

**Case 200901763: A Dentist, Lothian NHS Board**

**Summary of Investigation**

**Category**

Health: Dental & Orthodontic Services; clinical treatment; diagnosis

**Overview**

The complainant (Mrs C) complained that her dentist (the Dentist) failed to fit her correctly for dentures, leading to additional unexpected expense and further dental work.

**Specific complaints and conclusions**

The complaints which have been investigated are that the Dentist:

- (a) failed to fit Mrs C with correctly sized dentures (*not upheld*); and
- (b) failed to detail treatment charges prior to treatment (*upheld*).

**Redress and recommendation**

The Ombudsman recommends that the Dentist:

- (i) introduces a policy of discussing the full treatment plan and costs with her patients prior to the commencement of treatment and that a note of this discussion is recorded in the clinical records.

*Completion date*

01 October 2010

The Dentist has accepted the recommendation and will act on it accordingly.

## **Main Investigation Report**

### **Introduction**

1. The complainant (Mrs C) visited her dentist (the Dentist) to have all of her remaining lower teeth removed. She was fitted for a denture the same day. Mrs C subsequently found that the denture was loose and felt that it was too large for her. She returned to the Dentist and explained her concerns about the fit of her denture. The Dentist explained that she had been fitted with a temporary denture and that a permanent one would be provided once her gums and bones settled into position following the tooth extractions. Mrs C complained to the Dentist that she was not previously told that she would be fitted with two dentures or that she would be liable for the cost of the second, permanent denture. Dissatisfied with the Dentist's response, Mrs C brought her complaint to the Ombudsman in July 2009.

2. The complaints from Mrs C which I have investigated are that the Dentist:
- (a) failed to fit Mrs C with correctly sized dentures; and
  - (b) failed to detail treatment charges prior to treatment.

### **Investigation**

3. In order to investigate this complaint, my complaints reviewer reviewed all of the correspondence between Mrs C and the Dentist and obtained further comments from the Dentist. The opinion of the Ombudsman's medical adviser (the Adviser) was also sought. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mrs C and the Dentist were given an opportunity to comment on a draft of this report.

#### **(a) The Dentist failed to fit Mrs C with correctly sized dentures**

4. Mrs C attended the Dentist on 28 January 2008. She had previously complained of loose and sensitive lower teeth and the Dentist discussed with her the possibility of extracting all of her remaining lower teeth and fitting a full denture. Mrs C's clinical records note that she was nervous about having the treatment done all at once. She reportedly stated that, if a lower denture was to be provided, she did not want it to include teeth at the rear of her mouth, as she had previously had a partial rear denture which she could not tolerate. The clinical records note that Mrs C wished to retain her teeth for the time being, but that the situation would be reviewed in six months time.

5. On 22 January 2009, a further clinical note recorded that Mrs C had agreed to the extraction of all of her remaining lower teeth and that dental impressions were taken that day for the fabrication of a full denture. A note was made that the teeth should not be set all the way to the back of the denture.

6. Mrs C attended the Dentist on 12 February 2009 and had her teeth extracted. Her clinical records noted that she was fitted with her denture and advised that a reline may be required in three months time.

7. Relining is required when the gums shrink following tooth extraction. When teeth are extracted, resorption (shrinkage of the bone that was supporting the teeth) occurs. Consequently, the gum under the denture shrinks and the denture may become looser. When this happens, a dentist will reline the denture by filling the inside of the denture with impression material, which is allowed to set in the patient's mouth. The denture is then relined to the shape of the impression material, which is replaced by a new layer of plastic of the same shape. Mrs C had her denture relined on 1 April 2009.

8. On 13 May 2009, Mrs C returned to the Dentist. She complained that her denture was loose. In her complaint to the Ombudsman, Mrs C elaborated that she felt the denture was too big and that it loosened every time she ate or drank, requiring her to reapply the fixative. She found this frustrating and embarrassing when in public. The Dentist recorded in the clinical records that Mrs C had strong lip muscles which were causing her teeth to 'bounce back and up, even at rest'. She advised Mrs C that a new denture with the teeth set more lingually (closer to the tongue) would improve stability. Primary impressions were taken in preparation for the new denture.

