Dr. Gould: All right, everybody, welcome to tonight's show. We are in beautiful Manhattan Beach, California, and I am at my flagship location of Modern American Dentistry. Welcome to Get Your Smile on, the most exciting half hour internet radio show in existence, because I say so at this point in time, and I don't have a lot of competition. I'm excited to be speaking to everybody again. We're discussing wellness dentistry. What is wellness dentistry? Let's think of it this way. The eyes are the window to the soul. The mouth is the gateway to the entire body. We take in nourishment through our mouths. We communicate. We are able to do so many things. This is the portal to the entire body. We see what goes on in the mouth affects the entire body. We can see your airway and all kinds of interesting things.

Last week we had a really interesting show. We had Dr. Jay Sordean on, and we talked about the conclusive link between Alzheimer's disease and periodontal disease. Remember, if you didn't need one more reason to floss, there it is. The link is conclusive. So let's talk prevention, and let's talk about coming into my office, one of my offices, or your local dental office to make sure that you're staying healthy by having your teeth cleaned preventatively. Periodontal infections are minor, but they can cause a major overreaction in your immune system.

Today's topic is emergency, emergency 9-1-1, emergency dentistry, emergency medicine, and our guest for today is the emergency doctor, Dr. Paul Knittel of Dr. Paul's Emergency Care. We're going to have him on a little later in the show. I wanted to talk today about emergencies. What is classified as an emergency? What in dentistry is an emergency? Is it a filling that fell out? Is that an emergency? To some people it is, because if you can't chew, and you're in pain, then that's an emergency.

What I want to talk about today are some of the more common emergencies that are really serious. I want to divide them into two categories. One of them is uncontrollable, and the other is controllable. When I say controllable, what I mean is when it comes to the mouth, and the health of the gums and the health of the teeth, the issues that we have are when decay, and decay is an actual bacterial infection of tooth structure. When decay starts it's painless. So when someone comes to my office, and I say to them, "Mrs. Jones you've got a cavity on tooth #30." The answer for her is, "It's not hurting at all, so I'm fine. Why should I do anything about it?"

Of course, the answer really is that if we can treat teeth preventively, if we can keep them clean, brush and floss them, prevent decay from starting, then we don't have to worry about decay, but once decay starts, if we treat it quickly with a filling we can prevent further, more serious disruption of your tooth's health, and as that decay moves closer and closer to the nerve it starts to actually infect the nerve. So the bacteria that are inside the cavity start to travel down the little tiny dentinal tubules, and those are little tubes that are filled with fluid that your tooth is made up of. On the outside you have the hard enamel. On the inside you have the softer dentin. Once bacteria get into your tooth they can travel all the way down into the nerve or the pulp.

I don't want this to sound terrible or painful, but it's really important that everybody should know that an emergency would be a toothache. So with regards to prevention, if you can see a dentist, your dentist or me, and we can x-ray your teeth and we can find out what's going on, we can see decay at a really early stage. What we can do is we can do an easy inexpensive preventive treatment. If we put a small filling into a tooth we can preserve the life of that tooth. If the decay gets bigger, now we've got a much bigger filling. There's much less tooth structure, and a life of eating ice cream and hot coffee, expansion and contraction, we put our teeth through a heck of a lot. So we want to make sure we keep them as pristine as possible.

Now an emergency happens when somebody has a cavity they don't know they have. Maybe they haven't been to the dentist, or maybe they haven't been able to get dental care. So now they have extreme pain. What does that pain mean? Extreme dental pain is almost always caused by the nerve dying, and it can be very painful. Before a nerve dies it will give you some sensitivity sometimes, but most often a tooth will just all of a sudden start to be very painful. That's an emergency. That's when you call your dental office. You do not go to the emergency room.

When a tooth that needs a root canal gets really badly infected, and what that means is the infection inside the tooth has now spread to the bone, that causes an abscess. An abscess can be formed anywhere in your body where you have a bacterial infection. An abscess near a tooth is situated near the bone, where the tooth is being held, and that can be very painful. We see swelling. When swelling gets to be extreme you need to go to the emergency room. What I mean is when the swelling gets so bad it could actually close your airway. Being preventive in your care and taking care of your teeth technically could save your life.

