. Donal (D): [Okay
196. Naomi (N): It wasn't like the worst film ever
197. Donal (D): (Okay)
198. Naomi (N): It was more of a kind of girly kind of film
199. Donal (D): Ah
200. (33)
201. Donal (D): Recently I subscribed to that Netflix
202. Naomi (N): [Ah is it good↑
203. Pierce (P): [(What's it like↑)

204. Donal (D): It's <u>really</u> good
205. Naomi (N): Is it any good (I always wondered)
206. Donal (D): It's really good… it's definitely worth the money
207. Pierce (P): Mm-hmm
208. (5)
209. Naomi (N): Is there really some films that are [(?)
210. Donal (D): [There are not the latest
211. Donal (D): ones em like I have XBox and on XBox you can buy for like
212. Donal (D): six euro
213. Naomi (N): Yeah
214. Donal (D): Pretty new films yeah like what the latest blo- not block- em
215. Donal (D): Bourne em Bourne with Matt Dam- something [yeah
216. Naomi (N): [Ah yeah
217. Donal (D): So it's available there you won't find that kind of recent
218. Donal (D): movie on Netflix but there is plenty of you know movies
219. Donal (D): from like 2009
220. Naomi (N): Yeah
221. Donal (D): Really good ones
222. (3)
223. Donal (D): You know I would say similar to television but you watch
224. Donal (D): what you want when you want
225. Naomi (N): Yeah
226. Donal (D): Because you know television not always [is showing
227. Naomi (N): [(That's so cool) it's
228. Naomi (N): really good like that
229. Donal (D): Yeah exactly
230. Naomi (N): Cause you're paying like say eight or ten euros to go to the
231. Naomi (N): cinema for one film
232. Donal (D): Mm
233. (14)
234. Donal (D): And the best thing is that you can access it anywhere because
235. Donal (D): you have your own account so you can [watch it on any
236. Donal (D): device
237. Naomi (N): [Yeah
238. Donal (D): Including the iPhone
239. Pierce (P): So it's seven euro (per month) is it↑
240. Donal (D): <u>Yes</u>
241. Pierce (P): You get the first month free
242. Donal (D): Free yeah
243. Pierce (P): [(?)

244. Donal (D): [I'm watching many horrors (laughing)
245. Naomi (N): And can you watch it like that on your computer [like that
246. Naomi (N): (?)
247. Donal (D): [Yes you
248. Donal (D): can watch it on your iPhone… okay thank you Pierce
249. Pierce (P): Thanks
250. Donal (D): Is that any chance that you will smoke less now [you told me
251. Pierce (P): [Em
252. Donal (D): That it's impossible yeah
253. Pierce (P): I can always try
254. Donal (D): Have you watched [X-Factor↑
255. Pierce (P): [I tell you yeah I tell you what's putting the
256. Pierce (P): strain on me is this bloody property tax Donal
257. Donal (D): Oh yeah
258. Pierce (P): You know what I mean like↑
259. Donal (D): It's really (harsh)
260. Pierce (P): I've worked it out I'm going to every year now I probably
261. Pierce (P): have to pay about thre- the house is worth between one a
262. Pierce (P): hundred and fifty thousand
263. Donal (D): Mm-hmm
264. Pierce (P): To two hundred thousand I'll have to pay about three hundred
265. Pierce (P): and fifty a year
266. Donal (D): But you know
267. Pierce (P): And that'll go up every year
268. Donal (D): Like look
269. Pierce (P): But and then there's [a mansion
270. Donal (D): [(coughs)
271. Pierce (P): Attached to the house that's worth over a million wouldn't
272. Pierce (P): you love to be (managing that as a problem) you know but
273. Pierce (P): for the average Joe Soap you're [talking about three
274. Pierce (P): hundred…it's another tax
275. Donal (D): [All these TDs they should
276. Donal (D): do what this guy has done he he just waked em away from
277. Donal (D): this em Labour Party what's his name you know what I'm
278. Donal (D): talking abou- who I'm talking about↑
279. Pierce (P): Yeah
280. Donal (D): Em
281. Pierce (P): I seen it on the news there
282. Donal (D): Yeah cause he he just doesn't agree with [the the government
283. Pierce (P): [Yeah he didn't vote

284. Pierce (P): he wouldn't vote on the budget
285. Donal (D): What I will give you mm you need to read it at home
286. Pierce (P): Yeah
287. Donal (D): And you have the envelope [so after you read it
288. Pierce (P): [Right
289. Donal (D): You [probably sign it
290. Pierce (P): [Just send it off (again)
291. Donal (D): Em and then just put it in the letterbox
292. Pierce (P): Yeah
293. Donal (D): Okay so em this is [for you
294. Pierce (P): [I don't know thanks I don't know why
295. Pierce (P): people aren't protesting on the streets they [should be
296. Donal (D): [This is strange it
297. Donal (D): is
298. Pierce (P): They should be any other [country people would be on the
299. Pierce (P): streets
300. Donal (D): [Seriously… but it must be it must
301. Donal (D): be that the Irish are like [this
302. Pierce (P): [I don't know we just seem [we just
303. Pierce (P): seem to take it
304. Donal (D): [We
305. Donal (D): seem mm-hmm
306. Pierce (P): Any other country France any other country in Europe they'd
307. Pierce (P): be on the streets there'd be murder in this country we just
308. Pierce (P): seem to take it I don't know what it is
309. Donal (D): Cause I can see that it's [easier
310. Pierce (P): [But it's coming to the stage where
311. Donal (D): Mm
312. Pierce (P): They're pushing people so far that
313. Donal (D): [Mm
314. Pierce (P): [You can only take so much like I'm on the dole I'm not
315. Pierce (P): working as you know right↑
316. Donal (D): Mm mm
317. Pierce (P): And how the hell am I meant to pay this tax you know you I
318. Pierce (P): mean where's me ability to pay they're just assessing my
319. Pierce (P): house
320. Donal (D): But you know i- i- in this country in Ireland you are more
321. Donal (D): likely to protest against Union Jack flag over the [rather than
322. Donal (D): rather than
323. Pierce (P): [Oh yeah or

324. Pierce (P): abortion or abortion wait till you see abortion they'll be all on
325. Pierce (P): the streets about abortion
326. Donal (D): But you don't mind [the money (laughing)
327. Pierce (P): [But we don't mind paying taxes
328. Pierce (P): but when you know it comes to things like that it's crazy
329. Donal (D): Yes [but there's the (?)
330. Pierce (P): [I can't I can't understand it
331. Donal (D): Mm-hmm
332. Pierce (P): You know
333. Donal (D): Happy Christmas to you anyway and come back in a month
334. Donal (D): again
335. Pierce (P): I will of course [thanks very much
336. Donal (D): [All the best
337. Pierce (P): And you're very good thanks [very much
338. Donal (D): [Thank you very much thank
339. Donal (D): you

Case 20

Case 20

1. Derek (D): Hello Pia
2. Pia (P): Hi
3. Derek (D): How are you ↑
4. Pia (P): Em I'm a bit nervous
5. Derek (D): Nervous ↑ really ↑
6. Pia (P): (laughing)
7. Derek (D): Yeah you can hang it there if you want
8. Pia (P): Yeah
9. (3)
10. Derek (D): Hi my name is Derek nice to meet you...
11. Derek (D): take a seat please
12. Pia (P): Oh no
13. Derek (D): Relax yourself relax [everything will
14. Derek (D): be fine
15. Nell (N): [(?)
16. Pia (P): I haven't been to the dentist in ages
17. Derek (D): How long ↑
18. Pia (P): I'd say about five years
19. Derek (D): Five years ↑
20. Pia (P): Yeah
21. Derek (D): Yeah it's okay

22. (3)
23. Derek (D): So you know we're going to record today ↑
24. Pia (P): Yeah
25. Derek (D): (?) sign this one here
26. Pia (P): Mm-hmm
27. Derek (D): Is this your first time here tell me ↑
28. Pia (P): Yeah
29. Derek (D): How do you like it ↑
30. Pia (P): It's fantastic
31. Derek (D): Okay (laughing)
32. Pia (P): (laughing)
33. Derek (D): And tell me what brings you today here ↑
34. Pia (P): I was (it only happened) the other day and I
35. Pia (P): don't know whether it's the top or the
36. Pia (P): bottom but I just got an awful shooting
37. Pia (P): pain and it's been there since so
38. Derek (D): How long you said ↑
39. Pia (P): A few days
40. Derek (D): A few days ago...what about before then
41. Derek (D): did you have a pain or ↑ ...no ... okay ...
42. Derek (D): what about the rest of the teeth ↑...are
43. Derek (D): they fine ↑ everything's okay ↑ [no
44. Pia (P): [Yeah
45. Pia (P): they're grand
46. Derek (D): No other problems
47. Pia (P): No pains or anything no I don't [think (?)
48. Derek (D): [Okay okay
49. Derek (D): alright
50. (3)
51. Derek (D): Tell me how is your medical condition ↑
52. Derek (D): your health ↑
53. Pia (P): Em [it's okay
54. Derek (D): [Are you healthy ↑
55. Pia (P): Yeah
56. Derek (D): Asthma you've ticked here yeah ↑
57. Pia (P): Yeah
58. Derek (D): Mm-hmm...not sure about penicillin ↑
59. Pia (P): Yeah I
60. Derek (D): Have you ever taken before like
61. Derek (D): [amoxicillin ↑

62. Pia (P): [When I was...
63. Pia (P): when I was younger em the reason I don't
64. Pia (P): know is because my Ma gets confused because
65. Pia (P): I have a sister as well and she [doesn't know
66. Derek (D): [Ah yeah
67. Pia (P): Whether it was me or her that was allergic
68. Pia (P): to it at the [time
69. Derek (D): [Allergic yeah
70. Pia (P): So
71. Derek (D): Yeah you can investigate if you want they
72. Derek (D): can make a test for [you
73. Pia (P): [Okay
74. Derek (D): Yeah so you can know...but have you
75. Derek (D): ever taken let's say amoxicillin before like ↑
76. Pia (P): I don't know
77. Derek (D): No [any antibiotics
78. Pia (P): [(laughing)
79. Derek (D): like
80. Pia (P): Yeah yeah [yeah
81. Derek (D): [Yeah ↑...alright...okay...so
82. Derek (D): what we going to do Pia today we going
83. Derek (D): to take examination I'm going to check
84. Derek (D): your teeth...the examination will be
85. Derek (D): covered on your medical card and... we
86. Derek (D): will see
87. Pia (P): Okay
88. Derek (D): Okay ↑
89. Nell (N): (What will I put down here↑)
90. Derek (D): Yeah she doesn't know like
91. Nell (N): Yeah so I'll put [(that one↑)
92. Derek (D): [Yeah probably yeah...okay↑
93. (8)
94. Derek (D): I'm going to put the chair down okay ↑
95. Pia (P): Yeah
96. (7)
97. Derek (D): Which one is mine ↑...this one
98. Derek (D): here [or ↑
99. Nell (N): [Yeah
100. (4)
101. Derek (D): Can you just slide up a bit more please↑

102. Derek (D): slide up [more
103. Pia (P): [Up to you ↑
104. Derek (D): Yeah...thank you
105. (11)
106. Derek (D): Mm-hmm
107. (5)
108. Derek (D): Okay let me have a look now please...
109. Derek (D): open
110. (24)
111. Derek (D): Mm-hmm... put your tongue up to the
112. Derek (D): palate please...now move left...right...
113. Derek (D): stick your tongue out please
114. (3)
115. Derek (D): (Very good)...open please...I'm just going
116. Derek (D): to take a quick chart up here of your teeth
117. Pia (P): Mm-hmm
118. Derek (D): Upper right eight it's missing...seven
119. Derek (D): occlusal mesial decay...six occlusal mesial
120. Derek (D): amalgam...five occlusal distal amalgam...
121. Derek (D): four it's sound...three two one sound...
122. Derek (D): one two ...three... (coughing) four
123. Derek (D): five sound...six occlusal amalgam...
124. Derek (D): just going to spray quick on this saliva
125. Derek (D): here
126. [Sound of compressed air]
127. (3)
128. Derek (D): And occlusal distal decay
129. (4)
130. Derek (D): Seven it's sound eight it's missing...
131. Derek (D): swallow your saliva please...open
132. Derek (D): please...lower left eight it's missing...seven...
133. [Sound of compressed air]
134. (9)
135. Derek (D): Watch
136. (4)
137. Derek (D): Six occlusal amalgam...five four three...
138. Derek (D): two one one two three four five sound
139. Derek (D): six <u>occlusal</u> buccal amalgam...seven
140. Derek (D): <u>occlusal</u> amalgam eight it's partially
141. Derek (D): erupted...very good...so tell me...where is

142. Derek (D): the tooth↑...is it this one here ↑
143. Pia (P): It's either yeah I I thought I got the pain down
144. Pia (P): here but now it's starting to feel like it's
145. Pia (P): it's [here it's somewhere
146. Derek (D): [On the top
147. Pia (P): (Here) it's one [of them
148. Derek (D): [Yeah
149. Derek (D): Tell me is it sensitive to cold ↑
150. Pia (P): **E[m**
151. Derek (D): [When you drink cold water like ↑
152. Derek (D): let's [say
153. Pia (P): [A bit yeah
154. Derek (D): Is it ↑
155. Pia (P): It's not really painful though
156. Derek (D): Mm...I'm just going to do with the spray
157. Derek (D): [here
158. Pia (P): [Mm-hmm
159. [Sound of compressed air]
160. Derek (D): Pain ↑
161. Pia (P): Mm-mm...[mm-mm...mm-mm
162. Derek (D): [Yeah
163. Pia (P): Yeah
164. Derek (D): Yeah ↑
165. Pia (P): Ow (laughing)
166. Derek (D): Okay (laughing) ...here ↑ no
167. Pia (P): No
168. Derek (D): Very good...okay what we will have to do
169. Derek (D): first of all... because as I can see the wisdom
170. Derek (D): are are coming out as well okay ↑
171. Pia (P): Okay
172. Derek (D): We have to take a big panoramic x-ray
173. Pia (P): Okay
174. Derek (D): It's going to cost you thirty-five euro
175. Pia (P): [Yeah
176. Derek (D): [Is that okay ↑
177. Pia (P): Fine (?)
178. Derek (D): Let's go...any chance to be pregnant ↑
179. Pia (P): **Em** no ↓
180. Derek (D): Okay
181. (3)

182. Derek (D): You can take off the glasses ↑ ...yeah
183. Pia (P): Thanks
184. Derek (D): And come with me please
185. (9)
186. Derek (D): And your earrings as well if you can
187. Derek (D): take them out
188. Nell (N): [(?)
189. Pia (P): [(?) are my teeth really bad ↑
190. Derek (D): No they are not bad
191. (3)
192. Derek (D): This is just we have to take make in-
193. Derek (D): investigations so we gonna keep it
194. Derek (D): on the chart as well you know ↑
195. Pia (P): Yeah... so it's that one up there that's [the
196. Derek (D): [We
197. Derek (D): will see we will see yeah
198. Pia (P): Yeah
199. Derek (D): Can you take them out your earrings
200. Derek (D): [please ↑
201. Pia (P): [Earrings ↑
202. Derek (D): Yeah
203. Pia (P): Em yeah I couldn't tell... I thought I got the
204. Pia (P): pain [down here but I (?)
205. Derek (D): [Mm... we will see because it's coming
206. Derek (D): out as well you know that might cause
207. Derek (D): problem as well
208. Pia (P): Oh the wisdom ↑ [(is coming out)
209. Derek (D): [Yeah yeah the wisdom
210. Pia (P): Stand here ↑
211. Derek (D): Wait a second...I'll just put that somewhere
212. Derek (D): **that's** perfect
213. (5)
214. Derek (D): How old are you ↑
215. Pia (P): Em twenty-one
216. Derek (D): Twenty-one yeah...that's why they are
217. Derek (D): coming...come here please... [here yeah
218. Pia (P): [Where am
219. Pia (P): I going ↑
220. Derek (D): Yeah put your hands here [this way
221. Pia (P): [Here ↑

222. Derek (D): Yeah
223. Pia (P): Mm
224. Derek (D): Perfect yeah you see this hole here ↑
225. Pia (P): Mm
226. Derek (D): Wait a second I'm just going to put it a
227. Derek (D): bit down for you
228. [Beeping from x-ray unit]
229. Derek (D): Try to bite with your central teeth there
230. Derek (D): okay ↑
231. Pia (P): Here ↑ [like that ↑
232. Derek (D): [Yeah... yes and now close...perfect...
233. Derek (D): mm-hmm...just going to fix your hand
234. Derek (D): now
235. (10)
236. Derek (D): Mm-hmm just stay like that okay ↑
237. Pia (P): Mm-hmm
238. Derek (D): This one here is going to go around you
239. Derek (D): like that okay ↑
240. Pia (P): Oh
241. [Beeping from x-ray unit]
242. (35)
243. Derek (D): Very good yeah open...that's it... doesn't
244. Derek (D): hurt huh ↑ [(laughing)
245. Pia (P): [(laughing)
246. Derek (D): Yeah don't forget your your rings (that's
247. Derek (D): them there)
248. Pia (P): Thanks
249. (11)
250. Nell (N): Have a seat [there
251. Derek (D): [Mm-hmm
252. Nell (N): I'll pop (that on you)
253. Derek (D): Let me show you here something now
254. Pia (P): Okay
255. Derek (D): These are your lovely teeth okay ↑...
256. Derek (D): mm-hmm
257. (3)
258. Derek (D): Yeah this one here is decayed
259. Pia (P): Okay
260. Derek (D): It is sensitive there
261. Pia (P): Yeah

262. Derek (D): That's the problem I think so and the
263. Derek (D): problem is the wisdom as well as you
264. Derek (D): can see it's coming... up
265. Pia (P): Mm-hmm
266. Derek (D): That might (creating) a problem as well
267. Derek (D): ... what about the lower one here ↑ you
268. Derek (D): don't have any problems everything's fine
269. Derek (D): yeah ↑
270. Pia (P): Yeah (no problem)
271. Derek (D): Okay
272. (5)
273. Derek (D): Mm-hmm... this one they will come
274. Derek (D): probably in a few years
275. Pia (P): Okay
276. Derek (D): You can see on the top
277. Pia (P): Yeah
278. (8)
279. Derek (D): Did you have tell **me** on the left side
280. Derek (D): any extraction like ↑
281. Pia (P): Yeah I **had** [yeah there was **em**
282. Derek (D): [When was it ↑... was it long
283. Derek (D): time ago ↑
284. Pia (P): (Year or two)
285. Derek (D): Couple of years ↑
286. Pia (P): [Couple of years yeah
287. Derek (D): [Yeah
288. Pia (P): [Yeah cause that one was able to kind
289. Pia (P): of come out a little bit more (after)
290. Derek (D): [Cause now I can see yeah yeah yeah
291. Derek (D): yeah
292. (6)
293. Derek (D): And here you have just a small decay... I'm
294. Derek (D): going to make for you good treatment plan
295. Derek (D): so you will know what needs to be done
296. Derek (D): okay↑ and... this one here just needs a filling
297. Derek (D): there so that kind of sensitivity that you have
298. Derek (D): is gonna disappear
299. Pia (P): Mm
300. Derek (D): I'm just going to check now for you... actually
301. Derek (D): Nell has checked already...it's going to be

302. Derek (D): covered on your medical card okay ↑
303. Pia (P): Oh okay
304. Derek (D): That's perfect... tell me do you want to **do** the
305. Derek (D): the filling today ↑... if you want ↑ okay take
306. Derek (D): [a seat please
307. Pia (P): [May as well
308. Derek (D): Take a seat [on the chair
309. Pia (P): [(To let you know) I'm petrified
310. Pia (P): [(laughing)
311. Derek (D): [No problem
312. [Sound of sterile instrument packaging being opened]
313. (22)
314. Derek (D): Okay Pia first I'm going to numb you up
315. Derek (D): so you won't feel any pain okay ↑
316. Pia (P): Okay
317. Derek (D): And then we're gonna start with the filling
318. [Sound of sterile instrument packaging being opened]
319. (21)
320. Derek (D): Relax [relax
321. Pia (P): [(laughing)
322. Derek (D): (laughing) don't forget to breathe as well
323. Derek (D): okay↑ [(laughing)
324. Pia (P): [Oh my god
325. Derek (D): (laughing)
326. (6)
327. Derek (D): Can I have the gel please ↑
328. (3)
329. Derek (D): Thanks
330. (5)
331. Derek (D): Okay let me give you first of all from my
332. Derek (D): magic gel... so you won't feel the needle
333. Pia (P): Yeah go ahead mm-hmm
334. Derek (D): That taste is not very good
335. Pia (P): Mm-hmm
336. (13)
337. Derek (D): (Humming)
338. (15)
339. Derek (D): Mm-hmm open please
340. Pia (P): **Oh**
341. Derek (D): Relax yourself... it's going to pinch now up

342. Derek (D): here
343. Pia (P): Yeah
344. (4)
345. Derek (D): Okay ↑
346. Pia (P): Mm-hmm
347. (13)
348. Derek (D): That's it it wasn't that bad
349. Pia (P): (Sighs)
350. Derek (D): No ↑
351. (4)
352. Nell (N): You okay ↑
353. Pia (P): Yeah (laughing)
354. (10)
355. Derek (D): (Humming)
356. [Sound of suction unit]
357. (14)
358. Derek (D): Okay we're gonna start if you have [em pain
359. Pia (P): [Yeah
360. Derek (D): Just let me know I'm going to give you...
361. Derek (D): a bit more anaesthetic okay ↑
362. Pia (P): Okay
363. Derek (D): You won't feel anything... can you just
364. Derek (D): move a tiny bit more please ↑
365. Pia (P): Mm-hmm
366. Derek (D): Thank you
367. [Sound of suction unit]
368. (3)
369. Pia (P): (Sighs) (laughing)
370. Derek (D): (laughing)
371. (3)
372. Derek (D): Open please
373. Pia (P): (Sighs)
374. Derek (D): Just keep open
375. [Sound of dental drill]
376. (3)
377. Derek (D): No pain no ↑
378. Pia (P): Mm-mm
379. Derek (D): Very good
380. [Sound of dental drill and suction unit continues]
381. (42)

382. Derek (D): You okay ↑
383. Pia (P): Mm-hmm
384. [Sound of dental drill and suction unit continues]
385. (63)
386. Derek (D): Nearly there
387. [Sound of dental drill and suction unit continues]
388. (29)
389. Nell (N): You okay ↑
390. Pia (P): Mm-hmm
391. Derek (D): It's not that bad for you I think you know ↑
392. Pia (P): Okay
393. Derek (D): Open please
394. [Sound of dental drill and suction unit continues]
395. (9)
396. Derek (D): Just this thing's gonna vibrate a bit okay ↑
397. Pia (P): Mm-hmm
398. [Sound of dental drill and suction unit continues]
399. (22)
400. Derek (D): Very good
401. [Sound of suction unit]
402. (9)
403. Derek (D): (There)...yeah...thank you
404. [Sound of suction unit]
405. (26)
406. Derek (D): Suction please
407. [Sound of suction unit]
408. (9)
409. Derek (D): Nearly finished okay ↑
410. Pia (P): Mm-hmm
411. [Sound of dental drill and suction unit continues]
412. (84)
413. Derek (D): We've finished with the drilling okay ↑
414. Pia (P): Yeah
415. Derek (D): No you can relax yourself
416. Pia (P): (laughing)
417. [Sound of suction unit]
418. (3)
419. Derek (D): Open please ...yeah
420. [Sound of suction unit]
421. (3)

422. Derek (D): Going to put this (first of all) up here
423. (4)
424. Pia (P): (Sighs)
425. Derek (D): Just going to put a bit of pressure on
426. Derek (D): the tooth here
427. Pia (P): Mm-hmm
428. Derek (D): Alright ↑
429. (3)
430. Pia (P): Mm... mm
431. Derek (D): Yeah ...yeah (that's it)
432. (18)
433. Derek (D): Mm-hmm open please
434. [Sound of suction unit]
435. (15)
436. Derek (D): Now put your head up... [yeah
437. Pia (P): [Mm-hmm
438. Derek (D): Perfect... we will need calcium
439. Derek (D): hydroxide first please
440. [Sound of suction unit]
441. (7)
442. Derek (D): You can mix the... the amalgam
443. Nell (N): I do two of them↑
444. Derek (D): Yeah please thank you
445. [Sound of suction unit]
446. (23)
447. Derek (D): Just keep open like that yeah perfect
448. Pia (P): Mm-hmm
449. [Sound of suction unit]
450. [Sound of footsteps as nurse returns]
451. (29)
452. Derek (D): If you close the mouth ↑ thank you
453. [Sound of suction unit]
454. (14)
455. Derek (D): (Humming)
456. (19)
457. Derek (D): Okay ↑
458. [Sound of suction unit]
459. (26)
460. Nell (N): Do you want more ↑
461. Derek (D): Yeah please

462. [Sound of suction unit]
463. (25)
464. Derek (D): (Nearly) finished
465. Pia (P): Mm
466. [Sound of suction unit]
467. (3)
468. Derek (D): Thank you
469. [Sound of suction unit]
470. (33)
471. Derek (D): Yeah it's enough... thank you
472. [Sound of suction unit]
473. (147)
474. Derek (D): And just take all this
475. [Sound of suction unit]
476. (58)
477. Derek (D): Relation paper please
478. [Sound of suction unit]
479. (6)
480. Derek (D): Thank you
481. [Sound of suction unit]
482. (4)
483. Derek (D): Pia ↑
484. Pia (P): Mm-hmm ↑
485. Derek (D): Just close very gently please...yeah...
486. Derek (D): close again please gently...mm-hmm...
487. Derek (D): and open please
488. [Sound of suction unit]
489. (4)
490. Derek (D): Close again gently... and grind from
491. Derek (D): left and right
492. (3)
493. Derek (D): Left right (?) big yeah ↑
494. Pia (P): Yeah
495. Derek (D): Thank you
496. (28)
497. Derek (D): Try not to eat for two hours okay ↑
498. Pia (P): Mm-hmm
499. (24)
500. Derek (D): And close please... how do you feel
501. Derek (D): tell me when you close ↑... it's not high ↑

502. Derek (D): ...you [don't feel like
503. Pia (P): [Yeah it doesn't
504. Derek (D): High it feels normal... you don't feel that
505. Derek (D): you bite on that tooth first ↑
506. Pia (P): **Em**... no... no it's alright
507. Derek (D): It's okay yeah ↑
508. Pia (P): Yeah
509. Derek (D): Let me just have a quick look open please
510. (6)
511. Derek (D): Mm-hmm... close please... grind a little
512. Derek (D): left and right... yeah open please...perfect
513. Derek (D): ... well done... how was the journey ↑ it
514. Derek (D): was okay ↑
515. Pia (P): Yeah (laughing)
516. Derek (D): Hm ↑... they were (good dreams0 there ↑
517. Pia (P): Oh my god
518. (4)
519. Derek (D): Yeah [there is
520. Pia (P): [Thanks
521. Derek (D): There is a water for you you can have a
522. Derek (D): rinse there alright ↑
523. (110
524. Derek (D): So Pia ↑ one left here.. you need only one
525. Derek (D): filling more okay ↑
526. Pia (P): Yeah
527. Derek (D): Whenever you want you can book an
528. Derek (D): appointment... and we're going to do it it's
529. Derek (D): on the other side... on the other side yeah...
530. Derek (D): just has a small decay there... it'll have to be
531. Pia (P): Just need to gather myself now [after this
532. Pia (P): one (laughing)
533. Derek (D): [Ah it's okay
534. Derek (D): ... it wasn't that bad now you know how is it
535. Pia (P): (Sighs)
536. (7)
537. Nell (N): Are you alright ↑
538. Pia (P): (?)
539. Nell (N): No you're grand
540. Derek (D): So Pia for today as I told you it will be
541. Derek (D): thirty-five for the [OPG

