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This is the fourth in a series of articles outlining the top five complaints against dentists. In an analysis of our Advisory Services matters in 2018, the treatment areas most represented were…

THE TOP FIVE **complaints** AGAINST DENTISTS

Nº 4

Complaints relating to crown and bridge are frequent and varied in their nature. From the patient's perspective, treatment is costly, and this can result in significant dissatisfaction if there are adverse outcomes. The more complex the treatment, the more important it is to ensure there are thorough informed consent discussions. This includes both the clinical and financial aspects of the proposed treatment.

Managing patient expectations is important with respect to aesthetics, longevity, limitations of treatment, future costs, endodontic sequelae, and so on. Having looked at the list of common issues below, think about whether you and your treatment are at risk. If so, think about what changes you can make to prevent these issues arising.

Common issues with Crown and Bridge:

Although not a comprehensive list, some common themes include:

- Early failure requiring rectification by another clinician, either a general practitioner or a specialist prosthodontist, and the subsequent additional costs incurred (both biological and financial).
- Patient dissatisfaction with aesthetic outcomes (shade, shape, opacity/translucency, margins, etc).
- Endodontic treatment being required shortly after crown cementation, either a new RCT or endodontic retreatment, and failure to discuss this during the informed consent process.
- Fracture/failure of restorations due to inadequate pre-operative assessment of occlusion, or failure to manage appropriately (e.g. with an occlusal splint).
- Marginal deficiencies in the crown after permanent cementation.
- Periodontal sequelae (e.g. relating to position/condition of the crown margins, changes in gingival contour, etc).
- Recementing a poorly fitting bridge or crown, without making plans to replace the restoration.
- Complex crown and bridge failure, such as full mouth reconstructions.
- Patient dissatisfaction with the longevity of the restoration, and failure to manage these expectations during the initial consent process and during communication when there is a subsequent failure.
- Providing less than ideal treatment due to pressure from a demanding

#4 AREA OF COMPLAINT: CROWN AND BRIDGE

patient, which subsequently has a poor outcome.

- Ingestion or aspiration incidents, such as a crown dropped during cementation, or tools/components used during placement of implant supported crowns.
- Pt not being offered referral to a specialist prosthodontist at the outset, or when complications occur.

CASE EXAMPLE:

Dr X provided treatment to an elderly patient who requested a cosmetic improvement in her smile. He offered treatment including multiple indirect restorations on the upper teeth, both single units and a bridge. The clinical notes were not comprehensive and there was limited documentation to support the informed consent process and the treatment planning. After a long course of treatment, the patient became dissatisfied when a number of these indirect restorations had failed (including marginal deficiencies and multiple fractures of crowned teeth).

The patient requested a refund in order to seek treatment elsewhere and the dentist refused. The patient then made a complaint to the Health Care Complaints Commission (HCCC), who subsequently referred the matter to the Dental Council of NSW (DC). Upon assessing the case, an Inquiry was held and the practitioner was found guilty of Unsatisfactory Professional Conduct. This was not just in relation to the execution of the clinical treatment, but also in relation to the record keeping and treatment planning.

Conditions and Orders were imposed and the practitioner was no longer allowed to place multi-unit indirect restorations. He was required to complete CPD, provide evidence of improved records, and submit to an audit of his practice with respect to records. During this process, it became apparent that there were issues with Infection Control compliance, which he was required to address.

This was a lengthy and stressful matter for the practitioner, and much could have been avoided if he ensured treatment was within his scope and well planned initially, and had sought advice and/or referred when things went awry.

MANAGING EXPECTATIONS:

Managing patient expectations goes hand in hand with treatment planning. Remember to keep in mind that informed consent is a communication process, and not just a piece of paper or a short note in the file. A good consent process with the patient will help you manage their expectations.

Was the patient aware of the limitations of the treatment at the outset? Did the patient mistakenly believe that the expensive crown/bridge they paid for would last for the remainder of their life? Is the patient's desired aesthetic result actually achievable? Do you have pictures/pamphlets/ etc. to help demonstrate outcomes?

Crown and bridgework is much more likely to be successful if planned correctly. Do not forget to ensure that the patient's oral health (periodontal/dental/soft tissue) is stabilised first, prior to commencing more complex treatment. Aside from being appropriate from a clinical perspective, it gives you time to establish rapport with the patient and ensure their expectations are reasonable.

AVOIDING PROBLEMS

A well planned case is much less likely to result in issues. Consider the following:

- A comprehensive examination and thorough pre-operative assessment is essential prior to forming a diagnosis and commencing crown and bridge treatment.
- Ensure a thorough informed consent process occurs, and is well documented in the clinical file. Manage the patient's expectations during discussions.
- If you are a general practitioner, advise the patient that you are not a specialist, and provide the option of referral to a specialist for a consultation and/or treatment. If you are a specialist, ensure the patient understands they can seek a second opinion if they wish.
- Proceed logically through the treatment plan e.g. treat active caries and periodontal disease first.
- Do not allow patients to dictate treatment. As a registered practitioner, it is your responsibility to only offer a range of options which you consider appropriate. It is up to the patient to choose which of those options they will accept, or whether they would prefer to seek a second opinion elsewhere.
- Case selection - understand your individual scope of practice, and make sure you are providing treatment within your capabilities. Ensure the patient has reasonable expectations.
- If an adverse outcome occurs, communicate with the patient regarding options to address it. If managing the situation is out of your scope, refer to an appropriate practitioner.
- Excellent clinical records are essential at all times.

WHAT TO DO IF YOU RECEIVE A COMPLAINT

Please contact Advisory Services promptly when you receive a complaint. We will assist you with a confidential and non-judgemental discussion of your options. It is always preferable to seek help early. That is, you do not have to wait until you have a letter from a solicitor before calling us – we would be very happy to help you manage this situation before it can escalate to that point! Remember that there is an obligation to notify your PI insurer with most adverse events and/or patient complaints.

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