9. Following her appointment on 13 May 2009, Mrs C was given a treatment plan, which detailed the treatment that she would receive and the associated costs. Mrs C visited the Dentist on 22 June 2009 and complained about the fact that she would be required to pay for further treatment to rectify what she felt was the poor fitting of her original denture. Mrs C told the Dentist that she had sought a second opinion and had been advised that the denture had been fitted incorrectly and that her lip muscles were not the source of the problem. The Dentist explained that the denture that was fitted on 12 February 2009 was an 'immediate' denture for provisional use following the extraction of Mrs C's teeth. She told Mrs C that a second, permanent, denture was always going to be

necessary once her gums had fully healed. The Dentist advised that this is standard practice and would be the case for any denture wearer.

10. Mrs C was dissatisfied with the Dentist's comments and submitted a formal written complaint on 18 June 2009. In her complaint letter, she stressed that she was at no time told that she would be required to have more than one denture. She felt that the Dentist had fitted her denture incorrectly in February 2009. Mrs C noted that, had she been told in advance that she would be required to be fitted, and pay, for two dentures, she may have reconsidered going ahead with the tooth extractions.

11. In her response to Mrs C's complaint, the Dentist noted that extraction of Mrs C's teeth was deemed necessary due to the fact that they were very mobile and sensitive. She recalled that Mrs C had requested a partial denture and noted that the use of a full denture is preferable for effective retention. The Dentist explained that, when making the immediate denture, there is no way for the dental technician to predict how a patient's mouth will look after their teeth have been extracted, so the teeth and 'gums' are placed where it is imagined the mouth will accommodate them. Immediate dentures are made as a temporary measure, allowing the patient to leave the surgery with teeth, rather than nothing, until the sockets heal and bone resorption takes place.

12. The Dentist noted that Mrs C's gums healed very quickly, leading to the relines after seven weeks. Once further resorption took place and Mrs C again found her immediate denture to be too loose, the Dentist considered her to be ready for a definitive (permanent) denture. She explained that this would normally be fitted after roughly six months, however, Mrs C's rapid healing made it appropriate for her to be fitted for the definitive denture after only four months. The Dentist advised that a second, definitive denture was inevitable as Mrs C's gums and bones settled following her tooth extractions.

13. My complaints reviewer asked the Adviser whether the Dentist's explanation of Mrs C's treatment was reasonable and whether it is normal practice for patients to be fitted with more than one denture. He confirmed that he concurred with the Dentist's account of the required treatment and found the explanation of treatment in the Dentist's letter to Mrs C to be entirely appropriate. He supported the Dentist's comments regarding bone resorption, noting that the process of fitting an immediate denture, relining as appropriate and then fitting a definitive denture once resorption is complete, is recognised

and acceptable clinical practice. The Adviser noted the treatment plan that was provided to Mrs C following her appointment on 13 May 2009 and was satisfied that the treatments detailed within it were appropriate.

14. With regard to the Dentist's comments regarding the strength of Mrs C's lower lip, whilst the Adviser did not examine Mrs C himself, he agreed that strong muscles around the mouth can impact on the stability of a patient's dentures. He considered that correct positioning of the denture helps improve stability and was satisfied that positioning Mrs C's denture more lingually was an appropriate decision.

*(a) Conclusion*

15. Both the Dentist and the Adviser explained that when teeth are extracted the bones and gums subsequently shrink and 'settle' into position. I accept the Adviser's comments entirely and am satisfied that it is normal practice for an immediate denture to be fitted, as a temporary measure, after extraction of the teeth so that the patient has some teeth in place during the months that it takes for resorption to occur. I am further satisfied that relining the denture is necessary and appropriate as the bones and gums shrink and that a definitive denture is fitted only once movement of the bones and gums has ceased.

16. The evidence gathered by my complaints reviewer indicates that the treatment provided by the Dentist was appropriate and in accordance with normal clinical practice. As such, I do not uphold this complaint.

*(a) Recommendations*

17. The Ombudsman has no recommendations to make.

**(b) The Dentist failed to detail treatment charges prior to treatment**

18. In her complaint to the Ombudsman, Mrs C said that she was not told that she would require a second, definitive, denture until her appointment on 13 May 2009. She noted that this was her third appointment, having been fitted for the immediate denture and having attended the Dentist for a reline of the immediate denture previously. She complained that it was not previously made clear to her that she would require treatment beyond the first fitting or that she would be charged for the ongoing treatment. In her formal complaint to the Dentist, Mrs C stated that, had she known in advance of the additional costs that she would incur, she may not have agreed to the extraction of her remaining lower teeth.

