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*The National Society of Dental Practitioners and the Dentist's Advantage Insurance Program for Dentists*

## **RISK MANAGEMENT ARTICLE**

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### **Preventing Liability after Tooth Extraction**

On Monday you extracted two of Ms. Miller's impacted wisdom teeth. You sent her home after telling her to take an over-the-counter nonsteroidal anti-inflammatory drug (NSAID) for the pain. You also told her to expect a little oozing and to "call if you have any problems." Ms. Miller didn't have any NSAIDs at home, so she took aspirin instead. Late Tuesday, she notices what she later describes as "a lot of bleeding" from the extraction site. She can't find your phone number, panics, and goes to the emergency department. Ultimately, Ms. Miller's bleeding is controlled and she is told to stop taking aspirin. She remains upset and tells you she is considering filing a lawsuit. Because you failed to provide adequate information, Ms. Miller may have a case that holds up in court.

This situation might have been avoided through comprehensive patient education. Here is how to ensure you provide sufficient education and how you can use other strategies to protect yourself against liability after a tooth extraction.

#### **Obtain informed consent**

Obtaining informed consent before surgery can help you avoid litigation afterwards by ensuring the patient understands the surgery and its risks. Informed consent is much more than simply obtaining the patient's signature on a piece of paper. In fact, that should be the last step in the process.

Start by explaining the procedure. Tell the patient why the tooth extraction is indicated and what the alternative is if the procedure is not done. Then discuss possible complications such as infection, damage to adjacent teeth, dry socket, and nerve damage. It's helpful to put complications in context. For instance, a piece of root that doesn't get removed might end up in the sinus cavity, but this is unlikely to occur.

If necessary, use an interpreter for a patient who doesn't speak English as a primary language. The interpreter should be a professional and not the patient's family member or friend. The consent form the patient signs should include:

- a statement that the person signing the form understands the treatment and any alternative treatments (including no treatment)
- a listing of potential complications, with the acknowledgement that the list is not comprehensive (such as "These complications include, but are not limited to, ...")
- a place for the patient to sign and for a witness to sign (the witness is simply attesting that the person signed the form, not that informed consent has been completed).

Sample Consent Forms can be found on our website as a downloadable PDF - in both English and Spanish – at <http://www.dentists-advantage.com/rskmgt/forms/consentenglish/index.jsp>.

Document that the consent was signed and keep a copy in the patient's medical record. You may also choose to give a copy to the patient.

#### **Provide patient education**

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Patient teaching is essential not only to ensure optimal outcomes, but also to protect you against possible litigation. It can play a significant role in helping patients understand what to expect after surgery and providing them information so they know when they need to seek help.

Discuss areas such as proper use of an ice pack, use of medications, how to apply and change the gauze pack, diet, oral hygiene, lingering effects of anesthesia, and the type of bleeding that is expected (see Patient post-extraction education).

If possible, review the instructions with the patient before the day of surgery. Otherwise, pre-surgery anxiety and discomfort afterwards will make it difficult for patients to absorb what they need to know.

Have instructions available in the patient's preferred language, and remember to document the following:

- topics covered
- the patient's understanding of the material—ask the patient to repeat the instructions back to you to ensure understanding
- the fact that a printed instruction sheet was given.

Keep a copy of the instruction sheet, *signed by you and the patient*, in the medical record. If permitted by the patient, include a family member or friend in the teaching. This strategy provides a backup in case the patient needs help at home.

### **Manage pain appropriately**

Patients with unrelieved pain are likely not going to be happy with their care, and, therefore, be more likely to pursue litigation should unforeseen problems occur. Be sure patients understand they should not take aspirin, but instead take over-the-counter NSAIDs as needed. Remind them to follow the label instructions to avoid taking too much. A Cochrane Review found that acetaminophen is effective for relieving pain after third molar extraction, and that the optimal dose is 1,000 mg taken every 6 hours. Patients with more invasive surgery may need a prescription pain medication.

### **Take all complaints seriously**

All dentists have some challenging patients. For example, a patient might call the office frequently to ask endless questions about signs and symptoms that, upon examination, turn out to be nonexistent. When patients like these contact you after tooth extraction surgery to complain about excess pain or bleeding, it can be tempting to not give the call your full attention. Keep in mind that you still need to conduct a thorough assessment and have the patient come to the office if there is any suspicion in your mind that a complication may have occurred. If you need to examine the patient who has untoward symptoms, be sure to document the visit in detail, including signs and symptoms of the problem, what you found on examination, and how you decided to follow up.