542. Pia (P): [Yeah
543. Derek (D): Okay ↑
544. Pia (P): Yeah
545. (13)
546. Derek (D): Mm-hmm... let's go at the desk
547. Pia (P): Yeah
548. (5)
549. Derek (D): You might be sensitive a couple of days
550. Derek (D): just to let you know okay ↑
551. Pia (P): Yeah
552. Derek (D): Cause that's really deep
553. Pia (P): Oh
554. Derek (D): Yeah... but don't worry okay ↑ all be okay
555. (16)
556. Derek (D): Can I borrow that ↑ ...can you just sign for
557. Derek (D): me here please ↑
558. Pia (P): Yeah
559. (6)
560. Derek (D): Yeah thanks... this is your invoice for today
561. (4)
562. Derek (D): Sorry just there... Pia see you
563. Pia (P): Thanks very much thank you
564. Derek (D): Bye bye take [care see you
565. Pia (P): [Thanks

Case 21

Case 21

1. Derek (D): Hello Priscilla
2. Priscilla (P): Yeah thanks a million hi
3. Derek (D): Hi how are you ↑
4. Priscilla (P): Good thanks how are you ↑
5. Derek (D): Did they tell you about this ↑
6. Priscilla (P): Yeah yeah
7. Derek (D): Alright
8. Priscilla (P): Yeah
9. Derek (D): My name is Derek nice to meet you
10. Priscilla (P): Derek ↑

11. Derek (D): Yeah
12. Priscilla (P): Hi [nice to meet you
13. Derek (D): [Please [yeah
14. Priscilla (P): [I'm Priscilla
15. Derek (D): Nice to meet you how are you tell me
16. Derek (D): everything's fine ↑
17. Priscilla (P): Em... I thought I was going to lose
18. Derek (D): all my teeth I thought I'd better come
19. Derek (D): because I'll wake up and they'll be on
20. Derek (D): the pillow (laughing)
21. Derek (D): (laughing) Take a seat please
22. Priscilla (P): (So I put that there ↑)
23. Derek (D): Yeah... is this your first time here tell
24. Derek (D): me yeah ↑
25. Priscilla (P): It is this is my first time [(to be here)
26. Derek (D): [How how
27. Derek (D): do you like the clinic ↑
28. Priscilla (P): It's lovely it's very bright
29. Derek (D): Very good
30. Derek (D): It's inviting isn't it ↑
31. Derek (D): Yeah
32. Nell (N): That's for you
33. Priscilla (P): Oh thanks a million
34. (4)
35. Derek (D): And tell me Priscilla what brings you
36. Derek (D): today here ↑
37. Priscilla (P): Em I've got my gums are bleeding and
38. Priscilla (P): they when I'm brushing my teeth and
39. Priscilla (P): even like if I suck on my gum [they're
40. Priscilla (P): bleeding and there's a really bad taste
41. Derek (D): [Okay
42. Derek (D): what about when you brush ↑ as well
43. Priscilla (P): Yeah... and there's a really bad taste
44. Derek (D): Okay
45. Priscilla (P): And I [thought
46. Derek (D): [When when did you notice that taste↑
47. Priscilla (P): I gave up smoking em four weeks ago
48. Derek (D): Okay
49. Priscilla (P): And si- I thought maybe it was because I
50. Priscilla (P): was smoking but... it's a really bigger

51. Priscilla (P): worse [taste now
52. Derek (D): [It's not (laughing)
53. Priscilla (P): Before I could taste cigarettes now I can
54. Priscilla (P): taste the bad taste [in my mouth so
55. Derek (D): [Yeah yeah... I know
56. Derek (D): tell me how is your medical condition
57. Derek (D): your general health↑
58. Priscilla (P): Em
59. Derek (D): You're healthy ↑
60. Priscilla (P): Well my back is not too good and [my em
61. Derek (D): [What's
62. Derek (D): the problem ↑
63. Priscilla (P): I have arthritis in my back and em
64. Derek (D): Mm-hmm
65. Priscilla (P): I have to go for an MRI on Tuesday [because
66. Derek (D): [Okay
67. Priscilla (P): This leg keeps going numb
68. Derek (D): Numb yeah ↑
69. Priscilla (P): Apart from that I'm fine [(laughing)
70. Derek (D): [Mm
71. Derek (D): Yeah...anything else should I know about your
72. Derek (D): health↑
73. Priscilla (P): Em... no I don't think so
74. Derek (D): Everything's fine yeah ↑
75. Priscilla (P): I think so yeah
76. Derek (D): Are you allergic tell me to anything ↑
77. Priscilla (P): No not [that I am aware of
78. Derek (D): [Tell me do you take any
79. Derek (D): medication anything for the [arthritis
80. Priscilla (P): [I do I
81. Priscilla (P): take fo- from I take em Lyrica
82. Derek (D): Lyrica... just put please on there...
83. Derek (D): arthritis...mm-hmm... anything
84. Derek (D): else [osteoporosis you've ticked it here
85. Priscilla (P): [(Paramox)
86. Priscilla (P): IT's osteopoenia it's not osteoporosis
87. Priscilla (P): [it's yeah so it's
88. Derek (D): [Oh right alright...let me just put here
89. Priscilla (P): Just em... just Osteofos and Vitamin D
90. Priscilla (P): and C and

91. Derek (D): Yeah
92. Priscilla (P): Calcium
93. (9)
94. Derek (D): And how long do you have the...
95. Derek (D): arthritis tell me ↑
96. Priscilla (P): Em
97. Derek (D): When you were diagnosed with that ↑
98. Priscilla (P): Em Wait till I see... about a year and
99. Priscilla (P): a half ago ↑
100. Derek (D): Alright
101. (9)
102. Derek (D): Are you allergic to anything tell me ↑
103. Priscilla (P): No
104. Derek (D): Very good
105. Priscilla (P): I don't think so
106. Derek (D): Mm very good
107. (3)
108. Derek (D): Okay I'm going to put the chair down
109. Priscilla (P): [Okay
110. Derek (D): [I prefer to work like that
111. Priscilla (P): Right
112. Derek (D): What we gonna do first of all we
113. Derek (D): gonna take examination
114. Priscilla (P): Okay
115. Derek (D): It's gonna be covered on your
116. Derek (D): medical [card... so we're gonna check
117. Nell (N): [I'll take your glasses [okay ↑
118. Priscilla (P): [Oh right
119. Priscilla (P): oh grand thanks a million
120. Derek (D): I'm gonna check your teeth everything
121. Derek (D): and I'm gonna make for you good
122. Derek (D): treatment plan so we will what [then
123. Derek (D): alright ↑
124. Priscilla (P): [Alright
125. Priscilla (P): okay I just don't want to lose them
126. Priscilla (P): (laughing)
127. Derek (D): No worries no worries...can you just
128. Derek (D): slide up for me please ↑
129. (3)
130. Derek (D): Thank you

131. Nell (N): You can pop on the glasses ↑
132. Priscilla (P): You want me to put these on ↑
133. Nell (N): Yeah
134. Derek (D): You preparing for Christmas now huh ↑
135. Derek (D): (laughing)
136. Priscilla (P): Silly season
137. Derek (D): (laughing) Yeah
138. Priscilla (P): Yeah
139. Derek (D): Shopping cleaning everything huh ↑
140. Priscilla (P): I know... it's all the hype before
141. Priscilla (P): Christmas isn't it ↑ it's like before
142. Priscilla (P): [Christmas it's all and [then Christmas
143. Priscilla (P): day
144. Derek (D): [**Yes** [exactly
145. Priscilla (P): [(Sighs) That's it so
146. Derek (D): [(laughing)
147. Derek (D): There is the one day and then that's
148. Derek (D): it (laughing)
149. Priscilla (P): (laughing) It's all over
150. Derek (D): Yeah...I'm just gonna give you a tissue
151. Derek (D): could you please clean your lips ↑ yeah
152. Derek (D): ... thank you very much... yeah... if you
153. Derek (D): want to give it here
154. Priscilla (P): Thank you
155. Derek (D): Thank you
156. (3)
157. Derek (D): If you can just move a bit this way here
158. Derek (D): ... yeah thanks
159. (5)
160. Priscilla (P): I haven't had them cleaned or
161. Priscilla (P): polished for [around six years
162. Derek (D): [How long ↑
163. Derek (D): Ah no worries (it'll be okay)...
164. Derek (D): open now wider thank you
165. (12)
166. Derek (D): You just please put your tongue
167. Derek (D): up to the palate ↑... now move left...
168. Derek (D): right... stick your tongue out please...
169. Derek (D): very good... now open wider please...
170. Derek (D): mm-hmm... upper right eight...it's

171. Derek (D): missing... seven's watch... six occlusal
172. Derek (D): distal palatal mesial amalgam... five...
173. Derek (D): occlusal distal composite... four... tell
174. Derek (D): me do you feel pain here ↑
175. Priscilla (P): Mm
176. Derek (D): Yeah... four has a buccal decay... three
177. Derek (D): is sound two is sound one... has a
178. Derek (D): buccal composite filling... left side one
179. Derek (D): is sound... can you slide up a bit more
180. Derek (D): please ↑
181. Priscilla (P): Yeah
182. Derek (D): Thanks...you okay now ↑
183. Priscilla (P): Yeah
184. Derek (D): **Okay**... so one is sound two is sound
185. Derek (D): ... pain here↑
186. Priscilla (P): Not really
187. Derek (D): Not really [okay
188. Priscilla (P): [No
189. Derek (D): Here ↑
190. Priscilla (P): Yeah
191. Derek (D): Yeah... three has a buccal decay... let
192. Derek (D): me tell you something in advance
193. Derek (D): you are brushing very very hard
194. Priscilla (P): I know
195. Derek (D): Yeah that's not good... that's why they
196. Derek (D): are sensitive your teeth
197. Priscilla (P): Is it ↑
198. Derek (D): Especially yeah I'm gonna show you
199. Derek (D): later on in the mirror... four has a
200. Derek (D): M-O-D composite filling...
201. (3)
202. Derek (D): Here as well yeah ↑ mm-hmm... five
203. Derek (D): occlusal distal composite... tell me
204. Derek (D): what kind of em tooth- em paste do
205. Derek (D): you use ↑
206. Priscilla (P): Em 'Arm and Hammer' em whitening
207. Priscilla (P): toothpaste
208. Derek (D): Whitening yeah ↑
209. Priscilla (P): Yeah [it's
210. Derek (D): [From from today you will go

211. Derek (D): with you will go and you gonna buy
212. Derek (D): em 'Sensodyne Repair'
213. Priscilla (P): Okay
214. Derek (D): Okay ↑
215. Priscilla (P): I just I I used to get it but I hated it
216. Priscilla (P): it makes me feel sick the taste of it
217. Priscilla (P): [it makes me a bit
218. Derek (D): [Yeah but the the new one
219. Derek (D): Did you [try the new one ↑
220. Priscilla (P): [Okay
221. Priscilla (P): No
222. Derek (D): Yeah it's nice I'm using as well I'm
223. Derek (D): telling you that it's really good
224. Derek (D): [for you
225. Priscilla (P): [Okay
226. Derek (D): Because I think the teeth are really
227. Derek (D): sensitive
228. Priscilla (P): They are really [really and it's only
229. Priscilla (P): in the last couple of weeks
230. Derek (D): [Yes I know I know
231. Derek (D): I know... and do you know what I've
232. Derek (D): noticed as well ↑ that you're
233. Derek (D): grinding your teeth as well
234. Priscilla (P): I'm supposed to wear a... thing
235. Priscilla (P): [like my
236. Derek (D): [Night- night-guard yeah ↑
237. Priscilla (P): Yeah and I I never do [I don't know
238. Derek (D): [Why ↑
239. Priscilla (P): F-
240. Derek (D): That's the best [idea
241. Priscilla (P): [It's to- it's to- a
242. Priscilla (P): pain in the bum (laughing)
243. Derek (D): Yeah but it's good to sleep you
244. Derek (D): know at least yeah open please
245. Priscilla (P): I have [one
246. Derek (D): [So
247. Derek (D): So if you have just just try [to wear it
248. Priscilla (P): [Yeah
249. Derek (D): If it's okay like if it's [fitting properly
250. Priscilla (P): [Mm

251. Derek (D): [You can wear yeah
252. Priscilla (P): [Yeah
253. Derek (D): So five has occlusal distal composite
254. Derek (D): ... six... a mesial occlusal palatal and
255. Derek (D): a distal amalgam... seven occlusal
256. Derek (D): amalgam... eight it's missing what
257. Derek (D): about here ↑ sensitive as well huh↑
258. Derek (D): or [not that one
259. Priscilla (P): [Not too bad
260. Derek (D): Okay... perfect... swallow your
261. Derek (D): saliva please... and open please...
262. Derek (D): lower left eight it's missing... seven
263. Derek (D): I just want to spray your tooth clean
264. Derek (D): the saliva here okay ↑
265. [Sound of compressed air]
266. Priscilla (P): Mm-hmm
267. Derek (D): Seven has a occlusal mesial decay
268. Derek (D): this tooth is decayed just to have
269. Derek (D): kind of superficial decay...it's not
270. Derek (D): that deep... but it needs to be filled
271. Derek (D): ...six it's missing five... it's probably
272. Derek (D): sensitive here as well
273. Priscilla (P): Mm [in pain]
274. Derek (D): Yeah I know sorry about it
275. Priscilla (P): Okay
276. Derek (D): Four **buccal**... and five buccal decays
277. Derek (D): ...three what about here ↑
278. Priscilla (P): (?)
279. Derek (D): A bit not that much ↑
280. Priscilla (P): Mm... mm
281. Derek (D): Three watch two one one two... sound
282. Derek (D): ...here ↑
283. Priscilla (P): Mm
284. Derek (D): A bit yeah ↑
285. Priscilla (P): Tiny bit yeah
286. Derek (D): Mm... three has a buccal decay as well
287. Derek (D): ... four... buccal composite filling...
288. Derek (D): five occlusal distal amalgam and a
289. Derek (D): buccal decay... six buccal mesial
290. Derek (D): occlusal distal amalgam... seven

291. Derek (D): mesial occlusal lingual amalgam...
292. Derek (D): and eight it's missing... so Priscilla
293. Derek (D): what is the problem let me just show
294. Derek (D): you something... I want to show you
295. Derek (D): on the mirror... generally they're like
296. Derek (D): okay... the problem is can you just
297. Derek (D): please hold that... just gonna want
298. Derek (D): to show you... as you can see here...
299. Derek (D): you see how the gum has receded
300. Derek (D): [here ↑ you see ↑
301. Priscilla (P): [Oh yeah mm
302. Derek (D): This is the problem that is giving
303. Derek (D): you specially because as I said
304. Derek (D): you're brushing very hard you see
305. Priscilla (P): Yeah
306. Derek (D): Like kind of small holes [we have
307. Priscilla (P): [Oh yeah
308. Derek (D): Here... what we have to do here...
309. Derek (D): the first option you're gonna start
310. Derek (D): from today to brush your teeth
311. Derek (D): with sensitive toothpaste [okay ↑
312. Priscilla (P): [Okay
313. Derek (D): Second it will be we have to
314. Derek (D): make there like kind of as you
315. Derek (D): can see you have I think here
316. Derek (D): open please you see kind of this
317. Derek (D): composite
318. Priscilla (P): Yeah
319. Derek (D): Material composite filling there
320. Priscilla (P): [Mm
321. Derek (D): [So we gonna protect this part
322. Derek (D): of the tooth
323. Priscilla (P): Alright
324. Derek (D): As you can see we gonna protect
325. Derek (D): and it won't be sensitive like that
326. Derek (D): once you use the sensitive
327. Derek (D): toothpaste as well is gonna
328. Derek (D): improve a lot everything
329. Priscilla (P): Okay
330. Derek (D): Yeah... I'm gonna make for you

331. Derek (D): good treatment plan
332. Priscilla (P): Oh good yeah
333. Derek (D): Some of them they will be covered
334. Derek (D): on your medical card [as you know
335. Priscilla (P): [Perfect
336. Derek (D): The the medical card cover the HSE
337. Derek (D): only two fillings per calendar year
338. Priscilla (P): Is it two yeah ↑
339. Derek (D): Yes so you can use... you have till
340. Derek (D): December the end of December two
341. Priscilla (P): Oh right [(laughing)
342. Derek (D): [Yes and next year you
343. Derek (D): can use two more so it's [January
344. Derek (D): becau- yes it's the best (laughing)
345. Priscilla (P): [That's a
346. Priscilla (P): good time (laughing)
347. Derek (D): It's the best and then the rest
348. Derek (D): probably [they will be private
349. Priscilla (P): [I'll have to pay yeah ↑
350. Derek (D): Yeah yeah [yeah
351. Priscilla (P): [Yeah
352. Derek (D): I'm gonna make for you [(treatment
353. Derek (D): plan)
354. Nell (N): [(?) upper
355. Nell (N): left three then lower left seven (?) and
356. Nell (N): buccal
357. Derek (D): Yeah
358. Nell (N): Yes (?)
359. (5)
360. Derek (D): Mm-hmm
361. (3)
362. Derek (D): And the other thing you will be... if
363. Derek (D): you have that night-guard splint try
364. Derek (D): to wear [at night
365. Priscilla (P): [Okay
366. Derek (D): At least
367. Priscilla (P): Yeah
368. Derek (D): So you're gonna sleep em because
369. Derek (D): you're grinding [aggressive you
370. Derek (D): know ↑

371. Priscilla (P): [I know and because
372. Priscilla (P): I'm no- that's why it causes pain
373. Priscilla (P): [for my jaws
374. Derek (D): [Yeah I know it is it is
375. Priscilla (P): And the back of my [head
376. Derek (D): [Why why
377. Derek (D): don't you wear it so that's the
378. Derek (D): best like you know ↑
379. Priscilla (P): I'm like
380. Derek (D): Especially because you are going
381. Derek (D): to sleep at least
382. Priscilla (P): Yeah yeah I st- yeah and then [I'll
383. Priscilla (P): start to wear it again
384. Derek (D): [Yeah
385. Derek (D): definitely start
386. Derek (D): How how long like for how long is
387. Derek (D): that em ↑
388. Priscilla (P): I tried it actually in my mouth
389. Priscilla (P): there [last week and and it still fits
390. Priscilla (P): yeah it does fit
391. Derek (D): [Does it fit ↑ yeah ↑
392. Priscilla (P): Mm
393. Derek (D): Okay if it's not I I can we can make
394. Derek (D): a new one here that's why I'm asking
395. Priscilla (P): Yeah
396. Derek (D): If it fits [just just
397. Priscilla (P): [It fits it seems to fit yeah
398. Derek (D): Yeah that's perfect [because yeah
399. Priscilla (P): [I was hoping
400. Priscilla (P): I I could use it
401. Derek (D): Yeah yeah perfect then
402. Priscilla (P): Yeah
403. Derek (D): The the last you have a bit of tartar
404. Derek (D): and a plaque which will just be
405. Derek (D): cleaned with em with cleaning
406. Derek (D): wi- with [the normal scaler↑
407. Priscilla (P): [Alright
408. Derek (D): But I don't prefer to do it today
409. Derek (D): because first I want to improve
410. Priscilla (P): Alright

411. Derek (D): This sensitivity tha- that be
412. Derek (D): helped with em
413. Priscilla (P): Okay
414. Derek (D): sensitive toothpaste o- okay ↑
415. Priscilla (P): Yeah no problem
416. Derek (D): Open please... and then you will
417. Derek (D): come to clean this as you can
418. Derek (D): see as you [said actually
419. Priscilla (P): [Mm
420. Derek (D): A few years they are not cleaned
421. Derek (D): ... yeah... you see here as well
422. Derek (D): have a look I want to show you...
423. Derek (D): see here as well
424. Priscilla (P): Yeah
425. Derek (D): Like if (obviously) if I just touch
426. Priscilla (P): As well [if I if I
427. Derek (D): [Let's have a look
428. Priscilla (P): Wanted to because I said talking
429. Priscilla (P): to myself 'When I give up smoking
430. Priscilla (P): [actually
431. Derek (D): [Yeah
432. Priscilla (P): If I stay off them for a little while
433. Priscilla (P): I'll come in and get a a proper
434. Priscilla (P): whitening thing done' but I don't
435. Priscilla (P): have the money right now but
436. Derek (D): Yeah the proper whitening now
437. Derek (D): there is different type of whitening
438. Derek (D): it's like 'home kit' because they stop
439. Derek (D): from the European **em** from the
440. Derek (D): European Dental Council like
441. Derek (D): European new law... with whitening
442. Derek (D): there used to be in 'in the office'
443. Priscilla (P): Yeah
444. Derek (D): With the laser... stopped now
445. Priscilla (P): Oh right
446. Derek (D): Yeah... now they are like kind
447. Derek (D): of kind of [very similar
448. Priscilla (P): [Do you do it yourself ↑
449. Derek (D): No very similar like that you have
450. Derek (D): night-guard splint ↑ we're just

451. Derek (D): taking impression here
452. Priscilla (P): Mm
453. Derek (D): Pouring the model making the tray
454. Derek (D): and you're you're wearing that kit
455. Derek (D): like whitening kit [in the night
456. Priscilla (P): [Oh right
457. Derek (D): For a few an hour or two you know
458. Derek (D): [every day
459. Priscilla (P): [Okay
460. Derek (D): Yes
461. Priscilla (P): Is it expensive ↑
462. Derek (D): It's three hundred euros
463. Priscilla (P): Oh right
464. Derek (D): Yeah... (that's it) but I would not
465. Derek (D): recommend you now [to have a
466. Derek (D): whitening
467. Priscilla (P): [Okay yeah
468. Priscilla (P): yeah no
469. Priscilla (P): I'll wait till I have them right and
470. Priscilla (P): them I'll
471. Derek (D): Yeah I would not recommend you
472. Derek (D): because they will be really sensitive
473. Derek (D): after [that
474. Priscilla (P): [Yes
475. Priscilla (P): Okay
476. Derek (D): I like the colour actually it's very nice
477. Derek (D): when once we clean with and polish
478. Derek (D): them it will be even better you know↑
479. Priscilla (P): Oh right okay
480. Derek (D): Yeah
481. Priscilla (P): Thanks
482. Derek (D): Okay ↑
483. Priscilla (P): Yeah thanks thank [you
484. Derek (D): [Okay very good
485. Priscilla (P): Thanks a million
486. Derek (D): Let me put the chair back... I'm gonna
487. Derek (D): make for you now the treatment plan
488. Derek (D): I'm gonna print it as well
489. (19)
490. Nell (N): You okay ↑ (?)

