



Research Article

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Patients' Attitude towards Rubber Dam-A Questionnaire Study

Chavate PR*, Ponnappa KC and Salin Nanjappa A

Department of Conservative dentistry and Endodontics, Coorg Institute of Dental Sciences, India

***Corresponding author:** Prajhna R Chavate, Senior Lecturer, Department of Conservative dentistry and Endodontics, KLE Society's of Dental Sciences, Bengaluru, 560022, Karnataka, India, Tel: 9886919479 Email: prajhnachavate17@gmail.com

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Abstract

Aim: Patients 'safety and convenience of working in dry operating field is the pre-requisite of any dental procedures. Rubber dam isolation has always proven clinically to be the best till date. The reasons for not usage of rubber dam are placement difficulty, time consumption, patient's rejection, lack or insufficient training. Hence this study records patients' opinion and preference regarding their experience of rubber dam use during their next visit.

Materials and Methods: A questionnaire study containing 10 questions which was then circulated among 121 patients who consented to participate in this study. The patients answered the questionnaire during their second appointment.

Results: Almost 84% patients preferred its use and considered it was being placed for their benefit. More male patients preferred its use (84.3%) compared to female patients (81.1%). A significant difference (p=0.000) is seen patients' preference in 21-30 years category and mean time taken among the procedures showed significant difference (p=0.027) with maximum time taken for Root canal procedure of 7.72 minutes.

Conclusion: Patients are generally not aversive towards rubber dam. Hence frequent use for all the procedures increases the acceptance of rubber dam.

Clinical Significance: According to recent research, dentists are most exposed to coronavirus disease (COVID-19) among healthcare professionals. The use of rubber-dams in dentistry is an effective method to prevent cross-infection, as it allows the aerosol to disperse into the air without being infected.

Keywords: Rubber Dam; Questionnaire; Root Canal; Patients' Attitude

Introduction

The oral cavity poses many challenges from the constraining effect of tongue and cheeks to other obstacles of visualization and isolation, such as saliva and blood while operating. The so-called "moisture control" is an essential part of any procedure, direct or indirect.

The need to work under dry conditions has been recognized for centuries and the idea of using a sheet of rubber to isolate the tooth dates almost 150 years! The introduction of this notion is attributed to Sanford Christie Barnum, who in 1864 demonstrated for the first time the advantages of isolating the tooth with a rubber sheet. Further, to keep the rubber in place was solved by S.S White with introduction of rubber dam punch in 1882 and Dr. Delous Palmer with metal clamps which could be used for different teeth [1].

Good practice guidelines, such as the European Society of Endodontology, recommend that a rubber dam is always used to isolate the tooth undergoing root canal treatment. From a medico-legal standpoint, dental defence agencies recommend the use of rubber dam when performing root canal treatments or treatment involving the use of potentially harmful agents such as phosphoric acid [2]. The COVID-19 pandemic has increased interest in the use of rubber dam as a highly effective infection control barrier along with high evacuation.

Use of Rubber dam confers the following advantage:

- 1. The patient is protected from the ingestion or the aspiration of small instruments, dental fragments, solutions or irritant substances.
- 2. To operate in a clean field.
- 3. Retraction and protection of the soft tissues.
- 4. Better visibility in the working area.
- 5. The dentists and dental assistants are protected against infections which can be transmitted by the patient's saliva.
- 6. The patients are more comfortable, as they do not feel that their mouth is invaded by hands, instruments and liquids.
- 7. Efficiency is increased. The rubber dam minimizes patient conversation during treatment and the need for frequent rinsing

Despite these advantages, RD isolation during treatment is still not adopted in dental practice in many countries. The major barriers of using RD include: challenging placement techniques, time consuming (from a dentist's point of view) and cost of equipment and materials. In addition, patient discomfort and rejection have been proposed as barriers for using RDs.

Hence, this study aims

- To record patients' opinion regarding their experience of rubber dam use in an objective manner.
- To evaluate the influence of some personal and clinical factors on patients' opinion.

