

CariFree

An interview with Dr Howe Chuang

Private practitioner, eastern suburbs, Melbourne

By Peter Mackley



Peter Mackley

Dr Chuang how long have you been practicing dentistry?

I have been practicing for 25 years all in this area and have been at my current location for the past 15 years. I have a general practice which has a mixed patient base with people of all ages and backgrounds. I have patients that have seen me for 25 years and regularly see new patients as well.

Why did you get involved with the CariFree System?

I know that there are better ways of doing dentistry rather than the old mundane way of doing drill and fill. The standard of care is to prevent problems rather than just fixing them, this is important to me. I see a lot of disease in children and young adults especially those aging from 5-25, so I know that I needed a more effective way that offers certainty for my patients. Drilling and filling isn't a permanent solution, it just postpones the problem if the disease is not treated as well.

I regularly attend the World Congress of Minimally Invasive Dentistry meetings in the USA and became aware of the CariFree system several years ago. I have watched the product and research develop, many people are now involved with it including US Dental Schools, key caries researchers and leading clinicians. The CariFree way treats the disease not just the symptoms, it just makes sense to me.

Dr Howe Chuang



How did you start to introduce CariFree to your patients?

I first introduced it to my recall patients. Knowing the condition of their mouths and that they have continual reoccurring problems, I would ask them if they wanted something better. If they were interested I then explain how the CariFree prevention program worked. I would send them home with a patient education brochure so they could think about it and make a decision. I want them

to make the decision. Generally I would see them during the following week.

When they come for their next appointment they knew what is required to correct their problems, so I would ask them "Do you want something better? Do you want to fix your problems?". Most of them have said, "Yes, I want to do something better." At this time I would screen them with the CariScreen ATP test. The test takes just 30 seconds so it is quick to do. Once I have the initial test result we start the treatment. I think 99% of my patients have said yes to it.

I also screen new patients at their first appointment as this forms part of my standard of care. My intention is to screen all my other patients in time as this will provide me with a more accurate way to identify any change in their health, well before I can see their symptoms.

Do you find that the patients understand their responsibilities and that it is their problem?

Yes, everyone understands. I want them to think about it and make their own decision. I explain how cavities start and how bacteria plays a roll in tooth decay. Then I explain that there is one way to get rid of the problem and that is for you to change lifestyle habits, diet and to also get rid of the harmful bacteria that is in your mouth. If you don't get rid of the harmful bacteria you won't get rid of the problem.

Have you had any patients say no?

Some, very few.

Why do you think they have said no?

Generally they don't want to incur any additional expenses. I don't push them but advise them that this is in their own interest and is needed to correct their problem. I tell them that I will treat them the same way as before but if your needs change then we can look at it again some time later. I don't push them I want them to make their own decision.

If you treat the patient using the CariFree prevention program not only do you save a lot of time, you will also prevent further problems happening later.

What does the CariScreen ATP test show you?

At first I was seeing a lot of high test results this didn't surprise me as I was selecting high risk patients. Even though I already knew they were high risk patients I needed to create a baseline that accurately measures change and the CariScreen test allows me to do that. Before this I really had no baseline, other than oral hygiene, but what measurement did I really have, nothing! The CariScreen test is a special tool that allows me to see what my patients are doing or more importantly what they are not doing.



Some people may think that you could be trying to put yourself out of business, preventing dental caries?

That's not correct. As I previously mentioned it's about the standard of care, we need to prevent problems rather than just fixing them. I'm sick of retreating and repairing the same patient's teeth. If I don't offer this eventually there will be no tooth surface left to repair and then the tooth will just fracture causing even greater problems. I don't find this type of work very satisfying.

If the patient's filling breaks I don't mind fixing it, it's easy, but if they come back with 5 or 6 new cavities every year or two, it's not good, and I'm seeing more and more of this.

Do you use CariFree for anything else?

Yes, I do a lot of periodontal treatment and I have been getting fantastic results over the past 6 or 7 years with my laser, it works really well, but there is an element that always causes problems. Since I introduced the CariFree as part of my post surgical

treatment I have seen a huge improvement in a very short period. I find the CariFree rinse cleans these infected areas up really quick. The patients tell me how good their mouth feels, they don't have pain, they don't have bad smelling breath, they don't have any bad taste and they tell me their mouth feels very clean, all within 3 weeks.



I provide my patients with the CariFree rinse and interproximal brushes. I ask them to brush interproximally with the rinse and then rinse their whole mouth. I find all the recession around the areas following the perio treatment is usually very raw, the CariFree rinse eliminates this problem, the gums are pink and healthy and the pocket depth is shallow. It helps to clean everything up very quickly.

Have your patients noticed a difference and do they value the end results?

Yes, they know. Previously most patients would come in with bleeding gums, a terrible taste and terrible smelling breath. After one treatment they generally say "I'm a bit better," after two treatments they say, "I'm a lot better and I don't have that dreadful taste in my mouth." After the second visit they can tell that one side of their mouth is significantly better to the other side and they really want that clean fresh feeling for their entire mouth. The whole process generally takes 4 weeks, one quadrant per week.

Did you use other rinses before CariFree?

I would have patients rinse with Savacol for a week or so following periodontal treatment but that was all. Other than this I would never ask my patients to use a rinse, I knew most of the rinses didn't work so I wouldn't recommend them. Rinsing with high alcohol content and acidic rinses don't make any sense as they just encourage the decay causing bacteria. The CariFree rinses are unique and are the first that address the real treatment of the disease.

What about your staff, was it difficult for them?

No, they love it. They are the ones that help and explain all the finer details to the patients. They love being more involved.

Where else do you see CariFree could benefit dentistry?

Orthodontics. If I was the Orthodontist, before I put the bands on a patient I would prescribe the CariFree rinses to ensure the patients bacterial load was low and would not start the orthodontic treatment until the CariScreen tests results were low. The question we should ask before commencing orthodontic treatment is, "What do they want from the outcome of the treatment?"

Straight teeth or decayed straight teeth!



By placing braces, the patients risk of decay increases. I would want to know that the patient is at low risk before commencing and throughout the treatment period. As the Orthodontist seeing the patient every 6 weeks they are the perfect person to perform ongoing screening tests to monitor the bacterial loads that cause decay. Hygiene alone doesn't remove the decay causing bacteria.

In a new practice CariFree would be a great practice builder. It not only prevents problems, but builds confidence with patients. Once you help a patient fix their problem, they tell their family and friends, who will all need some form of dentistry at some time. We continually see new patients because of referrals and when they come in for a checkup there is generally another reason for seeing you, they have a problem or they want something done. CariFree helps to provide patient confidence, it's a great practice builder. ♦

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