491. (3)
492. Derek (D): (coughing)
493. (3)
494. Priscilla (P): That's grand I can walk out today
495. Priscilla (P): and no fillings [I'm terrified (?)
496. Derek (D): [Yeah no- nothing
497. Derek (D): today I'm gonna leave you for today
498. Derek (D): okay ↑ [next time
499. Priscilla (P): [(Kind of you)
500. Derek (D): Next time (laughing) no worries
501. (3)
502. Priscilla (P): But I'm petrified of needles
503. Nell (N): (laughing)
504. Derek (D): Thank god actually that we have
505. Derek (D): the needles to be honest with you
506. Derek (D): [so you not feel any pain
507. Priscilla (P): [(?)
508. Derek (D): Yeah
509. Priscilla (P): (?) (a hospital) I know but I
510. Priscilla (P): [(can feel them like)
511. Derek (D): [(laughing)
512. Derek (D): Yeah no worries no worries... let
513. Derek (D): me just make for you here the
514. Derek (D): treatment plan I am going to print
515. Derek (D): as I said okay↑
516. Priscilla (P): Okay
517. (5)
518. Nell (N): Did you get that (thing) there ↑
519. Priscilla (P): Oh right thank you
520. (34)
521. Priscilla (P): (?)
522. Nell (N): (?)
523. Priscilla (P): At least you're guaranteed to have
524. Priscilla (P): lovely teeth
525. Nell (N): Yeah (laughing)
526. Priscilla (P): You have lovely teeth anyway
527. Priscilla (P): (laughing)
528. Nell (N): Thanks
529. Derek (D): I was doing yesterday for her the
530. Derek (D): cleaning

531. Priscilla (P): Yeah they're lovely
532. Nell (N): (laughing)
533. Derek (D): Yeah
534. (54)
535. Derek (D): So this one here we have checked
536. Derek (D): online... let me show you here...
537. Derek (D): the lower left seven molar
538. Priscilla (P): Okay
539. Derek (D): And the upper left canine here...
540. Derek (D): it will be covered on your medical
541. Derek (D): card [those two
542. Priscilla (P): [Alright
543. Derek (D): This year
544. Priscilla (P): Okay
545. Derek (D): Next year we can do maybe... maybe
546. Derek (D): this one and this one... but what I
547. Derek (D): prefer because I want put there white
548. Derek (D): fillings
549. Priscilla (P): Tha- that's on the (lower) ones there↑
550. Derek (D): Yeah
551. Priscilla (P): Mm
552. Derek (D): The- they have to be [white
553. Priscilla (P): [Yeah
554. Derek (D): As I'm saying you know ↑
555. Priscilla (P): I have a little [white filling here
556. Derek (D): [Because if if you go
557. Derek (D): if you go if you go on your medical
558. Derek (D): card they will be dark... it starts like
559. Derek (D): from number four till number eight
560. Priscilla (P): Yeah
561. Derek (D): They cover like the back teeth [they're
562. Priscilla (P): [Mm
563. Derek (D): Dark fillings that's [what I'm saying
564. Priscilla (P): [Okay
565. Priscilla (P): Alright so and how much [are
566. Derek (D): [So
567. Priscilla (P): The white fillings↑
568. Derek (D): The white fillings it will be eighty euro
569. Priscilla (P): Oh
570. Derek (D): Yeah... so what I what I prefer like we

571. Derek (D): can do maybe this one here number
572. Derek (D): three and this one here...on your
573. Derek (D): medical card white fillings
574. Priscilla (P): Oh right
575. Derek (D): And the next yeah if you want we can
576. Derek (D): do this one over here it's going to be
577. Derek (D): dark but it's very back one
578. Priscilla (P): Alright okay
579. Derek (D): The lower one you know [what I mean
580. Priscilla (P): [Oh yeah
581. Derek (D): Yeah
582. Priscilla (P): Oh that'd be great [thank you
583. Derek (D): [Yeah because
584. Derek (D): that is decayed as well you know on
585. Derek (D): the top [one yes yes
586. Priscilla (P): [Is it ↑
587. Derek (D): That's the only one
588. Priscilla (P): Up here ↑
589. Derek (D): That was your problem there
590. Priscilla (P): That's where it's sensitive there
591. Derek (D): It's it's sensitive because [of (?) yeah
592. Priscilla (P): [Oh
593. Derek (D): That's why it's sensitive
594. Priscilla (P): Okay
595. Derek (D): Yeah
596. Priscilla (P): Okay will you whatever you say I'll
597. Priscilla (P): [I'll (let you) you're the professional
598. Derek (D): [Okay let me yeah
599. Priscilla (P): You're the de- [the expert
600. Derek (D): [No problem yeah
601. Derek (D): (laughing) thank you
602. (4)
603. Derek (D): Okay let's put this one here and the
604. Derek (D): rest there will be... lower left five...
605. Derek (D): lower right three...
606. (3)
607. Priscilla (P): I though this was just a cosmetic for
608. Priscilla (P): cosmetic dentistry in here that's why
609. Priscilla (P): I never came in before
610. Derek (D): Really ↑

611. Priscilla (P): Yeah
612. Derek (D): No we are doing everything you you
613. Derek (D): can see everything it's on the door
614. Derek (D): it's written (there we are)
615. Priscilla (P): Oh I didn't have my [glasses on
616. Priscilla (P): when I passed it (laughing)
617. Derek (D): [(laughing)
618. Derek (D): Ah no problem... now at least you know
619. Priscilla (P): Yeah
620. Derek (D): **Okay**
621. (4)
622. Derek (D): Mm-hmm
623. (18)
624. Derek (D): Let's just print this for you now

Case 22A

Case 22A

1. Derek (D): Hello Prudence
2. Prudence (P): Hello how are you ↑
3. Derek (D): My name is Derek nice to meet you
4. Prudence (P): Derek nice to meet you
5. Derek (D): How are you ↑
6. Prudence (P): I'm fine thank you
7. Derek (D): Very good
8. (7)
9. Derek (D): Mm-hmm
10. (3)
11. Nell (N): Just wear these please
12. (3)
13. Derek (D): Prudence tell me what brings you today
14. Derek (D): here↑
15. Prudence (P): (coughing) I've been bold em I had
16. Prudence (P): I think it was March or April last year
17. Prudence (P): I had a filling ↑
18. Derek (D): Okay
19. Prudence (P): Which is broken
20. Derek (D): Alright
21. Prudence (P): And I had another filling up there which
22. Prudence (P): is painful↑ ... and I don't know what's

23. Prudence (P): going on and there was one filling and it
24. Prudence (P): was em... borderline whether she could
25. Prudence (P): save it and it's it's it it's it's ten- sensitive
26. Prudence (P): but I think it's okay
27. Derek (D): Mm-hmm mm-hmm
28. Prudence (P): And [but there's som-
29. Derek (D): [What kind of sensitive↑ is it
30. Derek (D): sensitive to cold↑ hot↑
31. Prudence (P): No no to to touch
32. Derek (D): Just to touch
33. Prudence (P): I em if I if I'm eating something solid I
34. Prudence (P): can **feel** y- you know
35. Derek (D): Strange pain like
36. Prudence (P): Ye- not even pain it's like it's [like
37. Derek (D): [Discomfort
38. Derek (D): (probably)
39. Prudence (P): Well em ye- em mm nearly like it's not
40. Prudence (P): stable but it is you know ↑
41. Derek (D): Okay
42. Prudence (P): But I've a [lot of pain
43. Derek (D): [Whe- when did you start to feel
44. Derek (D): pain tell me there ↑
45. Prudence (P): Mm when ↑ I can't remember oh it's a good
46. Prudence (P): while [a good while
47. Derek (D): [Okay
48. Prudence (P): But there's something else going on there's pa-
49. Prudence (P): there's actually there's pain up there... now
50. Prudence (P): she did another filling but I can't remember
51. Prudence (P): if it was up there or if it was I think the one
52. Prudence (P): beside it was filled but I'm not sure [I can't
53. Prudence (P): remember
54. Derek (D): [No
55. Derek (D): problem we gonna check everything [and make sure
56. Prudence (P): [Yeah I can't
57. Prudence (P): remember which one
58. Derek (D): No worries
59. Prudence (P): And the other one em that broke is... **painful**
60. Prudence (P): sometimes you know ↑
61. Derek (D): Okay yeah
62. Prudence (P): But definitely up here [is the sore (?)

63. Derek (D): [Occupation nurse↑
64. Prudence (P): **Yeah**
65. Derek (D): What kind of nurse you are↑
66. Prudence (P): Urology
67. Derek (D): Ah very good
68. Prudence (P): (laughing)
69. Derek (D): Very good... tell me anything else... should
70. Derek (D): I know about your teeth any other problems↑
71. Derek (D): [that's it for now yeah ↑
72. Prudence (P): [No no (at the moment) they're pretty good
73. Prudence (P): alright they're okay
74. Derek (D): Yeah how is your medical condition ↑
75. Prudence (P): Fine nothing
76. Derek (D): Everything's okay ↑
77. Prudence (P): Yeah [grand
78. Derek (D): [Perfect... are you allergic to anything ↑
79. Prudence (P): Only fruit... kiwis and things no no meds no
80. Prudence (P): [medication
81. Derek (D): [No medici- **okay**... very good
82. (3)
83. Derek (D): Okay Prudence
84. Prudence (P): Mm-hmm
85. Derek (D): We're going to take **examination**
86. Prudence (P): Mm-hmm
87. Derek (D): I'm going to check your teeth.... and we will see what
88. Derek (D): we gonna do okay↑
89. Prudence (P): Okay
90. (4)
91. Prudence (P): I've left it too long but sure that's the way it is
92. Derek (D): What you can do ↑
93. Prudence (P): Hmm ↑
94. Derek (D): What you can do ↑ that is [the way yeah
95. Prudence (P): [(Mm yeah)
96. (11)
97. Derek (D): The examination for today will be forty euro is
98. Derek (D): that okay ↑
99. Prudence (P): Okay
100. (6)
101. Derek (D): Mm-hmm... just put the chair down
102. Prudence (P): Mm

103. (3)
104. Derek (D): Em medical history clear yeah (coughing) pardon
105. Derek (D): me (coughing)
106. (7)
107. Derek (D): (laughing)... just slide up a bit more please
108. Prudence (P): Hmm ↑
109. Derek (D): Slide up [move up
110. Prudence (P): [Up up
111. Derek (D): Okay ↑
112. Prudence (P): Mm-hmm
113. (8)
114. Derek (D): Now open please
115. Prudence (P): Yeah
116. Derek (D): Just gonna check now...mm-hmm
117. (13)
118. Derek (D): Mm-hmm put your tongue up to the palate please...
119. Derek (D): and open wider please.... now move your tongue
120. Derek (D): left... right... stick your tongue out please
121. (4)
122. Derek (D): Very good
123. (4)
124. Derek (D): Now open please... upper right eight it's missing...
125. Derek (D): seven has an occlusal amalgam six occlusal distal
126. Derek (D): amalgam... pain here↑
127. Prudence (P): Mm-mm ↓
128. Derek (D): Five occlusal amalgam...here ↑
129. Prudence (P): **Mm**-hmm
130. Derek (D): Nothing much no ↑
131. (3)
132. Derek (D): Four it's sound three it's sound two sound... left side
133. Derek (D): one sound as well left side one
134. [Sound of compressed air]
135. (14)
136. Derek (D): One... pain here tell me ↑... no ↑
137. Prudence (P): Hmm ↑
138. Derek (D): No ↑
139. Prudence (P): Mm n- no
140. Derek (D): Very good... two sound three sound... four... pain ↑
141. Prudence (P): Mm-mm ↓
142. Derek (D): Sound... fi[ve

143. Prudence (P): [Mm mm
144. Derek (D): A bit yeah ↑
145. Prudence (P): Mm-hmm
146. (3)
147. Derek (D): Four has occlusal and distal amalgam... five
148. Derek (D): occlusal distal composite filling and a buccal
149. Derek (D): decay... six... what about here ↑
150. Prudence (P): Mm-mm ↓ [no ↓
151. Derek (D): [Okay ↑
152. Prudence (P): Mm-hmm
153. Derek (D): What about with this spray when I'm doing ↑
154. [Sound of compressed air]
155. Derek (D): Okay ↑
156. Prudence (P): **Mm** a little bit
157. Derek (D): Sensitive yeah ↑
158. Prudence (P): Mm
159. Derek (D): Here ↑
160. [Sound of compressed air]
161. Prudence (P): Mm
162. Derek (D): Yeah ↑
163. Prudence (P): Yeah
164. Derek (D): This is much more yeah ↑
165. Prudence (P): Yeah
166. (4)
167. Derek (D): Six... M-O-D composite
168. (3)
169. Derek (D): Seven... M-O-D amalgam... eight occlusal
170. Derek (D): mesial... amalgam... swallow your saliva
171. Derek (D): please... open please... lower left
172. (7)
173. Derek (D): Eight has occlusal amalgam... seven it's
174. Derek (D): missing... six occlusal lingual distal
175. (3)
176. Derek (D): Amalgam... pain ↑
177. Prudence (P): Mm-mm ↓
178. [Sound of compressed air]
179. (5)
180. Derek (D): Now ↑
181. Prudence (P): Mm-mm ↓
182. Derek (D): Okay yeah ↑

183. Prudence (P): That's okay
184. (5)
185. Derek (D): Five it's missing
186. [Sound of compressed air]
187. (5)
188. Derek (D): Four... buccal decay... three buccal decay
189. Prudence (P): Mm ↑
190. Derek (D): Yeah... two it's sound... one one two three... sound...
191. Derek (D): four has a buccal decay
192. Prudence (P): Mm ↑
193. Derek (D): Five... yeah it's very sensitive probably here that's
194. Derek (D): why
195. (3)
196. Derek (D): Five here what do you feel here ↑
197. Prudence (P): Em it's okay
198. Derek (D): Five as well six occlusal amalgam... seven... this
199. Derek (D): tooth is broken here eh ↑
200. Prudence (P): Mm-hmm
201. Derek (D): Yeah... seven occlusal distal decay... and the eight
202. Derek (D): has a buccal amalgam and occlusal composite filling
203. (3)
204. Derek (D): Prudence ↑
205. Prudence (P): Mm ↑
206. Derek (D): But I want to show you something on the mirror okay ↑
207. Prudence (P): Mm-hmm
208. (5)
209. Derek (D): And hold on the mirror please [hold on
210. Prudence (P): [Mm-hmm
211. Derek (D): Yeah [put your head back please
212. Prudence (P): [Mm
213. Derek (D): Thank you
214. (3)
215. Derek (D): As you can see... first of all you're brushing very hard
216. Derek (D): okay ↑
217. Prudence (P): Hard [mm
218. Derek (D): [Yeah
219. Prudence (P): [All the brushing
220. Derek (D): [You can see yeah...[here especially
221. Prudence (P): [Mm
222. Derek (D): Have a look... you see how gum has recede [this part

223. Prudence (P): [Mm
224. Prudence (P): mm-hmm
225. Derek (D): That's why they are sensitive the teeth first of all
226. Prudence (P): Okay
227. Derek (D): As you can see here as well... you see ↑
228. Prudence (P): Okay
229. Derek (D): Even you can see the root [of the teeth
230. Prudence (P): [Mm-hmm
231. Derek (D): You see ↑ ...what we can do here this side as well
232. Prudence (P): Mm-hmm
233. Derek (D): Okay... we can just put like a composite fillings here
234. Derek (D): and [we're gonna
235. Prudence (P): [Mm
236. Derek (D): Protect that part of the teeth
237. Prudence (P): [Okay
238. Derek (D): [So they won't be like that sensitive... what
239. Derek (D): about tell me which which one was the tooth that was
240. Derek (D): giving you a ↑
241. Prudence (P): Up there somewhere
242. Derek (D): Mm-hmm
243. Prudence (P): I don't know which one
244. (4)
245. Derek (D): They're all the same I think... pain like this ↑
246. [Tapping sound]
247. Prudence (P): Mm-mm ↓
248. [Tapping sound]
249. (3)
250. Prudence (P): Mm
251. Derek (D): Here ↑
252. Prudence (P): Mm
253. Derek (D): Mm-hmm... here ↑... no
254. [Tapping sound]
255. Prudence (P): **Em** it's em it's sometimes it's like it's it's nearly
256. Prudence (P): like it's in between but
257. Derek (D): Mm-hmm
258. Prudence (P): You know it's it's only intermittently sometimes
259. Derek (D): [Okay
260. Prudence (P): [And it's bad enough but I I I can't you see that's
261. Prudence (P): sensitive to touch there
262. Derek (D): Mm-hmm... this one here eh ↑

263. [Tapping sound]
264. Prudence (P): Yeah
265. Derek (D): And what about now when I'm touch here ↑
266. (3)
267. Prudence (P): [No
268. Derek (D): [Pain ↑ ...no
269. Prudence (P): Not really no
270. Derek (D): And this one here ↑
271. Prudence (P): No ↓
272. Derek (D): It's okay ↑
273. Prudence (P): Mm-hmm...mm [oh
274. Derek (D): [Yeah
275. Prudence (P): Something there mm
276. Derek (D): I think the this is I think everything is caused by
277. Derek (D): very too hard brushing to be honest with you
278. Prudence (P): Mm ↑
279. Derek (D): Yeah... you are brushing very very hard... what
280. Derek (D): we going to do ↑ I want to just in case I want to
281. Derek (D): take an x-ray
282. Prudence (P): Mm-hmm
283. Derek (D): It's going to cost you thirty-five euro [more
284. Prudence (P): [It's okay
285. Derek (D): We're going to have a look how is the condition
286. Prudence (P): Okay
287. Derek (D): All the teeth everywhere
288. Prudence (P): Okay
289. Derek (D): Okay ↑
290. Prudence (P): Okay
291. (3)
292. Derek (D): Yeah give me that mirror please
293. Prudence (P): Mm-hmm
294. Derek (D): What kind of em toothpaste do you use tell me ↑
295. Prudence (P): Em Euthymol
296. Derek (D): Mm-hmm... try to use sensitive toothpaste
297. Prudence (P): Em oh yeah I do sometimes [and that helps
298. Derek (D): [Sensodyne I think
299. Prudence (P): Sensodyne if I [have it yeah
300. Derek (D): [Yeah... that will be the best to be
301. Derek (D): honest
302. Prudence (P): Sensodyne yeah ↑

303. Derek (D): Em what kind of brush do you use ↑... toothbrush ↑
304. Prudence (P): Whichever one I find in the [supermarket (laughing)
305. Derek (D): [(Laughing)
306. Derek (D): Okay... I'm gonna em recommend you the best for you
307. Derek (D): it will be electric toothbrush
308. Prudence (P): I don't like them
309. Derek (D): That's the best
310. Prudence (P): [I find
311. Derek (D): [Because if you force with electric toothbrush [is gonna
312. Derek (D): stop straightaway
313. Prudence (P): [Yeah that's
314. Prudence (P): why I don't like them I don't feel I'm
315. Derek (D): I know I know
316. Prudence (P): Alright [okay
317. Derek (D): [But everything has to be very gently that's why
318. Prudence (P): Okay
319. Derek (D): You have to brush your teeth very very gently
320. Prudence (P): I never feel [clean
321. Derek (D): [And if you don't use okay electric
322. Derek (D): toothbrush try to buy medium one at least
323. Prudence (P): Okay
324. Derek (D): And gently for three minutes brushing [very gently
325. Prudence (P): [Okay
326. Derek (D): Not like ["tu-tu-tu-tu"
327. Prudence (P): [I know (laughing)
328. Derek (D): You know (laughing)
329. Prudence (P): (Smashing them) okay
330. Derek (D): Yeah... okay come with me please... let's go to take
331. Derek (D): a an x-ray
332. (5)
333. Nell (N): Just... that's what I did the last
334. Derek (D): Yeah
335. (8)
336. Derek (D): You don't have any ears-ring mm ↑
337. Prudence (P): No
338. Derek (D): Very good... we just put this there... how is the
339. Derek (D): work there ↑
340. Prudence (P): It's grand
341. Derek (D): Fine busy ↑
342. Prudence (P): Grand busy busy busy [busy

343. Derek (D): [Busy busy [busy
344. Prudence (P): [That's why I'm
345. Prudence (P): always in a rush [rush (?)
346. Derek (D): [(Laughing) everybody in a rush
347. Nell (N): [What are we doing ↑ OPG in there ↑
348. Derek (D): Yeah OPG please... and now especially before
349. Derek (D): Christmas [mm ↑
350. Prudence (P): [Yeah rush rush rush get everything
351. Prudence (P): [down and get lists oh
352. Derek (D): [I know I know
353. [Beeping of X-ray machine]
354. Nell (N): Done (?) [now come
355. Derek (D): [Yeah put your hands here
356. Prudence (P): Okay
357. Derek (D): You see this [hole here ↑
358. Prudence (P): [Yeah
359. Derek (D): Try to bite with your central teeth there
360. Prudence (P): Okay
361. Derek (D): Yeah... back back back [back back
362. Prudence (P): [Mm-hmm
363. Derek (D): In tha- in that hole back
364. Prudence (P): Mm ↑... okay
365. Derek (D): Yes perfect... just gonna fix your head now
366. Prudence (P): Mm-hmm
367. (10)
368. Derek (D): Very good... this will go around you like that okay ↑
369. Prudence (P): Okay
370. [Sound of beeping from x-ray]
371. (34)
372. Derek (D): Mm-hmm open please... thank you
373. Prudence (P): Great technology
374. Derek (D): Yeah... it's nice (laughing)
375. Prudence (P): It's very [good
376. Derek (D): [You will see now on the x-ray there
377. Prudence (P): Mm
378. [Sound of footsteps- walking back to surgery]
379. Derek (D): On the computer
380. Prudence (P): That quickly ↑
381. Derek (D): Yeah
382. Prudence (P): (Jeez)

383. Derek (D): Straightaway... ha... it's not like the old system to
384. Derek (D): develop.... come here take a seat please
385. Nell (N): Come here
386. Derek (D): Yeah yeah come here come here with me we
387. Derek (D): gonna have a look together if you want
388. (7)
389. Derek (D): Mm-hmm come closer... okay these are your
390. Derek (D): teeth as [you can see
391. Prudence (P): [Gosh all the subsidence from them
392. Derek (D): Yeah
393. Prudence (P): And the extractions
394. (4)
395. Derek (D): Mm-hmm
396. (4)
397. Derek (D): Okay this one here this one... it looks sound
398. Derek (D): everything this one here as you saying that
399. Derek (D): you have a pain
400. Prudence (P): Mm
401. Derek (D): Normally looks like kind of under that filling
402. Prudence (P): (Is it [under the filling ↑)
403. Derek (D): [It's kind of... looks like on the x-ray
404. Derek (D): that you have kind of decay... as you can see
405. Derek (D): do you see this dark shadow↑
406. Prudence (P): Mm-hmm [yeah
407. Derek (D): [Yeah
408. Prudence (P): Yeah
409. Derek (D): This shows me... but what we gonna do we
410. Derek (D): gonna just take a small x-ray as well to be
411. Derek (D): sure one hundred per cent if it's decayed or
412. Derek (D): not... the rest of the teeth as I can see...
413. Derek (D): looks fine
414. (3)
415. Derek (D): Yeah you don't have any problems
416. Prudence (P): That's [good it's just the broken one
417. Derek (D): [As I'm saying
418. Derek (D): You're you're
419. Prudence (P): Brushing too hard
420. Derek (D): Yeah [brushing too hard
421. Prudence (P): [Mm
422. Derek (D): This is the broken... what we gonna do because

423. Derek (D): it's the broken part of the tooth we just gonna
424. Derek (D): remove maybe [half like
425. Prudence (P): [Slice it (?)
426. Derek (D): Yes and we gonna build it up yeah yeah... it's
427. Derek (D): not a problem that tooth [let's
428. Prudence (P): [Oh that's good
429. Derek (D): Let's go just to take the a [small one as well
430. Derek (D): there
431. Prudence (P): [Okay... okay
432. Derek (D): Okay ↑
433. (14)
434. [Footsteps walking to x-ray room]
435. Derek (D): Yeah take a seat please on the chair here
436. Prudence (P): Yeah
437. Derek (D): Thank you
438. (6)
439. Prudence (P): Is that in an old filling then↑ [like there
440. Prudence (P): is an old one
441. Derek (D): [Yes it's it is
442. Derek (D): yes exactly
443. Prudence (P): Yeah... they probably need replacing anyway
444. Prudence (P): they're
445. Derek (D): Yeah yeah
446. Prudence (P): Ancient
447. Derek (D): It's it's normal you know ↑
448. Prudence (P): Mm-hmm
449. Derek (D): But this one that you have there in a good
450. Derek (D): condition so [it's okay
451. Prudence (P): [Mm
452. Derek (D): For now you know ↑
453. Prudence (P): Okay
454. Derek (D): In the future if you have any problems with [we're
455. Derek (D): gonna make new one there
456. Prudence (P): [Okay
457. Prudence (P): okay
458. Derek (D): Now [open for me
459. Prudence (P): [Which way ↑
460. Derek (D): Yeah... mm-hmm close please... very good... and
461. Derek (D): keep biting like that yeah
462. Prudence (P): Mm-hmm

463. (15)
464. Derek (D): Mm-hmm
465. [Sound of x-ray machine beeping]
466. (12)
467. Derek (D): Mm-hmm open please thank you
468. (24)
469. Derek (D): This one is quick as well
470. Prudence (P): Amazing isn't it ↑
471. Derek (D): (laughing)
472. Prudence (P): (I mean) with new technology it's just
473. Derek (D): Yeah it is
474. Prudence (P): Ah so quick
475. Derek (D): Yeah... it's com in straightaway everything yeah
476. Prudence (P): It's brilliant isn't it ↑
477. Derek (D): You will see now here
478. Prudence (P): It can show where there's an underlying thing
479. Prudence (P): yeah ↑
480. Derek (D): Mm
481. (7)
482. Prudence (P): Back on the electric brush then
483. Derek (D): **Mm** hm hm [hm
484. Prudence (P): [There it is at the side
485. Derek (D): It is
486. Prudence (P): Yeah
487. Derek (D): Yeah
488. Prudence (P): Yeah
489. Derek (D): You know what is the problem ↑ and it's it's
490. Derek (D): reaching the nerve as well you can see
491. Prudence (P): Yeah
492. Derek (D): That's why you have the pain this tooth needs a
493. Derek (D): root canal treatment
494. Prudence (P): Ah shit does it ↑
495. Derek (D): Yeah
496. Prudence (P): Oh
497. Derek (D): As you can see
498. Prudence (P): Where's the [nerve exactly ↑
499. Derek (D): [This is... this one here... the dark
500. Derek (D): shadow you see it's [going
501. Prudence (P): [Oh it's really going in it's
502. Derek (D): It's it's connected [exactly with the hole

503. Prudence (P): [Back down mm
504. Derek (D): That you have in there with [the decay
505. Prudence (P): [Okay
506. Derek (D): That's why you are feeling [the pain
507. Prudence (P): [Yeah yeah yeah
508. Derek (D): When you chew... it's kind of you'd have kind of
509. Derek (D): small border as you can see [here ↑
510. Prudence (P): [Yeah yes
511. Derek (D): But it's s- it's nearly nearly connected
512. Prudence (P): Is it because it's down [low that it's connected
513. Derek (D): [Yes with this it's
514. Derek (D): straightaway to be honest with you I'm doing
515. Derek (D): like root canal treatment... does it make a [sense
516. Prudence (P): [Yeah
517. Derek (D): Because if you put like a filling there it's going to
518. Derek (D): be worse like something [is pressure
519. Prudence (P): [You'd have to put yeah
520. Derek (D): And if you close it's like a bomb do you know
521. Derek (D): what I [mean ↑
522. Prudence (P): [Yeah okay
523. Derek (D): Yeah it's good that we took this one here... I'm
524. Derek (D): going to save in your chart... please go back
525. Derek (D): please
526. [Footsteps returning to surgery]
527. (26)
528. Derek (D): Yeah... exactly... yeah... you see
529. Prudence (P): Yeah
530. Derek (D): It's a huge huge hole
531. Prudence (P): Yeah [it feels huge sometimes
532. Derek (D): [Probably the the the yes probably the
533. Derek (D): filling is too old you know and
534. Prudence (P): Yeah
535. Derek (D): Yeah... as you can see... so let me tell you do you
536. Derek (D): know actually what is root canal treatment ↑ ...
537. Derek (D): yes what we are doing first of all Im gonna numb
538. Derek (D): you up
539. Prudence (P): Mm
540. Derek (D): So you won't feel any pain
541. Prudence (P): **Mm**
542. Derek (D): (Laughing) Okay ↑... then we gonna just drill small

543. Derek (D): hole
544. Prudence (P): [Yeah
545. Derek (D): [To get an access to the nerve
546. Prudence (P): Excise the nerve
547. Derek (D): And we gonna pull out the nerve
548. Prudence (P): Mm
549. Derek (D): And the first stage if we gonna do today let's say
550. Derek (D): or different day it doesn't matter... we we just
551. Derek (D): gonna put inside antibiotic
552. Prudence (P): Okay [alright
553. Derek (D): [Okay
554. Prudence (P): Clear everything out
555. Derek (D): Yes so you gonna stay with that medicament
556. Derek (D): inside for a week [one week yeah
557. Prudence (P): [Okay okay
558. Derek (D): Then in a week time you gonna come here for
559. Derek (D): the second stage
560. Prudence (P): Okay
561. Derek (D): Which we have to spread the canals and fill
562. Derek (D): them properly so we gonna close away for
563. Derek (D): bacterias and everything the access you know
564. Prudence (P): Mm-hmm
565. Derek (D): And then on the third appointment it will be
566. Derek (D): in a few days yes ↑
567. Prudence (P): Mm-hmm
568. Derek (D): It will be on top of a filling
569. Prudence (P): Okay
570. Derek (D): That is completed the root canal treatment...
571. Derek (D): after that the end or in the future the best you
572. Derek (D): will be to go for a crown... to be crowned...
573. Derek (D): you know what I mean
574. Prudence (P): Yeah [it's a filling yeah okay
575. Derek (D): [But you can wait you're not in rush
576. Derek (D): or something like that
577. Prudence (P): [Yeah
578. Derek (D): [You can go with the filling as well as I'm
579. Derek (D): saying... the best option after that is to be
580. Derek (D): crowned this tooth... the initial root canal
581. Derek (D): treatment is gonna cost you one hundred
582. Derek (D): euro ↑