Most infections do not cause you to have to run to the emergency room. I do want to talk about a more dangerous infection that people don't know about. It's very unusual, but when you get an infection in any of your front six teeth, those teeth drain into a different area, and an infection in those teeth can actually cause something called a cavernous sinus thrombosis. That is really bad, and that can cause death, and it's very serious. So any type of swelling or infection related to teeth you should go to your dentist right away. If it's in the front area, it's much more serious. You may want to consider, if there's no dental office open and you're nervous, you could go to the emergency room. We are going to be talking to our emergency room doctor shortly.

Now I want to talk about the other type of dental emergency, and that's trauma. Trauma is when you're at a baseball game and a fly ball comes and hits you in the face and fractures your jaw, breaks your tooth, or knocks a tooth out. We call that an avulsed tooth. I know they're all kinds of talk about what to do when a tooth gets knocked out. I'm going to tell you the secrets right now. This is most common with kids at baseball games. They'll get a tooth knocked out. You definitely want to put the tooth directly back in the kid's mouth. It depends how old they are. If it's not a permanent tooth, it's a baby tooth, then we don't worry about it.

If it's an adult tooth, so from the age of 6, 7, 8. I'd say 8 on. If you can, you can put the tooth back into the child's mouth. The saliva and that environment, even with blood, is

much healthier than anything else you can do with that tooth. This tooth can be reimplanted. It can be successfully put back into the jaw and can serve for many years as a normal and natural tooth. It's really kind of unique and unusual that part of your body can come, and you can put it back in. The second best thing that you can do with a tooth is put it in some milk, a cup of milk, doesn't really matter. The third best thing would be water, clean, safe water. Get to a dentist immediately. That's when you call your dentist. If you go to an emergency room they're really not equipped to put a tooth back in. Call your local dentist. They should have an emergency number, and this is something that's very common. Most dentists deal with this all the time.

What's another type of trauma that would be an emergency? That would be a fracture of a tooth, and that can happen by biting on an olive pit or a stone. It can also happen if you are clenching and grinding too much. You can actually fracture your tooth. When a tooth fractures the pain can be extreme, and sometimes the tooth needs to be extracted. Sometimes we can do a root canal, and we can salvage the tooth, and sometimes we actually have to take the tooth completely out.

Most of the dental issues that are traumatic and serious we're going to go through two stages. The first stage is where someone's had trauma. You got hit in the face with a baseball. We're really concerned about your teeth, but we're more concerned about putting stitches in your face, and we're more concerned about the swelling and the pain that you're having. So if you don't have a tooth in your hand, but you've been hit in the face, you want to go seek emergency medical care first. Go to your emergency room first. Call your dentist second. Most of the dental work that dentists do with regards to trauma is really easily fixed within a day, two days, three days, and even five days. Totally fine.

I just want to recap here that emergencies happen in dentistry and in medicine, and they're pretty much related. When you have a very serious tooth infection we can definitely want to decide whether you have to go to the hospital or whether you're just going to go to your dentist. Common sense always rules.

I want to tell you a couple funny stories. If I get a phone call, and this is my favorite phone call, and I don't mind because I'm here to help my patients out. My favorite phone call is a phone call that I get on Friday at about 6:30PM when the office is closed, and that phone call is from somebody who's having a tooth problem, and it's always the same thing. I love it, because they leave a message and say, "Hi, Dr. Gould, I'm sorry to bother you, but I'm having an emergency. Remember that tooth that you told me I should get a crown on last year, well it broke four months ago, and about a week ago it started to hurt. Right now it really hurts."

It makes me laugh, because I bug people all the time, because I'm the only person that's going to bug my patients about their teeth, really. As dentists and dental professionals we see what's going on in your mouth, and if you don't take our recommendations that's fine, but the reality is prevention and what we recommend at dental offices is going to save you hours and a lot of money.

I'm just going to shift topics for a couple of seconds. We talked about last time as well sleep apnea and sleep disorders. I shared with everybody that I was diagnosed with a moderate to severe case of obstructive sleep apnea, and I've said this before. It's such a big topic, I want to talk about it little by little, and part of what I want to talk about today are the major emergency complications that happen with this type of thing, with sleep apnea.

