

MEDICAL-DENTAL RELATIONSHIP TO THE
CHILD PATIENT ✓

*C. Everett Koop. J. Den. Children 22:197
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A child is not a small adult and when he is treated as such, his response to surgery does not come up to expectations. The child differs from the adult in the character and variety of lesions presented for care and correction. His physiologic response to trauma, blood loss and so forth is different from the adult response to the same insult. If these differences are real for the normal child, they are much more so for the handicapped child.

A hospital experience for elective dental surgery in a handicapped child need not be an unpleasant one for a child. The child who enters a hospital properly prepared for that which he will encounter is almost invariably a happy one. The child who has not been told what to expect or who has been told a falsehood concerning his admission is suspicious of his parents, the doctors and nurses. It is almost impossible in a short hospital stay to win the confidence of such a child. The child should be told the truth about those things which will happen to him, although it is usually not necessary to go into great detail.

When a child is approached in honesty, his confidence is gained and his cooperation becomes a matter of course. For example, if a painful procedure, such as a needle puncture for a blood specimen, must be performed, it is wrong to tell a child: "This will not hurt." Rather, he should be told something like this: "We have to do a test on your blood and must take the blood from your arm with this needle. It will hurt, but just for a minute. As soon as it is over, you will realize that many things that happened to you yesterday hurt much more than that, and you never even cried." Usually, when some completely painless procedure must then be undertaken, such as a roentgenogram, the child can be

748 • THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION

told, "This will not hurt," and the child will believe the practitioner.

Parents should begin several days in advance to prepare the child to come into the hospital. He should be told something of the duration of his stay, and whether he will be staying with his mother or with other children. Promises should not be made which cannot be kept by the hospital staff.

Fear of hospitalization is largely fear of the unknown or the unexpected. One of the best ways to overcome apprehension on the part of the family is to discuss with the parents exactly what they may expect so that they in turn can inform the child. The child depends on his parents for support in meeting any new situation, and they can be of great service to him and to the dentist by lending him the confidence which they have learned by facing the new situation squarely as it is presented to them by the dentist.

The postanesthetic recovery time is one of confusion for the child. Unlike adults, children rarely have prolonged nausea postoperatively and if they do not expect nausea, they frequently do not experience it. A child who has been properly instructed regarding the operation itself accepts the postoperative care without hesitation.