583. Prudence (P): Okay
584. Derek (D): The second stage you know [in a week time
585. Prudence (P): [Yeah
586. Derek (D): It's gonna be... two hundred euros because
587. Derek (D): it's a... premolar
588. Prudence (P): [Mm
589. Derek (D): [And the third appointment is gonna cost
590. Derek (D): you one hundred as well on the top of it the
591. Derek (D): filling... so altogether it will be four hundred
592. Derek (D): euros... as I'm saying we are making much
593. Derek (D): more easier with the patient with this clinic
594. Derek (D): you know it's not straightaway everything
595. Derek (D): you [know
596. Prudence (P): [Mm
597. Derek (D): So you can wait and you can arrange with
598. Derek (D): the [money I think
599. Prudence (P): [This is why I waited so long to come
600. Prudence (P): to the dentist that's [the bottom line
601. Derek (D): [Yeah but what can
602. Derek (D): you do ↑ so
603. Prudence (P): No you can't no
604. Derek (D): Yeah the other option it will be extraction
605. Prudence (P): [Mm
606. Derek (D): [But I don't want to do that because
607. Prudence (P): [No
608. Derek (D): [It's em nearly front tooth you are
609. Derek (D): smiling there as well and everything
610. Prudence (P): Which one is it exactly is it [(there) ↑
611. Derek (D): [Number
612. Derek (D): five
613. Prudence (P): This one here ↑
614. Derek (D): No the other one the next one
615. Prudence (P): This one
616. Derek (D): No... yeah this one here
617. Prudence (P): That one [yeah yeah
618. Derek (D): [This one here... this one
619. Derek (D): here
620. [Tapping sound]
621. Prudence (P): Alright okay
622. Derek (D): Yeah that one there... as you can see here

623. Prudence (P): Mm
624. Derek (D): That is the problem
625. Prudence (P): Okay
626. Derek (D): It's giving you... and the other thing I'm
627. Derek (D): gonna make for you as well good treatment
628. Derek (D): plan what we gonna do with the rest of the
629. Derek (D): teeth so I'm gonna print for you and you
630. Derek (D): will know the price and everything
631. Prudence (P): Yeah
632. Derek (D): Okay↑
633. Prudence (P): Okay
634. Derek (D): Tell me when do you want to start with↑
635. Prudence (P): Well what what's the story with you
636. Prudence (P): with Christmas and closing and
637. Prudence (P): everything↑
638. Derek (D): We are for Christmas here we are working
639. Derek (D): from ten to four
640. Prudence (P): On the
641. Derek (D): And then it's closed on Christmas and
642. Derek (D): day after Christmas Stephen's
643. Prudence (P): Okay
644. Derek (D): Day
645. Prudence (P): So we'll get some today and then with
646. Prudence (P): again next Friday
647. Derek (D): We can do it let me just have a quick look
648. Derek (D): because after that I am not working... let
649. Derek (D): me just have a quick look please
650. (3)
651. Derek (D): If we start like today yeah ↑ the next
652. Derek (D): appointment will be next Friday... at least to
653. Derek (D): to fix the [the the tooth
654. Prudence (P): [Yeah
655. Derek (D): You know what I mean ↓
656. Prudence (P): Okay
657. Derek (D): And then if you have time Monday you can
658. Derek (D): come back for the filling
659. Prudence (P): Em next Monday ↑
660. Derek (D): Like on **the** twenty-[fourth
661. Prudence (P): [Twenty-fourth no
662. Derek (D): If you can if you can't we gonna leave it

663. Derek (D): after New Year
664. Prudence (P): Yeah
665. Derek (D): It's not a problem
666. Prudence (P): Yeah I I won't make it
667. Derek (D): Because the best it will be the second
668. Derek (D): stage once you once you [the canal you know
669. Prudence (P): [You seal it it's okay
670. Derek (D): Yeah it's okay
671. Prudence (P): Alright okay
672. Derek (D): Okay ↑
673. Prudence (P): **Okay**
674. Derek (D): You gonna start ↑
675. Prudence (P): Yeah how long will it take ↑
676. Derek (D): Ten fifteen minutes ↑
677. Prudence (P): Oh (perfect) yeah
678. Derek (D): Take a seat please ... I'm gonna do initial
679. Derek (D): root canal treatment
680. (3)
681. Derek (D): I'm gonna treat with the chair down okay ↑
682. Prudence (P): Yeah
683. (5)
684. Nell (N): (?)
685. Prudence (P): Thank you
686. (7)
687. Derek (D): Open please... slide up a [bit more please
688. Nell (N): [Want more ↑ (than this)
689. Derek (D): Sure please yeah
690. [Tapping sound]
691. (9)
692. Derek (D): Pain ↑
693. Prudence (P): Em okay mm
694. Derek (D): Just here ↑
695. Prudence (P): Mm-hmm
696. Derek (D): There ↑
697. Prudence (P): Yeah
698. [Tapping sound]
699. Derek (D): This [one ↑
700. Prudence (P): [Mm yeah
701. Derek (D): So you feel on this one the pain not on the
702. Derek (D): other one ↑

703. Prudence (P): It's it's it changes all the time
704. Derek (D): Is it ↑
705. Prudence (P): Yeah...sometimes I think it's that one and
706. Prudence (P): then I think it's the back one
707. Derek (D): Because that one looks fine that's why I'm
708. Derek (D): saying you know↑
709. Prudence (P): Yeah
710. Derek (D): The problem is with the other one
711. Prudence (P): Yeah... that's the nerve that's (the problem)
712. Derek (D): Yeah
713. (6)
714. Prudence (P): I could never kind of distinguish where it
715. Prudence (P): was
716. Derek (D): Yeah... that one looks fine that's why I'm saying
717. Derek (D): ... and even the filling it's okay
718. Prudence (P): Mm
719. (9)
720. Derek (D): Can I have the cold spray first please ↑
721. (5)
722. Derek (D): Thanks
723. (5)
724. Derek (D): Just gonna put like an ice... [on the tooth
725. Prudence (P): [Mm-hmm
726. Derek (D): Just to check something else as well
727. (5)
728. Derek (D): Now open please
729. [Sound of compressed air]
730. (3)
731. Derek (D): Just keep open yeah keep [open please
732. Prudence (P): [Mm-hmm
733. Derek (D): Thank you
734. [Sound of compressed air]
735. (7)
736. Derek (D): Mm-hmm.. pain here ↑
737. Prudence (P): Mm-mm ↓
738. Derek (D): No ↑
739. Prudence (P): Mm-mm ↓
740. (3)
741. Derek (D): Nothing ↑
742. Prudence (P): Mm-mm ↓

743. [Sound of compressed air]
744. (3)
745. Derek (D): Mm-hmm ↑ ... here ↑
746. Prudence (P): Mm-mm ↓ Mm
747. Derek (D): Here ↑
748. Prudence (P): Yeah yeah
749. Derek (D): Mm-hmm
750. Prudence (P): [Mm
751. Derek (D): [Is the pain gone tell me ↑
752. Prudence (P): Hmm ↑
753. Derek (D): Is the pain gone ↑
754. Prudence (P): Yeah
755. (8)
756. Prudence (P): Em it's just you know it
757. Derek (D): Yeah... open please... here ↑
758. Prudence (P): Mm
759. Derek (D): Yeah ↑
760. Prudence (P): Mm
761. Derek (D): Is the pain gone ↑
762. Prudence (P): Yeah
763. Derek (D): Very good
764. (3)
765. Prudence (P): Like pressure pain
766. Derek (D): Yeah
767. [Sound of compressed air]
768. (4)
769. Derek (D): Just keep open please
770. Prudence (P): Mm
771. (13)
772. Derek (D): No pain ↑
773. Prudence (P): Hmm ↑
774. Derek (D): No pain ↑
775. Prudence (P): Mm-mm ↓
776. (3)
777. Derek (D): Yeah you see that tooth is nearly
778. Derek (D): nearly dead you don't feel anything
779. Prudence (P): Oh okay
780. Derek (D): Yeah... that's why I wanted to check
781. Derek (D): ... double check
782. Prudence (P): Mm-hmm

783. (6)
784. Derek (D): Let me give you a bit of anaesthetic first
785. Prudence (P): Please
786. (6)
787. Derek (D): I'm gonna give you some of my magic
788. Derek (D): brush here
789. Prudence (P): Mm ↑
790. Derek (D): From my magic gel
791. Prudence (P): Mm
792. Derek (D): So you won't feel the needle
793. Prudence (P): Good
794. Derek (D): Special patients (laughing)
795. Prudence (P): (Laughing)
796. (29)
797. Derek (D): Mm-hmm open please.. I'm gonna
798. Derek (D): pinch a nerve here
799. Prudence (P): Mm-hmm... mm
800. Derek (D): It's not very bad
801. Prudence (P): Hmm ↑
802. Derek (D): It's not very bad
803. Prudence (P): Mm-mm
804. (17)
805. Derek (D): Well done
806. Prudence (P): Mm
807. (4)
808. Derek (D): Here we are doing with the needles the
809. Derek (D): job not like the nurse (laughing)
810. Prudence (P): (Laughing)
811. Derek (D): In the hospital [(laughing)
812. Prudence (P): [(?)
813. Derek (D): Yeah
814. Prudence (P): Yeah ↑
815. Derek (D): (laughing)
816. [Sound of drill starting and stopping]
817. (32)
818. Derek (D): On the other side... open please
819. [Sounds of suction unit and dental drill]
820. (4)
821. Derek (D): If you feel anything just let me know okay ↑
822. Prudence (P): Mm-hmm

823. Derek (D): I'm gonna give you a bit more anaesthetic
824. [Sounds of suction unit and dental drill]
825. (85)
826. Derek (D): Mm-hmm
827. Prudence (P): Hmm ↑
828. Derek (D): Yeah
829. (5)
830. Derek (D): Here is the problem yeah
831. (5)
832. [Dentist hums]
833. [Sounds of suction unit and dental drill]
834. (64)
835. Derek (D): Pain ↑
836. [Sound of suction unit]
837. (6)
838. Derek (D): Do you feel pain tell me ↑
839. Prudence (P): Mm-mm ↓
840. Derek (D): No ↑
841. Prudence (P): Mm-mm
842. Derek (D): Very good
843. [Sounds of suction unit and dental drill]
844. (30)
845. [Dentist hums]
846. (11)
847. Derek (D): Thank you
848. [Sounds of suction unit and dental drill]
849. (70)
850. Derek (D): Mm-hmm
851. [Sound of suction unit]
852. (14)
853. Derek (D): Pain ↑
854. Prudence (P): Mm
855. [Sound of suction unit]
856. (6)
857. Prudence (P): (Just a little)
858. Derek (D): Mm-hmm
859. [Sound of suction unit]
860. (115)
861. Derek (D): Mm-hmm
862. Nell (N): (What are you using) [now ↑

863. Derek (D): [Ledermix first
864. Derek (D): and (then I put Cavit in it)
865. Nell (N): Yeah (?)
866. Derek (D): And now we finish
867. [Sound of suction unit]
868. (45)
869. Derek (D): Gonna put (outside the anterior tooth)
870. [Sound of suction unit]
871. (12)
872. Derek (D): You see just the gums where receding there
873. Derek (D): were gonna put on the side okay ↑
874. Prudence (P): Mm-hmm
875. [Sound of suction unit]
876. (21)
877. [Dentist hums]
878. [Sound of suction unit]
879. (25)
880. [Sound of suction unit]
881. Nell (N): (Sneezes) Excuse me (sneezes)
882. Derek (D): Bless you
883. Nell (N): Thanks
884. Prudence (P): Mm-hmm
885. [Sound of suction unit]
886. (50
887. Derek (D): Well done Prudence
888. [Sound of suction unit]
889. (6)
890. Derek (D): Have a good good rinse
891. Prudence (P): Here ↑
892. Nell (N): Mm-hmm
893. Derek (D): Have a good rinse we've finished
894. Prudence (P): Mm-hmm
895. Nell (N): (?)
896. (8)
897. Derek (D): Thank you Nell
898. Nell (N): Thank you
899. Derek (D): Thank you (laughing)
900. Nell (N): You're welcome
901. (28)
902. Prudence (P): No more pain anyway

903. Derek (D): No more pain that's it
904. Prudence (P): Thank god
905. (6)
906. Derek (D): Let me just make for you
907. Prudence (P): (?)
908. (16)
909. Derek (D): I'm gonna make another treatment
910. Derek (D): plan here
911. Prudence (P): Will I want to see it ↑
912. Derek (D): (Laughing) You have to (laughing)..
913. Derek (D): okay... this one this one this one...
914. Derek (D): let me just check... this is one hundred
915. (4)
916. Derek (D): And two hundred... then it's coming...
917. Derek (D): this one here
918. (4)
919. Derek (D): The cleaning... lower right seven
920. (3)
921. Derek (D): Mm-hmm... seventy okay
922. (40
923. Derek (D): So you can see this is all like for today...
924. Derek (D): we've finished with the initial root canal
925. Derek (D): treatment ↑
926. Prudence (P): Mm
927. Derek (D): Then the second stage as I told you it
928. Derek (D): will be in one week time
929. Prudence (P): Mm
930. Derek (D): So we're gonna book now in advance
931. Derek (D): an appointment for it
932. Prudence (P): Okay
933. Derek (D): Friday ↑
934. Prudence (P): Okay
935. Derek (D): It's gonna cost you two hundred and then
936. Derek (D): after that we'll see about the cleaning
937. Prudence (P): Okay
938. (3)
939. Derek (D): It will be one hundred and this area lies
940. Derek (D): the fillings that needs to be done as you
941. Derek (D): can see... it depends how many surfaces
942. Derek (D): (are affected) that's how the price **it's**

943. Prudence (P): I know
944. Derek (D): You know what I mean... I'm gonna this
945. Derek (D): print for you [okay ↑
946. Prudence (P): [I don't get a discount for
947. Prudence (P): buying in bulk do I ↑
948. Derek (D): (Laughing) What kind of insurance you have ↑
949. Prudence (P): I have the VHI [dental plan yeah
950. Derek (D): [Yeah I think they will cover
951. Prudence (P): Yeah I'd say it should cover [I don't know if
952. Prudence (P): it's fifty or seventy-five
953. Derek (D): [Yeah after that
954. Derek (D): yeah
955. Derek (D): Yeah no problem... they're gonna cover
956. Derek (D): [everything
957. Prudence (P): [Thanks be to god
958. Derek (D): What kind of are you paying which rate are
959. Derek (D): you like ↑
960. Prudence (P): It's just the dental plan
961. Derek (D): Oh okay [perfect
962. Prudence (P): [Yeah
963. Derek (D): Yeah they're they're gonna cover something
964. Prudence (P): They'll cover most of it I <u>hope</u>
965. Derek (D): Yes yes... okay ↑
966. Prudence (P): Okay... I I can't remember if it's fifty or
967. Prudence (P): seventy-five for root canal it's one or the
968. Prudence (P): other
969. Derek (D): Doesn't matter at least they cover [something
970. Prudence (P): [Cover
971. Prudence (P): <u>something</u>
972. Derek (D): <u>You</u> know (laughing) [which is good
973. Prudence (P): [(?)
974. Nell (N): (Laughing)
975. Derek (D): Okay ↑... and promise me that you not gonna
976. Derek (D): brush em [hard...okay (laughing)
977. Prudence (P): [I'll go and buy an electric (one)
978. Derek (D): Okay ↑ ... okay it can be like good <u>present</u> for
979. Derek (D): Christmas I think
980. Prudence (P): (I'll need more than that)
981. Derek (D): (Laughing)
982. Prudence (P): (Laughing)

983. (11)
984. Prudence (P): Em I don't have the dent- the VHI form I'll
985. Prudence (P): bring it next week
986. Derek (D): No problem
987. Prudence (P): Yeah okay
988. Derek (D): Just gonna sign for you this one here is the
989. Derek (D): treatment plan... this is everything [the price
990. Derek (D): as you can see
991. Prudence (P): [**Mm** holy
992. Prudence (P): god... yeah
993. Derek (D): This is your...invoice for today
994. Prudence (P): Thank you okay [thank you
995. Derek (D): [Can you just book for for
996. Derek (D): Friday ↑
997. Prudence (P): Friday I don't know what time [now
998. Derek (D): [Is this okay
999. Derek (D): the same time ↑ or
1000. Prudence (P): No earlier if possible
1001. Derek (D): Earlier ↑ [that's even better
1002. Prudence (P): [Em... or I couldn't do the
1003. Nell (N): Ten o'clock ↑ [or will we leave it
1004. Prudence (P): [No no god I'll be working [I'm in
1005. Prudence (P): work [until about two
1006. Derek (D): [Two
1007. Nell (N): [Half an hour ↑
1008. Derek (D): Forty minutes forty [two o'clock
1009. Nell (N): [Okay so
1010. Prudence (P): Have you got two ↑
1011. Nell (N): Yeah I have em twenty minutes past two ↑
1012. Prudence (P): Yeah that's grand
1013. Nell (N): Yeah ↑
1014. Prudence (P): Yeah
1015. Derek (D): That's perfect isn't it ↑
1016. Prudence (P): That's perfect
1017. Derek (D): Yeah very good [yeah forty minutes
1018. Prudence (P): [Thank you very much
1019. Derek (D): You're very welcome Prudence
1020. Prudence (P): I'll have the money next week (laughing)
1021. Derek (D): Have a [lovely night then see you
1022. Prudence (P): [Lovely to meet you

1023. Prudence (P): Yes [and I'll buy my toothbrush

1024. Derek (D): [Bye bye take care see you bye bye (laughing)

Case 22B

Case 22B

1. Prudence (P): [Hi there how are you ↑
2. Derek (D): [Hi Prudence good how are you ↑
3. Prudence (P): Not too bad thanks
4. Derek (D): Glad to see you again
5. Prudence (P): Oh you too and happy New Year
6. Derek (D): Happy New Year too... everything's fine tell me ↑
7. Prudence (P): Em yeah it's fine the em...what is it root canal
8. Prudence (P): is fine
9. Derek (D): It's fine yeah ↑
10. Prudence (P): There's something still up there... em
11. Derek (D): What do you feel ↑
12. Prudence (P): Em like not a pain or just but like em I don't know
13. Prudence (P): you know like before you can taste something
14. Derek (D): Okay
15. Prudence (P): You know that stage where you know I suppose
16. Prudence (P): it's not a pain but it's [just
17. Derek (D): [Okay
18. Prudence (P): And it's not the root canal
19. Derek (D): It's not the root canal ↑
20. Prudence (P): No it's not it's back it's back further
21. Derek (D): [Some somewhere else back
22. Prudence (P): [No the tooth beside it was filled last year
23. Prudence (P): and [the tooth beside it as well
24. Derek (D): [Okay
25. Prudence (P): And it's only [sometimes
26. Derek (D): [Are you is it kind of pain ↑ is
27. Derek (D): it [sensitive to something like ↑
28. Prudence (P): [No it's not a pain no no
29. Derek (D): Cold hot or [something like that↑
30. Prudence (P): [No no no it's just
31. Derek (D): No
32. Prudence (P): A really really really slight ache at times
33. Prudence (P): [you know ↑
34. Derek (D): [Ache ↑ oh

35. Prudence (P): But it's not the root canal
36. Derek (D): And when when did you notice that tell me ↑
37. Prudence (P): Well you see the the root canal was sore so
38. Prudence (P): [I never could I couldn't disting- I thought
39. Prudence (P): it was it
40. Derek (D): [Yeah yeah yeah so you couldn't distinguish
41. Derek (D): mm ↑
42. Prudence (P): No
43. Derek (D): Mm... okay I'm gonna [check it as well
44. Prudence (P): [Yeah but em that's em
45. Prudence (P): we're not doing that anyway this is the lower
46. Prudence (P): one today anyway [isn't it ↑
47. Derek (D): [No worries yeah
48. Prudence (P): I [just
49. Derek (D): [(coughing)
50. Nell (N): [I'll just pop the bib on you okay ↑
51. Derek (D): So to- today we're gonna finish as you know
52. Derek (D): with [the root canal the filling
53. Prudence (P): [The yeah the brok- no no it's done
54. Derek (D): Is it ↑
55. Prudence (P): Mm... you were away and it was done because
56. Prudence (P): it was coming out [the filler was coming out
57. Derek (D): [Oh
58. Derek (D): Let me check... ah it's okay
59. Prudence (P): Yeah
60. Derek (D): **Okay** no problem
61. Prudence (P): That's why I was saying it's not the root canal
62. Prudence (P): [it's it's fine yeah so no worries about that
63. Derek (D): [Ah alright alright alright alright because I
64. Derek (D): didn't know that sorry about that
65. Prudence (P): No worries
66. Nell (N): (Just) the glasses for you
67. Prudence (P): Oh yeah
68. Nell (N): To put on
69. Prudence (P): I I it was it was I was afraid it wasn't going
70. Prudence (P): to last cause you were away on holidays
71. Derek (D): Mm-hmm no problem yeah
72. Prudence (P): Yeah
73. (8)
74. Prudence (P): And that's why I say the root canal is fine

75. Prudence (P): it's not
76. Derek (D): Okay
77. Prudence (P): The this is is the [broken one
78. Derek (D): [Is it the lower one ↑
79. Prudence (P): Hmm ↑
80. Derek (D): Tell me lower side ↑
81. Derek (D): The lower broken one [I think today isn't it ↑
82. Derek (D): [Yeah mm-hmm
83. Derek (D): Can you just slide up tiny bit [more for
84. Derek (D): me please ↑
85. Prudence (P): [Up a way so↑
86. Prudence (P): I'm almost falling out of that
87. Nell (N): (You're fine)
88. Derek (D): Yeah (I'll move) you more here [yeah perfect
89. Prudence (P): [Okay
90. (3)
91. Derek (D): How is the work ↑ everything's fine ↑
92. Prudence (P): Oh I'm just out [now late yeah
93. Derek (D): [Busy yeah (laughing)
94. Prudence (P): The usual
95. Derek (D): (laughing)... mm-hmm... okay what we
96. Derek (D): gonna do I'm gonna numb you up first
97. Derek (D): okay ↑
98. Prudence (P): Mm-hmm
99. Derek (D): Then we're gonna change these fillings
100. Prudence (P): Mm-hmm
101. Derek (D): Just because it's broken as I can see
102. Prudence (P): Mm-hmm
103. Derek (D): Tell me do you feel pain now when I'm
104. Derek (D): tapping like ↑
105. [Tapping noise]
106. Prudence (P): Mm-mm ↓
107. Derek (D): Everything's fine yeah ↑
108. Prudence (P): Mm-hmm
109. Derek (D): What about now ↑ tell me
110. [Sound of compressed air]
111. Prudence (P): Em
112. Derek (D): Here ↑
113. Prudence (P): A little [not a lot
114. Derek (D): [A little bit

115. Prudence (P): Just a little
116. Derek (D): Yeah that's very [n- normal yeah yeah
117. Prudence (P): [Just sensitive not sore
118. Derek (D): Okay... let's do it here then the filling now↑
119. (14)
120. Derek (D): Now open as wide as you can please
121. Prudence (P): Mm
122. (4)
123. Derek (D): I'm gonna [pinch you here
124. Prudence (P): [Yeah ... mm-hmm... mm
125. (24)
126. Derek (D): Mm-hmm... how it was ↑ (laughing)
127. Prudence (P): Hmm ↑
128. Derek (D): It was okay ↑
129. Prudence (P): It's okay ↓
130. Derek (D): The worst part of your thing hmm ↑
131. Prudence (P): Yeah
132. (25)
133. Derek (D): Now this is the root canal as you can
134. Derek (D): [see here (now)
135. Prudence (P): [Mm
136. Derek (D): And the filling
137. (10)
138. Derek (D): Mm-hmm
139. (20)
140. Derek (D): You know it might coming here as well [as I
141. Derek (D): told you
142. Prudence (P): [Hmm↑
143. Prudence (P): ... [hmm ↑
144. Derek (D): [Rough kind of here... it might coming
145. Derek (D): kind of sensation from here exactly ...because
146. Derek (D): it's caused by a very hard brushing first of all
147. Derek (D): this part here
148. [Sound of compressed air]
149. Prudence (P): Oh yeah [right okay
150. Derek (D): [Yeah
151. Derek (D): You know what I mean ↑
152. Prudence (P): Yeah yeah yeah
153. Derek (D): That's maybe it's that kind of ache as you
154. Derek (D): saying kind of toothache

155. Prudence (P): Mm
156. Derek (D): Like coming from this part here
157. Prudence (P): Okay
158. Derek (D): What we can do I don't know let me check
159. Derek (D): probably we can put filling as well here...
160. Derek (D): on this one this one and that one on all this
161. Derek (D): side we can prepare to like if you want
162. Prudence (P): Okay
163. (4)
164. Derek (D): In the future
165. Prudence (P): In the future
166. Derek (D): (laughing) Is it getting numb tell me↑ how do
167. Derek (D): you feel↑
168. Prudence (P): No it doesn't seem to be
169. Derek (D): On the tip of the tongue
170. Prudence (P): No not at all
171. Derek (D): What about the lip here ↑
172. Prudence (P): No
173. Derek (D): We can just check ↑ ...pain here ↑
174. Prudence (P): Mm-hmm
175. Derek (D): Yeah ↑
176. Prudence (P): Mm
177. Derek (D): Here ↑
178. Prudence (P): Mm-mm ↓
179. Derek (D): No [just pressure ↑
180. Prudence (P): [Mm oh yeah
181. Derek (D): Let me give you just tiny bit more okay ↑
182. Prudence (P): Mm
183. Derek (D): You will not feel anything now because it's
184. Derek (D): already numb
185. Prudence (P): (laughing)
186. Derek (D): In there
187. Prudence (P): Okay
188. (5)
189. Derek (D): Now open please
190. (13)
191. Prudence (P): Mm
192. Derek (D): Pain ↑
193. Prudence (P): Mm
194. Derek (D): Here ↑

195. Prudence (P): Mm-mm-mm
196. Derek (D): Hmm ↑
197. Prudence (P): Mm I can feel it
198. Derek (D): Okay... mm-hmm
199. Prudence (P): Mm
200. (5)
201. Derek (D): Mm-hmm
202. Prudence (P): That's strange from that
203. Derek (D): Yeah the the nerve is
204. Prudence (P): It's like fire yeah [(weird)
205. Derek (D): [Yeah
206. Prudence (P): Ah it's [numb now (laughing)
207. Derek (D): [I suspect it's coming now
208. Derek (D): the [nerve is coming like that
209. Prudence (P): [Yeah yeah yeah... I feel it... crikey
210. Derek (D): (laughing)
211. (6)
212. Prudence (P): I think that's different a bit like [fire
213. Derek (D): [Mm
214. Derek (D): Is it ↑
215. Prudence (P): Yeah no not now like it [was just the em
216. Prudence (P): shock yeah
217. Derek (D): [Yeah yeah mm
218. Derek (D): Probably because of the anaesthetic
219. Prudence (P): Yeah
220. (5)
221. Derek (D): Now tell me is it getting numb ↑
222. Prudence (P): The tongue is not
223. (3)
224. Prudence (P): I just feel numb there yeah [but the tongue
225. Prudence (P): is not
226. Derek (D): [Mm
227. Derek (D): Okay
228. Prudence (P): I've got a hard mouth (laughing)
229. Derek (D): (laughing) No worries
230. Prudence (P): Ah yeah it's beginning to numb up now
231. Derek (D): Again
232. Prudence (P): Nothing down there yeah
233. Derek (D): Okay
234. Prudence (P): But not the tongue

