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With Your Host

Dr. Tarun Agarwal

Ep # 16: A Conversation on Tongue Ties and How to Incorporate it in Your Practice

Welcome to *T-Bone Speaks* with Dr. Tarun Agarwal where our goal is to change the way you practice dentistry by helping you achieve clinical, financial, and personal balance. Now, here's your host, T-Bone.

T-Bone: Ok everyone welcome back to another episode of T-Bone speaks.

I hope you guys are having a great day and I have a great topic today and a wonderful guest. You know my goal is for each of us to stop doing fillings and crowns because I don't think they pay well and I don't think they're professionally satisfying after some period of time.

Over the past six months or so in my blog and into our podcast over last month or so we've talked about sleep apnea, as a way to grow your practice, dental implants as a way to grow your practice, medical billing as a way to get better reimbursements to your practice and the journey with implants along the way in terms of more complex implant cases digital hybrids and all those things, you know complex cases of your CEREC machine, but today I want to introduce something that-probably is going to be very new to each of you and certainly was very new to me. And what I'm finding is - you know my goal is to create more money, more time and more professional satisfaction so how great would it be if we can find something that allows us to work less, allows us to produce and collect more and allows us to really change people's lives and that's really what we want to talk about today.

So today I'm going to introduce a fabulous person in the concept of using tongue ties and the effect that tongue ties has have on human beings whether they're caught early in childhood development or even caught late and the role it plays and today we will be joined by Jo Ann Pell. Jo Ann was born in England. She told me where in England she was born but I didn't understand it those English

people have all these names. I wasn't just born in XYZ city. I was born in XYZ City, county, state, and then England that was just too much stuff for me but then she was raised in Australia in Sydney Australia and she actually got her dental degree there in Australia it's a BDS. It's a six-year program straight out of high school to achieve your BDS. Actually, in most countries outside North America that's what it is in fact my dad has a BDS from India and then she moved to the United States in 2011 and she has developed a lactation program in several offices and Joan how are you doing today?

Joan: I'm doing well thank you.

T-Bone: Oh, I forgot to mention if you haven't pick it up yet being from England and Australia she talks unbelievably funny.

Joan: [Laughs] to which you all gave a great example of I'm sure.

T-Bone: Right, but you know you moved here to North Carolina as well and you find the people talk funny here?

Joan: I actually find the accent here quite neutral, to tell you the truth

T-Bone: Neutral?

Joan: Yes I mean when I [Crosstalk]

T-Bone: So when I talk like this and I talk slow and yo, you find that mutual?

Joan: Well the thing is you don't sound quite as prevalent with that than what the folk do in national Tennessee for example which is where we just came from.

T-Bone: Where did you get the word folk from?

Joan: Folk, well that's the word we all use all around the world. [Laughs]

T-Bone: She just learned what bless your heart mean.

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Joan: Well yes and I won't be using that very often here now will I? [Laughs]

T-Bone: I can't believe that you've been in the South for a couple of years so or two years and nobody's told you what bless your heart means?

Joan: Oh, no one said it no, no so I felt quite enlighten today to know the true meaning of that so yes I shall not be saying it?

T-Bone: Well, Jo Ann was introduced to me by a good friend Halley Bryant to me on the podcast here in a little bit. Today is my first time meeting Jo Ann and today is Joan first time meeting me and I figure I would get a podcast recording from her before she decided that she will never come back again. [Laughs] Because you know as soon as I meet her I'm just straight who I am, what you deal, what are you trying to do where you after what's your goal in life like who cares who you are where you from, I just do that. So Jo Ann who are you and why should people know you?

Joan: Who am I and why should people know me? Well, first of all my true friends call me Jo. Joan is when I'm in trouble so we'll just say.

T-Bone: Like I said Joan

Joan: Yo I'm in trouble ok well let's just say not even in the day that fort. Ok so yes who am I - to me what I'm passionate about and what I want to be known at is knowing that I'm trying to as was talking about the lip and tongue ties particularly in infants, I really want to get the word out there particularly to practitioners here in North Carolina and certainly further afield. I'd really like to get the word out you know potentially throughout America and for people that are interested in this particularly the people that want these to their production because there's such a need for these in the community. Everyone's having babies, babies are puffing…

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T-Bone: Really!