At the other end of the spectrum is the patient who is reluctant to speak up because of an unwillingness to “bother you.” In this case, take extra care to emphasize the need for the patient to contact you if there are any unexpected problems. In essence, knowing your patient will help you ensure follow-up care is given appropriately.

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### **Document completely and consistently**

The best protection against a lawsuit is effective documentation. In addition to documenting informed consent and patient education, include details about the procedure such as the type and amount of anesthesia given and how the patient tolerated the procedure. Document follow-up visits as well, and if a patient fails to return to be checked after surgery, note the efforts you made to try to encourage the patient to make a post-surgery visit.

### **Avoiding liability**

Tooth extraction can be a simple or a complicated procedure, depending on the patient's condition. In any case, you can apply strategies to help ensure the best possible outcomes for your patients and help you avoid a day in court.

### **Patient post-extraction education**

Telling patients what they should do after a tooth extraction should be supplemented with printed guidance. Here are examples of key points you should include.

**Anesthesia:** The feeling of numbness will begin to wear off in 30 minutes to 4 hours. Until that time, avoid all hot foods or liquids, and do not chew. (This prevents accidentally burning or biting the lips, cheeks, inside of your mouth or tongue until feeling has returned.) If you have any concerns about prolonged numbness, call the office.

**Gauze pack:** Fold the gauze into a small pack and place it over the site where the tooth was removed. There should be firm pressure on site. Keep firm biting pressure on the gauze for one to two hours. Change the pack every 15 to 30 minutes. You can stop applying the gauze after 1 to 2 hours or when bleeding has stopped.

**Bleeding:** It's normal for the extraction site to bleed slightly or ooze blood for 12 to 24 hours following surgery.

**Ice pack:** For the first 2 to 8 hours after surgery, apply ice packs to the outside of the face over the area where the tooth was removed. Hold the ice pack in place for 15 minutes or so, and then remove it for 15 minutes. This will help reduce discomfort and swelling. Cover the ice pack with a thin towel so the pack is not directly on your skin.

**Medications:** Do NOT take any products with aspirin because they may increase bleeding. In most cases, a pain medication without aspirin that's available over the counter (in a store) will give you good pain relief. Use prescription and over-the-counter medications as instructed on the label. If you have any bad side effects, stop taking the medications and call the office. If you have a serious side effect or an allergic reaction, seek medical care immediately.

**Diet:** Eat a liquid or soft diet for the first 12 to 24 hours. Drink plenty of liquids for the first day or two after surgery. Don't use a straw because it may dislodge (break up) the blood clot that is forming where your tooth was removed.

**Oral hygiene:** Clean your mouth as usual, but avoid the site where your tooth was removed. Do not rinse or swish your mouth with for the first 24 hours after surgery. Don't smoke for 24 hours after surgery.

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**Possible problems:** Be alert for:

*Dry socket.* You might have a dry socket if you have constant moderate to severe pain, a bad taste, putrid odor, and poor clot formation at extraction site. If you have any of these symptoms, call the office immediately.

*Fever.* Check your temperature for the first 24 to 48 hours after surgery. Call the office if you have a temperature higher than normal (98.6° F).

*Swelling.* You can expect to have some swelling during the first 24 to 48 hours after surgery. If you have a lot of swelling or the swelling continues after 48 hours, call the office. In addition to the above information, include written instructions telling the patient to call the office if he or she has any concerns or questions. Write the phone numbers to use during and after business hours clearly and prominently on the form, or consider having them preprinted. You don't want a patient's needs to be delayed because a phone number is illegible.

Finally, consider adding a note about the importance of seeking help when it looks like a serious problem is developing. For example, "If you experience any severe swelling, prolonged bleeding, severe or prolonged pain, high fever, dizziness, allergic reaction, or other problems that concern you, please call us immediately. If you can't reach us or haven't heard back from us in a reasonable time frame, go to the emergency department for immediate medical attention." Source: Dentist's Advantage and the National Society of Dental Practitioners. Post-extraction instructions. 2008. <http://www.dentists-advantage.com/pdfs/getPDF?file=post-extraction-instructions-0608.pdf>.

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### **Resources**

Dentist's Advantage and the National Society of Dental Practitioners. Post-extraction instructions. 2008.

<http://www.dentistsadvantage.com/pdfs/getPDF?file=post-extraction-instructions-0608.pdf>.

American Dental Association. Cochrane review finds acetaminophen effective for pain relief after wisdom tooth extraction. <http://www.ada.org/3145.aspx>

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