Materials and Methods

A total of 121 patients requiring dental treatment were randomly selected for the study. The patient was explained the reason for placing the rubber dam prior to treatment. In addition, patients were assured that their decision to complete the survey would not affect the dental service they would receive in the future. Upon consenting to participate in the study, patients were asked to answer questionnaire containing 10 questions in their second appointment. Questions to be filled by patient

- SUBJECT NUMBER:
- AGE:
- GENDER:
- Was the rubber dam used for dental treatment previously?

Yes____ No_

If yes, who has placed it?

Same dentist as today _____ Different dentist___

• How was your experience of treatment under rubber dam today, as compared to your previous one?

Better____ Worse____ About the same__

- Did the dentist explain why the rubber dam was being placed?
- Yes____ No_
- Was the explanation clear to you?

Yes____ No_

• Did you feel that it was being placed

For your benefit_____ The dentist's benefit_____ or both_____

• How was your experience with rubber dam?

Pleasant_____Comfortable_____Uncomfortable______ Painful_____

• Would you prefer treatment under rubber dam the next time you visit a dental clinic?

Yes____No_

• Are you allergic to Latex?

Yes_____No__

Questions to be filled by dentist

PROCEDURE: _____

TIME TAKEN	l:
DURATION:	

Results

Gender

Among 121 patients who participated voluntarily in the study, 47 were male patients (38.8%) and 74(61.2%) were female patients. But Chi-square test showed no statistically significant difference among the gender with more male patients preferring its use (84.3%) compared to female patients (81.1%) Table 1 which is different from the study conducted by Stewardson, et al. [3] where the greatest percentage of female patients positively preferred its use. But this difference cannot be considered significant as there is unequal number of male and female patients' participation in the present study.

Question	Option	Male Frequency	Percentage	Female Frequency	Percentage	p Value	
Was the rubber	No	15	31.9	20	27		
dam used for dental	Yes	32	68.1	54	73	0.816	
treatment previously?	Total	47	100	74	100		
If yes, who has placed	Same dentist as today	24	75	42	77.8		
it?	Different dentist	8	25	12	22.2	0.796	
	Total	32	100	54	100		
How was your	Better	31	93.9	47	83.9		
experience of treatment	Worse	1	3	0	0	0.070	
today, as compared to	About the same	1	3	9	16.1	0.079	
your previous one?	Total	33	100	56	100		
Did the dentist explain	No	1	2.1	9	12.2		
why the rubber dam was being placed?	Yes	46	97.9	65	87.8	0.087	
	Total	47	100	74	100		
	No	4	8.5	17	23	0.05	
Was the explanation	Yes	43	91.5	57	77		
cical to you.	Total	47	100	74	100		
	For your benefit	35	74.5	40	54.1		
Did you feel that it was	The dentist's benefit	5	10.6	12	16.2	0.074	
being placed	Both	7	14.9	22	29.7		
	Total	47	100	74	100		
	Pleasant	13	27.7	9	12.2		
How was your	Comfortable	30	63.8	57	77	0.000	
dam?	Uncomfortable	4	8.5	8	10.8	0.098	
	Total	47	100	74	100		
Would you prefer	No	19	15.7	14	18.9		
treatment under rubber dam the next time you visit a dental clinic?	Yes	102	84.3	60	81.1	0.307	
	Total	121	100	74	100		
A 11 1 .	No	46	97.9	72	97.3		
Are you allergic to	Yes	1	2.1	2	2.7	0.843	
Latex?	Total	47	100	74	100	L	

Table 1: Test done: Chi Square test/ Fisher's exact test.

Age

Respondents were grouped under 3 categories, a) 20 years and below, b) 21-30 years and c) over 30 years. Maximum subjects were falling into category b (53%). The Chi-square test revealed a significant difference (p=0.006) in Rubber dam usage with maximum in 21-30 years category and felt it was being placed for their benefit (p=0.000) with maximum patients preferring it to be used during their next visit (p=0.018) (Table 2).