Joan: Everyone. I don't know if they know where they're coming from here so. [Crosstalk]

T-Bone: So we're not China. We don't have limitations on how many babies we could have?

Joan: Well I was going to say I think we should have some limitations to be quite frank some of the things I've seen puffing out but anyway all that aside, that in itself creates such a wonderful opportunity for our practitioners out there because here we have a procedure that is just slowly getting more recognized here and I feel that I have the tools to be able to help people with getting this implemented into their practices, understanding how it all works, how they can add that to the production, and hopefully in all of that the key point is helping these dear mothers and families in our community so that is what I'm passionate about.

T-Bone: Ok so tell me why I've never heard of this before and I'm' pretty out there. I'm pretty you know up to date and when I first heard about this tongue tied business and that the dentist can do it and that all of these stuff and what all the facts, tell me why should my listeners even give a crap about tongue tied babies?

Joan: Well that's the thing I mean It's not something that was really ever on anyone's radar and I mean dental school, medical school you don't really learn about it per se. You don't study it. Yes that word learn but in all that aside…

T-Bone: I'm making fun of you, I apologize.

Joan: Yes I know and I'm trying to keep a straight face here, you're not making it very easy for me. With all of that aside I mean why this is becoming such a thing that's known now is it twenty twelve years ago mothers would have their children if they couldn't quite try

breast feed well it doesn't matter go straight to the bottle, straight to the bottle you know.

There's obviously generations of people out there that have lip and tongue ties but it was dismissed. It wasn't something that people even bother with. Why we're seeing such a privilege now in our society is it everything breast is best. This mothers are ruling as soon as they puff out that little one bang, you have got that to your chest you are breastfeeding that child now that's why things are being seen now more so than what they were ten fifteen twenty years ago because these mothers are encouraged to breastfeed you've got lactation specialists, you've got all these people on hand in the hospitals to guide those mothers' on how to feed their babies and they're the one seeing – well hang on a minute something is not right here that child is not latching properly.

Now why isn't that child not latching properly and then bit by bit it's being slowly uncovered that were seeing well hang on a minute we're seeing this attachment under the lip, we're seeing this attachment under the tongue. What is this all about and this is why we're now at this point that up until now I don't think there really was much. To me it was very grey area I don't think people really sort of bothered with it, whereas now, we've got hundreds of thousands of women out there that are really affected you know, with their babies with the lip and tongue ties so yes it's an absolute opportunity for the dental community to get on board with that and I think, as I mentioned you know, it's a marvelous way to want to help the community and two, potentially add to your production.

T-Bone: Ok so I want to build the story today, okay? I want to tell them what this affects, what's in it for them, and all of those things and what the treatment is, but before we do that let's get to the meat of it and because I want to give the listeners the reason to listen ok. So let's pretend you believe all this stuff you're a listener you believe me but

you should believe me because I don't lie to you I've only helped you guys ok. So what's in it for the practitioner from a pure business prospect perspective?

Joan: Ok so what's in it for the practitioner I mean obviously, you need to get your word out there that you want to be doing this procedure.

T-Bone: And what is this procedure?

Joan: The procedure is essentially working with what we just describe to me the best method is a diode laser for example, the cost of light laser which is readily available for fewer cost [Crosstalk]

T-Bone: You're welcome Allan Miller.

Joan: Yes, Allan Miller I do hope you're going to send me a commission cheque for this when I do finally meet you because I do plug your laser to everyone, but quite frankly it is the best laser. And the thing why I like that laser it's most cost effective laser you don't need to be forking out you know fifty sixty thousand bucks. You can fork out what? Less than five thousand for the little cost so light and that is all you need because it's the one you need and as I said that laser when you deal with the babies particularly the little ones you're finding that they're not physically even feeling that laser as a process yes first of all they'll have that sight which is stingingly hurt but it really is the best method to be able to address this frenulum attachment.

T-Bone: Ok so what we're talking about is using a laser, preferably a diode laser to do a tongue tie release, lingua frenectomy. [crosstalk]

Joan: and then a labial, yes.

T-Bone: And oftentimes a labial one on the maxilla. Now on average what kind of – without being I don't want to use names and stuff like that ok, tell me what kind of fees are associated with this procedure?

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Joan: Well that's the thing, the fees as far as your medical, dental insurance billing for example they are the fees I think the American Dental Association set for this procedure is per labial, per lingual, 650$.

