



## Interview: My goal is always to give a patient control over their oral health

Since 1988 Judith Weiss has been working as a dental hygienist. Over these 30 years, she has experienced a revolution in prophylaxis. Interdental brushes instead of dental floss for primary prophylaxis. Soft bristles toothbrushes instead of hard bristles to prevent damaging your gums. Regular dental visits, including a quick cleaning, instead of occasional painful emergencies. Today, their entire practice team knows that the personalised oral care of a patient needs constant motivation and is the cornerstone of oral health. In an interview, Judith explains how and why she has made adjustments to her own oral hygiene and how she is implementing the philosophy also with her patients.

**Dental professionals around the world attend seminars where they can experience individually trained oral prophylaxis (iTOP). You are an iTOP speaker, practicing and teaching the principles of iTOP and «Touch to Teach». Why are you so excited about this philosophy?**

With iTOP and T2T I have the knowledge and skills to motivate and instruct colleagues. The same applies with family, friends and patients. I avoid imposing things, but always strive in an understandable way, to explain and motivate them to practice. With iTOP, I have a perfect, functioning system for oral health at hand.

**«Touch to Teach» – To hands-on experience something on yourself in order to fully understand and be able to properly pass it on – is unique. The participants experience oral hygiene up close.**

Imagine you get a box of dental floss from the dentist and go home. Do you know how to use it? Do you know its traumatic power? And what about acceptance? Do you even like using them? And last but not least: what about the effectiveness of the floss?

You have to try in the office, learn the proper techniques and develop a sense for the methods with all the difficulties. You can only pass something on once you have learned it yourself. Or do you think a driving instructor could give driving lessons without being able to drive them-self?

With interdental brushes both the acceptance and the effectiveness are high. If you have the perfect size and technique, they are absolutely atraumatic. But again, you need training to learn how to do it. This can not be done in one hour. You have to feel and practice how the technique works. The difference of insertion in the anterior and posterior region. Do not be afraid to practice for hours, even days, to be perfect.

The work is often frustrating for many hygienists, as they repeatedly face the same amount of tartar and inflammation and clean it, year after year. iTOP taught me to offer the patient a solution. To not just clean and send them home but to actively help them. We have to invest time for teaching. If I recommend an interdental brush to my patient, I have to physically instruct them and practice with them so that they can do it at home. It is not only important that the patient comes to the dental office one, two or three times a year, but what they do at home in the meantime, over the other 364 days. iTOP is a constant motivation for me.

**How to motivate patients to use interdental brushes?**

The acceptance of interdental brushes is high, because success comes quickly. I think that one's own conviction and experience counts to motivate my patients as well as colleagues. I talk a lot about myself, about my own experience and difficulties. Much of what I learned 30 years ago has changed in the meantime. Each of us is regularly trained in many ways, but when we clean our teeth we do not ask if the technique and the tools are adequate for current times

Many times a day, many people clean their teeth, but do not think about it. I've made it my mission to change this with my patients.

**How did you learn oral hygiene 30 years ago? What has changed the most since then?**

At that time, we were recommended medium-hard toothbrushes and daily use of dental floss. Interdental brushes were only recommended for people with open interdental spaces, otherwise they were very traumatic for the gums. The concept of IDB for primary prophylaxis did not exist back then. Thankfully, that has since changed. The fine CPS Prime range is great for anyone with closed, narrow interdental spaces. Additionally, there is the CPS Perio series, perfectly suitable for wider interdental spaces.

**Which mistakes have you made? Is there anything you think, you already knew?**

I have used too hard toothbrushes that had too much abrasion so I unknowingly did harm my enamel. I also used floss too traumatically, cutting aggressively into my gums. I did not know better that at the time, and always thought I had perfect oral hygiene. Although you already know how to do something that does not mean that you can not improve, as is the case in sport. Think of Roger Federer: he is so successful because he practices continuously, so he can maintain his high level. When it comes to oral hygiene, it is no different - I have to practice to stay at a high level because I know: "a clean tooth cannot get sick".

**When you used CPS Prime for the first time, what did you think?**

My first encounter with CPS interdental brushes was a basic product presentation that did not talk about techniques and did not instruct their usage. I did not fully grasp its advantages and thought, as IDBs were not for primary prevention in my mind, that CPS is not for me. When I participated in the first iTOP seminar, we practiced the correct technique with the perfect size for each space. It was embarrassing because my gums were bleeding. When I felt the CPS Prime myself in an individual training session with the instructor, my opinion quickly changed. The «Touch to Teach» gave me much food for thought.

**Which patients do you work with in your dental office?**

This varies as in any other practice. I have both patients without dental and gum problems as well as very serious cases. Two weeks ago, I had a patient with extreme amounts of tartar. He hadn't been to a dental hygiene visit for several years. With such a patient, it is very important to me to give him a treatment that primarily build him up to return. In the first session I do not aim to completely remove the tartar, which might be too painful. Rather, my main job is to captivate and motivate him to change his daily oral care. It is important to me to create a bond by giving him knowledge, then I can go on to remove the tartar. The patient should leave the chair as painlessly as possible and with a good feeling, not only with clean teeth. Many patients thank me for my tips and tricks. I want to achieve health together with the patient. I play a big role in their success. If I recommend devices that the patient does not use, I have failed. Acceptance is the most important thing.

**How much time do you take for oral hygiene teaching?**

I take a lot of time with the patient with a lot of tartar and gum inflammation. Here I start at the base, talking about the diseased gums, that it's not normal for them to bleed. I talk about the importance of the right tools. For this purpose, T2T direct oral practice is essential, only in this way can the patient benefit - I am the coach, like in sport, for example, - I give instructions, advise them and guide their hand so they can experience what perfect oral hygiene feels like. Through many questions, I experience their habits and can respond to them individually. Sometimes I work and speak at the same time to convey as much knowledge as possible. Some patients want to know everything, other patients do not listen at all and just want to get their teeth cleaned. This is not always easy, it remains an act of balance. iTOP is not for everyone - but for those seeking oral health, it is a solution.

**What role does the hygienist have in oral care teaching?**

They should teach the patient that they can do more than just be cleaners. They can help achieve tooth preservation. It can be done through recommendation of effective and gentle tools that the patient also accepts. These are an ultra-soft toothbrush and properly calibrated interdental brushes and usually also a single brush. But, we can go further and individually teach oral prophylaxis methods. Of course, we need the compliance of the patient, their cooperation and support. My goal is that they have a lifetime of oral health.

Thank you very much for the interview.