What are the most urgent issues that happen with it? The two most major concerns that we have are heart attack and stroke. 90% of all heart attacks and strokes that happen at night are caused by sleep apnea, either undiagnosed or untreated sleep apnea. What does that mean? Sleep apnea is an obstruction of your airway, and when your airway is obstructed when you sleep your body actually stops breathing. You're paralyzed. To be able to wake yourself back up is very disruptive to your sleep. It's also very damaging on your body.

I want to now introduce me guest today, Dr. Paul Knittel of Dr. Paul's Emergency Care. He has over 14 years in the industry of emergency medicine. He's board certified in emergency medicine, and he has been working in Southern California's hospitals for over 14 years. Today I want to welcome Dr. Paul. Dr. Paul, how are you doing?

Dr. Paul: I'm doing well. Thank you.

Dr. Gould: I'm very happy to have you on the show. Before I let you talk, I just want to tell my listeners about what I've seen with what you're doing, and I know everyone's been to an emergency room and a primary center or emergency care. There's so many bad experiences. Just in what you do, just the general attitude is really spectacular, and I feel like you bring something to medicine in the same way that I feel like I bring something to dentistry, a warm environment where I'm interested and concerned, and every single person who walks through the door, they're a person. They're not a Mrs. Jones or a number. They're a real person. I just want to tell everybody out there that your operation has got the greatest energy, and it just looks and feels nothing like a horrible emergency room. Why don't you tell us about your current business here in South Bay?

Dr. Paul: I absolutely will. You kind of hit it right on the head. That's exactly what we were trying to accomplish is what you said. I basically was trying to take the ER out of emergency medicine and trying to bring emergency quality care to a community setting where we could probably see and treat approximately let's say 75-80% of things that I would have typically seen in the emergency room.

Dr. Gould: That sounds ridiculous. I can't believe that anybody could think—wait, sorry, hold on. What a fantastic idea. Sorry to interrupt. You go on. One of the things that you and I have talked about is that I'm Canadian, and I have experience in the Canadian healthcare system, and no system is perfect, let me tell you, but coming to the US was really a very different experience for me, because it's very different than Canada. So go ahead and tell us a little more about your business.

Dr. Paul: It's called Dr. Paul's Immediate Care, and we're located on Artesia Boulevard, conveniently located, basically at the corner of all four of the South Bay beach cities, Redondo, Hermosa, and Manhattan Beach. Our acronym is DPIC, Dr. Paul's Immediate Care, but we like to think it stands for Delivering Patients Incredible Care. Again, back to what we were talking about before.

Dr. Gould: I love it. I just want to help all of our listeners understand, because this is a global podcast. The South Bay is the area in Los Angeles, and it is the area that is south of LAX, Los Angeles airport, and it's mostly known as the beach communities of Manhattan Beach, Hermosa Beach, Redondo Beach, and these are places people have heard of, but this is where this show is coming to you from, and this is where your business is from. I just want to clarify that to everybody. I wanted to ask you, what made you get into emergency medicine?

Dr. Paul: Emergency medicine. I wanted to be a physician and go to medical school from a time before I can even remember, and as I went through my medical training and went through my rotations and explored all the different options of specialties I found that I actually really enjoyed almost all the specialties, and I found that emergency medicine would allow me to treat the widest range of patients with the widest range of problems.

Dr. Gould: That's really interesting, because as a general dentist that's sort of, a lot of dentists specialize, but you get to see everything as a general dentist. I guess I didn't think of the perspective that you'd be thinking like that. I find that really interesting. Was there one aspect? Is there a level of excitement that you like about? Is it the excitement that new things will come in through the door as well?

Dr. Paul: Definitely. It's definitely the fast paced nature of emergency medicine too that I've enjoyed. What I've really enjoyed is being able to treat people at their most critical time when I can provide them the most positive and immediate impact on their lives and their health. That's just proved to be very rewarding, and I'm excited to continue that here now in my own practice and practice in my own way that I would like, in a situation where how I want it to be run and with people that I know are good and trustworthy.

Dr. Gould: That's great. Also, I know that you guys have some different hours than the average medical practice. I know how hard it is for me to get to any medical facility, because I'm booked with patients all day. So you've got some different hours. What are you usually offering for patients?