T-Bone: So 650 bucks and would you say that the vast majority – what percentage of your patients have medical insurance coverage that?

Joan: Well that's the thing we find that the majority of the patients do have the medical insurance.

T-Bone: Does deductibles and things apply for something like these?

Joan: Yes, depending on what your network with, depending what your practice has already implemented as far as the insurances in your network with you might find and again your insurance coordinator for example will have to do the research to your relevant insurance issues you have to see what the amount of cost would be.

The worst case scenario the out of pocket fee for most of these procedures is about forty percent. Again, if they don't have the medical insurance you can set a what we call a self-pay scenario for this patient because when you're getting a mother that's in great distress and needed rest they need this procedure done yesterday because the child is not putting on weight you know you have to act in haste you have to be the one to be seeing to help these people so because of that yes if they don't have insurance for example or has issues with the insurance you can say look this is what we're going to do for you today we're going to do this procedure for your and we're just going to charge you $650 for both.

T-Bone: Ok so on typically you're saying that this can be a fee of $650 per arch. And even if we call it, let's say for easy sake and for being conservative let's call it $500 an arch ok and most of the time medical insurance is going to pay a significant portion of it and

truthfully what mother if they have financial means is not going to do this.

Joan: That's exactly right you find and because they are under duress and they're obviously very anxious that you know there's very [unclear] scenarios were a patient work physically pay that fee if they have to.

T-Bone: Ok and this obviously the other thing is is that these patients aren't just sitting in the practice most people aren't seeing patient on a two, three, four, six months old in dental practices. So where are the dentists acquiring these patients from?

Joan: Well, that's the thing the dentist essentially getting this you know the patient flow from lactation consultants that work with these patients when they first.

T-Bone: I don't even know what a lactation consultant was?

Joan: Yes, and that's the thing there's a whole market out there for lactation specialist now and that's again become quite prevalent with the whole breastfeeding environment and so your lactation consultant, you've got ENT's, you've got the Pediatrician Doctors and you've got you know literally the nurses in the hospital we're finding as well the one's that are helping those mothers to learn to breastfeed they're also identifying this issues so you know it's a plethora of all these people on board, that essentially the ones that we can use as a referral source, but we have to obviously be tapping into where the sources are and to generate these sources by actively putting your name out into the community to grab this sources for sure.

T-Bone: And what would you say the typical community let's use Raleigh for example. How many dentists are doing this type of treatment?

Joan: Unfortunately very few in Raleigh itself I don't know there might be few that operate out there that are just doing a little bit of it that I'm

not aware of but to my knowledge there's only one in Raleigh that does this.

T-Bone: Ok so the great news is there's tremendous opportunity for dentists to be on the forefront and one of the things I always talk about in our speaking, in our lectures and on the podcast is you don't want to be reactive in your practice rather be proactive in your practice.

So one of the thing that really save me and allowed me to be on the forefront is that I'm more pro-active I'm already looking at hey the implant business for example I look at implants and five years ago we're doing – we're still doing a great numbers of implants but there are much easier implants but there are less and less people doing implants but as the prevalent of technology increases as you know for example we've trained so many people in the area and as we train more and more people more and more practices are providing implants therapy so I see that implant therapy is going to be a tougher ball game for me to participate in or compete in because there is more provider and then so I look at sleep as the avenue and sleep apnea again right now that's hot I mean that's one of those things that very few practitioners are doing and now what I'm trying to introduce is the concept of this tongue ties and frenectomies for you know it's not just infants we will get into that infants, but young children you know adolescents even adults for example as a procedure that even fewer and fewer people way less people are doing.

So ultimately what I want our listeners to do is I need you to start thinking fast forward ok I always talk about you guys have three eyes in the Indian culture we believe we have a third eye and one of your eye is focused on the short term that's what's going on today tomorrow and the next week then you got one eye focused on the medium term and to determine that is what's going on next month a month after the next six months and then I believe you

have to have your third eye and that your third eye needs to be focused on where I'm going to be, what do i need to be doing the next twelve, eighteen to twenty four months to make sure that I'm always going to be on the forefront of what's going on and to me that's what this is about so talk to me about the age ranges of the patient.