235. Derek (D): Just part of the tongue not all tongue
236. Prudence (P): None of it
237. Derek (D): Nothing
238. Prudence (P): No (laughing)
239. Derek (D): The right
240. Prudence (P): No
241. Derek (D): There... yeah
242. Prudence (P): Maybe a little
243. Derek (D): A little bit yeah
244. Prudence (P): A little bit (at the back) of the tongue
245. Derek (D): Okay
246. (9)
247. Derek (D): Let's start if you have pain just let me know
248. Derek (D): I'm gonna give you a bit more okay ↑
249. Prudence (P): Okay (laughing)
250. [Sound of suction unit]
251. (5)
252. Prudence (P): Mm
253. Nell (N): Okay ↑
254. Prudence (P): (Laughing)
255. Derek (D): (Laughing) Oh
256. Derek (D): How do you feel↑ (feels strange or↑)
257. Prudence (P): (Laughing) I'm so numb I can't open it
258. Prudence (P): (Laughing)
259. Derek (D): No ↑
260. Prudence (P): Yeah oh god yeah it'll be aright
261. Derek (D): Because of the [anaesthetic
262. Prudence (P): [I look like... yeah I probably
263. Prudence (P): won't be able to keep it open
264. Derek (D): (Laughing)
265. Prudence (P): I'll try (laughing)
266. Derek (D): Yeah just try and (?)
267. Prudence (P): (Laughing) okay
268. Derek (D): Okay mm↑
269. [Sound of suction unit and dental drill]
270. (7)
271. Prudence (P): Mm
272. Derek (D): Okay ↑ ...pain ↑
273. Prudence (P): Mm
274. Derek (D): Yeah ↑

275. Prudence (P): Mm
276. Derek (D): Where do you feel ↑
277. Prudence (P): Hmm ↑ em em
278. Derek (D): Is it pain or ↑
279. Prudence (P): Em no it's not pain it's real you know
280. Prudence (P): just real
281. Derek (D): Oh cold ↑ [you feel
282. Prudence (P): [Yeah yeah yeah yeah
283. Derek (D): That's very normal probably from [the suction
284. Prudence (P): [You're not
285. Derek (D): giving me laughing gas or something are
286. Derek (D): you↑ no (laughing)
287. Derek (D): We don't have it here
288. Prudence (P): (Laughing)
289. Derek (D): (Laughing) You are laughing even now (laughing)
290. Prudence (P): Yeah I know it's em yeah try [it again
291. Derek (D): [Hmm ↑ let me
292. Derek (D): just check please
293. Prudence (P): (Laughing)
294. Derek (D): Pain here ↑
295. Prudence (P): Mm-mm ↓
296. Derek (D): No
297. Prudence (P): No
298. Derek (D): Here ↑
299. Prudence (P): Mm-mm ↓
300. Derek (D): No
301. [Sound of suction unit and dental drill]
302. (30)
303. Prudence (P): Mm
304. Derek (D): You okay ↑
305. Prudence (P): Mm
306. [Sound of suction unit]
307. (28)
308. Derek (D): Suction please
309. [Sound of suction unit and dental drill]
310. (37)
311. Prudence (P): Mm
312. (3)
313. Prudence (P): Sorry
314. Derek (D): No worries

315. Prudence (P): Sorry (laughing)
316. Derek (D): (?)
317. (10)
318. Derek (D): This instrument (is vibrate a little you know) ↑
319. Prudence (P): Hmm ↑
320. Derek (D): (The instrument is vibrates in the tooth)
321. Prudence (P): Mm
322. Derek (D): You gonna feel vibration... on the tooth
323. (6)
324. Prudence (P): (?)
325. Derek (D): That's it
326. [Sound of suction unit]
327. (3)
328. Prudence (P): Mm
329. Derek (D): Pain ↑
330. Prudence (P): Mm
331. Derek (D): Yeah ↑
332. Prudence (P): Mm
333. Derek (D): There is not em numb fully numb
334. (5)
335. Prudence (P): Mm
336. Derek (D): That's it we're finished with the drilling
337. [Sound of suction unit]
338. (8)
339. Derek (D): You can please put your tongue up please ↑
340. Prudence (P): Hmm ↑
341. Derek (D): Yeah just the tongue up
342. Prudence (P): Hmm ↑
343. Derek (D): Put your tongue up to the palate ...yeah...okay
344. (4)
345. Derek (D): Gonna feel a bit of pressure I'm gonna put
346. Derek (D): this matrix band in
347. [Sound of suction unit]
348. (15)
349. Prudence (P): Mm
350. Derek (D): You okay ↑
351. Prudence (P): Mm-hmm
352. Derek (D): Very good
353. (34)
354. Prudence (P): Mm

355. [Sound of compressed air]
356. (7)
357. Derek (D): Etch please
358. [Sound of suction unit]
359. (19)
360. Derek (D): (It's going to be cold for a minute)
361. [Sound of suction unit and compressed air]
362. (23)
363. Derek (D): And bond please... thank you
364. [Sound of suction unit]
365. (9)
366. Derek (D): And (more) please
367. (45)
368. [Dentist starts humming]
369. [Electronic beep of curing light, sound of suction unit]
370. (115)
371. Derek (D): Light please
372. [Electronic beep of curing light, sound of suction unit]
373. (36)
374. Derek (D): Mm-hmm... and (just more of this in here)
375. [Sound of suction unit and dental drill]
376. (47)
377. Derek (D): Nearly finished... just a small tiny bit here
378. Prudence (P): Mm ↑
379. Derek (D): Yeah
380. [Sound of suction unit and dental drill]
381. (45)
382. Derek (D): Mm-hmm close please yeah close now... bite
383. Derek (D): ... and grind with your teeth left and right...
384. Derek (D): and open please
385. [Sound of suction unit]
386. (4)
387. Derek (D): Just a tiny bit here
388. Prudence (P): Hmm ↑
389. Derek (D): Just to... drill tiny bit here
390. [Sound of suction unit and dental drill]
391. (24)
392. Derek (D): Close please... and grind left and right... open
393. Derek (D): please
394. [Sound of suction unit and dental drill]

395. (17)
396. Derek (D): And close... how do you feel tell me ↑
397. Prudence (P): Mm-hmm
398. Derek (D): Do you feel high when you close ↑
399. Prudence (P): I can't [tell to be honest I'm still numb
400. Prudence (P): I can't tell
401. Derek (D): [Or it's okay... yeah I know
402. Prudence (P): Mm
403. Derek (D): But you don't feel that you bite first on that
404. Derek (D): side isn't it ↑
405. Prudence (P): Em yeah it seems okay
406. Derek (D): Yeah because you are showing (that they are
407. Derek (D): even) can you close please↑ and grind a bit
408. Derek (D): left and right yeah open
409. (3)
410. Derek (D): I think it's fine
411. Prudence (P): Mm-hmm
412. Derek (D): I'll just smooth here
413. [Sound of suction unit and dental drill]
414. (9)
415. Derek (D): Amazing
416. Prudence (P): Okay ↑
417. Derek (D): Yeah... have a good good rinse there
418. (3)
419. Derek (D): Sorry about the torture hmm ↑ (laughing)
420. Prudence (P): Hmm ↑ oh ↑ (laughing)
421. (29)
422. Derek (D): Have a look there... so as you can see
423. Derek (D): where I wanted to show you it's in <u>these</u>
424. Derek (D): teeth <u>here</u>... this one <u>here</u> very sensitive
425. Prudence (P): Mm-hmm
426. Derek (D): You see [this one
427. Prudence (P): [Yeah yeah
428. Derek (D): This one and this one here
429. Prudence (P): Okay
430. Derek (D): That's why giving you that kind of sensitivity
431. Derek (D): (if you think that's sensitive)
432. Prudence (P): Okay
433. Derek (D): Tell me what kind of toothpaste do you use ↑
434. Prudence (P): Eut- Euthymol you told me to use

435. Prudence (P): Sensodyne
436. Derek (D): Sensodyne ↑
437. Prudence (P): Yeah
438. Derek (D): Did you start with the [Sensodyne ↑
439. Prudence (P): [Not yet (laughing)
440. Derek (D): Not yet ↑ (laughing) okay
441. Prudence (P): I'll do it tomorrow (laughing)
442. Derek (D): Try try with the Sensodyne it's gonna really
443. Derek (D): help you a lot
444. Prudence (P): For the sensitivity ↑
445. Derek (D): Exactly because I think that's the problem
446. Derek (D): I can't find any main [problem I think
447. Prudence (P): [Nothing up there ↑ no
448. Derek (D): No ↓ yeah
449. Prudence (P): Okay
450. Derek (D): On the other side I think you have that one
451. Derek (D): actually there kind of the same on the left
452. Derek (D): lower side there [is the same
453. Prudence (P): [Lower ↑
454. Derek (D): Yeah [there is the same
455. Prudence (P): [Back... left
456. Derek (D): These ones
457. Prudence (P): Yeah just do it
458. Derek (D): But this one is kind of worse
459. Prudence (P): The recess
460. Derek (D): Yeah
461. Prudence (P): Okay
462. Derek (D): So that's when we can just [drill a tiny bit
463. Derek (D): and we gonna build it up on top
464. Prudence (P): [That's the
465. Prudence (P): worst one ↑... drilling ↑
466. Derek (D): Filling no no we're going [do a filling
467. Prudence (P): [Is that a new
468. Prudence (P): em recent em ↑
469. Derek (D): Which one ↑
470. Prudence (P): Em this procedure like that you can fill
471. Prudence (P): those little things [in is that a new thing↑
472. Derek (D): [Oh no it's not a new
473. Prudence (P): Is it not ↑
474. Derek (D): No no it's very old [it's kind of filling

475. Prudence (P): [Just kind of
476. Prudence (P): (laughing) I'm behind the times
477. Derek (D): Yeah it's the same actually it's a filling
478. Prudence (P): Yeah I didn't think you could do that
479. Prudence (P): em [to em
480. Derek (D): [Yeah we we can don't worry yeah
481. Derek (D): we can do everything here (laughing)
482. Prudence (P): It feels kind of strange god
483. Derek (D): Yeah... try to avoid to eat for a... few
484. Derek (D): hours because you're already numb
485. Prudence (P): Yeah
486. Derek (D): What do you have pain or what ↑ what
487. Derek (D): are you saying like↑
488. Prudence (P): Up there it's not pain it's like em...
489. Prudence (P): it's kind of like the ache you get [before
490. Derek (D): [Mm
491. Prudence (P): You get a pain you know that kind
492. Prudence (P): of way ↑
493. Derek (D): Mm mm where do you feel ↑
494. Prudence (P): Em... here ↑ now or
495. Derek (D): Yeah
496. Prudence (P): That's the tongue (laughing)
497. Derek (D): Not the tongue [no it's funny
498. [Telephone rings]
499. Prudence (P): [Sorry
500. Derek (D): Okay I'm gonna give you this one here
501. Prudence (P): Okay
502. Derek (D): You're gonna fill up everything
503. Prudence (P): This is a sequel to the other one is it ↑
504. Derek (D): Yes for the the first one [if you remember
505. Prudence (P): [Yeah mm-hmm
506. Prudence (P): yeah
507. Derek (D): Yeah so we're just gonna fill it and you're
508. Derek (D): send it in this envelope
509. Prudence (P): Alright
510. Derek (D): You have kind of
511. Prudence (P): That's grand
512. Derek (D): Questionnaire and everything
513. Prudence (P): Okay
514. Derek (D): To try to send it I'm gonna

515. Prudence (P): Yeah
516. Derek (D): Put it here
517. (6)
518. Derek (D): Mm-hmm
519. Prudence (P): Thank you now
520. Derek (D): Thank you very much... yeah... let's go
521. Derek (D): away to the desk... don't forget your bag there
522. (4)
523. Derek (D): It might be sensitive [couple of days that's
524. Derek (D): very normal
525. Prudence (P): [Ah yeah ah yeah yeah
526. Derek (D): Don't be afraid okay ↑
527. Prudence (P): Yeah
528. (17)
529. Derek (D): This is your invoice for today
530. Prudence (P): Mm-hmm
531. Derek (D): Prudence
532. Prudence (P): Thank you
533. Derek (D): You're very welcome and whenever you want to
534. Derek (D): book for this one if you want [we can do that
535. Derek (D): kind of you have two fillings
536. Prudence (P): [Oh yeah okay
537. Prudence (P): it'll probably be probably the next one
538. Derek (D): If it's sensitive at the other side the side we
539. Derek (D): did today
540. Prudence (P): Okay
541. Derek (D): We can do it there a filling as well
542. Prudence (P): Okay
543. Derek (D): We try first of all [as I'm saying
544. Prudence (P): [And get this one
545. Derek (D): With the sensitive [toothpaste okay↑
546. Prudence (P): [Sensodyne okay
547. Prudence (P): alright
548. Derek (D): And then we'll see how it's going on
549. Prudence (P): Okay
550. Derek (D): Okay ↑
551. Prudence (P): Alright [thank you very much (laughing)
552. Prudence (P): thank you
553. Derek (D): [Have a lovely night see you bye
554. Derek (D): bye take care see you

Danielle interview

Researcher: How were the participants chosen? (Why women?) Were you aware of any bias? What patient characteristics are likely to inspire more effort on your part?

Danielle (D): They were just random, random patients. Just whoever was a new patient coming in for an examination.

Researcher: Do you think women are better communicators than men?

Danielle (D): I'd say it depends just on the personality of the patient I wouldn't say there's any difference in female or male.

Researcher: How aware of the recorder were you during the consultation? Did it in your opinion have an impact on your behavior?

Danielle (D): You would be yeah I found myself a little bit conscious of it during it. Probably the whole time you're aware that you're being recorded so maybe you'd be a little bit shyer than usual.

Researcher: Or on the patient's behavior?

Danielle (D): I didn't think so no.

Researcher: in a lot of your recordings the patient didn't seem interested in the social conversation.

Danielle (D): Sometimes they would be and sometimes they wouldn't be you know it just depends on the personality of the patient and the mood that they're in on that particular day etc.

Researcher: Do you have a philosophy of how to communicate with patients? What is it? What, if any, extra training have you had in communicating?

Danielle (D): No no I haven't done any courses on it. But it has become easier as the years have gone on you know with practice it's a lot easier now than it was when I started.

Researcher: Are there particular sayings, metaphors, images or stories that you frequently use to explain things to patients?

Danielle (D): Yes absolutely, we'd have say for what a root canal treatment is or what a crown is you would have a little script for it.

Researcher: [And the routine for a check-up, is it the same?]

Danielle (D): You mean the structure of your appointment during the check-up in terms of what you would do?

Researcher: Yeah

Danielle (D): Yeah you know you would kind of I suppose through what you were taught in College you know you would do your extra-oral exam, intra-oral exam, soft tissue hard tissue. You'd have a certain you know (routine).

Researcher: And in terms of what you are saying to a patient?

Danielle (D): Yeah it would be pretty much the same you know.

Researcher: Is there a difference in the interaction between a first-time patient and a returning one?

Danielle (D): I'd say it's definitely easier once you find a little bit out about, you know find something about them like where they live you know if you live somewhere nearby or you've anything in common you know

then you have common ground and when they come back in the next time so it's easier.
Researcher: So on a second visit you'd be more inclined to have more interaction?
Danielle (D): Yeah. And sometimes you'd make a little note of something that they did or something you might have in common so you could ask them about it and it kind of familiarises yourself with (them).
Researcher: Do you consciously elicit information about personal or social aspects of a patient's life?
Danielle (D): Yeah
Researcher: What do you do when things go wrong in treatment, or in communication, to repair the relationship?
Danielle (D): Like a complaint? Well first of all you'd try to sort the complaint out with the patient themselves, either through an email or verbally on the phone and you'd try to reach some sort of agreement.
Researcher: And in terms of a problem in the moment of communication?
Danielle (D): I suppose you'd try to find an easier way to describe what you're doing to simplify it. And hopefully they would understand that. Sometimes it helps if you get a second opinion as well from the patient's point of view, so it gives them a bit more confidence in what you're going to do.
Researcher: How do you gauge the right level of information for the patient?
Danielle (D): I suppose you'd look at the age for a start, so obviously your language is going to be different for children as opposed to adults. I suppose the profession of the patient as well if they're an academic or say the medical profession you might be able to talk more technically to them.
Researcher: And you would get that information from the intake questionnaire?

Danielle (D): Exactly yes. So if you were talking to a doctor then, you can be a little more specific in terms of the diagnosis and what medications you're going to use etc. but if you're talking to someone that is in a totally different area of work then you'll have to change your wording accordingly.
Researcher: Do you use the social interaction as a way of gauging?
Danielle (D): Yeah absolutely, but it depends on the age as well. If you're a similar age group you might be into similar sort of activities etc. you know
Researcher: What strategies do you use for persuasion and health promotion?
Danielle (D): Again it changes in terms of the patients. Some patients would be quite laid back and you might just, if they were around a similar age to myself you'd say 'well you know I would advise a little more flossing, you know brushing twice a day etc.' but with older patients you would be a bit more specific you know and want you to do a demonstration everything you know that kind of thing.

David Interview

Researcher: How were the participants chosen?

David (D): It was on the basis of someone that had been in before maybe more than once that we knew well

enough to say 'Look we're recording this, would you mind' so we didn't use new patients, we avoided them for that reason cause they're anxious they're nervous the last thing we're going to say is 'Oh by the way we're going to stick you under a mike so'. So I suppose we did select people who'd already been attending you know but we avoided- I tried to just pick the next sort of few that came in like you know rather than, because I think two or three of them were within a day or two, rather than trying to cherry pick the ones I was softest on. Or at least I hope I did anyway.

Researcher: How aware of the recorder were you during the consultation? Did it in your opinion have an impact on your behavior? Or on the patient's behavior?

David (D): I can't speak for the patient obviously, I get the impression they weren't terribly aware of it within a minute or two I certainly, I have to be honest, I was oblivious to it. On one occasion I forgot to turn the darn thing on mind you! But I was oblivious to it within two minutes. So I suppose probably slightly stilted the first sixty seconds ninety seconds and I would think probably about two or three minutes you start to go into that, you have like a structure or a patter almost that you use with the patient and it's almost sort of hard wired at this stage and once you go into that you're sort of in that zone. Some truck could blow up outside and you probably wouldn't notice anymore. I would say I was utterly oblivious to the recording within probably not the first sixty ninety seconds alright because you're explaining to the person so obviously by default you're aware of it you know? But then as you start talking I found myself forgetting about within about two minutes I'd say or three minutes.

Researcher: Hard to concentrate on the patient otherwise?

David (D): Yeah exactly and typical men they can't multi-task. One thing at a time so once I was with a patient I pretty much forgot about it. I became more or less unaware of it maybe just at the very end you become you'd see the thing there and you go 'Oh yeah I need to turn that off'.

Researcher: Is the type of communication you have different with a female patient? Do you think women are better communicators than men?

David (D): Women are probably more talkative; I know the research says they are better communicators so maybe that comes across in the patter. The simple reality is my book is probably about 55-45 it's just the way it fell you know. Do you need me to go back and sample another one for a man?

Researcher: No no, no need

David (D): That was unconscious now.

Researcher: Do you have a philosophy of how to communicate with patients? What is it? What, if any, extra training have you had in communicating?

David (D): I haven't done any stylistic training in communication. I have done some continuing education stuff like I did you know Ashley Latter does an 'Ethical Sales' course like I did that now and I wouldn't necessarily lift his lock stock and barrel like but there's some good points in there and I try and take on board some of the stuff I liked in that. And then other things I've looked at as well and even just read around and that like you know I try and keep myself informed on it.

Researcher: How conscious are you of how you accommodate to them? How do you judge the level of information for each patient?

David (D): I would always try my best to pitch to the person yeah, and I would normally, the odd time I would forget, but I would generally try as much as I can to pitch it to the appropriate level. I think that's essential. You don't want to make assumptions either you know, but if you're talking to someone you normally get a sense within a few minutes maybe of what sort level you should be pitching a conversation at like. And that would apply particularly with a new patient I suppose. You'll have a bit of feeling it out slightly.
Researcher: How do you judge whether a patient is engaged with their treatment?
David (D): I would always try to have the patient engaged at all times because I think the days of prescriptive treatment are more or less gone. Okay you get the odd exception maybe if somebody's in pain and they want the pain gone and the tooth's bombed out it's 'Well, you've got to take it out mate' you know at that stage but other than those sort of outliers I mean most treatment I mean there's more than one option so I would always feel you've got to lay out the options to the patient say 'Look we can do x we can do y we can do z you know', 'The advantages of x are whatever, y' and then okay you've got to simplify it obviously for them you know you can't necessarily go into all the detail but otherwise it's not informed consent, I mean that's what I was taught anyway, or 'valid consent' to use the correct term now. You have to outline the options to them even the less favourable ones, you have to at least touch on them and say 'Well this is an option'. You can certainly then say 'I wouldn't recommend it because x, y, and z' but at least you've explained that. So I would feel that you can tell if the patient is engaged or not though I mean, tell if they're listening or not.

Researcher: Do you consciously elicit information about personal or social aspects of a patient's life? Do you consciously integrate that information into your explanation and planning of treatment?

David (D): In a perio case for example you might say 'This is becoming the leading cause of tooth loss', you might say 'There's some link', and I'd never overplay it, 'There's some link with cardiac and we don't fully understand it but there's good evidence to show there's a linkage of some sort, you know you'd be better safe

than sorry here in keeping these clean'. But I would try and focus them very much on evidence-based like in my treatment always so if there was an evidence base that says 'Yes x, y, z will affect your pregnancy' then I would certainly say that but it would have to be on evidence base you know. I'm big into the justification for what I'm doing in the evidence. I wouldn't consciously do it, but I'd be willing to let someone be aware of a few pertinent facts that might encourage them in their own best interests. But I would never use it as a lever to make them do a treatment or nothing like that I suppose no. I don't like the hard sell and I would avoid that I suppose you know.

Deirdre Interview

Researcher: How were the participants chosen? (Why women?) Were you aware of any bias?

Deirdre (D): The reason I chose Pamela was that her mother was previously a patient of mine when I was a student and she has followed me to here and had recommended me to her daughter. But I had never seen her before; I'd heard lots about her through her mum but never met her and I knew that she was also training to be a reflexologist and was used to having students to work on and that she would be more than happy to participate in something like that, that was for research and development and all that kind of thing.

Researcher: More inclined to approach women?

Deirdre (D): No I don't think so I don't think it would matter say it was that patient's son or daughter. The reason I found it difficult to pick people was more based on anxiety. We do sedation so we get a number of anxious patients and patients where communication is difficult and if somebody's anxious for them we had one or two experiences where we suggested a recording and it wasn't well received so we didn't try and float it again.

Researcher: How aware of the recorder were you during the consultation? Did it in your opinion have an impact on your behavior?

Deirdre (D): At the start you're watching everything you say because you're so aware that you're being recorded but very quickly forget about it because you go onto automatic pilot of "I'm in an examination with a patient' and you don't really think about the fact that you're being recorded and then every now and then you kind of remember that you're being recorded it's kind of like, I've done a bit of media work through the Irish Dental Association either radio or TV and it's the same thing its very easy to forget about the cameras for a minute and start talking and then it comes back to you. It's a bit off-putting to remember. It is off-putting to be recorded and to think that somebody's listening back to it but again when I do it, same with the IDA stuff, I just try to put it out of my head and just do it like you're talking a patient in the practice any other day. It's very easy to focus on the fact that you're being recorded.

Researcher: Or on the patient's behavior?

Deirdre (D): Again I think at the start I think it made her more anxious, anxious of what she would say- maybe she didn't ask as many questions because I think patients feel like they come across as stupid or uneducated if they ask certain questions anyway. But I think to be recorded she probably was more cautious of what she asked and what she said.

Researcher: Specifically about Pamela, you talked about her potentially having another pregnancy, and that was related into the treatment planning. Was that a strategic motivational tool?

Deirdre (D): Yeah they say that pregnant women and women planning to have children are very easy to motivate towards good health so I would try and be aware of that in that age group of females to capitalise on the fact that they're trying to live healthily and eat healthily and work with the period of motivation in their life. If you can, it doesn't always work people don't always take up on it. It can be effective.

Researcher: It appears that the patient switches her story through the course of the interview, from that of a passive patient to whom things happen at the start, to an active patient with a goal towards which she works by the end of the session. Does that sound fair?

Deirdre (D): To work towards to focus on. Yeah, yeah that's true. So I think that when somebody comes in, I think it's really important to listen to what their issue is and what their problem is, and what they want fixed and why they're there because it's really easy as the healthcare provider to say 'Oh you need a filling on your upper right seven' but the patient is concerned about the fact that their teeth look yellow. And it's very easy for me to say well we'll do this filling and you know do a cleaning and that's it, or whatever the case may be so yeah on the first visit we would look at what the presenting complaint is but like that then try and strive towards as we were saying earlier a community you really want to be part of the community and part of the greater good. Bettering the oral health of the community so yeah goals would be a big thing.

Researcher: And from Motivational Interviewing, the idea of attaching something to a value?
Deirdre (D): Exactly, and checking their values and as you say pregnant mothers are a group that you know are focused on health and they value health arguably more during that period so it's something to...

Researcher: There was also the common use of the term 'wiggling'. Is the negotiation of meaning of individual phrases something you would be consciously doing?

Deirdre (D): No absolutely not- that's really interesting to hear it. It wouldn't be conscious. But I do try and use

language a lot that, particularly with kids more than adults, that sounds non-threatening. I try not to use words like drilling and pulling because of the type of patients that we see. Whenever I'm taking out a kid's tooth I always call it a 'hug', we give the tooth a hug and then you feel a little 'wiggle'. Because a 'squeeze' sounds worse or a 'pull' sounds worse than hug, and kids are used to the sensation of a hug being a squeeze or pressure and one of the guys who was a few years behind me in the dental hospital I met her in the pub and she's just started in practice and how she was finding it hard with kids and she had to take out a tooth and I said 'tell him it's a hug' and a few days later I got a message on my Facebook page saying 'I could kiss you' or something' the word hug worked amazingly. I said to the kid 'shall we give the tooth a hug and my jaw nearly hit the floor when he said back "that's a great idea"' you know. So we try and use language like that all the time that sounds.

Researcher: Yes and NLP is big on that idea too I think and hypnosis too. You use the phrase 'bother', which might be seen as a manageable imposition. Is that how you intend it?

Deirdre (D): Yeah exactly or discomfort or if it's uncomfortable. It's so important and I think the honesty thing is a big one. It's something I trip up on and I have to check myself. Cause it's easy to say 'oh no this won't hurt' or 'this shouldn't be sore'. But then if it is sore you lose an element of trust because you've told them that it won't be. And every patient is different- for one patient you could pull out a tooth and they'll say that's grand and for another patient in your view the procedure could have gone exactly the same way but for them it's been a different procedure. It's been a not a nice experience. It's funny you have to be so careful not to say 'oh no this won't be sore, this shouldn't be sore'. I always say 'it shouldn't be sore but if it is uncomfortable you're in control just let me know just put your hand up'. 'If it is sore it's not a problem we can give you more local anaesthetic. At least they know there's a solution to the problem or potential problem I'm worried about rather than she's promising me it's not going to be sore and then the big bad dentist lied, you know, didn't tell me the truth cause that did hurt. So it's definitely something you have to watch yourself on.

Researcher: Do you have a philosophy of how to communicate with patients? What is it? What, if any, extra training have you had in communicating? Do you have a particular strategy for making information stick, or for persuading patients?

