

The aim of presenting the current data set is to get you thinking about those areas of practice where you might be at risk. By understanding issues common to the profession in general, you might consider how best to strategically mitigate problems or, better still, become aware enough to be able to avoid the pitfalls altogether.

At the outset, it is important to acknowledge that:

- A. given the exponential uptake of this treatment modality in recent times,
- B. considering the complexity, cost and surgical nature of implant treatment,

the volume of complaints related to implant treatment is reassuringly low. Having said this, the dollar value associated with defending implant claims is almost always high and the time taken to resolve the issues which arise can be lengthy. For these reasons, practitioners

responding to implant-related complaints often find the process to be harrowing, stressful and emotionally-charged.

Common issues:

As with any clinical modality, adverse outcomes can arise as a result of incorrect or incomplete diagnoses (poor case selection), poor treatment planning, poor treatment execution, procedural complications and/or a lack of posttreatment maintenance. Specifically, when examining restoration of edentulous spaces with implant-supported

prostheses, the professional regulatory body in NSW (the Dental Council), has regularly and repeatedly raised the following concerns in relation to implant

- The use of mini-implants in situations where they are not clinically indicated. This includes inappropriate design of the prosthesis, inappropriate loading of the implant/s and also gives rise to consideration of scope of practice issues - whether the clinician is sufficiently trained for the procedures being undertaken
- Failing to consider relevant medical and/or social factors. As with any surgical procedure, it is necessary to take into account the patient's habits and their past and present medical and medication histories when evaluating whether treatment is likely to

#5 AREA OF COMPLAINT: IMPLANTS

be successful and in determining the possible risk to the patient of undergoing surgery

- Whether there was an adequate pre-operative assessment of the quantity and quality of bone available.
 For the placement of implants, the gold standard requires the use of 3D imaging. Practitioners appearing before the Dental Council of NSW have found that the professional officers do not condone the use of OPGs when treatment planning an implant case
- Sometimes patient expectations on the longevity of treatment can be formed based on media/ promotion/ advertising. So, clear messages need to be communicated prior to treatment to keep expectations in line. This goes to having an adequate consent process in place
- Surgical complications paraesthesia, haemorrhage, perforations, devitalising an adjacent tooth/teeth, inhalation/ ingestion of components, etc. – often due to poor planning and/or treatment execution
- Failure of restorative components
- Loss of an implant, post-operative complications – particularly when poorly managed or not recognised
- Implants placed but unrestorable
 good treatment planning will take into account the intended final positions of the prosthetic components.

In a nutshell, poor planning and/or treatment execution often leads to poor outcomes with the attendant heartache, repercussions and cost. Consider whether a mentor, senior colleague or study group may be helpful in the planning and follow up of your cases.



Dr X received a letter from a former patient titled "Letter of Demand for Compensation due to nerve damage and financial losses incurred." In part, the letter said "...since my disastrous appointment with you...! have been suffering from a great deal of oral discomfort...including bad taste, metallic taste, furry tongue on the side of my mouth where the implant failed...! believe Dr X has either severed the lingual nerve or damaged it..."

A review of the clinical records for the case revealed that:

- An implant had been placed in the lower right molar region by a specialist periodontist
- The patient had failed to attend for follow up appointments (including torque testing) before having the implant restored
- Another dentist in Dr X's practice constructed the implant-supported crown
- The RFA, when the patient consulted Dr X, was recorded as being "implant exquisitely tender to palpate"
- The implant-supported crown was successfully removed during the appointment with Dr X under local anaesthetic. A healing cap was placed to facilitate comfortable function and the patient was referred back to the specialist. She failed to attend.

After the appointment with Dr X, the patient contacted the practice by telephone – she said there was a metallic taste in her mouth and she complained of having thick, powdery saliva. Dr X prepared and posted a referral for the patient to consult an Oral Medicine specialist. The details of the telephone conversation and referral were noted in the clinical record. On receiving

the claim, Dr X contacted the oral medicine clinic and was sent a report which showed the patient had been diagnosed with sub-acute bacterial sialadenitis of the right parotid salivary gland coupled with xerostomia. Treatment and follow up tests had been recommended but the patient had failed to attend any further appointments with the Oral Medicine specialist.

In this case, it was evident from the records that:

- The treatment provided by Dr X did not contribute to the failure of the implant
- The injection performed by Dr X did not sever or damage the patient's lingual nerve
- The symptoms reported by the patient and attributed to Dr X's treatment had been assessed by a specialist as originating from an underlying salivary gland pathology.

This claim was able to be successfully denied. This highlights how valuable it can be to diligently follow the Dental Board of Australia's *Guidelines on Dental Records* and to maintain comprehensive clinical notes. Good records are a clinician's best defence when facing any kind of legal claim.

AVOIDING PROBLEMS An excellent summary of the "golden rules" for successful implant dental treatment delivery can be found in the April edition of this magazine available at www.adansw.com.au. As well as the recommendations noted in this article, we remind practitioners, as always, of the importance of maintaining excellent clinical documentation. After all, writing dental records is part of every patient encounter, every day. Getting this aspect of practice right has the potential to save you significant time and angst.

WHAT TO DO IF YOU RECEIVE A COMPLAINT

The Advisory Services team welcomes enquiries around any aspect of dental clinical practice or patient care. If we are unable to help you, we can generally put you in touch with an organisation or individual who can. Please don't hesitate to get in touch if you have any queries or would like to have a confidential discussion about a particular patient or situation. We are here to help you.

Peer Advisors are available 9am – 5pm, Monday to Friday and can be contacted on (02) 8436 9944 or advisory@adansw.com.au