Joan: Well, that's the thing I mean you know when you're looking at the infant frenectomy for example you can have a baby literally come straight from the hospital to you.

Now one of my experience was literally twelve hours old come straight from the hospital, why they came straight from the hospital was that they had another child that has a lip and tongue tie they knew straight away that this child will also have it because it is a genetic predisposition she knew straight away I need this addressed now because she didn't want to have issues with breastfeeding later.

So really as young as coming straight from the hospital as soon as that child is born up to any age, you know lip and tongue tie is not restricted just to infants just to children you know below the age of thirteen what have you I mean you can have adults to which even I think my lovely doctor here sitting next to me needs one here now she has posterior tongue tie going on right there so that's the thing, it's ageless. So even though I am focusing on my passion is the infant frenectomy and to get the word out there about infant frenectomies there's an absolute need in our community for all ages of this procedure so it's not something that should be just look upon oh I can only do babies or I can only do adults well there's no reason why you can't do all ages and introducing this to your practice.

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T-Bone: So tell me this why is getting a tongue tie important for infants or, let's just say let's focus on the vast majority of the patient is going to be infants and children let's say, so why do they need this done?

Joan: Well that's the thing why they need it done and when they oversee their born and they're wanting to breastfeed and they're in their mother's car I mean there's a number what I really discover is a multi-factorial thing.

T-Bone: Why can't they breastfeed?

Joan: They can't breastfeed because that child is unable to latch sufficiently. Now they are not able to latch because their frenulum attachment usually under the lip, also under the tongue prevents one their tongue to be in the position that needs to be out to latch and of course with the lip if they've got that tight loosen that attachment they are not able to plunge their lips to be able to get to the breast to be able to latch on sufficiently so because of that they end up with the weak and shallow latch they're not able to latch on so you know they're struggling, they're fatiguing and quite often the whole thing ends in tears and really for the mother the mother symptoms would even more worst you know you bring home a new baby and because they can't latch properly these children are chomping at the poor mother's breast causing also [inaudible] and things like that. It's really not a pleasant time for all and that's why again when this [unclear] is present you know you have to show that great sympathy to them for the fact they've really very miserable.

T-Bone: What is the matter that the baby can't latch on very well can't they just go to the bottle.

Joan: Well that's the thing they can and obviously with the bottle you know you can get a different teats that go on the bottle sort of slightly large, you can get all the dimensions here but the thing is ultimately you know these mothers want their babies to breastfeed and that's

why they want to have this issues addressed because bonding with their child in that way far surpasses you know shoving a bottle in its mouth but even with the bottle feeding some of the babies struggle with that as well.

T-Bone: Right so but this is way beyond just a bond of the mother and the child and way beyond just the antibiotics and the breast milk this is about development as well, correct?

Joan: Absolutely!

T-Bone: So talk to me about the development that occurs or the non-development that occurs when you're not able to latch properly.

Joan: Well, that's the thing I mean fundamentally you've seen that when these children are going to fall below the weight percentile as well if they were not able to latch properly and they're obviously not getting the nutrition that they need and that's the key thing. That's the thing that distresses everyone the most in this is that you know, they've got a baby that is three months old that is brought back to birth weight for example you know that's really quite traumatic for all concerned when you see that.

So with the development as well by living this things, one ultimately they're obviously yes, we've worked out they're not going to feed properly there's going to be all sorts of issues you know with again as they develop their age and they get to that age where they're starting to develop with solid foods they've got gagging reflexes, they've got speech issues and they're all affected with you know the facial contour being so tight, can be chiropractic issues with neck and shoulders and all these things and particularly with the children as they develop and they've left with a labial frenulum you're going to see their deciduous teeth come thru with little gaps that's going to be you know also set up on oral hygiene issue they're not going to clean their teeth adequately which ultimately can lead to systemic

decay in the buccal surface of the kids teeth so all these things like a domino effect to symptoms unfortunately.

If this is all left, you see these things as the children grow, you know they can cause issue, behavioral issues with the children as well if this is left from birth and you get these toddlers we find that a lot of the children have behavioral issues because of it too.

T-Bone: And would you say or talk to us about how some of these behavioral issues are related to sleep apnea and how the tongue tie and the tongue is a part of the arch development and the tongue spacing and airway development or these patient sometimes becomes mouth breathers and add more to tonsils and all of these things so talk to us a little about that.

