

Harnessing the power of gate control: interventions for procedural pain and anxiety

Carmelina D'Arro

Volume 9, Number 1, 2022

Congress October 2021

URI: <https://id.erudit.org/iderudit/1085666ar>

DOI: <https://doi.org/10.26443/ijwpc.v9i1.346>

[See table of contents](#)

Publisher(s)

McGill University Library

ISSN

2291-918X (digital)

[Explore this journal](#)

Cite this document

D'Arro, C. (2022). Harnessing the power of gate control: interventions for procedural pain and anxiety. *The International Journal of Whole Person Care*, 9(1), 55–55. <https://doi.org/10.26443/ijwpc.v9i1.346>

© Carmelina D'Arro, 2022



This document is protected by copyright law. Use of the services of Érudit (including reproduction) is subject to its terms and conditions, which can be viewed online.

<https://apropos.erudit.org/en/users/policy-on-use/>

érudit

This article is disseminated and preserved by Érudit.

Érudit is a non-profit inter-university consortium of the Université de Montréal, Université Laval, and the Université du Québec à Montréal. Its mission is to promote and disseminate research.

<https://www.erudit.org/en/>

HARNESSING THE POWER OF GATE CONTROL: INTERVENTIONS FOR PROCEDURAL PAIN AND ANXIETY

Carmelina D'Arro

Department of Oral and Maxillofacial Surgery and Hospital Dentistry, Christiana Care Health System, Wilmington, DE, USA
carmdarro@gmail.com

Keywords: Gate control theory, Pain and anxiety

Medical and dental procedures present a minefield of opportunities for pain and anxiety. Many procedures for diagnosis, treatment, and palliation are performed either without comfort measures at all or with sedation/anesthesia. Yet, there are many ways of decreasing patients' procedural pain and anxiety and of increasing physical and psychological comfort.

Gate control theory explains how we can close the gate on pain transmission (and minimize opening the gate) through non-pharmacological means. An exploration of several bottom-up and top-down interventions will be discussed including breathing, mindfulness, gradual exposure, non-pain stimuli, distraction, touch, and postoperative communications. Interventions will be illustrated with pictures and short videos in the dental setting. ■