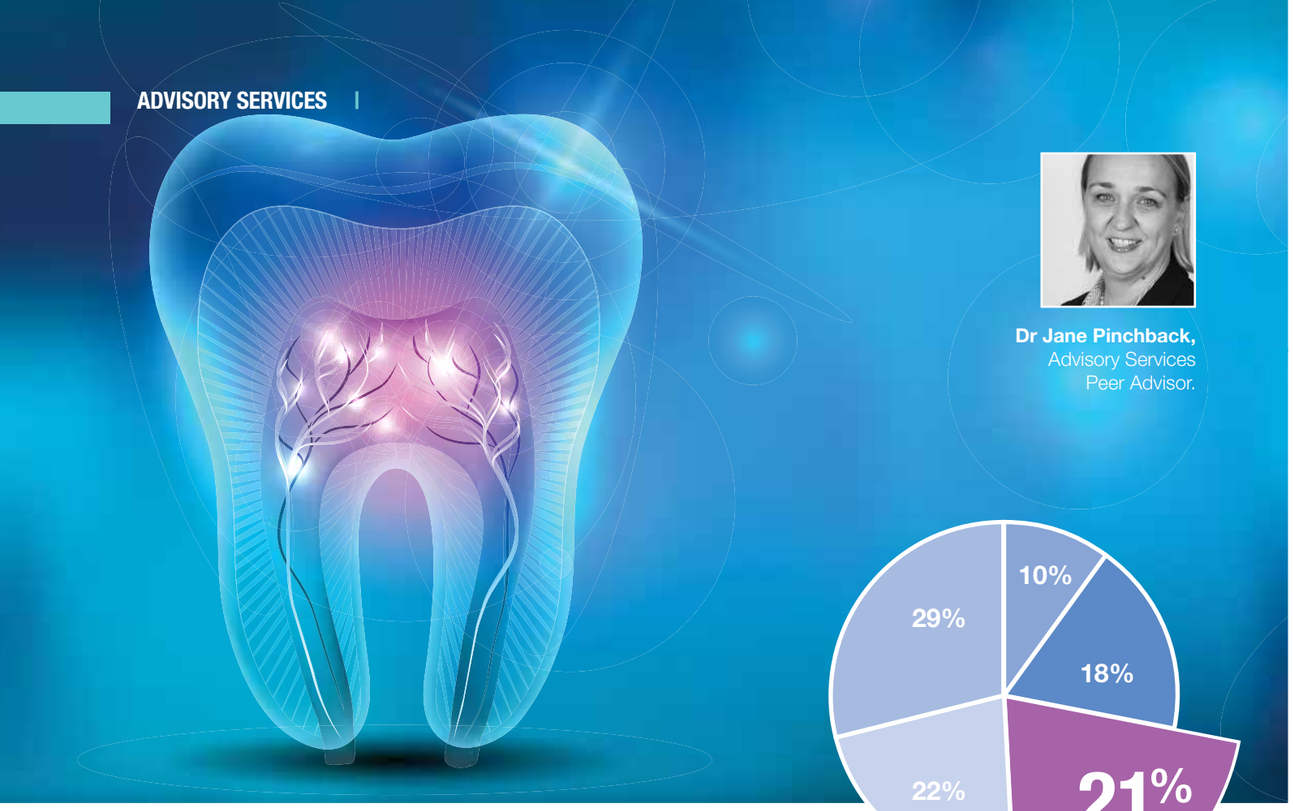

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THE TOP FIVE complaints AGAINST DENTISTS

Nº3

This is the third in a series of articles which analyse the root causes of complaints notified to the Advisory Services during 2018. To find out more on the first two areas of practice experiencing the highest volume of complaints (GP Orthodontics and Oral Surgery), please turn to the February and March 2019 editions of this publication, respectively.

Endodontics – what could go wrong?

Endodontics is a complex area of practice and one which requires a high degree of clinical capability. Much can go awry. As clinicians, it is tempting to believe that the technical aspects of treatment pose the greatest challenge in treating the endodontic patient. After all, there are so many procedural pitfalls in this discipline: missed canals, overfills, underfills, accessory canals, ledging, stripping, perforations, instrument separations, chemical injuries, swallowing or aspiration incidents, inadequate restoration – the list is long.