Joan: Yes, see that's all part of it as well you know again the thing about particularly you know when you've got these posterior tongue ties and you've got the tightness in their face and all of that can obviously hinder the development of how the child, the face as it grows and you know again it's affecting the jaw, affecting just the you know the anatomy of their face and again that's something up until now that was not really sort of researched very much either.

T-Bone: You know the example I'd like to use on this is how you know back in the 80's and early 90's everybody was into bicuspid extractions and extraction of teeth and the development of arches there and were very rarely do we see that happening anymore and as we do more and more research as the medical community, the dental community as they do more work into this what they're finding is when you have a restriction of the tongue the tongue is not able to feel the palate when the tongue doesn't feel the palate the arch doesn't develop properly we don't get that inter molar spacing you know which typically be somewhere in the 35 millimeter maybe a little bit more ballpark and a lot of that has to do with the tongue or we see this tongue that are scallop because the mandible wasn't

able to expand and all of these things what happens as the tongue gets bigger or as the arches don't expand and the tongue is you know respectively bigger now their tongue aren't posturing forward.

Now the tongue when they sleep they are tight back and fallen back when they fall back to sleep and now they start to create these obstructions and when we start having these obstruction at such young ages now that obstruction leads to lack of oxygen, lack of deprivation that way and these young kids you know when you see kids they have these bad they just have these look underneath their eyes that's look of tiredness and we believe look I'm not a scientific analyst but there's a lot of work and thought to these that this is one of the reason we're seeing more ADD, ADHD that we're seeing so many of these things going on is because developmentally where working mother I don't want to sexes in this way at all because my wife is a working mother ok but as working mothers were not lactating, were not breastfeeding were not allowing that development to occur and when we put people in the bottle you know listen, we put two of our kids in the bottle ok, and they don't develop properly and then we're not doing interceptive orthodontics at that age of six, seven or eight.

When I was growing up in dental school we were taught that about ten, eleven, twelve was the time to get orthodontics done and now we're finding six, seven, eight but you won't expand that arch you want create that space and what we're finding if you catch this thing even earlier in that infant or young child stage that you can develop another tongue that can also affect all of these things that are going on did that sound about right?

Joan: Yes absolutely you hit it on the head absolutely and the thing...

T-Bone: Do I really know what I'm talking about?

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Joan: You sound like you really know what you're talking about. [Crosstalk]

T-Bone: That's amazing!

Joan: I'm impressed I was actually quite mesmerized for a moment listening to that. [Crosstalk] You do.

T-Bone: I have an effect on International women.

Joan: Well clearly, yes.

T-Bone: I can't have that effect on American women just International women.

Joan: Oh, fair enough no that's the thing this is again why I feel the way I do about this because if you're intervening literally at that infant age then look what you're preventing. To me that's just a no brainer isn't it? You know if you can help when they're just little tiny babies then that makes much more sense to me than having to do all the therapies and all the things that ultimately cause a lot more money for the families. It's great for the practitioners that are doing the services but you know I mean doing what's best to that child to me I think still has to come first.

T-Bone: Listen at the end of the day I always preach that listen, you got to love what you do and do what you love and do it for the right reason. You should never be money motivated, okay? It's not wrong to want to be successful. In my opinion it's wrong to do things for the money and solely do things for the money. I think that is a I think that's a little unethical personally, that's just my take on that.

Joan: No and I agree with you on that, yes.

T-Bone: So ok now we built the story a little bit we talk about benefits in doing this type of procedure again doing using a laser to do a

lingual and labial tongue tie release, we've talk a little about the average ages we've talk about the economic benefits of it.

Ok so now you've got me and my listeners intrigued. Okay, so walk me through what is these ok listen I've got insurance practice I'm busy I've got all kinds of fillings, crowns, implants, your muscular aesthetics, I've got Invisalign, orthodontics you know surgeries we've got sedation, we've got all kinds of stuff going on in our practice ok so how in the world... [Crosstalk]

Joan: I was going to say how on earth are you going to fit it all in?

T-Bone: Yes so how in the world does this fit in the practice?

