Abstract

This narrative illustrates how patient post-operative pain experiences can be influenced by worry, catastrophizing, previous learning experiences, and expectations about what will happen and how they will cope. It also demonstrates that a sympathetic dentist can help shape these expectations to the benefit of patients.

Keywords Patient-centered care, communication, pain, catastrophizing, expectations, worry

When I had a wisdom tooth extracted 2 years ago, I was in absolute agony for days; nothing would relieve it and it seemed to go on forever. It was there, literally and metaphorically, in my face, all the time, throbbing and painful. It wouldn’t go away and I couldn’t forget it. The nights were the worst. Then, when it was quiet and everyone else was asleep, it was just me and the pain. The throbbing got worse and nothing seemed to improve it. I wondered just how much worse it could get and how much longer it would last.

People said, “You’ve only had a tooth out,” but they didn’t understand how awful it was. The more people said that it would be okay, the more I thought about it and how bad it was and how they didn’t understand, and the worse it got. After 3 days, I thought I’d got one of those things the dentist warned me about before doing the extraction ... an infection or a dry what’s its name that’s meant to be very painful. I worried that my jaw might be infected and I’d need real surgery in hospital; I’d read about that happening to someone in one of my magazines. So I went back to the dentist and was told that all was normal and healing well. I didn’t fully believe him. How could something that bad be normal? And yet he’s the expert, so when it hurt, I told myself that everything was healing well and it did get better fairly quickly after that.

Also, while it was bad, I couldn’t eat. I couldn’t open my mouth very wide because it hurt down the side of my face and in my jaw joint. When I tried to open up to get a fork in, it felt as if I was going to tear something and I didn’t want that as well. So I lived on soup for a whole week. I hardly cleaned my teeth, firstly because it was hard to get the brush in and, secondly, because I didn’t want to brush the gum where the tooth had been.

This time—my second extraction—has been so much better. Don’t get me wrong, the extraction was more difficult. The dentist had to get the drill out and cut the tooth in half and take some bone away like last time. What was different was how much I understood about what to expect afterwards. Before the extraction, the dentist had explained all the things that might go wrong, just like the other dentist had. (They have to do that, apparently and, goodness, doesn’t it make you worry! It’s amazing anyone survives any operation.) What she also did was to explain what I should and shouldn’t feel and why. So, yes, I would feel some pain afterwards when the injection wore off but this was normal and should be controlled by my usual headache pills, especially if I got some onboard before the injection had worn off. The dentist explained that the pain would improve over the next 3 to 5 days and might take a week or a bit longer to go. After all, she suggested to me, if I’d tripped up a curb and banged my knees, they’d be sore for a few days. If it suddenly got very much worse, then I was to come back to be checked out but all had gone well and she didn’t think I would
have any problems. That was good to know, as all the last dentist had done was go on about everything he needed to warn me about. (My friend told me that that was to stop me suing him if anything went wrong!) This dentist told me that the bruising and swelling were normal and would disappear. The bruising always looks spectacular because you can see it easily in the mirror. “Just like my knees,” I thought. The last time I’d kept looking in the mirror to monitor what was happening to it and I must confess to giving the swelling a little bit of a prod every so often, just to check how it was getting on.

I was told that it might bleed a little and was given instruction as to how to deal with it. We had a little laugh about how a little bit of blood in saliva went an awfully long way and always looked much, much worse than it was. I was also told not to stick my fingers or tongue in the hole (not that there is much of one because of the stitches) as it could dislodge the blood clot that was helping it heal. Well, I’d never put my finger in the hole; that’s plain silly. But I must confess, I did keep checking the hole and stitches with my tongue last time, just to check how it was getting on and whether the hole was getting any smaller. Of course, as the dentist pointed out, everything different in your mouth that you feel with your tongue, feels about 10 times bigger than it really is. The dentist said, “I guess you’re a bit of a worrier,” which, of course, is true. So she told me to try not to worry too much. Telling myself to stop wouldn’t help all that much nor would giving myself a hard time about it, but taking my mind off it would help. She said that constant monitoring of the bruising wouldn’t help or make it change any faster and prodding the swelling might even make it worse.

So when my face was aching, I told myself that this was normal and it would get better. Instead of monitoring the pain to see if it was getting better (or worse, as then I’d have to go back to the dentist), I tried to carry on and do things; the ironing and the dusting. I sat and did a jigsaw puzzle while listening to music and the distraction took my mind off things. Because I understood that it was normal, I wasn’t frightened of the pain and was less worried going to bed, so I slept better and that helped a lot.

And then the eating; I did so much better this time. When my jaw ached and I couldn’t open my mouth very far, I remembered what the dentist had said: that my jaw muscles had effectively been to the gym for circuit training while coping with being open really wide for a long time during the extraction. They would ache afterwards and I would need to stretch them gently when eating, just like I’d stretch my aching legs. So when I ate this time, I’d made sure that I stretched my aching jaw just a little bit and it gradually got better, bit by bit over a week. This time I was on soup for 2 days and I didn’t think, “Maybe the dentist damaged my jaw.” I also did better with the teeth cleaning, as I understood that it is a really good way to reduce the chances of the hole in my jaw becoming infected. When things are explained like that, rather than being bossed about and instructed, it makes it easier to believe what you’re being told and you’re more likely to follow the advice.

Don’t get me wrong, it wasn’t a pleasant experience and I’m glad I won’t have to have it done again in a hurry, but I do know now that I can cope with something painful. I need to distract myself rather than focus on the pain, which just makes it worse. If I start to worry that something might be wrong
or that it will never end, I will think about what I have been told to expect and check that I’m doing okay according to what the dentist said might happen.

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