Dr. Paul: We do. We are open Monday through Friday. We open at 8:00 in the morning, and we see patients up until about 7:00 at night. We'll take our last patient at 7:00, and we'll take as long as we need to to finish seeing you once you check in. So we provide some afterhours so it's easier for some of the working parents and people that need to get in here after work. Then we have weekend hours.

Dr. Gould: You do. Okay. I was a little nervous. You do have some weekend hours.

Dr. Paul: We do. Our weekend hours we're here from about 9:00 to 5:00PM. Again, trying to be available for the weekend accidents and illnesses.

Dr. Gould: Right. Tell me about it. We're going to go onto a short commercial break here to recognize our sponsors who are helping us to have this show. We're going to take a quick break, and we'll be right back. So hang on.

We're back. Thank you very much. Dr. Paul, we still have you on the line?

Dr. Paul: I am here.

Dr. Gould: Great. I shared with the listeners my funny story of that phone call I always get on Friday after the office is closed. This is your opportunity to tell everyone listening. What is it that you see coming into the emergency room consistently that kind of drives you crazy, that if you could tell one thing to everybody out there, this is what I want to see different or I want to point out? What would you tell people? What is it out there that you'd like to change?

Dr. Paul: That's a great question. I would say probably with overwhelming enthusiasm that people just need to stay healthy. How do you stay healthy? One of the best ways to do that is to get to sleep at a consistent time and get a specific amount of sleep every night.

Dr. Gould: Okay.

Dr. Paul: Here's the down side to emergency medicine, so this kind of funny that I'm promoting emergency medicine, but as an emergency medicine physician this became an actual personal issue for me, as we work in the ER crazy hours. So you're working overnight, graveyard shifts. You're working swing shifts late into the night. You're working extremely early hours, so starting at 6:00AM. So sleep is all over the board, and when you're sleeping irregularly and not at consistent times and consistent hours your body starts to feel that. I personally started to deal with issues of weight gain and insulin resistance, developing some early stages of diabetes. I can, like I said, with overwhelming confidence say get sleep. Get sleep.

Dr. Gould: You are my doctor, and we talked about this on the previous show that I was shockingly surprised that I have sleep apnea. The name of my new book is *Not Me, I Don't Have It*, because that's what people say. Everyone's really in denial. Why it's such a compelling topic, and I've shared this with my guests, is that sleep apnea or sleep disorders of some kind they cut across the board. They impact every health issue. They make every situation technically a lot worse. We're going to talk in future shows, because this is such a broad topic, and it's so important, that I want to really divide it up into different areas so that people can comprehend. I can say, blah, blah, blah sleep apnea all day long, and it makes most people want to run and leave the room, but the reality is that sleep disorders are affecting our society in so many different ways.

Part of the message that I have on this show, and that I've talked about, is the message of prevention. Prevention saves pain. It saves money. It saves aggravation. I asked you,

when we started talking about sleep apnea, I asked you a question. I said, "What percentage of people who end coming into the ER with a heart attack or stroke are most likely have sleep apnea, either undiagnosed or untreated?" What'd you say?

Dr. Paul: You did, and I didn't give you a number, but I would say very high. It was a very high percentage, maybe even all of them. Whatever that number is it's going to be a very impressive stat and number.

Dr. Gould: Right. What I wanted to sort of focus on today is, because you are an emergency room doctor and you've seen this, aside from the gunshot wounds, which is probably very interesting, the main issues that people have are heart attack and stroke. I know that I discussed a lack of oxygen damages the blood cells, but maybe you want to give us the elevator pitch of heart attack and stroke. What's happening? What's a quick definition of those, and why would they be even affected by sleep?

Dr. Paul: Absolutely. When we talk about heart attacks, called Myocardial Infarctions. We talk about strokes, which are Intracerebral Infarctions. These are a decrease, sudden decrease, in blood flow to the heart and to the brain, with each respective disease. If you are already, not predisposed but you're already likely to have one of those acute issues, if you add sleep apnea on top of that, now you're elevating that risk of decreasing blood flow and therefore oxygen supply to your heart muscle and to your brain. It's just kind of compounding these issues.

Dr. Gould: For example, when someone has high blood pressure, why do people have high blood pressure? What are the most common causes?