Joan: Ok so really the best way to generate this into implementing into your practice is to set it up as I described as an overflow scenario so you're not physically booking it as production time. You're setting this as an overflow column so therefore you'll be seeing your standard patient you'll be doing your restoration, doing your crowns, doing whatever you normally do but then in your overflow column you would set these appointments in dash every hour or so depending on what your hours are that you have your practice open and you're doing that while you're seeing your patients in one room.

And then you zipping across to the other room to be able to do the procedure. Now, the procedure itself is you probably already aware it actually takes about thirty seconds to do but your preparatory work are talking to the family about giving them the explanation and all of that. You obviously have a staff member that does that and then the practitioner will come and do the treatment leave the family just to settle down and then you essentially leave. But you do need to go down for that and as I said the most effective way to implement that is to have a decent overflow.

T-Bone: Ok so now let me just translate that a little bit for us, okay? So here's what the great news is ok, so I can tell you based on how I

was feeling about this was that, oh my God it's overwhelming, oh my God I don't want to deal with kids, oh my God I definitely don't want to do with mommies ok but you said some key words there and that is and this speaks very well in my philosophy of how I teach and how I want people to develop their practice is how I want my team members to develop themselves is you have to have a champion in the practice ok and that person hopefully a female because that's make a most logical sense, probably a female that had children or probably maybe had this issues and maybe you treated or had someone else treat can be the champion and that person needs to own this process ok they need to own the patient from beginning to end they need to be able to be there and be empathetic with the patient.

Joan: Gaining their trust absolutely

T-Bone: No because listen you're talking about a one month

Joan: It's the most precious cargo really is you know they're handing you their most precious thing that, yes [Laughs]

T-Bone: So you need to have somebody in your office that's going to do that and the other thing I look at is you know maybe you have that hygienist in the practice or maybe you have that assistant in your practice who you know what doesn't have physically have that ability to be working and working unbelievably hard four five days a week anymore. Or they're looking for something for that second part of their career or they're even early in their career and like you know I don't want to do this forever I want something more for myself and for my life I want to have more professional satisfaction and to me you need to develop that person. So how does one go about developing this team member?

Joan: Well that's the thing I mean developing that team member you obviously need to have all the instructions as to how they go about

the presentation for them to learn all the specifics about the procedure to be able to explain it eloquently to these families so that's the thing it's picking that person that you think would be the most beneficial you know to the practice, to present this who people obviously can engage very well with - that person really is going to be that shining light as far as this procedure is concerned that even with the follow-up phone calls and things like that that is the key person that the family wants to speak to the family will engage with so picking that person is key who will that person will be is very important.

T-Bone: Ok so what is this team member going to be doing, what would their daily role be? Talk to me I don't want you to give talk about every little detail here but give me the basic.

Joan: No just to a little synopsis

T-Bone: What's the basic hey I've gone out we've made a referral list you know relationship with lactation specialist or Obgyn or ENT's even or birthing centers, midwives, whatever it maybe we've gone around and made these relationships and now we start having patient's call.

Joan: Yes, they're calling in. So that's the thing and how this is, when you get that first phone call again it's your person on that front desk that's the first point of reference so you need that person to be, "Oh yes of course we'll be able to help you? You need that person to be very engaged and still to have some knowledge about all of these two because the thing about is, is that this patient will start asking all these questions to that first person who answers the call so if they don't know what they're talking about that straight away is a bit of a red flag. So again you need to train that staff who answer the phone. [Crosstalk]

T-Bone: So it's the entire team?

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Joan: It's pretty much the entire team because really you've got your scheduling coordinator for example that will be doing these appointments. She needs to be able to be in shape with what she needs to know to be able to answer certain questions.

If she can't answer those questions then she really needs to direct those questions to what I feel if you got someone that's specifically in-charge of this, i.e. your frenectomy director for example, those questions can then go to that person and that person will be the one to answer the more clinical questions for example.

But that scheduling person, yes, that phone call comes in she's talking that patients thing, she's getting as much information i.e, health insurance all that sort of thing puffing them in for that one hour of the overflow or your extra column as you would say and then from there that patient might present you know the next day the day after. You're bringing them into the room. You're going through the whole procedure as far as how it works you're talking to them firstly about all these symptoms and ticking off all those relevant symptoms.

Then after you pretty much presented everything your practitioner will come in do the diagnosis which really only takes a few seconds from there he would also go through what we call the lip and tongue stretching exercises that we have to do post operatively. So that's the key thing and all of these are those exercises that we do and then from there they have the choice of having the procedure.