Deirdre (D): I think communication is an essential part of our practice and it would be something I put a lot of attention and focus on, particularly in the exam appointment. That first meeting with the patient is crucial for me to communicate what I want to to them but also for them to communicate their problem to me and I feel that it's my opportunity to listen to the patient to get to know them to understand what's important to them and then also for me to try and relay the benefits of looking after their oral health, so yeah communication is something that I really work on. Things like the Motivational Interviewing and other courses I would be very interested in because I think the better you communicate with people the better the success you're going to

achieve whether its improving their oral hygiene so that you get a better result with your restorative work, whether its working with somebody who is anxious to make them more comfortable it's all about communication.

Researcher: Has Motivational Interviewing had a big impact on your practice?

Deirdre (D): I think it confirmed a lot of things for me, it was really good about listening to a patient and communicating a message. It was really helpful in that. I think it confirmed a lot of the things that we did already, confirmed that this was a good approach. But yeah it was excellent. And Nuala came to that with me which was great because it's all very well for me to communicate a certain message but unless the whole team is on the same page it's just not going to happen. They need to get the same approach from the front door to the desk.

Researcher: Are there particular sayings, metaphors, images or stories that you frequently use to explain things to patients? Are your explanation and planning talks rehearsed? What are they? How do you judge the level of information for each patient?

Deirdre (D): Over and over yeah. Definitely. I can see Nuala behind the patient mouthing what I'm going to say next because I can I have a certain pattern of how I would describe periodontal disease or how I would describe caries or how I would give diet advice definitely.

Researcher: How much of that changes for an individual patient?

Deirdre (D): I think it depends on the patient and it depends on my assessment of their level of understanding or ability to communicate. We see a lot of special needs patients so for some patients maybe they wouldn't have the same level of understanding. I recently had a cardiologist in I probably used more medical language with a cardiologist than with another patient with a limited understanding or ability to communicate but I would try and distill the message but still give the same message. But certainly for patients of a similar say socio-economic group or level of education I'd probably give the same spiel.

Researcher: It seemed that there was a kind of negotiated persuasion taking place with Pamela

Deirdre (D): Yeah, and I'll often say things to patients especially young men, remember when I was saying to you earlier that we get loads of young men and em I suppose from talking to friends you know guys the same age as me and "Oh I went to this dentist and she just gave out to me the whole time, told me I should be doing this and I should be doing that, I'm not going back to her" whereas I'll say to them "listen you need about six fillings and you know it's up to you it's your teeth it's your mouth I can't make you do it, it's your call, but you

know it would be great if we could if I could help you to get them fixed and that's what we're here for so. If you want to go ahead you know where we are. And just it to them in a way that they're the ones who are in control. Every patient is going to be different how you talk to them but it's so important just to put the ball back in their court. Cause people, maybe it was different years ago, but people don't respond to being told what to do. I don't. I think if you can, and of course it works with some and it doesn't with others. I was following back I was going back about a year into the book and ringing people who hadn't come back for work. And that's a really awkward conversation to have because you don't want to sound like you're ringing because you want their money for their fillings, you don't want to sound like you're giving out to them that they haven't had the fillings done but at the same time you've diagnosed a potential problem and you know potentially a more expensive problem if they don't have the tooth fixed so you have to present that line but it's a hard one to do.

Researcher: And it can be hard to maintain rapport when there is an awkward moment like that?

Deirdre (D): And people will always blame finances for the reason they don't come back, but I don't think that's fair because if you look at the UK where it's virtually free on the NHS people still don't go so it's not because of money. It would be interesting to see the statistics, but I'd say a certain element of adults don't come because of fear, a certain element don't come because of finances, and then there's a group in the middle who for whatever reason don't come but maybe blame finances and fear but actually if the fear was to be removed with sedation and the finances were to be removed and it was all free there'd still be a group that don't come.

Researcher: The patient seemed to be very engaged. How do you judge whether a patient is engaged with their treatment?

Deirdre (D): I suppose I try and interact with a patient rather than lecture and so I'll and ask questions and try and encourage them to ask questions and to feel like they're part of the process as much as possible. It's sometimes not an easy thing to do. Pamela is a very vivacious lively friendly type of patient who is more than happy to chat but occasionally you do get patients who particularly with anxious patients actually, it's funny Nuala always says 'they start to chat as soon as they're walking to the hall door', because she'll walk every patient out, and they'll have been mono-syllabic and not very interactive from the time they walk in and as soon as they've paid the bill and they're walking out the door then they 'oh it's over' and they breathe a sigh of relief and start to chat. With patients like that it's really a gradual process of getting them to engage more because you have to break down those barriers break down the anxiety before you start to see the person coming out. And start to see them interacting and engaging with you. But it's so rewarding when they do, and they start to ask questions. I would often with nervous patients like that I would often follow up with a telephone call after the appointment maybe later that night when they're at home and just say 'How did you

find today I know you were nervous, have you any questions that you've thought about now that you didn't of during the day?'. So again trying to reinforce that engaging that they have control over it, that they're the one driving it you know. 'Is there anything we could do to make you more comfortable? Are you happy with what we talked about?' all those kind of things. Trying to reinforce the 'we're here we're happy to talk we're happy for you to talk to us.

Researcher: Do you consciously and routinely elicit information about personal or social aspects of a patient's life? Do you consciously integrate that information into your explanation and planning of treatment?

Deirdre (D): Bring it into it? Yeah definitely. When we talk to parents say about decay with a child I would talk to them about school lunches after school snacks you know because that's part of their routine. Saturdays is the treats day, how do they factor it into their mealtimes all those kind of things. If it's somebody who's a hard worker on the job, I'll talk to them about their diets and food-free time and how they snack all those kind of things.

Derek Interview

Researcher: How were the participants chosen?

Derek (D): It just happened like that, it just happened, just random.

Researcher: How aware of the recorder were you during the consultation?

Derek (D): No I was not even thinking about it, yeah I forgot about it! [The Patient?] I don't know to be honest, I don't, maybe one of them, the young one I think was quite nervous I think but not the other one because she show up after that the other didn't one show up.

Researcher: Do you have a philosophy of how to communicate with patients?

Derek: I think [how I talk to patients] it's my way. I want first of all to relax them, you know, trying to speak with them something different always at the start of treatment. Because I started here as a dental nurse first of all, I started with loads of dentists here, and I was listening to what they were talking about, you know everything, but mostly as I can see, Irish dentists here they start first of all to provide the treatment like, "What is the problem? How can I help you?" and all these things. If you go in our countries there they are going to ask you in for coffee, do you want to drink coffee or tea or something? The patient to relax as much as you can, you know? So it's probably maybe from the college as well, the country the relations that we have, the family relations as well, that's how. The relaxation is the most important thing, yes to establish interaction as well and good relations with the patient it's very important. To have a good laugh if you can as well!

[Do you have a strategy?] No it's just coming like for each patient. Sometimes I we cannot be in a good mood everyday you know but we are trying we have to be, that's a part of the job by the way. A relaxed atmosphere that is very important I think for myself, and to provide to tell them a good treatment, to tell them as well what to expect everything you have to tell them. That's my best way; that they cannot expect perfection- we cannot do it. Just to tell them in advance what to expect.

Researcher: Are there particular sayings, metaphors, images or stories that you frequently use to explain things to patients? [How a treatment is explained]

Derek (D): Depends, you have to first of all to see the patient, like how he's reacting. You know because some of them they will tell you, "No just pull out" and I will say "Listen, you have to think about you're a young patient, it's better to save this tooth, we can save it, this is the way how you can save". Sometimes you can say to these young fellows like, "It's better you're not going to spend in the pub that you're going to save your tooth" something like that you know.

[Same expressions, descriptions?] Derek (D): No, no, it's different like, sometimes I'm using some same stories but more usually they're different like, because of the diagnosis as well it depends.

Researcher: What do you do when things go wrong in treatment, or in communication, to repair the relationship?

Derek (D): I think I'm going to try my best to have the best conversation first of all, I think I'm going to try my best everything you know to have a good conversation, f they're nervous, even super-nervous or extremely nervous, I've had a few patients as well they were really extremely nervous. She had I remember exposure on the tooth, she was shaking here, I couldn't relax at all, like it took a while maybe forty-five minutes and she said "okay yeah I'm gonna start", we were talking you know her husband as well was here and a few people more as well. Relaxing the patient [is the first thing].

Researcher: How do you judge whether a patient is engaged with their treatment?
[How important is rapport?]
Derek (D): It is important I think so yeah that's my opinion, it's very important like you know to feel then free and relaxed as well.
[Is it important that the patient is engaged?] Sometimes it's good sometimes it's not because, if it's actively involved that means he is agreeing with everything with you, but it's a wasting of time as well. And always there's a lack of time you know, you have thirty minutes and you have to do the job.

Dermot Interview

Researcher: How were the participants chosen? (Why women?) Were you aware of any bias?

Dermot (D): It was just routine my regular patients just as they came in.

Researcher: Do you think women are better communicators than men?

Dermot (D): No I don't think I'm aware of any difference between males and females as to how I explain things. I would adopt a more masculine type I would refer or use analogies or examples that I know would attract that would hit something with a male and I would use a sort of softer analogy or something I know that a female could relate to if I was explaining something similar. But not really I don't think that there's any need, I don't think that I feel myself having to go one way to an extreme or one way with male or females.

Researcher: You seem to be quite informal in your style of explaining things

Dermot (D): Yeah I try to explain things in layman's terms. I try to explain to them that they understand what I intend to do, what's involved in doing it, and the sort of success rate or the chances of it working. But I explain to them all 'Look it's a mechanical procedure, I don't know what's in here what I expect I'm going to find, I'm going to do my best to try and save the tooth I'm going to try and do it in the shortest time possible with the least amount of anguish or hassle to you as the patient', and once I get them on my side they understand where I'm coming from I find it works much much better.

Researcher: How aware of the recorder were you during the consultation? Did it in your opinion have an impact on your behavior? Or on the patient's behavior?

Dermot (D): I don't think it was an obstacle to either myself or my patients. No, as a method of eliciting information from myself and the patient it wasn't a hindrance or a problem at all.

Researcher: Is your communication style derived primarily from experience? Do you have a philosophy of how to communicate with patients? What is it? What, if any, extra training have you had in communicating?

Dermot (D): I think it has developed with time, but I have always I think my nature is in the most part never aggressive. I would be quite placid; I think I would have a genteel nature just by nature. It takes a lot to get me riled up. From just talking to other dentists in actual fact a lot of the explanations they use and a lot of the rapport I use with my patients believe it or not I have actually learned from patients. I've tried to explain things to patients and I've gone around it using maybe ten twelve sentences and I've got a reply in two lines that has summed up. They've copped immediately what I was trying to explain so you learn from that and the next time

I've a shorter explanation where I get straight to the point. So I think it something I've learned with time with experience. And obviously I've sat in on a few sessions with some more experienced clinicians and other operators and I've watched how they've operated and I've listened to the terms they've used and the little phrases they used and I've piggy-backed on some of those as well.

Researcher: Do you adapt your communication based on your perception of the patient's education level etc?

Dermot (D): Yes I would. I find by experience within two to three minutes of speaking to a patient I can sort of know myself the level I would need to pitch my explanation at. I'm also aware if I can pick up very quickly at least I think I can a patient that has already pre-empted what they are going to have done and has been on the internet and they say one or two phrases and they use one or two words and I know they've either been to another dentist in the immediate fortnight before they've been to me or they've been on the internet. So to answer your question, yes I think I can pick up the level that I would pitch my explanation and my rapport with and it is based on the education of the patient, but a lot of it is based on the sort of everyone has become very aware now of the internet and what's on.

Researcher: And you previously mentioned you use the intra-oral camera as an educational tool

Dermot (D): Yes very much so.

Researcher: In the situation where a patient might be considered more 'challenging', how do you prevent problems? What do you do when things go wrong in treatment, or in communication, to repair the relationship?

Dermot (D): My main strategy would be to try and explain it as simply as possible to the patient. I have learned with time and experience, one of my follow-up phrases is 'Do you understand what I've just said to you? Do you know can you follow what I'm trying to explain to you?' And yeah on that point if I have to stretch treatment over four or five visits I'll do so, where I know it could be done in two visits. I know the patient has got something in their background that they're not totally comfortable in the chair and so I would pace myself and the work accordingly.

Researcher: It seems then for you that interpersonal rapport is key?

Dermot (D): Very much so. I know the patient and I go on the back foot and I say to myself 'Hang on a second there, what's going on?' When I see a patient who comes into me and I haven't seen them for two three years and they walk in the door and the first thing is 'Dermot, how are you?' and it's 'Dermot this and Dermot you're great you know and Dermot I was just thinking about you' and I haven't I wouldn't know this patient if you

gave me sixty-four thousand dollars walking down the road I wouldn't recognise them. In situations like that I get a little bit, I go a little bit on the offensive myself and I say 'Hang on a second here now I'm being sucked in I don't know you from Adam, I know you tell me you're a patient I see you were here two three years ago but you weren't here six weeks ago you weren't here three months ago and suddenly it's Dermot this Dermot that as if we're drinking buddies', and they're the patients I really say to myself 'Hang on a minute here now just take this easy'. But I go along with it. And maybe it's a nervousness thing on the patient's part so then I say to myself 'Yeah this is just them being nervous and this is the way they compensate as if we were drinking buddies' But we're not actually drinking buddies, but this is how they get around their anxiety and anguish at me. So again I adapt accordingly.

Researcher: In one of the recordings there was a disagreement about when the patient was last in…

Dermot (D): Yeah that happens quite regularly you know the patient will say to you 'No I was into you here three months ago' and you look it up and you're saying 'sorry it was nine months ago, or ten months ago'. But when you explain it to them they go along with it. I find regrettably in the current context of dental litigation I find that I now have to practice defensive dentistry. I'm getting involved in a few procedures where there's a fair amount of money involved, and I spend more time explaining and writing down or typing out what I've said to the patient after the patient has gone. I find myself at lunchtime hanging on for ten minutes to say 'I explained to Joe Brown x, y, z, I made sure he understands x, y, z, I told him', things I wasn't doing five years ago, ten years ago, fifteen years ago, and I think presently going forward it's going to become a bigger problem that practitioners will now have to practice defensively. And it's a sad reflection but it actually is what's happening.

Researcher: And so that is partly resolved by good notes, and partly by more time explaining in person to the patient?

Dermot (D): This whole idea of consent, informed consent, sub-optimal consent where the patient can come back and say to you 'I didn't really expect you to do what you did, I though you were going to do something else', and it's been a misunderstanding and em I have a few friends who have got themselves into a little bit of trouble recently. They thought that they had explained something to the patient properly, the patient thought that they understood what it was, but when it came down to the nitty-gritty, when something went wrong, a few things just didn't work out. Regrettably, I'm aware myself of sub-optimal, of having to operate defensively, which is a sad reflection, but unfortunately it's the world we're in. It's something that I think at undergraduate level would need to be taught. Because times are changing.

Researcher: Do you think that rapport can translate into engagement with the decision-making process by the patient?

Dermot (D): It can yes. I think if we can develop a rapport with the patient and then bring them along for a treatment plan that's practical and that they're happy with it may not be the ideal treatment plan, but sometimes you just have to say, and I say that to patients, I say 'I'd love to be able to do x, y, z with you' and in actual fact on some occasions I say to patients, 'I would love to be able to do x, y, z with you. You tell me you haven't got the funds or the time or really the interest to do it. So we're into compromised treatment. But as long as you understand that it's a compromise, and you're happy to go with it, and I've given you some options, even the option of being referred elsewhere, and you've said to me all you really want me to do is get you out of pain, give you something that looks reasonably well, something that's going to function you know on an average day, that will hopefully be there in two or three year's time, and you're happy enough with that, I say that's fine'. But you find yourself again writing in your notes, 'Patient warned, options offered, patient declined, compromise treatment'. These are terms I was never writing up eight ten years ago. Now these are the terms 'compromised treatment, patient understood, patient happy to proceed with it'. There's a thing out now, I use the term 'DAWS'- it stands for discussion, advice and warning. Just incidentally it's what DPL are putting down as the optimal ideal record-keeping thing, it's one of their things. So spend five ten fifteen minutes discussing something, then you advise them what possibly the options are, and then when you decide what you're going to do you say to them 'But by the way the following can go wrong'. Right, that's the warning. And regrettably, this sounds weird, you find yourself as the practitioner, talking them out of doing the treatment, and you find the patient saying to you 'I'm glad you gave me the chance to get out of it, because now after listening to you, I'm actually not going to do it'. Now half the patients will say 'That's fine, I accept that. When I get my hip operation done or my knee operation, the doctor's going to tell me 'this may not work", and I presume guys don't get their hip and their knees done when the doctor says to you 'the following can go wrong you can seize up you can have a bit of arthritis you can have x, y, z'. And likewise I find with patients that when I explain to them 'Yeah, but by the way there's a little 'but', well there's a big 'but', the following can go wrong', the patient will say to you 'We'll leave it'. But half the patients will still go along with it. But you have to cover yourself, and there was a time when patients would just jump on the wagon and they'd say 'I trust you fire ahead'. Now, fifty percent are saying 'Ah, I don't think it's actually worth it'. But that's life.

Researcher: Do you consciously elicit information about personal or social aspects of a patient's life? Do you consciously integrate that information into your explanation and planning of treatment?

Dermot (D): Yes I suppose what you're getting at there is I would have a holistic approach to the patient. I'm a little bit soft at times I can hear either from the staff I will know if there's been a family problem with the patient I'll know if there's a social problem either a pending divorce or a separation or a loss of work. I'll also know if there's been something positive they've won something, they're pro-active in something or they're well-known for something. And I would gear my approach and the way I would treat the patient and explain something to the patient with that background context. I'm not going to do any heroic dentistry when I know

somebody's just had a bereavement in the family, or if I know somebody's lost a job or if I know that there are some social issues. And I've become very aware at the moment of the whole area of emotional behaviour. I'm very conscious of this whole pending area of anxiety and I can see depression in patients or I can see patients that would be peri-clinical depression, and I just know I've got to pull back and just not be as forthwith with my treatment or what I would explain to them because it's going to open up a can of worms. It's going to annoy everybody. So from that point of view, yeah I'm quite aware of things like that.

Dominic Interview

Researcher: How were the participants chosen? (Why women?) Were you aware of any bias?

Dominic (D): Not really it was just random, absolutely.

Researcher: Do you think women are better communicators than men?

Dominic (D): Not really I've had my fair share of crazy women as well. I don't think so. I think the majority of patients in general in this clinic are females. It tends to be that way, and I've noticed that myself. A higher rate of attendance and follow-up, they follow it up much better than males. Males just kind of that's it- get me out of pain and that's it while females they tend to come back and everything you know.

Researcher: How aware of the recorder were you during the consultation? Did it in your opinion have an impact on your behavior? Or on the patient's behavior?

Dominic (D): Probably from a patient point of view probably it wouldn't have made any huge difference but from my point of view it's very hard to tell to be honest because you are so busy. You might be aware of it at the beginning but then once you get into it you almost forget. Even sometimes I forget to switch it off. To that extent. So I don't think that will make a huge amount of bias towards the operator because even if you feel like you are aware but once you get into the treatment and especially if you are doing something really big like a root canal, once you get immersed into it you just forget completely you just get concentrating on that. In fact quite a few times I forgot to switch it off until the last minute even when I was prescribing to them. I don't think it had a huge impact.

Researcher: Do you have a philosophy of how to communicate with patients or is your style based on accrued experience? What is it? What, if any, extra training have you had in communicating? Do you have a particular strategy for making information stick, or for persuading patients?

Dominic (D): I would say really just through experience mainly. You get to develop your own way of

communication I mean of course people tell you have to be transparent you have to talk to your patient as clearly as possible and all that stuff. And also I tailor my communication according to the patient as well. Some patients tend to actually pick things up so quickly you know so I don't dive into too many details. The minute I mention the term to them or the plan to them or the option they say 'Oh yeah that's fine". And then I also tailor the amount of information I give with the feedback that they give me as well. Some patients tend to be more they want to know more as well so I kind of you know because some patients even from the beginning of the conversation say 'I don't want to know about it'. It depends like. Even for example they don't want to know about the risk of ID nerve damage or something like that so I say 'I know you don't want but I really need to tell you because if I don't tell you it is negligent'. So I push it when it needs to be pushed but then I retreat if they don't need to know too much.

Researcher: Are there particular sayings, metaphors, images or stories that you frequently use to explain things to patients? Are your explanation and planning talks rehearsed? What are they? How do you judge the level of information for each patient?

Dominic (D): It all depends on the patient for me. Some patients if I tell them 'root canal treatment' that's okay they pick it up straight away quickly. If I tell them 'a crown' oh they know the meaning of what is a crown. But some patients will say 'Oh what is a crown?' so I try to use the software we have here as well also I've started to keep some models as well of previous patients so I keep them as samples so I can basically tell them 'Well look this is how it looks like this is what a prep looks like blah blah' all that kind of stuff. The more animation you use the better in your communication. But I think it's the repetition that's so important. You might find it really cumbersome, but you'll be so surprised how patients like you know. They forget, they just forget. They are so busy with their lives and everything.

Researcher: Do you consciously elicit information about personal or social aspects of a patient's life? Do you consciously integrate that information into your explanation and planning of treatment?

Dominic (D): In certain cases yes. Not all of the patients. But the majority of them you can judge from the way they are asking the questions from the way they are communicating with you. Sometimes as well of course the social background of the patient as well, like I see quite a lot of doctors coming to me, and their questions are totally different as well. I tend to be very much more, communicating more with them in order to make sure that they understand and everything. In fact it can be very easy with them as well because they say 'Oh yeah yeah you said that' you know?

Researcher: How important do you think that communicative rapport is?

Dominic (D): Oh god absolutely, oh my goodness, unbelievably important. I mean communicating with the

patient and constantly every time they come back I reiterate what we have discussed and it's almost like within two seconds I just tell them how were you before and then what is the next plan. And then once I finish the treatment for that particular day I tell them what we are going to do the next visit and all that stuff. Although I repeat and repeat and repeat myself, repetition is absolutely important. You think that the patient will pick it up the first visit but they don't. They will ask you the same question when they come back again and even then sometimes they don't get it despite all that they don't get it they will call the clinic here to confirm what you told them already. And you will be so surprised that 'Actually I told him this and this and that', so it's always always important and even just before I do, even just like I mean doing the root canal treatment, although I told him it's going to be three visits, in the second visit they say 'Oh so we are finishing today?' "No, I told you three visits, so today we are going to clean it blah blah blah blah and the next visit will be'. So communicating, communicating, communicating, is all important and they love it. Patients love it if you communicate with them that means that you are respecting them that means you care about them you know. Of course you will have your days you know of very busy and all that stuff but most of the time patients appreciate being told what are you doing for them. And you have to be happy and they be happy because sometimes my philosophy in treatment can be different from another dentist and they say 'well the other dentist told me that you should do this', 'Well sorry, this is my philosophy'. I always use this phrase. 'This is my philosophy and this is my way of practising, this is how I do things. Are you happy with me to proceed? Fine. If you're not that's, there are other dentists'.

Donal Interview

Researcher: How were the participants chosen?
Donal (D): I think we decided to choose someone who is a regular attender because with new patients they may be kind of suspicious about the recording, so it was the main factor. It wouldn't really show a real communication because you tell them that you are recording then you know first visit let's say or second/third visit and we are recording, so that would be a factor that it wouldn't show the true communication I think so that's why we chose the regular attender.

Researcher: How aware of the recorder were you during the consultation?
Donal (D): Just in the beginning, later I forgot about it. [Same for the patient?] Mm-hmm, I think so. In the end he said something in a way that you could notice that he was aware of the recording but in the middle it was probably a normal conversation.

Researcher: Do you have a philosophy of how to communicate with patients?
Donal (D): I think it can be based on courses because I spent like nine years of my life working in another health-related business, where I was dealing with clients. And then I was a dentist as well, but I was working with customers, so I've been through training how to deal with, how to sell products. Here, it's

about selling services, so and how to maintain a relationship with clients. So I can say yes, I had some training about how to communicate with people.

Researcher: Are there particular sayings, metaphors, images or stories that you frequently use to explain things to patients?
Donal (D): I think so, yeah.
Researcher: [Do you adapt these?]
Donal (D): Yes, if they cannot get it, then I rephrase this or use more visual aids like You-Tube, because there is loads of stuff on the Internet.
How do you judge whether a patient is engaged with their treatment?

Researcher: [How important is it to have a good rapport with the patient?]
Donal (D): It depends on which treatment. Treatment that needs co-operation, it's very important yeah, for sure. With treatment where you really don't need their involvement it is important purely on the human factor basis. You want a nice atmosphere you know, but you don't really need excellent em, because obviously you need some to some degree communication, because they need to know what you're doing, why you're doing this, what's wrong with them that kind of stuff. But you always come across different type of people, some of them are cleverer than the other, so it affects communication as well. Different types of people; different types of temperaments.

Researcher: [Is it important to you that the patient is engaged?]
Donal (D): It's better but if I don't need, if I don't have to, if I can see that they don't want it, I don't kind of force them to be involved.

Researcher: Do you consciously elicit information about personal or social aspects of a patient's life? [Do you typically have a personal/social conversation with patients?]
Donal (D): If I know them well, usually yes. Usually you talk about the weather, and you know you never trust people you don't know, and then it's natural then that when you know people better, purely not to them bored of you as well you start talking about more 'hot topics' maybe. If you start asking questions about issues you know like politics or whatever, then you engage people in conversation more. But you need to kind of know them, because if you don't know them they won't be talking to you I think openly as well.

Dorothy Interview

Researcher: How were the participants chosen? (Why women?) Were you aware of any bias? Do you think women are better communicators than men? What patient characteristics are likely to inspire more effort on your part?

Dorothy (D): It was just first come first served whoever was available and was willing and was a new patient for a first time exam if I hadn't seen them before

Researcher: More likely to select a woman?

Dorothy (D): I think we probably just have more female patients

Researcher: How aware of the recorder were you during the consultation? Did it in your opinion have an impact on your behavior? Or on the patient's behavior?

Dorothy (D): I think initially I was a bit more conscious of the recorder but then after that I after a while I forgot that it was recording and that it was even there. But the patient was I'm not sure that the patient was aware, they never really commented on that. I don't know them because it was the first time I'd met them so I don't know if they were behaving any differently so, to me I couldn't really tell. [For me] After a while I think you just I wasn't as conscious of it but initially yes I was conscious. I think I forgot it was recording.

Researcher: Do you have a philosophy of how to communicate with patients? What is it? What, if any, extra training have you had in communicating? Do you have a particular strategy for making information stick, or for persuading patients?

Dorothy (D): No I don't think I've ever had any training on communicating with patients. not at any point not undergraduate or even when I was doing foundation training or vocational training I never, it wasn't ever touched upon.

Researcher: [So it has developed with experience?]

Dorothy (D): With time experience wise yeah. It's not something that I ever read in a book

Researcher: Are there particular sayings, metaphors, images or stories that you frequently use to explain things to patients? Are your explanation and planning talks rehearsed? What are they? How do you judge the level of information for each patient?