19. When investigating this complaint, my complaints reviewer asked the Dentist what information had been provided to Mrs C. The Dentist advised that Mrs C was provided with estimates of the cost of her required treatments on 22 January and 13 May 2009. She explained that it is not normal practice to give an estimate of costs to patients for treatment which will be carried out months in the future. Accordingly, the January 2009 estimate only itemised the costs associated with the immediate denture. The cost of the definitive denture was contained in the 13 May 2009 estimate.

20. The Dentist provided my complaints reviewer with copies of the two treatment plans which were provided to Mrs C, detailing the estimated costs of her treatment. The treatment plan dated 22 January 2009 set out the costs for treatment over four appointments. These appointments were for the taking of primary denture impressions, a denture bite visit, denture try-in and the extraction of Mrs C's lower teeth. The total cost amounted to £128.64. No mention is made on the treatment plan of any further treatment beyond the fourth appointment.

21. My complaints reviewer was not provided with a record of the costs of Mrs C's denture reline on 1 April 2009, however, Mrs C said that she was charged £38.01 for this and this is supported by a note recorded in her clinical records.

22. The treatment plan provided on 13 May 2009 set out another course of treatment over four appointments, leading to the provision of Mrs C's full denture. The total cost of this course of treatment was £100.40.

23. When commenting on complaint (a) of this report, the Adviser indicated that the provision of a new full denture typically requires an immediate denture to be fitted, a subsequent reline and the final definitive denture. With this in mind, my complaints reviewer asked the Adviser whether it was normal practice to charge separately for the different stages of treatment or whether one charge would be made for the overall process of fitting a definitive denture. He explained that it is normal for each piece of treatment to be charged for separately. He also found the charges for Mrs C's treatment to have been made appropriately at each stage.

24. The 22 January 2009 treatment plan did not mention any ongoing treatment or costs. My complaints reviewer asked the Adviser whether this was normal. The Adviser felt that the treatment plan was appropriate. That said, he noted that a note was made by the Dentist in Mrs C's clinical records on 22 June 2009. This was the date that Mrs C attended the Dentist to complain about the additional charges that she would incur. The Dentist's note stated:

'I explained that this set of dentures was an immediate and provisional full lower denture made prior to six extractions, and that a full lower denture following full healing was always going to be necessary in order to get an accurate impression and bite registration. This would be the case for any new full denture wearer.'

25. The Adviser was concerned that, whilst this note was appropriate, Mrs C should have been advised that she would be provided with an immediate denture, that this would be temporary and that she would require a further, definitive, denture at a later date, prior to the extraction of her lower teeth.

26. The Dentist told me that Mrs C did not return to complete her denture fitting and had the work completed by a different dentist. As such, Mrs C made no payments for treatment detailed in the second treatment plan. Furthermore, Mrs C is no longer a patient of the Dentist.

*(b) Conclusion*

27. The evidence gathered by my complaints reviewer indicates that Mrs C was first told in June 2009 that she had been fitted with a temporary, immediate, denture. Shortly before this, on 13 May 2009, Mrs C was provided with a second treatment plan detailing the subsequent treatment she would require and the associated costs. I consider that, by this point, she was committed to the full course of treatment.

28. It is clear from Mrs C's clinical records that she required the full lower denture and agreed to have this work carried out. I, therefore, consider that Mrs C would and should have been liable for the full cost of treatment. I am satisfied that it was appropriate to carry this work out in stages, as discussed under complaint (a) of this report and I accept the Adviser's view that each stage of treatment should be charged separately. That said, Mrs C should have been told, in advance of any treatment taking place, the full extent of the treatment that would be carried out and what costs she would incur. I have seen no evidence that this information was given prior to Mrs C's decision to

proceed with the extraction of her remaining teeth. As such, I uphold this complaint.

*(b) Recommendation*

29. I recommend that the Dentist:	<i>Completion date</i>
(i) introduces a policy of discussing the full treatment plan and costs with her patients prior to the commencement of treatment and that a note of this discussion is recorded in the clinical records.	01 October 2010

30. The Dentist has accepted the recommendation and will act on it accordingly. The Ombudsman asks that the Dentist notify him when the recommendation has been implemented.



**Explanation of abbreviations used**

Mrs C	The complainant
The Dentist	The complainant's dentist
The Adviser	A professional dental adviser to the Ombudsman