However, common mishaps do occur commonly. If this sounds self-evident, consider this: files break in root canals all the time and, considering the law of averages, probably separate more frequently at the hands of specialist endodontists than for the rest of us. So, why is it that some practitioners seem to receive a lot of complaints or problems and others very rarely or never do?

Often the answer lies in our technical capacity to manage complications i.e. to rectify any difficulties we encounter along the way. However, at least some of the time, the answer relates more to the way in which we communicate with our patients – both at the outset of treatment (during the consent process) and when procedural mishaps occur.

Avoiding problems

Patients are not equipped to judge our technical competency (they have no idea whether we found MB2 or not). They do, however, understand whether they like us and trust us. They know whether they feel respected and included in clinical decision-making about their teeth and oral health. They understand an honest and straightforward approach which informs without coercion. Our role in diagnosing and treatment planning a case involves assessment, forming a definitive diagnosis and then explaining to the patient what is wrong and what can be done about it.

#3 AREA OF COMPLAINT: ENDODONTICS

Endodontic tips and hints – keeping out of trouble

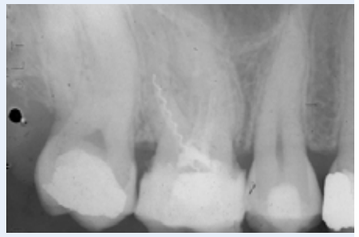
- Placing ANY large restoration could lead to pulp death and the need for RCT – remember to warn patients of this BEFORE performing the restorative procedure
- All treatment options (including NO treatment) and all treatment complications should be thoroughly discussed before commencing treatment
- Every non-surgical endodontic procedure MUST be conducted under rubber dam isolation
- It is essential to obtain clear radiographic imaging of the tooth and apical area/s pre-operatively, intra-operatively and post-operatively
- Cusp capping restoration of a posterior root-filled tooth is the standard
- If there is a necessity to replace a crown on a tooth with an existing RCT – ALWAYS consider re-doing the RCT first (preferably via specialist referral)
- Keep in mind that the tooth being treated needs to be protected from fracture right from the start: ideally an orthodontic band, or at the very least adjusted out of occlusion
- Any tooth to be referred or treated in-house must be assessed for restorability long-term, prior to commencement of endodontic treatment
- Don't be afraid to take a bite wing radiograph during the search for the pulp chamber, if you are unsure of where you are in the tooth – delaying the application of rubber dam until the pulp chamber has been located can aid in orientation
- Finally, however simple the case looks at the pre-operative assessment, absolutely ALWAYS advise the patient that referral to a specialist endodontist is an option.

MANAGING PROBLEMS

Whenever a procedural mishap occurs, good practice involves advising the patient what went wrong. Being able to say you are sorry for the complication is helpful. Providing your patient with factual information about what has happened and how things can be managed will provide the patient with comfort and understanding about what lies ahead. Involving the patient in the decision-making process is always a good idea and, during the initial conversation, you should also ensure to establish boundaries on patient expectations. This might include, for example, the extent to which additional fees or charges might apply.

CASE EXAMPLE

Dr X. saw a young female patient for a relief of pain visit. The patient explained that she needed treatment desperately as she was about to fly overseas on vacation. An acute periapical abscess on a molar was diagnosed and Dr X. very sensibly offered the patient relief of pain therapy. The patient wished to save her tooth and was supplied with an estimate to have an RCT and crown restoration when she returned from her trip. During the ROP procedure, a spiral separated and the tip become lodged in the mid-section of the distal root of the tooth. Dr X. was unable to retrieve the broken instrument but felt confident that he would be able to do so next visit or could otherwise bypass the instrument and complete extirpation and fill to the apex. Dr X. did not to mention the instrument fracture to the patient as she was new, fairly nervous and he did not wish to worry her unnecessarily. Some months later, Dr X. was surprised to receive a Statement of Claim which said: *"…An x-ray revealed one of the canals was blocked by a broken*



*endodontic instrument…**It is alleged that you breached your duty of care in failing to remove the broken instrument from one of the canals….**"*

The patient eventually saw another GP dentist, the instrument was successfully bypassed, and the tooth was adequately filled to the apices. The issue in this case wasn't that the file had separated, nor was it that the file tip could not be retrieved. The real problem was that Dr X. had not told the patient about the complication at the time it had occurred. When the patient saw a different dentist and the problem was disclosed, this was perceived by her to be a breach of trust - an attempt by Dr X to "cover up".

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.