Dr. Paul: Common causes of high blood pressure are obesity.

Dr. Gould: Right. Everyone knows that one.

Dr. Paul: Right, we know that one. We know diabetes has some to do with it.

Dr. Gould: We know genetic components as well.

Dr. Paul: There's genetic components, and renal disease, so kidney disease will also cause hypertension.

Dr. Gould: So what we know is that so many people who have high blood pressure are being prescribed medications, and we don't know if they've even been screened for sleep apnea or sleep disorders. So one of the mandates that I have, I've been treating sleep apnea for a while here in the office with my Mandibular Advancement Device here. I just didn't have a compelling story, and now that it's me I really do. I really want to bring to light all these important things, and I want to make sure that our listeners have an idea that this is something that can affect every single person, and it's not just whether you have it. If you're a provider for your family, and you have sleep apnea and it's either undiagnosed or untreated, you stand the risk for dying of a heart attack or stroke.

When people do come into the emergency room, is it even in the discussion? This is something that's been known for a while, but has to come to the forefront. What do you see in your situation with regards to discussion? Is this an underlying factor in what you're seeing?

Dr. Paul: I believe it's an underlying factor, and the problem is I think it's been a widely ignored diagnosis or cause or issue to these problems. I think it's something that we need to quickly turn around and start having this discussion as far as sleep apnea, as far as just talking about it, talking about getting diagnosis for it and getting treatment for it.

Dr. Gould: What's your experience been with even discussing it? Just recently, as I bring this up, I see a variety of reactions. The majority are, not me, I don't have it. I don't snore. I sleep great. These are things that I would have said, or did say. What's your experience with even discussing this with people?

Dr. Paul: I would agree. I think most people, unless you fit the classic disposition for having sleep apnea. If you're discussing it with somebody who may not think it's even a possibility that they have it, yeah, I think they're very resistant to believing that that's an issue that they might have.

Dr. Gould: For me I had the image of the heavier guy with the big neck, heavy snorer, and I thought that doesn't fit me. I think what my conversation with you that we had, and why I think this is such a huge issue, is that this is not on people's radar, and the perception of it is really not good. I want to change it. I want to call it sleep disorders, because as we'll discuss later on, there's so many different types of sleep apnea, and some of them are commonly found in women who are petite, and that's a whole different discussion. It's actually a really interesting one, because it has more to do with your REM sleep, your deep sleep, because your body has to be paralyzed. I really definitely want to bring you back and break this topic down. I know that you have a lot of important things that we can help get the public more aware.

I want to start to close the show here. We're getting to the end of our half hour. Any parting advice that you want to give to everybody out there who's coming to your emergency room? Get a good night's sleep.

Dr. Paul: Get that good night's sleep. Eat a healthy diet. Get your exercise in, so you can get that good night's sleep. I think that's a great start as far as maintaining overall general good health.

Dr. Gould: Great. It's just reinforcement of the prevention really is everything. Dr. Paul, I want to thank you so much for your time. I know this was difficult for you to make it on my show. I really appreciate it, and I look forward to speaking with you in the future. Thank you so much.

Dr. Paul: I look forward to it as well. Thank you, Joel.

Dr. Gould: Great. We'll talk to you soon. Okay, everybody. This is the end of my half hour radio show. I hope it was at least a little bit informative. I can't be any more passionate about my new cause, sleep disorders. There's other topics we're going to discuss, but it's something that I'm going to fall back on, and I'm really curious and excited, because one of the things that Dr. Paul is going to be doing for me is he's going to be tracking my physical health after I get treated for this.

I still haven't gotten my Mandibular Advancement Device, and I literally wake up in the morning now thinking, how much did I sleep? Should I do another sleep study? Did I get any restful sleep? I'm really excited to see. Through me we're going to follow what my blood pressure does and see is there any physical changes? I'm hoping I'm going to grow hair back, but that might be asking too much. I shared with you also before that I do have something called Crohn's disease, which is an autoimmune disease, and we'll discuss how that might actually be affected by sleep apnea.

I want to say, please remember prevention is everything. All dentistry is cosmetic. You got to feel good from the inside out. Thanks for listening. I want to thank my producer, Mario DiGiovanni. You're the best. Everybody, until next week, see you soon. Get your smile on and be well.