

# Sleep dentistry: TURNING CONVERSATIONS INTO CONVERSIONS



with:

**Dr. Tarun Agarwal**  
Raleigh Dental Arts  
North Carolina

## ACCESS TO PATIENTS IS THE SINGLE MOST IMPORTANT DIAGNOSTIC TOOL.

No matter how advanced, no techniques or technologies are enough to help a clinician diagnose a patient if they don't see the patient.

Combining new techniques and new technology with access to patients is what makes something like sleep dentistry so exciting. The average patient sees their dentist more frequently than their physician – giving their dentist the opportunity to start a conversation about sleep medicine. And the technology to help has arrived, too.

Dr. Tarun Agarwal, owner of Raleigh Dental Arts in North Carolina and 3d-dentists.com, uses his cone beam CT to help start the conversation with patients regarding sleep apnea. Though the process from conversation to treatment has several steps, Agarwal said his 3D imaging helps his team immensely with the first step – engaging patients in a conversation about sleep apnea.

“Many physicians aren't discussing this with their patients. Most patients feel that it's normal to be tired or to lose energy as they age a little bit. A lot of times it's a sign of low oxygenation during sleep, and plays a tremendous role in overall body health.”

–Dr. Tarun Agarwal

**PATTERSON**<sup>®</sup>  
DENTAL

## THE CONVERSATION

It's estimated that as many as 20 percent (or more) of adults in the U.S. suffer from obstructive sleep apnea (OSA). While Dr. Agarwal uses his 3D images of patient airways to start the conversation with his patients, other dentists find other ways. The key is to ask patients if they think they may be suffering from OSA, and then, to help them get diagnosed.

## THE DIAGNOSIS

Sleep physicians can administer take-home or in-clinic sleep tests to reveal the degree, if any, of OSA a patient has. Physicians can recommend a variety of treatments upon diagnosis. If the recommended treatment is an oral appliance, the process heads back to the dental practice.

## THE TREATMENT

The workflow is completely digital once a patient returns with a diagnosis for OSA treatment that calls for the creation of an oral appliance. It starts with a 3D scan to determine the starting bite position, which means the dental team doesn't have the increased risk of potentially incorrect mounting at the

laboratory. From there, they use CAD/CAM to take digital impressions of the mouth for fabrication of the appliance, and all the information is integrated in the software – no physical impressions, no complications, just appliance fabrication.

## THE CONVERSION

Offering sleep dentistry pays,



according to Dentsply Sirona. The return on the 3D equipment necessary to implement sleep dentistry makes the investment worthwhile – even before considering other procedural applications of the technology.

Dentsply Sirona offers this breakdown as a clear example of how practices can succeed profitably by giving their patients access to this treatment: Assuming a dental practice has 2,000 patients, 14 percent of whom suffer from some form of OSA (lower than many estimates), the average dentist would see **23 OSA sufferers** each month. If the practice then **treats just one** of those 23 sufferers – a 4 percent close rate – each month throughout the year, they would see new income of \$2,300 a month (the average medical insurance reimbursement). Taking out \$500 for the net leaves \$1,800 a month, which is enough to pay for the new equipment.

Doctors everywhere are learning how to turn their patient access into successful treatment. Sleep dentistry is proving itself a great way to do so.

Visit [www.pattersondental.com/CIT](http://www.pattersondental.com/CIT) to learn more about how you can implement new technology in your practice.