Question	Option	Less than 20 Frequency	Percentage	21-30 Frequency	Percentage	More than 31 Frequency	Percentage	p Value	
Was the	No	8	50	11	16.9	16	40		
rubber	Yes	8	50	54	83.1	24	60		
dam used for dental treatment previously?	Total	16	100	65	100	40	100	0.006	
If yes, who	Same dentist as today	7	87.5	42	77.8	17	70.8		
has placed it?	Different dentist	1	12.5	12	22.2	7	29.2	0.6	
	Total	8	100	54	100	24	100		
How	Better	7	87.5	47	85.5	24	92.3		
was your	Worse	0	0	1	1.8	0	0		
of treatment	About the same	1	12.5	7	12.7	2	7.7		
under rubber dam today, as compared to your previous one?	Total	8	100	55	100	26	100	0.891	
Did the	No	1	6.3	8	12.3	1	2.5		
dentist	Yes	15	93.8	57	87.7	39	97.5		
explain why the rubber dam was being placed?	Total	16	100	65	100	40	100	0.198	
Was the	No	3	18.8	17	26.2	1	2.5		
explanation	Yes	13	81.3	48	73.8	39	97.5	0.008	
you?	Total	16	100	65	100	40	100		
Did vou	For your benefit	7	43.8	33	50.8	35	87.5		
feel that it was being	The dentist's benefit	1	6.3	16	24.6	0	0	0	
placed	Both	8	50	16	24.6	5	12.5		
	Total	16	100	65	100	40	100		
How	Pleasant	1	6.3	9	13.8	12	30		
was your	Comfortable	13	81.3	47	72.3	27	67.5	0.071	
with rubber	Uncomfortable	2	12.5	9	13.8	1	2.5		
dam?	Total	16	100	65	100	40	100		

Would	No	4	25	14	21.5	1	2.5	
you prefer	Yes	12	75	51	78.5	39	97.5	
treatment								
under								
rubber								0.018
dam the	Tatal	10	100	<u>ر ٦</u>	100	40	100	
next time	Total	10	100	65	100	40	100	
you visit								
a dental								
clinic?								
Are vou	No	15	93.8	65	100	38	95	
allergic to	Yes	1	6.3	0	0	2	5	0.162
Latex?	Total	16	100	65	100	40	100	

Table 2: Respondents were grouped under 3 categories.

Time Taken

The mean time taken by dentists was 7.40 minutes. The Independent Samples Kruskal Wallis test showed significant difference (p=0.027) in Rubber dam placement with maximum time taken for Root canal procedure of 7.72

minutes (Table 3). But Chi square test revealed no statistical difference between mean application times for each of the three preferred categories which is similar to the study conducted by Stewardson, et al. [3] (Table 4).

	Procedure	Mean	Std. Deviation	p-Value	
Time taken	RCT	7.72	2.376		
	Restoration	5.94	2.487	0.027	
	Indirect Restoration	n 7.18 2.651			
Duration	RCT	33.2	22.217		
	Restoration	26.8	9.176	0.075	
	Indirect Restoration	42.7	31.181		

 Table 3: Independent Samples Kruskal Wallis Test.

Question	Option	RCT		Restorations		Indirect Restorations		p Value
		n	%	n	%	n	%	
	No	24	27.6	6	35.3	5	29.4	
Was the rubber dam used for dental treatment previously?	Yes	63	72.4	11	64.7	12	70.6	0.813
	Total	87	100	17	100	17	100	
	Same dentist as today	46	73	10	90.9	10	83.3	0.364
If yes, who has placed it?	Different dentist	17	27	1	9.1	2	16.7	
	Total	63	100	11	100	12	100	
How was your experience of	Better	55	84.6	12	100	11	91.7	
treatment under rubber dam today, as compared to your previous one?	Worse	1	1.5	0	0	0	0	0.644
	About the same	9	13.8	0	0	1	8.3	0.644
	Total	65	100	12	100	12	100	

