

ORAL SURGERY CARE



• BRENT L. FLORINE, D.D.S.

4151 Knob Drive, Suite 101
Eagan, MN 55122
(651) 688-8592

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Greetings,

Find a sunny spot to review some of the latest in dental literature.

The article about placebo analgesia describes how verbal cues and conditioning can be used to boost the expected pharmacological effectiveness of an oral analgesic. It is a fascinating concept that starts with being convinced you are prescribing the best evidence-based analgesic; then verbally setting positive expectations with your patient to increase the pill's effectiveness.

We really appreciate being part of your patient care team! Please contact me whenever I can be of any help.

Best Regards,

Brent Florine, DDS

PS: We are repeating the "Not Me!" assault prevention course the evening of July 23. We presented the course twice last year to full houses. If interested, contact us to see if any space remains.



Oral Surgery Care

opioid-free treatment of postsurgical pain in my office, met not with complaints or pushback from patients but with agreement and appreciation. Opioid prescriptions are few and far between: I rarely see an indication for them and patients don't want them when they know the risks of and alternatives to opioids. This is particularly important for the highly vulnerable adolescent and young adult population so commonly seen for third molar extractions.

Placebo analgesia occurs when reductions in pain perception exceed the purely pharmacological effect of an analgesic medication. Pain is the most placebo-prone condition known, so why not take advantage of placebo to benefit patients? There is a 20-30 per cent response of pain to a placebo pill even when patients are told they are taking a placebo. It costs over two billion dollars to develop a new drug; yet many never make it to market only because they can't beat the strength of the placebo effect in final clinical testing. Everyone responds to placebo—some more than others—and it can be put to work to improve pain management outcomes beyond the chemistry of pain pills.

In conclusion, a first opioid prescription can put the rapidly developing and highly vulnerable brain of an adolescent or young adult patient at risk for future opioid abuse and addiction. Mounting evidence from myriad sources makes it clear: An ibuprofen/acetaminophen combination is as good as or better than opioids such as Vicodin in managing dental pain. Deliberate and systematic use of placebo analgesia can amplify the efficacy of an over-the-counter combination for better yet dental pain management. *Following current prescribing guidelines to*

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Placebo Analgesia: A Safe Adjunct for Dental Pain

Brent Florine, DDS
Northwest Dentistry, Volume 98, Number 2, pages 41-45

I am excited with the success and positive feedback encountered since I consciously added elements of the placebo effect to a structured pain management process—while all but eliminating opioids—for my oral surgery patients starting in January of 2018. A study published in December of 2018 reported a disturbing rate of opioid abuse-related disorders diagnosed in adolescents and young adults within twelve months of being prescribed an opioid by a dentist. This added to a growing list of works showing the high risks of even a first exposure of the developing brain to opioids. Following are the scientific underpinnings of adding placebo analgesia to what has become almost

Dr. Brent Florine received his undergrad degree from the University of Minnesota College of Liberal Arts and attended the University of Minnesota School of Dentistry. He received



postgraduate dental and oral and maxillofacial surgery training at Louisiana State University and Charity Hospital in New Orleans, and the University of Minnesota Hospitals and Clinics. He is certified as a Diplomate of the American Board of Oral and Maxillofacial Surgery and has practiced oral surgery in Eagan since 1987.

Placebo Analgesia...continued

manage dental pain relegates opioids to a vastly more limited scope than has been the norm in recent decades. Dentists can make a personal impact on the opioid epidemic by helping parents keep their children—and themselves—out of harm's way.

Optical Fluorescence Imaging in Oral Cancer and Potentially Malignant Disorders

Tiwari L, Kujan O, et al.
Oral Dis. 2019 Feb 27

The authors in this study wanted to systematically review the efficacy of direct optical fluorescence imaging as an adjunct to comprehensive oral examination in the clinical evaluation, risk assessment and surgical management of oral cancer and potentially malignant disorders. Studies adopting autofluorescence devices, evaluating the efficacy of comprehensive oral examination and optical fluorescence imaging in detection, visualisation or management of oral squamous cell carcinoma or oral potentially malignant disorders, as well as discriminating oral epithelial dysplasia from other mucosal lesions, were included in the literature search across bibliographic databases until October 2018.

Twenty-seven studies were found to be eligible for inclusion in qualitative analysis. Of these, only six studies demonstrated a low risk of bias across all domains of the methodological assessment. Optical fluorescence imaging demonstrated positive results, with higher sensitivity scores, increased lesion detection and visualization than comprehensive oral examination alone in the clinical evaluation of oral squamous cell carcinoma and oral potentially malignant disorders. *This review provides promising evidence for the utilization of optical fluorescence imaging as an adjunct to comprehensive oral examination in varying clinical settings. It is important that devices utilizing optical fluorescence imaging are viewed strictly as clinical adjuncts and not specifically as diagnostic devices.*

Efficacy of Topical Benzocaine in Maxilla

Rehman N, Qazi SR
Anesth Prog. 2019 Spring;66(1):24-29

The purpose of this study was to compare the effect of topical anesthesia against the use of no topical agent on pain of needle penetration and local anesthesia deposition during buccal infiltration in anterior maxilla. In

a randomized controlled trial, 100 adult participants were randomly allocated to the benzocaine group (received 20% benzocaine gel) and no benzocaine group (received no topical agent) prior to buccal infiltration in maxillary anterior teeth. A 27-gauge needle was used to deposit 2% lidocaine with 1:100,000 epinephrine. Pain of needle penetration and local anesthesia deposition was recorded separately using an 11-point Numeric Pain Rating Scale.

Results showed that although 20% benzocaine significantly reduced pain on needle penetration during buccal infiltration in maxillary anterior teeth, the difference was small and the clinical significance is not clear. Topical anesthetic did not affect pain of local anesthetic deposition.

Impact of Bisphosphonate Therapy on Dental Implant Outcomes: An Overview of Systematic Review Evidence

Mendes V, Dos Santos GO, et al.
Int J Oral Maxillofac Surg. 2019 Mar;48(3):373-381

The purpose of this overview was to assess the methods, quality, and outcomes of systematic reviews conducted to evaluate the impact of bisphosphonates on dental implants and the risk of developing bisphosphonate-related osteonecrosis of the jaw after dental implant surgery. An electronic search without date or language restriction was performed in the PubMed/MEDLINE, Cochrane CENTRAL, Web of Science, and LILACS databases (to January 2018). Eligibility criteria included systematic reviews that evaluated the impact of bisphosphonates on implant outcomes. The quality assessment of the included reviews was done using AMSTAR 2 guidelines. The search and selection process yielded seven reviews, published between 2009 and 2017.

The authors believe that the scientific evidence available demonstrates that patients with a history of bisphosphonate use do not present a higher risk of dental implant failure or marginal bone loss compared to patients who have not used bisphosphonates. The literature also suggests that patients who undergo surgical trauma during the installation of dental implants may be more susceptible to bisphosphonate-related osteonecrosis of the jaw.

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www.oralurgerycare.com
online@oralurgerycare.com