

A Perspective on Dentistry in the Developing World

GEOFFREY SAS D.D.S. CANDIDATE 2011



This past August I was fortunate enough to participate in a two week dental trip with the Volunteers for Intercultural and Definitive Adventures (VIDA) to Central America. To say it was one of the most eye opening experiences of my life is an understatement.

Although I had spent the previous month backpacking throughout South America, I did not know what to expect regarding volunteer dentistry. During the program, I travelled to three distinct communities; two small villages in northern Nicaragua and one in Honduras. The conditions in these communities were extremely primitive; dental instruments were



outdated, properly trained staff were scarce and spoke only Spanish. Moreover, the pervasive educational and socio-economic problems in these two developing countries meant that even those few who did have a rudimentary understanding of basic oral hygiene were not concerned with the consequences of poor dental health. For instance, it was not uncommon for a 30 year old to have

had eight teeth extracted over the course of their lifetime. Many of the adolescent patients were already losing their permanent dentition without concern from their parents.

At first the mobile clinics that we had set up were overwhelming. Often, two mobile chairs were set up in a small open setting – such as a church, classroom or field – allowing every future patient to view the current procedures. Flashlights were used as headlamps, as well as paper cups for saliva instead of suction. The temperature remained in the high 30's Celsius, with a fan only working on days if we were lucky. Perhaps most alarmingly, patients were presented with only three options for treatment: scalings, extractions, or ZOE temporary restorations. Since we were the only dental professionals in the village and so many of the residents required assistance, we were required to perform the work quickly and efficiently. Also, our patient base included every single person in the different villages. In other words, the dental treatment that we provided was intense and fast paced.

As the days progressed, I became increasingly comfortable with my diagnostic and clinical abilities, which

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included scaling, assisting in extractions and pain management, public health screenings, and community education discussions to help promote public awareness. When we weren't working, I was able to see some of the local attractions, one of the highlights being The Somoto Canyon National Monument. Although I do not speak Spanish, the patients and people that I met in these two countries in these short two weeks left an indelible mark on me. They could

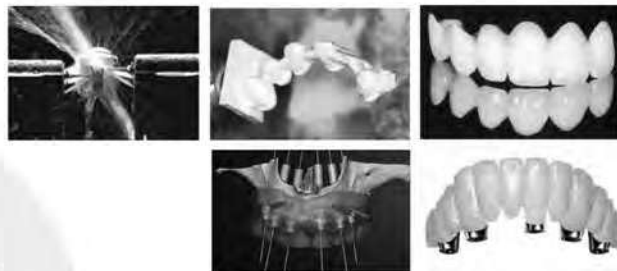
not afford to pay for these services. However, they are a proud people and being poor did not stop them from constantly thanking us.

As great as this experience was, I soon realized that many of the citizens of these villages were entirely dependent on dental volunteer groups, such as VIDA, to provide even this rudimentary level of dental care. The continuance of these missions relies heavily on donations of dental supplies by dentists from all across

North and Central America. I'm in the midst of preparing a box of donations from Toronto that could include any supplies ranging from gloves, gauze, sutures, antibiotics, disinfectants, bibs, toothbrushes, floss, fluoride, prophylaxis paste, disposable trays, or any other item that may help this worthy cause. If you are interested in donating any supplies, please contact me at geoffreysas@rogers.com. Any help would be greatly appreciated.

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