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	No	7	8	1	5.9	2	11.8	
rubber dam was being placed?	Yes	80	92	16	94.1	15	88.2	816
Tubber uain was being placeu.	Total	87	100	17	100	17	100	
	No	16	18.4	3	17.6	2	11.8	
Was the explanation clear to you?	Yes	71	81.6	14	82.4	15	88.2	0.804
	Total	87	100	17	100	17	100	
	For your benefit	51	58.6	12	70.6	12	70.6	
Did you feel that it was being	The dentist's benefit	13	14.9	3	17.6	1	5.9	0.582
placed	Both	23	26.4	2	11.8	4	23.5	
	Total	87	100	17	100	17	100	
	Pleasant	17	19.5	2	11.8	3	17.6	0.409
How was your experience with	Comfortable	59	67.8	15	88.2	13	76.5	
rubber dam?	Uncomfortable	11	12.6	0	0	1	5.9	
	Total	87	100	17	100	17	100	
Would you prefer treatment under	No	15	17.2	1	5.9	3	17.6	
rubber dam the next time you visit	Yes	72	82.8	16	94.1	14	82.4	0.486
a dental clinic?	Total	87	100	17	100	17	100	
Are you allergic to Latex?	No	85	97.7	16	94.1	17	100	
	Yes	2	2.3	1	5.9	0	0	0.533
	Total	87	100	17	100	17	100	

Table 4: Restorations and indirect Restorations.

Discussion

This questionnaire study evaluates the opinion of patients regarding their experience with rubber dam. It is clear that only a small percentage 15.7% amongst either patient group surveyed did not wish to have RD used for subsequent appointments. Whilst this shows that there are patients who do not like RD (4%), as has been asserted, it also demonstrates that the majority are not negative towards RD and indeed many like it and want it to be used.

Most males (84.3%) preferred its use compared to female patients' (81.1%) with more patients finding it comfortable and considered it was being placed for their benefit.

Among the age groups, category b age 21-30 years patients, preferred its use and considered it was placed for their benefit. No patients who reported a positive experience of RD use were against its use in future.

About the procedure, maximum rubber dam placement was for root canal procedure. Most of the patients found it comfortable and preferred its use in the next visit. It would appear that there are few factors related to the patients or the procedure that may be used to predict a patients' preference for or against RD. The experience of the dentist and by inference their level of skill does influence the patient's opinion. The best way to improve patient acceptance of RD is for clinicians to use it frequently and thereby become proficient. They should also be aware of patients' concerns.

No clear association could be established between most of the factors assessed and either the patients' judgement of the experience of rubber dam use, or their preference for its use in future.

The limitation of this study was certain factors were not standardized like gender and number of subjects considered for different procedures. Hence further studies should consider these factors. Nevertheless, this study added further proof that patients' overall, have no objection towards the placing of a Rubber dam.

Conclusion

Within the limitations of the current study, it can be concluded that patients are generally not aversive towards rubber dam. Hence frequent use for all the procedures increases the acceptance of rubber dam.

Clinical Significance

The use of rubber dam has several clinical implications on the choice of treatment procedure, patient-safety and treatment outcome.

Root canal irrigants like NaOCl is considered the main irrigant of choice because of its unique capacity to dissolve organic tissue. However, it is a potential irritant and has an unpleasant taste and odour. Therefore, irrigation with NaOCl should be accompanied by isolation of the operating field with a well-fitting rubber dam [4-7].

The importance of the safety afforded by rubber dam is highlighted by the list of endodontic instruments that have been swallowed.

A study conducted by Falacho, et al. [8] demonstrated that intraoral relative humidity has a significant effect on bond strength values to enamel. Without adequate rubber dam isolation, the performance of dental adhesives is compromised, thus potentially compromising the longevity of restorations and with long-term consequences on our patient's oral health [10-23].

Various factors intend the use of rubber dam application in day-to-day practice. Hence this study adds to it proving that patients' attitude towards rubber dam is positive and hence should be mandated for every procedure.

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