Now, most often they will go ahead with that procedure straight away that takes thirty seconds it's all done baby is back with mom, mom's happily feeding the baby and then from there you know twenty thirty minutes later they're coming out happy as Larry because straight away they can see

T-Bone: Happy as Larry

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Joan: Happy as Larry Oh I knew I threw one in there for you because straight away they can see the baby usually it's instantaneous once they have that released they see straight away when they're feeding the difference?

T-Bone: And they feed right away?

Joan: They usually feed straight away, some of the babies for example if they've had absolute latching issues that have not really latch at all they're the once that will have to be referred on to and this is all part of what you will introduce to your team is knowing that you have lactation people that you can recommend to this patients as well because even though they had this if they come not from the lactation consultant, they've been referred some other way or they just heard about you and they've identified themselves that they have issue then you need to also have what I call support not staff but support structure to be able to recommend them to say hey now you [Crosstalk] yes exactly, your baby can't feed even though now we've done this procedure oh here's the name of this wonderful lactation consultant whose going to be out to help you. Help you the baby pretty much has to learn how to feed or if the baby started to feed and then didn't do very well had the procedure they're reconditioning. There obviously that muscle memory they're going to learn how to feed again so having that support network as well is quite liable.

T-Bone: Fantastic ok so walk us through the process so my patient makes a phone call the mother makes a phone call, comes to the office for initial consultation.

Joan: Yes, and you would say your consultation that you certainly have the time to proceed because in all of these. [Crosstalk]

T-Bone: Proceeding is literally its' a three, four minute procedure.

Joan: That's right not even that.

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T-Bone: For the practitioner.

Joan: Well, that's right it is such an absolutely not much of your time and the key in all of these as I said because you're not having of these your production column you will be having this as something that you simply walk into that room do the procedure and then you walk out again so it's not taking too much of your time to be able to do these and then yes you're leaving that family with the staff. The staff can leave the family to their own devices so that they can have that privacy so they can just utilize that time to settle their babies and then when they're good and ready they will come out, come to your front desk and check- out with your staff. So it's really a very, very simple procedure and it's a very simple thing to schedule and to implement and I yes that's why again I think people should consider it for sure.

T-Bone: Ok so you know let me talk a little bit about implementation to our listeners from you know the way I plan on doing this and the way I would recommend is I believe that – and I have a specific reason that I want to implement this way. I want to push people a little bit and personally I don't think this is something that we're going to start on a side column for us right away.

The way I recommend and I recommend that you and will link it in the show note I recommend that you guys listen to my podcast on implementing new procedures into your practice but ultimately the gist of it is, is they knew what I called **" Specialty Procedure"** that you bring in to your practice you cannot bring that in into your day because a day is who knows what's going on in your operative chair, God knows what your hygienist are going to bring you in, how many exams you have to do and if you're running a consult as well so and you don't know what emergencies are going to happened.

The way I believe in bringing new specialty procedure into your practice is that you need to set aside a day or an afternoon or a

time period that where you are dedicated this where your mindset and mentality is this is what I'm going to do and the other thing that I found what I've done these in the past is that really focuses my team on creating that as a especial day especial procedure and allows you to really become very good at what you do so much to the point that then this can become a procedure that you literally do in a side column. It's like I equated like doing a buckle pin. You could do that with your eyes close for God's sake right you could do it right in the hygiene room.

So at some point this procedure graduate from being a **" Specialty Procedure"** that you have a set aside date afternoon or time period for to something that becomes part of your everyday schedule and ultimately what this is going to do is to allow your team members to really home in and focus. It's going to take the pressure off of to try to juggle on new thing something that you and your team members maybe not clinically uncomfortable with but management and leadership and communication I'm comfortable with and allows you to just kind of relax and the beauty of it is if your four day with practitioner you have one Friday morning a month ok.

Joan: Yes, exactly and that's the thing I just wanted to touch on as well is you consider up as I describe just as an overflow column integrating with your production depending on the time for practice you have and how busy you are because again if you're if for whatever reason you're not as busy as you were this can supplement your production. [Crosstalk] but having said that you can also set it up as like a frenectomy clinic. So you are getting all these mothers on that specific day or on that two days two afternoons but the other ideas as well that I have with these is that you can set it up as almost like a community clinic.