Dorothy (D): For example if I was doing a consent and I was doing an extraction and I was talking about an oro-antral communication or you know things like that I suppose I do try to put them into other terms that patients would understand the same with root canal but I don't have idioms as such it's just I simplify the dental jargon or terminology. But I don't really have any idioms no.

Researcher: [Do you tailor the style of communication to the perceived level of understanding of a patient?]
Dorothy (D): If I felt they had, most patients wouldn't really know the anatomy, head and neck anatomy so I wouldn't start using bigger words. I tend to use the same terms with all my patients if I was talking about a crown I'd say a 'cap' or I tend to use the same terms with all patients I wouldn't change it from patient to patient.

Researcher: What do you do when things go wrong in treatment, or in communication, to repair the relationship?

Dorothy (D): I think I tend to face it head on as in as soon as there's a misunderstanding I come talk to the patient. I wouldn't beat around the bush. But I haven't had any particularly bad experiences where communication has broken down because most of the patients are kind of vocal and would say it. If they don't say it there they say it to the desk or at a follow-up call the next day they'd let us know if they were unhappy and they'd come back in to me but I haven't really come across- I suppose I haven't really been practicing that long too.

Researcher: How do you judge whether a patient is engaged with their treatment?

Dorothy (D): Yeah in their verbal I don't feel as comfortable when I'm with a patient and I'm giving them options and they're not really and I'm asking them 'what do you think?' and if they're very quiet I tend to be a bit more wary about not pushing treatment but if it's an extraction over a root canal and they're not really giving me anything I tend to just say 'oh do you want to just go away and think about it' and then I feel at least when they come back after a couple of days they've actually thought it. But a lot of the time if I feel a patient's not engaged and they're completely just relying on my, I hate when they say 'oh you're the expert, you tell me' and I lay out the options. So I tend to send them away. I hate the idea of just carrying on ahead with what I think is right because they're not giving me their opinion and I actually don't feel as comfortable treating those patients that don't communicate back. And I like when they go home and talk to someone in their family and then come back to me because some people I just feel maybe it's just their dental they're not as dentally savvy or they don't like to make those decisions and they feel 'oh you're the healthcare professional you should make the decision for me' and I don't like situations like that and I try to explain it as much as I can but they, when they say to you 'oh no but you know best, you decide'. I don't I hate that I hate that scenario.

Researcher: Do you consciously elicit information about personal or social aspects of a patient's life? Do you consciously integrate that information into your explanation and planning of treatment?

Dorothy (D): I do try if for example if it was a patient with special needs or a patient who I feel needs a bit

more attention or time I try to find out exactly what it is that they you know what's going on not so much what's going on at home but for example I had a patient recently who was under psychiatric care and I wanted to know what the condition was, cause I was referring them and I was a bit annoyed because I felt the carer that was with them wouldn't give me that information and I was like, 'no that is very relevant' I'm treating that person that whole person I'm not just dealing with their infected tooth and I was like 'no no I need to know what's going on because I need to how to deal with this person it's not just an extraction you know there's more to it than that'. So I feel that I do like to know and I do try to engage the patient as a whole and know exactly what's not so much going on in the background but who they are as a person and take the full approach that way.

Dympna Interview

Researcher: How were the participants chosen? (Why women?) Were you aware of any bias? Do you think women are better communicators than men? What patient characteristics are likely to inspire more effort on your part?

Dympna (D): No, it was done through the reception anyway so I didn't really have an input into it, but I suppose the patient base that we see is young anyway so from that point of view and then it can be random you can have a week where you see a lot of women and another week where you see a lot of men it can be as random as that. And then as well it might have been that the receptionist felt more comfortable asking, felt a woman might do it more likely than a man, I don't know. I'd say some of it probably would be that as well, using her own filter as to who would be approachable or amenable to it.

Researcher: How aware of the recorder were you during the consultation? Did it in your opinion have an impact on your behavior? Or on the patient's behavior? Did the process of being recorded have any long-term effect on how you interact with patients?

Dympna (D): I'd say maybe on the first one probably but after that not really, and very quickly into the consultation like you kind of forget that it's there, so I didn't really think it was I don't think anyone was particularly self-conscious of it.

Researcher: [The patient?]
No, I don't think so really, cause it wasn't like they were particularly conscious of it and they probably had other things their own agenda anyway.

Researcher: Do you have a philosophy of how to communicate with patients? What is it? What, if any, extra training have you had in communicating? Do you have a particular strategy for making information stick, or for persuading patients?

Dympna (D): No. I mean you don't want to be conscious you try and understand why understand why the patient is there in the first place. I don't have a kind of a tick-box in my head thinking I'm going through.

Researcher: [Motivational Interviewing?]

Dympna (D): So no, I have no classic learning in that, no I don't think so.

Researcher: Are there particular sayings, metaphors, images or stories that you frequently use to explain things to patients? Are your explanation and planning talks rehearsed? What are they? How do you judge the level of information for each patient?

Dympna (D): Yes I would find myself repeating. I think these questions should be directed to the nurses! I sometimes think I must sound like a broken record. Yeah a lot the stuff that you're trying to explain in terms of what's happening in a person's mouth is going to be repeated for someone else's mouth so yes. Trying to explain clinical things in layman's terms and give people advice that kind of stuff is going to repeat a lot. So yes I do find myself repeating myself.

Researcher: [Like when you mentioned a cuff of gum around the tooth?]

Dympna (D): Yes yeah so that would be an explanation I would use quite a lot.

Researcher: [Was it related to the fact that it was a young professional woman? Do you tailor your language?]

Dympna (D): Probably more if English wasn't their first language I suppose otherwise most people would get similar patters. I don't think its as tailored, it's more that's the terminology that you're trying to simplify to make it into something that can be visualised by them so but I would find myself repeating yeah. Sometimes you hear yourself and you say 'oh god, I need to find something else to say'. I suppose I've no idea where my kind of, you know it will have been influenced by what I've heard other people saying for sure, and maybe that's why it doesn't change now cause I'm kind of, it just struck me recently that I'm now a sole practitioner and so I don't get influenced by other people any more. This is the first time in my career that I've been in a practice on my own really, and so I think there is a real risk that you do flatline.

Researcher: [The patient who was gloomy following a periodontal diagnosis, you seemed to be upbeat. Do you deliberately try to lighten the mood in that situation?]

Dympna (D): I suppose sub-consciously. If someone is struggling with a diagnosis you don't want to make light of it but at the same time it's not life and death stuff is it? The job is very difficult because you do have to try and, it's almost like you're putting on a stage performance of trying to make somebody you know, it is challenging. A lot of what we do, you're analysing it now but I don't necessarily stop and think about it you know. I suppose it's to help to make a visit more comfortable for everyone and so if that's going to make somebody easier to manage as a patient and easier to treat then that's going to help with the next appointment and that kind of thing.

Researcher: [In that situation, where the patient is pessimistic, is it a deliberate strategy to change the focus, to give them more of an achievable goal, something they could work towards?]

Dympna (D): I suppose I don't like to be overly negative but at the same time you kind of have to be realistic as well. So I'll tell patients that the bottom line is that what they're doing isn't enough and that kind of stuff. I don't think I want to pretend that they don't have problems or that kind of thing, but ultimately no-ones ever that excited to be at the dentist so you're trying all the time to make them relax or bring up positive feelings in them that will help maybe make it an easier. You know if someone is pre-sensitising themselves to be all, 'This is really hard work, and I really wish I was anywhere else', then that's working against what you're trying to do. And I do think that people's how their mood is definitely going to influence how will a session of treatment goes.

Researcher: [And do you think does that have an influence on health promotion?]

Dympna (D): I do I think that the more positive your persona can be the more helpful it is to them to kind of engage and therefore to follow through sort of thing you know. And I think that's part of the picture you're kind of, the performance again trying to engage them and make them buy into it you know.

Researcher: [You're using all the perfect buzz-words!]

Dympna (D): Okay, well I think that's actually really real. I mean I often say our job is very, like there's nowhere to hide, you can't if you have a morning where you really just would love to just sit at the computer and just hide but you can't you have to interface and you have to become that professional person who's delivering that role. I think that that makes it a very constant challenge it's not like if you have one time where if you go "that's grand, you know I'll just be at work, but I won't really have to you

know?" I think that's what adds to the kind of, it's quite relentless from that point of view. When you're in work it's kind of constant.

Researcher: [Does developing conversational rapport help encourage the patient to come back and continue treatment?]

Dympna (D): I think it must do, to be honest. You try not to take it personally the fact that someone hasn't returned because there's going to be a lot of other factors in that decision. That person may not have clicked in a way. I do believe that not every- I won't be the dentist and I don't think there is a dentist I don't think one dentist is the right person for everyone I don't think that. I think that people have the right to choose where they want to have their treatment. We wouldn't have a by any means a hundred percent hit-rate of returns from first check-up visits. I suppose why that is we'll often follow we'll always keep we follow people up and ask them, you know they'll give a financial or have decided to have their treatment elsewhere or whatever reason. But part of it is you're marketing yourself a little bit in terms of what you can provide in the surgery. So there's no point in being all happy-happy one day and then the next day not be you know, you have to have that consistency with your experience. But it probably does come naturally to me, I am interested in people anyway I'm a bit nosey so I'd kind of be interested to find out what they're doing or what they're about and stuff.

Researcher: [Aren't you always adjusting to the person in front of you and the situation in front of you as well?]
Dympna (D): And maybe my skill in that is going to be less well-developed now because I probably don't have the same variance. And I do see some older patients and I do see some kids but...

Researcher: [Your patients are mostly in their twenties or thirties?]

Dympna (D): It kind of is a bit similar. It is interesting to stop, you know you're doing what you're doing and then you stop and say well why are you? Like we do have our questionnaire and it has kind of questions that help identify you know the main things that the patient is coming for and that kind of stuff so it gives a stepping off mark but that's all dental related rather than you know I mean it gives some of their history in terms of when they last visited and what it's particularly for so that kind of for new patients now it does give a little bit of a structure I suppose and I didn't always have that questionnaire I probably would have had last year but you know some consistent questions that do give you more information about every patient who is coming in
Researcher: Do you consciously elicit information about personal or social aspects of a patient's life? Do you consciously integrate that information into your explanation and planning of treatment?

Researcher: [You seem to be doing that, is that natural?]

Dympna (D): It must just be yeah. It's not a conscious thing, and there are some patients who you mightn't feel that they want you to go there so you don't.
Researcher: [You pick up cues from the patient?]

Dympna (D): Maybe a little bit yeah. But I suppose most times I would try I would be I'd be interested in understanding about the patient as well from that point of view.

Paige Questionnaire

1) How long ago was your previous dental check-up?

2 yrs

2) What is your goal for your oral health?

Keeping the teeth healthy

3) What was the most important message or advice from the dentist?

That I need a new crown

4) Was it easy or difficult to talk with the dentist?

Easy

a) If easy what made it easy? She was friendly and easy-going

b) If difficult, what made it difficult? N/A

5) What would have improved the communication between you? N/A

6) Was there anything that you wanted to ask or say to the dentist that you didn't? N/A

7) The dentist communicated information in a way that was easy to understand

Agree

8) I managed to put across my point of view

Agree

9) During the first visit I felt

Relaxed

10) Did you feel differently during the second visit?

11) Was there anything else you wanted to add?

Pamela Questionnaire

1) How long ago was your previous dental check-up?

2009

2) What is your goal for your oral health?

Clean and healthy gums and teeth

3) What was the most important message or advice from the dentist?

Dental hygiene is vital. How to properly clean your teeth. How important it is to spend time brushing and flossing.

4) Was it easy or difficult to talk with the dentist?

Very easy

a) If easy what made it easy?

The dentist was very much aware that I was nervous before the treatment began and was excellent at explaining every part of the treatment plan. She listened and watched for when I needed to take a break which put me at ease straight away.

b) If difficult, what made it difficult? N/A

5) What would have improved the communication between you?

Honestly, nothing!

6) Was there anything that you wanted to ask or say to the dentist that you didn't?

No

7) The dentist communicated information in a way that was easy to understand

Agree

Explain:

The dentist spoke to me like a normal human being and was very down to earth. She explained everything in a simple practical way that I could relate to.

8) I managed to put across my point of view

Agree

Explain: I was able to tell the dentist my daily routine which she took on board and was then able to give me advice on how to improve it.

9) During the first visit I felt

Relaxed

10) Did you feel differently during the second visit?

More relaxed

11) Was there anything else you wanted to add?

I believe this study is a fantastic way of helping to break down the communicative barriers between dentists and their patients. I was very happy to be asked to participate and can honestly say it was a pleasure to have Deirdre as my dentist and I wish so many more could be like her!!

Parker Questionnaire

1) How long ago was your previous dental check-up?

6 months

2) What is your goal for your oral health?

Hold on to my teeth for as long as possible

3) What was the most important message or advice from the dentist?

Regular check ups

4) Was it easy or difficult to talk with the dentist?

Easy

a) If easy what made it easy? Very calm and soft spoken, gentle

b) If difficult, what made it difficult?

5) What would have improved the communication between you?

6) Was there anything that you wanted to ask or say to the dentist that you didn't?

No

7) The dentist communicated information in a way that was easy to understand

Agree

8) I managed to put across my point of view

Agree

9) During the first visit I felt

Anxious (Always anxious)

10) Did you feel differently during the second visit?

11) Was there anything else you wanted to add

Paul questionnaire

1) How long ago was your previous dental check-up?

12 months

2) What is your goal for your oral health?

To have good 'healthy' teeth and gums

3) What was the most important message or advice from the dentist?

Advice on how to brush back teeth i.e. close mouth and brush thoroughly

4) Was it easy or difficult to talk with the dentist?

Easy

a) If easy what made it easy? Relaxed environment, Very informative, Attention to detail

b) If difficult, what made it difficult? N/A

5) What would have improved the communication between you?

Communication was not a problem

6) Was there anything that you wanted to ask or say to the dentist that you didn't?

Dentist moved the lamp to over my mouth, with gloves on, after examining my mouth. Does this lamp be sterilized after every patient? If not, there will be contamination issues, because bacteria from another customer's mouth could be transferred onto the gloves of dentist from lamp and into next patient's mouth.

7) The dentist communicated information in a way that was easy to understand

Agree

Explain: Very informative and attention to detail.

8) I managed to put across my point of view

Agree

9) During the first visit I felt

Relaxed

10) Did you feel differently during the second visit?

N/A

11) Was there anything else you wanted to add?

N/A

Pauline Questionnnaire

1) How long ago was your previous dental check-up?

3 yrs

2) What is your goal for your oral health?

To keep my teeth for as long as possible! For them not to be a big financial burden, and for them to look good when I smile.

3) What was the most important message or advice from the dentist?

That I have gum disease- which is hard to take as I'm someone who puts a lot of effort into my general health- diet, lifestyle etc. It was a bit shocking and kind of embarrassing, but I suppose the dentist's mentioning that I might be genetically predisposed makes me feel somewhat less culpable of neglecting that aspect of my health.

4) Was it easy or difficult to talk with the dentist?

Easy, I felt comfortable with her.

a) If easy what made it easy?

A general straightforwardness and openness from the offset. I generally would try to talk as much as I can to health professionals though as it's often where you get a lot of the benefit.

b) If difficult, what made it difficult?

The only difficulty was me feeling a bit shocked and upset at the findings, so I was probably a bit lost for words at the initial check up

5) What would have improved the communication between you?

I'm not sure it could have been improved much. But perhaps I would have liked if the dentist had been a bit more open to discussing a time frame for the further appointments as there was a significant financial burden associated- as it happened it suited me to have the appointments in close succession, but a conversation about prioritizing and planning them vis-à-vis finance might have been good.

6) Was there anything that you wanted to ask or say to the dentist that you didn't?

As per above- I didn't really mention the financial implication- might have been nice if the dentist did.

7) The dentist communicated information in a way that was easy to understand

Agree

Explain: Showing the x-rays makes things very clear. I've never had this before and it was very helpful.

8) I managed to put across my point of view

Disagree?

Explain: Not sure I really had a relevant point of view! My dental health left something to be desired… no point in making excuses!

9) During the first visit I felt

Relaxed- followed by shocked and a bit upset as mentioned previously.

10) Did you feel differently during the second visit?

Fairly relaxed and had come to terms with situation. Management of pain etc. during treatment was good.

11) Was there anything else you wanted to add?

Not now- feel free to contact me if I can be of assistance in the future.

Peggy Questionnaire

1) How long ago was your previous dental check-up?

8 yrs

2) What is your goal for your oral health?

Prevent decay and gum disease

3) What was the most important message or advice from the dentist?

Use fluoride mouthwash every day and floss

4) Was it easy or difficult to talk with the dentist?

Easy

a) If easy what made it easy?

Nice personable manner

5) What would have improved the communication between you?

I was happy with the communication between myself and the dentist.

6) Was there anything that you wanted to ask or say to the dentist that you didn't?

No

7) The dentist communicated information in a way that was easy to understand

Agree

8) I managed to put across my point of view

Agree

9) During the first visit I felt

Anxious

Felt a bit more at ease during the second visit as I knew what to expect. I was still very nervous of needles and drill!

10) Did you feel differently during the second visit?

11) Was there anything else you wanted to add?

Penny Questionnaire

1) How long ago was your previous dental check-up?

3 months

2) What is your goal for your oral health?

Healthy teeth and gums

3) What was the most important message or advice from the dentist?

Care of cleaning

4) Was it easy or difficult to talk with the dentist?

Yes- easy

a) If easy what made it easy? Clear instruction

b) If difficult, what made it difficult? N/A

5) What would have improved the communication between you?

None

6) Was there anything that you wanted to ask or say to the dentist that you didn't?

No

7) The dentist communicated information in a way that was easy to understand (please circle one)

Agree

8) I managed to put across my point of view

Agree

9) During the first visit I felt

Anxious

10) Did you feel differently during the second visit?

Yes relaxed

11) Was there anything else you wanted to add?

None

Peter questionnaire

1) How long ago was your previous dental check-up?

2 yrs

2) What is your goal for your oral health?

Read that good oral health is important when considering starting a family

3) What was the most important message or advice from the dentist?

Floss

4) Was it easy or difficult to talk with the dentist?

Easy

a) If easy what made it easy? Demeanour. Very welcoming and friendly

b) If difficult, what made it difficult? N/A

5) What would have improved the communication between you?

The number of implements in my mouth!

6) Was there anything that you wanted to ask or say to the dentist that you didn't?

No

7) The dentist communicated information in a way that was easy to understand (please circle one)

Agree

Explain: Next steps were clearly explained to me

8) I managed to put across my point of view

Agree

Explain: Had a chance to confirm that the next step was okay by me.

9) During the first visit I felt

Anxious

10) Did you feel differently during the second visit?

Only slightly. Mainly because I knew what was coming

11) Was there anything else you wanted to add?

Petra questionnaire

1) How long ago was your previous dental check-up?

2 yrs

2) What is your goal for your oral health?

Need to look after it better, I have been neglecting it in past few years due to busy private life

3) What was the most important message or advice from the dentist?

How to clean the gums and the importance of fluoride

4) Was it easy or difficult to talk with the dentist?

Easy

a) If easy what made it easy? She seemed very nice, not judgmental about me not having been good with my teeth- friendly

b) If difficult, what made it difficult?

5) What would have improved the communication between you?

It was very good, nothing to add

6) Was there anything that you wanted to ask or say to the dentist that you didn't?

No

7) The dentist communicated information in a way that was easy to understand

Agree

Explain: Did not use any jargon

8) I managed to put across my point of view

Agree

9) During the first visit I felt

Relaxed

10) Did you feel differently during the second visit? N/A

11) Was there anything else you wanted to add? No

Philomena questionnaire

1) How long ago was your previous dental check-up?

1 year

2) What is your goal for your oral health?

Clean healthy teeth

3) What was the most important message or advice from the dentist?

How to clean the back of my teeth

4) Was it easy or difficult to talk with the dentist?

Easy

a) If easy what made it easy?

We had a chat to find out what I wanted to know.

5) What would have improved the communication between you?

Don't know, he was very open

6) Was there anything that you wanted to ask or say to the dentist that you didn't?

No

7) The dentist communicated information in a way that was easy to understand

Agree

Explain: We had a chat. He answered my questions, it was like talking to a friend.

8) I managed to put across my point of view

Agree

Explain: he listened.

9) During the first visit I felt

Relaxed

10) Did you feel differently during the second visit?

No

11) Was there anything else you wanted to add?

He put me at ease like all professionals should.

Phoebe questionnaire

1) How long ago was your previous dental check-up?

8 weeks

2) What is your goal for your oral health?

Prevent gum disease and avoid crowns/bridges etc. in future.

3) What was the most important message or advice from the dentist?

That I need to floss every day

4) Was it easy or difficult to talk with the dentist?

Easy

a) If easy what made it easy?

He's very nice and approachable; takes all my concerns seriously, gives good advice.

5) What would have improved the communication between you?

N/A

6) Was there anything that you wanted to ask or say to the dentist that you didn't?

No

7) The dentist communicated information in a way that was easy to understand

Agree

Explain: Answers my questions, but never patronizing. Doesn't take me for an idiot, but spells out the bits I'm not realizing by myself. i.e. I didn't realize how important it is to floss my teeth.

8) I managed to put across my point of view

Agree

Explain: I have no problem asking questions, in the end of the day the facts are the facts and my 'point of view' won't address the problem.

9) During the first visit I felt

Relaxed

10) Did you feel differently during the second visit?

Happy that all the flossing paid off!

11) Was there anything else you wanted to add?

I'm really happy with my dentist

Pierce questionnaire

1) How long ago was your previous dental check-up?

One month

2) What is your goal for your oral health?

To try and keep my teeth white in colour, my gums in good health, and to try not get any more fillings or root canal treatments.

3) What was the most important message or advice from the dentist?

The most important message that my dentist tries to get across to me is to give up smoking!

4) Was it easy or difficult to talk with the dentist?

I find it very easy to talk to my dentist

a) If easy what made it easy? When I am relaxed, and the fact that I know my dentist for years, and that I trust him completely makes it easy.

b) If difficult, what made it difficult? I did not find it difficult

5) What would have improved the communication between you?

Nothing really because the communication is good and the dentist goes through the x-rays etc. and shows and explains it all to me.

6) Was there anything that you wanted to ask or say to the dentist that you didn't?

No there was not anything but if there was all I would have to do is ring up the dentist or wait till next month and ask him when I see him at my next appointment.

7) The dentist communicated information in a way that was easy to understand

Agree

Explain: Because the dentist explains everything step by step with me.

8) I managed to put across my point of view

Agree

Explain: Because the dentist listens to me and answers all my questions

9) During the first visit I felt

Relaxed

10) Did you feel differently during the second visit?

Yes because the more I got to know my dentist the more relaxed I became.

11) Was there anything else you wanted to add?

No. I find my dentist very good and I like the fact that the reception rings me up on the phone to remind me of my appointment.

Polly questionnaire

1) How long ago was your previous dental check-up?

6 months

2) What is your goal for your oral health?

To prevent any more wear or damage

3) What was the most important message or advice from the dentist?

I'm still grinding my teeth heavily

4) Was it easy or difficult to talk with the dentist?

Easy

a) If easy what made it easy?

Very friendly and gives good advice

5) What would have improved the communication between you?

N/A

6) Was there anything that you wanted to ask or say to the dentist that you didn't?

N/A

7) The dentist communicated information in a way that was easy to understand

Agree

8) I managed to put across my point of view

Agree

9) During the first visit I felt

Relaxed

10) Did you feel differently during the second visit?

11) Was there anything else you wanted to add?

Prudence questionnaire

1) How long ago was your previous dental check-up?

18 months

2) What is your goal for your oral health?

Intact healthy teeth and gums, good standard of oral hygiene.

3) What was the most important message or advice from the dentist?

Brush more kindly

4) Was it easy or difficult to talk with the dentist?

Very easy, no problem

a) If easy what made it easy? Simple straightforward explanations

b) If difficult, what made it difficult? N/A

5) What would have improved the communication between you?

Nothing really to improve on

6) Was there anything that you wanted to ask or say to the dentist that you didn't?

No

7) The dentist communicated information in a way that was easy to understand

Agree

Explain: Explained care plan and reason for same- showed me x-rays at all stages and progress of treatment

8) I managed to put across my point of view

Agree

Explain: dentist listened to all my input

9) During the first visit I felt

Anxious - was afraid teeth were beyond salvage! Anxious when root canal treatment plan emerged

10) Did you feel differently during the second visit?

Yes, much more relaxed as better informed

11) Was there anything else you wanted to add? No

Hymes SPEAKING Grid for Dental Consultations

Table Appendix 21 below summarises some of the data for the Treatment Groups in a different way to the table above, using a Hymes SPEAKING Grid (Hymes, 1977:52-62). Hymes developed a tool for the analysis of speech events that is applicable to many social situations and settings. It involves analysing the speech event under a sequence of headings, which are represented by the mnemonic **SPEAKING**. The constituents of the mnemonic are as follows:

"S- scene and setting of the event;

P- the participants involved;

E- the 'ends', or purposes, goals and outcomes;

A-the 'act sequence', or the message form and message content;

K- the Key, representing the mood or tone;

I-the Instrumentalities, or forms and styles of speech;

N- the Norms, or the social rues governing interaction and interpretation;

G- the Genre, or category for the particular speech event" (*ibid.*).

In Table Appendix 21 below, the speech event in question is, naturally for this study, a dental consultation. Rather than splitting the consultation into a number of distinct speech events or acts, an overall view has been taken. In translating the different forms of data onto the Hymes Grid, certain assumptions, or default positions, have been made about the dental consultation as a speech event. The grid represents the deviations from those default assumptions.

The 'Scene and Setting' for the grid is a consultation in a dental surgery. This is the default position, and there are no exceptions, so it has been omitted from the grid. The Participants in the interaction are the Dentist, the Patient, and the Nurse. The participants for each Treatment Group are designated by their pseudonyms (see beginning of the chapter), and their roles can be identified by the first letter of each name: 'D' for dentist, 'P" for patient and 'N' for nurse. Where all three names appear, this signifies that all three were involved in speaking during the speech event; where the nurse's name appears in brackets, it signifies that although the nurse was present she didn't speak, or barely spoke. The Ends of the event will vary, but the underlying assumption is that each patient has attended either for a dental check-up, or to have a dental treatment such as tooth-cleaning or relief from pain. The Act Sequence for these speech events may also be variable, but as a default the model used is the structure of a dental consultation proposed by Candlin *et al.* (1980), whereby the discourse activities are determined by the sequence of tasks, namely, "Greeting/History-taking Interview/Diagnostic Examination/ Explanation (discussion)/ Treatment/ Prognosis/Advice-giving/ Patient leaves" (*ibid.*). The default Key for these events is a formal tone, delivered with a professional register. The Instrumentalities, or forms of speech, default to Mishler's three-part sequence (1984) of question/ response/ question-evaluation. The Norms of interaction are derived from Mishler's structure and by default assume the dentist to be the primary communicator in the interaction, and controlling the discourse and turn-taking. The Genre for the speech event is divided into three options based on Roter's (2000) characterisation of the medical interview as conforming to the paternalist, consumerist, or mutuality models.

