Scottish Parliament Region: Glasgow

Case 200503583: A Dental Practice; Greater Glasgow and Clyde NHS Board

Summary of Investigation

Category

Health: Dental Treatment

Overview

The complainant Mr C raised a number of concerns regarding his dental treatment and the preparation and fitment of a dental bridge and a temporary denture.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) the Dental Practice failed to provide Mr C with an appropriate bridge *(not upheld)*;

(b) the dentist incorrectly drilled into the root of Mr C's tooth at an angle, leading to the tooth requiring extraction (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 3 April 2006 the Scottish Public Services Ombudsman received a complaint from Mr C concerning the treatment he had received in respect of dental care and the fitting of a dental bridge. Mr C raised his concerns with the Dental Practice through Greater Glasgow and Clyde NHS Board (the Board) on 8 February 2006 and a full response to the complaint was issued to the Board by the Dental Practice on 17 March 2006.

2. On 13 November 2000 Mr C attended the Dental Practice to have a bridge fitted. In this case, the bridge was made by placing crowns on the teeth on either side of the space where teeth were missing (these are the supporting teeth of the bridge and are called the abutment teeth). The crowns are then joined together by placing false teeth in the space. In this case the bridge was made by the dental technician as a one piece four unit fixed bridge. It was then cemented into place and was not removable.

3. In Mr C's case the teeth used as part of the bridge had both been root filled. A root filling is where the nerve of the tooth has been removed and a filling is placed in the resulting root canal space. Once a tooth has been root filled it is weakened and more brittle than a non root treated tooth. Posts were fitted to the supporting teeth to provide strength to support the bridge.

4. The amount of strain put on teeth relates to the way the upper and lower teeth close together (called the occlusion of the teeth). If there is a lack of posterior (back) teeth to spread the biting load, more biting force from the lower teeth will transmit to the upper teeth. Mr C had missing lower back teeth and because of his gag reflex, could not wear a partial lower denture. If he had been able to wear a lower denture, this would have restored his bite and biting pressure would have been applied more evenly around the mouth, spreading the bite force and reducing the stress on the bridge.

5. Mr C appears to have attended twelve appointments with his dentist over the period 13 November 2002 until 2 April 2003. During this time there is no recorded entry in the clinical records that there were problems with this bridge or that Mr C was complaining about the bridge during this time. The records do show that on 2 April 2003 the bridge was re-cemented and in the following year or so was re-cemented many times.

6. On 6 April 2005 the records detail that Mr C attended complaining of a fractured bridge and post. The entry details 'Difficult to re-cement bridge, no depth. Discussed about implants with patient. Meantime impressions partial upper denture'.

7. A temporary partial upper denture was made to replace the fractured bridge and pending a longer term solution. This denture was a removable plate made of acrylic (plastic) with a number of false teeth.

8. This partial upper denture was made with five teeth as opposed to the four teeth of the bridge it was replacing. Our Independent Clinical Adviser (the Adviser) has suggested that he believes that it may have been more appropriate to have used four teeth on the denture to match the bridge it was replacing rather than five which may not have looked quite correct.

9. The denture was fitted on 25 November 2005, it was recorded in the records on 26 November 2005 that 'C/O doesn't like it, eased (meaning the dentist adjusted the denture), patient not happy though'.

10. The clinical records hold further useful correspondence including a letter of 30 July 1999 from Professor A, Professor of Dental Primary Care and honorary consultant in dental surgery at the Department of Conservative Dentistry, Glasgow Dental Hospital. In this letter the Professor recommends the replacement of the upper bridge (which was done on 13 November 2000). He also states that he has explained to Mr C that this would place a substantial burden on his remaining upper teeth but that if the occlusion (bite) is properly organised, this may not present a problem. He goes on to say that there was some posterior (back) loss of support and he had suggested to Mr C that he should be provided with a partial lower denture. At this suggestion Mr C stated that he was unable to wear one but Professor A, in turn, informed him that the prognosis of the upper anterior bridge would be improved if he were to comfortably wear a partial lower denture'.

11. The complaints from Mr C which I have investigated are that:

(a) the Dental Practice failed to provide Mr C with an appropriate bridge; and

(b) the dentist incorrectly drilled into the root of Mr C's tooth at an angle, leading to the tooth requiring extraction.

Investigation

12. I have reviewed all correspondence forwarded by Mr C and the Dental Practice. I have obtained the dental records and sought advice from our Advisers. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mr C and the Dental Practice were given the opportunity to comment on a draft of this report.

(a) The Dental Practice failed to provide Mr C with an appropriate bridge

13. As has been detailed above, Mr C had a bridge fitted on 13 November 2000. It is clear from the dental records that his dentist tried very hard to keep the bridge for Mr C, however, with the supporting teeth being root filled and with the additional pressure caused by a lack of a partial lower denture, a great deal of stress was applied to the four unit bridge which led to the fracturing of the supporting posts. The bridge did stay in place for two and a half years but it then became apparent that there was a problem cementing the bridge back in place permanently.

14. Our Adviser has reviewed the information detailed in the dental records. From these records it appears that the bridge fitted by the dentist on 13 November 2000 was satisfactory and reasonable. There is no evidence to indicate that the bridge was of a poor standard.

15. It is recorded in the clinical records that Mr C was unhappy with the temporary partial upper denture fitted to replace the bridge. Our adviser is of the opinion that it may have been better to have four rather than five teeth on the denture, however, in her letter of 17 March 2006 in response to Mr C's complaint, the dentist mentions that she would be more than happy to see Mr C to try and resolve any outstanding concerns. It does not appear that Mr C has taken her up on this reasonable offer.

(a) Conclusion

16. As there is no evidence to indicate clinical failure in respect of the bridge or the partial upper denture, I do not uphold this aspect of the complaint.

(a) Recommendation

17. The Ombudsman makes no recommendations on this point.

(b) The dentist incorrectly drilled into the root of Mr C's tooth at an angle, leading to the tooth requiring extraction

18. Mr C attended the dentist on 3 October 2005 complaining of pain at UL3 (the remainder of the upper left canine tooth which had previously been used to support the bridge). It is recorded in the notes that an abscess was present and that amoxicillin, an antibiotic was prescribed. On 6 October 2005 Mr C attended again and it is recorded that UL3 was cleaned out. X-rays were taken at both these visits.

19. The records and these x-rays have been reviewed by our adviser. He has found no evidence of a perforation (this is where a dentist drills into a tooth and accidentally drills a hole out through the side of the tooth). Additionally, our adviser has commented that he is of the opinion that, having examined the x-rays, the remaining root at UL3 was un-saveable and required extraction.

(b) Conclusion

20. There is no evidence held in the records or x-rays to suggest that the dentist unnecessarily drilled the tooth at an angle and caused a perforation. Nor is there, as Mr C has suggested, any evidence to indicate that his dentist deliberately sabotaged her own work to avoid any further responsibility for the problem. As a result of this, I do not uphold this aspect of the complaint.

(b) Recommendation

21. The Ombudsman has no recommendations on this aspect of the complaint.

20 June 2007

Annex 1

Explanation of abbreviations used

Mr C	The complainant
The Board	Greater Glasgow and Clyde NHS Board
The Adviser	Independent Clinical Adviser
Professor A	Professor of Dental Primary Care

Annex 2

Glossary of terms

Abutment Teeth	Supporting teeth of the Bridge
Gag Reflex	Where a patient feels nauseous when a denture is placed in the mouth
Occlusion of the teeth	The way the upper and lower teeth close together