T-Bone: or group session.

Jo Ann: Exactly, where you can have twenty meds that all comes at once you provide them the morning tea and you're looking after them exactly and then you're giving them a lovely experience. [Crosstalk]

T-Bone: Morning tea? You sound Indian.

Joan: Morning tea or afternoon tea depending and then one by one those mothers is going to have their procedure and then when they all come out they can all engage with each other chat about it all and have just a little gossip about the latest TV program all of that and you provided that wonderful environment for them to do so if you've got a space and you think that you can implement something like that then that is a bit of a key thing too. For the cost of a couple of boxes of doughnuts, some tea and coffee and you've got twenty people all sitting there waiting to go you do the sounds on that as well and it's really again if you've got a space it's no hassle to really set that up is it?

T-Bone: And really to me the way, the real benefit of this, the real way to stand out is bring the lactation specialist make it a community event.

Joan: Exactly

T-Bone: Make it an educational event where you educate the mothers and so on and so forth. So you know Jo, so Jo Ann, Jo

Joan: Oh we're friends now [Laughs]

T-Bone: Well, maybe, maybe not you know you. She thinks this is some kind of audition or something. In fact, Jo didn't even know she thought we were going to [Crosstalk]

Joan: I've been thrown in the deep end without a paddle folks.

T-Bone: You thought we we're going to watch the podcast.

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Jo Ann: I was, I know because look at me I'm in technology dinosaur I mean, I won't tell you my age but you know at the end of the day, yes.

T-Bone: She looks like she's about thirty.

Joan: Oh bless your cotton sock. Ahh there's one.

T-Bone: Oh bless your heart too.

Joan: No, no, no, but all that aside at the end of the day I am a bit old fashioned, I'm still the one that takes the note pad and pen around for things, you know. It still has its' place. It does.

T-Bone: Yes, so you know listen I want to wrap this up and Jho thank you so much for being on here and here's my message to the listeners ok.

1) Thank you before I get into my message thank you for listening to our podcast I know you got better things to do in life but I don't believe you got better things to do you think you got better things to do.

Thank you for listening to the podcast do me a favor review us on ITunes share us on social media to your friends, but you know what this does is; the message I want to send everybody is when people invest in me ok when you invest with 3D dentist, in our courses in our medical billing course, in our sleep apnea course, my goal is to constantly improve and to bring you new procedures for your practice because I don't want to teach fillings and crowns I want to teach you to do things that are unbelievably fun, things that make a difference, things that do just so much for you where people get up and hug you where you have beautiful mothers hug you and say thank you and send you.

Joan: Send you lovely presents. Yes

T-Bone: Yes brownies to make me fatter and stuff like that.

Joan: Absolutely yes.

T-Bone: No and those are the things that I want you to get and this is just one more thing that builds on to the medical billing that we are already doing in the practice that are already teaching here and Jo doesn't know it yet but we will be teaching these here at our office in our training center. We'll be teaching the twin training part of it we'll be teaching the clinical part of it you know will bring you in we'll allow you to do it, allow you to see it being done watch a live consultation. We can bring lactation specialist in and talk about how to build a referral network. We can bring our team of people together and ultimately that's what we're all about, we're about making your life better, making your professional life better, making your clinical life better, making your financial life better and to make your financial life better we'll link this in the show note I want you to go back and listen again to our practice in personal savings podcast that we did back.

I want to say it's roughly episode number three or four but it is an important episode for you to listen to and this builds on that and so listen if you got interested in learning about these just contact us in fact I'm going to setup a text code that you can send us.

If you send the text code lactation, L-A-C-T-A-T-I-O-N to the number 44-222 again that's lactation to the number 44-222 we're going to e-mail this and will put you in touch with Jo and will keep you in touch with all the other things that are going on here at 3D Dentist and specifically related to how we can add this procedure. Remember, practices are built not with a magic bullet idea, but a lot of little bullets that makes a slow difference in your practice and allow you to implement in slowly progressively. We don't want to create revolutions we want to create evolutions in your practice and thank you again for being a listener and a true friend of the podcast.

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Thanks so much for listening to *T-Bone Speaks* with Dr. Tarun Agarwal. Remember to keep striving for excellence and we'll catch you on the next episode.