Table Appendix 21 extends over the next three pages.

Table Appendix 21 (over three pages) Hymes SPEAKING Grid of Dental Consultations featuring all Treatment Groups

Group	**P**articipants	**E**nds	**A**ct Sequence	**K**ey	**I**nstrumentalities	**N**orms	**G**enre
1a, 1b	**D**eirdre, **P**amela, **N**uala.	D: Goal-driven treatment plan; P: Is embarrassed by her teeth	Lifeworld discussion by all; Finance as topic; Elicitation of goals	Informal and teasing registers, empathetic	Narratives, repetition, metaphors. Laughter by all.	Opening and closing sequences extended; Pauses by dentist to allow patient talk.	Mutuality
2	**D**ympna, **P**earl (**N**adia).	Patient: Enquiry re tooth-whitening and wants check-up	Discussions re patient's job history and justification of costs of treatment	Persuading/ selling register	Dentist elicits personal details, and information requirements	Treatment options as service commodities: dentist performs for patient	Consumerist
3a	**D**ympna, **P**auline (**N**adia).	P: Worried because of past tooth problems; D: Emphasises gum problems	Prolonged dental history-taking; dentist uses small talk to lighten tone of interaction	Patient pessimistic; dentist optimistic, pragmatic	Metaphors to explain dental disease; emphasis on options and information	Patient's interaction hindered by bad diagnostic news; incomplete discussion of financial side	Mutuality
3b	**D**ympna, **P**auline, **N**ancy.	D: enhances rapport; P: wants to see gum improvement	Instructions to new nurse; Lifeworld discussions by all.	Informal and confidential register	Narratives	Discourse equality as dentist and patient exchange personal narratives	Mutuality
4a	**D**ympna, **P**auline (**N**adia).	Dentist tries to align with patient	Extended explanations	Didactic	Metaphors, repetition	Default	Mutuality
4b	**D**ympna, **P**auline, **N**ancy.	Task: dental filling	Instructions to new nurse; Lifeworld discussions	Didactic	Metaphors, repetition,	Default	Mutuality
5	**D**ermot, **P**arker (**N**oreen).	Problem-solving: toothache.	Lifeworld discussion: holidays in Boston	Informal register, Didactic	Informal register used in placed of jargon	Default	Paternalist
6	**D**ermot, **P**ippa. **N**oreen.	Problem-solving: wisdom tooth, patient records	Disagreements over timing of previous visit and weather	Informal register, polite	Metaphors and informal register in place of jargon	Patient and dentist both contradict each other re visit history	Paternalist

Group	Participants	Ends	Act Sequence	Key	Instrumentalities	Norms	Genre
7	**D**ermot, **P**enny, **N**oreen.	Problem-solving: broken tooth	Describes future treatment options in case of failure	Informal register, Didactic	Metaphors, repetition	Default	Paternalist
8	**D**avid, **P**hilomena, **N**oelle.	Treatment planning for gum disease, smoking cessation advice	Social interactions in treatment pauses; personal narratives throughout.	Informal, teasing register	Narratives, testimonial argument	Dentist teased by patient and by nurse; all three have speaking turns throughout	Mutuality
9a, 9b	**D**avid, **P**hoebe, **N**oelle.	Check-up, then review of gum problems	Social interactions, personal talk in treatment pauses;	Teasing, confidential registers	Narratives, metaphor.	Dentist interacts with patient as professional peer.	Mutuality
10	**D**avid, **P**olly, **N**oelle.	Ongoing treatment of tooth-grinding	Extended social talk at opening and closing stages	Informal, friendly register	Metaphors and word-play: teeth, lighthouses	Dentist elicits interaction from patient and nurse	Mutuality
11	**D**avid, **P**runella, **N**oelle	Treatment planning re gum disease, smoking	Extended social talk at opening and closing	Informal, friendly register	Metaphors from dentist; jokes and humour by patient	Dentist uses social interaction to influence decision-making	Mutuality
12	**D**anielle, **P**hilip (**N**atalie).	Treatment as commodity: tooth-cleaning	Default- interaction at a minimum	Default	Invitations to social interaction declined	Default	Consumerist
13	**D**anielle, **P**aige. (**N**atalie).	Default	Default	Default	Dentist outlines future treatment need- crown.	Default	Mutuality
14a,b	**D**anielle, **P**eter (**N**atalie).	P: health check prior to parenthood	Extended social interaction at opening of 2nd visit	Informal, friendly register	Default	Default, but extended patient interaction at opening of second visit	Mutuality
15	**D**avid, **P**oppy, **N**oelle.	Ongoing care following root-canal treatment	Social interaction at closing stage	Informal, teasing register	Metaphors from dentist; jokes and humour by all	Teasing and laughter between participants	Mutuality
16	**D**orothy, **P**etra. (**N**icola).	Default	Default	Informal, light-hearted register	Default	Discussion of the cold temperature throughout session	Mutuality

Group	Participants	Ends	Act Sequence	Key	Instrumentalities	Norms	Genre
17	**D**orothy, **P**aul (**N**icola).	Default	Laughter between patient and dentist during examination	Informal, light-hearted register	Default	Patient didn't express his concerns about cross-infection	Mutuality
18a	**D**ominic, **P**atrick (**N**icola).	Problem-solving: toothache.	Social/personal interaction after history-taking	Default	Default	Default	Mutuality
18b	**D**ominic, **P**atrick, (**N**ina)	Root-canal treatment	Default	Default	Default	Default	Mutuality
19	**D**onal, **P**ierce, **N**aomi.	Tooth-cleaning	Social interaction throughout consultation	Informal register, familiar style	Interaction that is not task-related occurs throughout	Patient and nurse have the freedom to take long turns off-topic	Mutuality
20	**D**erek, **P**ia (**N**ell).	Problem-solving: toothache.	Default	Default	Default	Default	Mutuality
21	**D**erek, **P**riscilla (**N**ell).	Problem-solving: bleeding gums.	Default	Informal register, familiar style	Didactic- tells patient what she must do.	Some laughter during treatment planning	Paternalist
22a	**D**erek, **P**rudence (**N**ell).	Problem-solving: toothache.	Joking between dentist and patient at closing	Informal register, familiar style	Didactic- tells patient what she must do.	Dentist imposes control on turn-taking, interrupts patient	Mutuality
22b	**D**erek, **P**rudence (**N**ell).	Task: follow-up treatment	Default	Informal register, familiar style	Default	Default	Mutuality

Keeping the teeth healthy
Clean and healthy gums and teeth
Hold on to my teeth for as long as possible
To have good 'healthy' teeth and gums
To keep my teeth for as long as possible! For them not to be a big financial burden, and for them to look good when I smile.
Prevent decay and gum disease
Healthy teeth and gums
Need to look after it better
Clean healthy teeth
Prevent gum disease and avoid crowns/bridges etc. in future.
To try and keep my teeth white in colour, my gums in good health, and to try not get any more fillings or root canal treatments.
Intact healthy teeth and gums, good standard of oral hygiene.
To prevent any more wear or damage
Read that good oral health is important when considering starting a family

"Clean and healthy gums and teeth" *[Establishment of good oral health and prevention of problems as the principal goal of treatment]*

Dental hygiene is vital. How to properly clean your teeth. How important it is to spend time brushing and flossing
Advice on how to brush back teeth i.e. close mouth and brush thoroughly
Use fluoride mouthwash every day and floss
Care of cleaning
How to clean the gums and the importance of fluoride
How to clean the back of my teeth
That I need to floss every day
Brush more kindly
"Dental hygiene is vital" *[Oral hygiene advice as the main message from the dentist].*

The dentist was very much aware that I was nervous before the treatment began and was excellent at explaining every part of the treatment plan.
She listened and watched for when I needed to take a break which put me at ease straight away.
She was friendly and easy-going
Very calm and soft spoken, gentle
Relaxed environment, Very informative, Attention to detail
Easy, I felt comfortable with her. A general straightforwardness and openness from the offset. I generally would try to talk as much as I can to health professionals though as it's often where you get a lot of the benefit.

Nice personable manner

Demeanour. Very welcoming and friendly.

She seemed very nice, not judgmental about me not having been good with my teeth- friendly.

We had a chat to find out what I wanted to know. He was very open. We had a chat. He answered my questions, it was like talking to a friend. He listened. He put me at ease like all professionals should.

He's very nice and approachable;

Very friendly and gives good advice

It was like talking to a friend *[Communication was easy because of dentist's demeanour]*

Takes all my concerns seriously, gives good advice. Answers my questions, but never patronizing.

Doesn't take me for an idiot, but spells out the bits I'm not realizing by myself i.e. I didn't realize how important it is to floss my teeth.

I was able to tell the dentist my daily routine which she took on board and was then able to give me advice on how to improve it

Had a chance to confirm that the next step was ok by me.

The dentist spoke to me like a normal human being and was very down to earth. She explained everything in a simple practical way that I could relate to.

Because the dentist listens to me and answers all my questions

Dentist listened to all my input

Explained everything in a way that I could relate to *[Communication was easy because of personalised approach]*

Showing the x-rays makes things very clear. I've never had this before and it was very helpful.

When I am relaxed, and the fact that I know my dentist for years, and that I trust him completely makes it easy. Nothing really because the communication is good and the dentist goes through the x-rays etc. and shows and explains it all to me. Because the dentist explains everything step by step with me.

Clear instruction

Next steps were clearly explained to me

Did not use any jargon

Simple straightforward explanations. Explained care plan and reason for same- showed me x-rays at all stages and progress of treatment

[Communication was easy because it was comprehensive]

[Communication was easy because of clarity].

The dentist explains everything step by step

I have been neglecting it in past few years due to busy private life

That I have gum disease- which is hard to take as I'm someone who puts a lot of effort into my general health- diet, lifestyle etc. It was a bit shocking and kind of embarrassing

The dentist's mentioning that I might be genetically predisposed makes me feel somewhat less culpable of neglecting that aspect of my health.

My dental health left something to be desired… no point in making excuses!

It was a bit shocking and kind of embarrassing *[A negative diagnosis is felt as a personal failure and source of embarrassment].*

The only difficulty was me feeling a bit shocked and upset at the findings, so I was probably a bit lost for words at the initial check up

The number of implements in my mouth!

Dentist moved the lamp to over my mouth, with gloves on, after examining my mouth. Does this lamp be sterilized after every patient?

But perhaps I would have liked if the dentist had been a bit more open to discussing a time frame for the further appointments as there was a significant financial burden associated- as it happened it suited me to have the appointments in close succession, but a conversation about prioritizing and planning them vis-à-vis finance might have been good.

Not sure I really had a relevant point of view!

I have no problem asking questions, in the end of the day the facts are the facts and my 'point of view' won't address the problem.

[*The patient's perspective is less important than the expert diagnosis*]

Not sure I really had a relevant point of view!

I believe this study is a fantastic way of helping to break down the communicative barriers between dentists and their patients.

It was a pleasure to have Deirdre as my dentist and I wish so many more could be like her!!

I'm really happy with my dentist. Happy that all the flossing paid off!

No. I find my dentist very good and I like the fact that the reception rings me up on the phone to remind me of my appointment.

I find my dentist very good

Felt a bit more at ease during the second visit as I knew what to expect. I was still very nervous of needles and drill!

Only slightly. Mainly because I knew what was coming

Yes because the more I got to know my dentist the more relaxed I became.

Anxious- was afraid teeth were beyond salvage! Anxious when root canal treatment plan emerged

The more I got to know my dentist the more relaxed I became *[Less anxiety at subsequent visits because patient knows what to expect]*

Basic themes

The more I got to know my dentist the more relaxed I became

I find my dentist very good

Not sure I really had a relevant point of view!

It was a bit shocking and kind of embarrassing

Dental hygiene is vital.

Clean and healthy gums and teeth

Explained everything in a way that I could relate to

The dentist explains everything step by step

It was like talking to a friend

Organising themes:

I find my dentist very good

Dental hygiene is vital.

Clean and healthy gums and teeth

The more I got to know my dentist the more relaxed I became

It was a bit shocking and kind of embarrassing

Not sure I really had a relevant point of view!

Explained everything in a way that I could relate to

The dentist explains everything step by step

It was like talking to a friend

Global theme: The dentist controls the communication

No I don't think I've ever had any training on communicating with patients. Not at any point not undergraduate or even when I was doing foundation training or vocational training I never, it wasn't ever touched upon.

With time experience wise, yeah. It's not something that I ever read in a book

It has become easier as the years have gone on with practice.

I haven't done any stylistic training in communication.

I would say really just through experience mainly.

And obviously I've sat in on a few sessions with some more experienced clinicians and other operators and I've watched how they've operated and I've listened to the terms they've used and the little phrases they used and I've piggy-backed on some of those as well.

I suppose I've no idea where my kind of, you know it will have been influenced by what I've heard other people saying for sure.

[*Communication skills can be learned from professional colleagues*]

[*Communicative competence developed through experience rather than training*]

It has become easier as the years have gone on with practice

I think it can be based on courses because I spent like nine years of my life working in another health-related business, where I was dealing with clients. And then I was a dentist as well, but I was working with customers, so I've been through training how to deal with, how to sell products.

Here, it's about selling services, so and how to maintain a relationship with clients. So I can say yes, I had some training about how to communicate with people.

I have done some continuing education stuff like I did Ashley Latter does an 'Ethical Sales' course like I did that now and I wouldn't necessarily lift his lock stock and barrel like but there's some good points in there.

I try and take on board some of the stuff I liked in that.

I would try and focus them very much on evidence-based in my treatment always. But I would never use it as a lever to make them do a treatment or nothing like that I suppose no. I don't like the hard sell and I would avoid that I suppose you know.

I've been through training how to deal with, how to sell products [*Training in 'sales' as communication training].*

We cannot be in a good mood everyday you know but we are trying we have to be, that's a part of the job by the way.

The job is very difficult because you do have to try and, it's almost like you're putting on a stage performance.

You have to interface and you have to become that professional person who's delivering that role. I think that that makes it a very constant challenge it's not like if you have one time where if you go "that's grand, you know I'll just be at work, but I won't really have to you know?"

You have like a structure or a patter almost that you use with the patient and it's almost sort of hard wired at this stage and once you go into that you're sort of in that zone
You go onto automatic pilot
You get immersed into it
You are so busy
Sometimes it's not (good) because, if it's actively involved that means he is agreeing with everything with you, but it's a wasting of time as well. And always there's a lack of time you know, you have thirty minutes and you have to do the job.
It's almost like you're putting on a stage performance [*The performance of being a dentist*]

Some patients tend to actually pick things up so quickly you know so I don't dive into too many details. The minute I mention the term to them or the plan to them or the option they say 'Oh yeah that's fine".
And also I tailor my communication according to the patient as well.
And then I also tailor the amount of information I give with the feedback that they give me as well.
Some patients tend to be more they want to know more as well so I kind of you know because some patients even from the beginning of the conversation say 'I don't want to know about it'. Even for example they don't want to know about the risk of ID nerve damage or something like that so I say 'I know you don't want but I really need to tell you because if I don't tell you it is negligent'. So I push it when it needs to be pushed but then I retreat if they don't need to know too much.
It depends just on the personality of the patient I wouldn't say there's any difference in female or male.
A higher rate of attendance and follow-up, they follow it up much better than males. Females they tend to come back and everything you know
I tailor my communication according to the patient
[*Communication is tailored to the needs of the patient*]

I sometimes think I must sound like a broken record. Yeah a lot the stuff that you're trying to explain in terms of what's happening in a person's mouth is going to be repeated for someone else's mouth so yes. Trying to explain clinical things in layman's terms and give people advice that kind of stuff is going to repeat a lot. So yes I do find myself repeating myself.
Yes absolutely, we'd have say for what a root canal treatment is or what a crown is you would have a little script for it
I tend to use the same terms with all my patients if I was talking about a crown I'd say a 'cap' or I tend to use the same terms with all patients I wouldn't change it from patient to patient.
I have a certain pattern of how I would describe periodontal disease or how I would describe caries or how I would give diet advice
I must sound like a broken record
[*The same clinical explanations are repeated to different patients*]

For example if I was doing a consent and I was doing an extraction and I was talking about an oro-antral communication or you know things like that I suppose I do try to put them into other terms that patients would understand the same with root canal but I don't have idioms as such it's just I simplify the dental jargon or terminology.

If I felt they had, most patients wouldn't really know the anatomy, head and neck anatomy so I wouldn't start using bigger words.

You get to develop your own way of communication I mean of course people tell you have to be transparent you have to talk to your patient as clearly as possible and all that stuff.

I don't think its as tailored, it's more that's the terminology that you're trying to simplify to make it into something that can be visualised by them

I try to use the software we have here as well also I've started to keep some models as well of previous patients so I keep them as samples so I can basically tell them 'Well look this is how it looks like this is what a prep looks like blah blah' all that kind of stuff. The more animation you use the better in your communication.

I rephrase this or use more visual aids like You-Tube, because there is loads of stuff on the Internet. But I think it's the repetition that's so important. You might find it really cumbersome, but you'll be so surprised how patients like you know. They forget, they just forget. They are so busy with their lives and everything.

Yeah I try to explain things in layman's terms. I try to explain to them that they understand what I intend to do, what's involved in doing it, and the sort of success rate or the chances of it working. But I explain to them all 'Look it's a mechanical procedure, I don't know what's in here what I expect I'm going to find, I'm going to do my best to try and save the tooth I'm going to try and do it in the shortest time possible with the least amount of anguish or hassle to you as the patient', and once I get them on my side they understand where I'm coming from I find it works much much better.

I suppose you'd try to find an easier way to describe what you're doing to simplify it.

My main strategy would be to try and explain it as simply as possible to the patient. [*Breakdowns in communication are best dealt with by simplified communication*]

[*Physical and digital educational aids assist with communication with patients.*

Repetition is a key element of communicating clearly

Clarity is important in communication/Avoiding jargon enhances the clarity of the communication]

You have to talk to your patient as clearly as possible

I think the honesty thing is a big one.

To tell them as well what to expect everything you have to tell them. They cannot expect perfection- we cannot do it. Just to tell them in advance what to expect.

Every patient is different- for one patient you could pull out a tooth and they'll say that's grand and for another patient in your view the procedure could have gone exactly the same way but for them it's been a different procedure. It's been a not a nice experience.

I suppose I don't like to be overly negative but at the same time you kind of have to be realistic as well.

The honesty thing

[*Patient perceptions of treatment may vary so it is important to provide realistic information*].

I would adopt a more masculine type I would refer or use analogies or examples that I know would attract that would hit something with a male and I would use a sort of softer analogy or something I know that a female could relate to if I was explaining something similar. But not really I don't think that there's any need, I don't think that I feel myself having to go one way to an extreme or one way with male or females.

Probably more if English wasn't their first language I suppose otherwise most people would get similar patters.

I suppose the profession of the patient as well if they're an academic or say the medical profession you might be able to talk more technically to them…but if you're talking to someone that is in a totally different area of work then you'll have to change your wording accordingly.

If you're a similar age group you might be into similar sort of activities etc.

I probably used more medical language with a cardiologist than with another patient with a limited understanding or ability to communicate but I would try and distill the message but still give the same message.

So to answer your question, yes I think I can pick up the level that I would pitch my explanation and my rapport with and it is based on the education of the patient, but a lot of it is based on the sort of everyone has become very aware now of the internet and what's on.

Sometimes as well of course the social background of the patient as well, like I see quite a lot of doctors coming to me, and their questions are totally different as well

It all depends on the patient for me. Some patients if I tell them 'root canal treatment' that's okay they pick it up straight away quickly. If I tell them 'a crown' oh they know the meaning of what is a crown. But some patients will say 'Oh what is a crown?'

[*Explanations might be tailored for the profession, educational level, or age of the patient.*
Explanations can be tailored according to the gender of the patient
Explanations might be tailored for patients who don't speak English as a first language]

I would try and distill the message but still give the same message

I would always try my best to pitch it to the appropriate level. If you're talking to someone you normally get a sense within a few minutes maybe of what sort of level you should be pitching a conversation at like.

I think it depends on the patient and it depends on my assessment of their level of understanding or ability to communicate.

I find by experience within two to three minutes of speaking to a patient I can sort of know myself the level I would need to pitch my explanation at.
But the majority of them you can judge from the way they are asking the questions from the way they are communicating with you.
[*The first minutes of interaction provide the necessary information to gauge how to pitch the communication*]
You normally get a sense within a few minutes of what sort of level you should be pitching a conversation at

Yeah they say that pregnant women and women planning to have children are very easy to motivate towards good health so I would try and be aware of that.
Checking their values… pregnant mothers are a group that you know are focused on health and they value health arguably more during that period.
I do try to engage the patient as a whole and know exactly what's not so much going on in the background but who they are as a person and take the full approach that way.
I would have a holistic approach to the patient. I would gear my approach and the way I would treat the patient and explain something to the patient with that background context.
[*A holistic approach is necessary in treating the patient /Health conditions such as pregnancy present opportunities to motivate patients regarding their oral health*]
A holistic approach to the patient

Usually you talk about the weather, and you know you never trust people you don't know, and then it's natural then that when you know people better, purely not to them bored of you as well you start talking about more 'hot topics' maybe, then you engage people in conversation more.
I'd say it's definitely easier once you find a little bit out about…them like where they live you know if you live somewhere nearby or you've anything in common you know then you have common ground and when they come back in the next time so it's easier.
With patients like that it's really a gradual process of getting them to engage more.
[*When there is an established relationship interaction can be more personal and, consequently, engaging*].
When you know people better you start talking about more 'hot topics'

I think I'm going to try my best to have the best conversation first of all, I think I'm going to try my best everything you know to have a good conversation, if they're nervous, relaxing the patient.
I want first of all to relax them, you know, trying to speak with them something different always at the start of treatment. The patient to relax as much as you can. The relaxation is the most important thing, yes to establish interaction as well and good relations with the patient it's very important. To have a good laugh if you can as well!
A relaxed atmosphere that is very important

I think it has developed with time, but I have always I think my nature is in the most part never aggressive. I would be quite placid; I think I would have a genteel nature just by nature. It takes a lot to get me riled up.

But I do try and use language a lot that sounds non-threatening. I try not to use words like drilling and pulling.

I do think that people's how their mood is definitely going to influence how will a session of treatment goes.

I do I think that the more positive your persona can be the more helpful it is to them to kind of engage and therefore to follow through sort of thing you know.

You have to break down those barriers break down the anxiety before you start to see the person coming out

[*Lexical choices can influence patient anxiety*

The process of a patient becoming engaged with their treatment can be gradual

A laid-back, tolerant nature is desirable for a dentist to avoid conflict

Breakdowns in communication are best avoided by relaxing the patient]

You have to break down those barriers break down the anxiety before you start to see the person coming out

I find regrettably in the current context of dental litigation I find that I now have to practice defensive dentistry. I spend more time explaining and writing down or typing out what I've said to the patient after the patient has gone.

Sometimes it helps if you get a second opinion as well from the patient's point of view, so it gives them a bit more confidence in what you're going to do.

I think I tend to face it head on as soon as there's a misunderstanding I come talk to the patient.

You find yourself as the practitioner, talking them out of doing the treatment

I won't be the dentist and I don't think there is a dentist I don't think one dentist is the right person for everyone I don't think that.

And you have to be happy and they be happy because sometimes my philosophy in treatment can be different from another dentist. 'This is my philosophy and this is my way of practising, this is how I do things'.

I don't kind of force them to be involved.

[*A dentist's style and approach is individual and is not a good match for every patient*]

[*Breakdowns in communication are best dealt with by direct communication*

Breakdowns in communication are best dealt with by a second opinion from a colleague

There is an increasing need for explanation and note-taking to avoid problems]

I now have to practice defensive dentistry

You try and understand why understand why the patient is there in the first place. I don't have a kind of a tick-box in my head thinking I'm going through.

That first meeting with the patient is crucial for me to communicate what I want to to them but also for them to communicate their problem to me and I feel that it's my opportunity to listen to the patient to get to know them to understand what's important to them and then also for me to try and relay the benefits of looking after their oral health.

Treatment that needs co-operation, it's very important yeah, for sure.

I would always try to have the patient engaged at all times because I think the days of prescriptive treatment are more or less gone. Most treatment I mean there's more than one option so I would always feel you've got to lay out the options to the patient and then you've got to simplify it obviously for them you know you can't necessarily go into all the detail but otherwise it's not informed consent. So I would feel that you can tell if the patient is engaged or not, tell if they're listening or not.

But a lot of the time if I feel a patient's not engaged and they're completely just relying on my, I hate when they say 'oh you're the expert, you tell me' and I lay out the options. So I tend to send them away. I hate the idea of just carrying on ahead with what I think is right because they're not giving me their opinion and I actually don't feel as comfortable treating those patients that don't communicate back.

I suppose I try and interact with a patient rather than lecture and so I'll and ask questions and try and encourage them to ask questions and to feel like they're part of the process as much as possible. I think it's really important to listen to what their issue is and what their problem is, and what they want fixed and why they're there. Cause people, maybe it was different years ago, but people don't respond to being told what to do. I don't.

[*Eliciting the patient's treatment goals encourages their active participation*

Dentists want patients to be involved in the decision-making process]

I try and interact with a patient rather than lecture

I think patients feel like they come across as stupid or uneducated if they ask certain questions anyway

From just talking to other dentists in actual fact a lot of the explanations they use and a lot of the rapport I use with my patients believe it or not I have actually learned from patients. I've tried to explain things to patients and I've gone around it using maybe ten twelve sentences and I've got a reply in two lines that has summed up. They've copped immediately what I was trying to explain so you learn from that and the next time I've a shorter explanation where I get straight to the point. So I think it something I've learned with time with experience.

Patients love it if you communicate with them that means that you are respecting them that means you care about them you know.

With treatment where you really don't need their involvement it is important purely on the human factor basis.

Things like the Motivational Interviewing and other courses I would be very interested in because I think the better you communicate with people the better the success you're going to achieve whether its improving their oral hygiene so that you get a better result with your restorative work, whether its working with somebody who is anxious to make them more comfortable it's all about communication.

I think communication is an essential part of our practice and it would be something I put a lot of attention and focus on, particularly in the exam appointment.
It's all very well for me to communicate a certain message but unless the whole team is on the same page it's just not going to happen. They need to get the same approach from the front door to the desk.

[*Communication as a core part of clinical practice*]
[*Patients appreciate the dentist's efforts to communicate/ Collaborating with the patient can lead to clearer explanations]*
Patients love it if you communicate with them

Basic Themes

It has become easier as the years have gone on with practice
I've been through training how to deal with, how to sell products.
It's almost like you're putting on a stage performance
The honesty thing
I now have to practice defensive dentistry

I tailor my communication according to the patient
You normally get a sense within a few minutes of what sort of level you should be pitching a conversation at
I would try and distill the message but still give the same message
I must sound like a broken record
You have to talk to your patient as clearly as possible

Patients love it if you communicate with them
A holistic approach to the patient
When you know people better you start talking about more 'hot topics'
You have to break down those barriers break down the anxiety before you start to see the person coming out

I try and interact with a patient rather than lecture

Organising themes:

A stage performance, Distill the message, A holistic approach.

Global theme: The dentist is responsible for successful communication.