

Treatment Planning Considerations for Adult Oral Rehabilitation Cases in the Operating Room

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KEYWORDS

- Intellectual disability • Developmental disability
- Caries management by risk assessment • Dental varnish
- Glass ionomer • Desensitize • Triage
- Monitored anesthesia care • General anesthesia

Patients referred for general anesthesia dentistry usually need oral rehabilitation. This article addresses care of adult patients who have exhausted options for treatment in a routine setting, assuming that all means to achieve dental care have been tried and that oral pathology requiring attention exists in the mouth. This article discusses adult patients who are cooperative but cannot tolerate the dentistry because of medical compromise, psychologic reasons, or developmental or intellectual disabilities (DD/ID).

Treatment planning for dental general anesthesia cases has many considerations for patients, dentists, and facilities. Hippocrates stated, “[you] cannot treat what you cannot diagnose.” A dental diagnosis is dependent on medical and psychologic diagnoses. There are many approaches and philosophies to planning treatment for a case. A surgeon’s responsibility is to be accountable and responsible in delivering care. Knowing the endpoint of the dental care requires attention and observation of patients. Patients, caregivers, and legal guardians who are well informed of the whole hospital process and expectations are key to a pleasant and memorable experience. This article does not suggest that any described process is the standard of care, but allows practitioners to make their own best-suited plans for their patients.

OPERATING ROOM PREPARATION

The art of treatment planning for operating rooms requires quick, decisive thinking and awareness of limitations. Suggested treatment planning considerations and some

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current techniques that have been beneficial are discussed. Treatment planning has benefited from recent advances in technology and science in terms of equipment and materials. The limiting factors of operating room consideration are time and finances. Considerations of postoperative care immediately after efficient and predictable operating room dentistry are provided.

Patient Considerations

There is a wide range of adult patients who present for oral rehabilitation using general anesthesia or monitored anesthesia care. Some are medically compromised, some are developmentally delayed, and some exhibit extreme dental fear. Patients who have current radiographs and can tolerate preoperative examinations provide practitioners a distinct advantage in preparing for oral rehabilitation cases and coordination of other disciplines. When patients are noncooperative and require sedation, however, dentists must be able to adapt to those situations. Every attempt should be made to evaluate a patient's oral condition in order to proceed to scheduling the hospital visit. Practitioners must be able to create a treatment plan, deliver services, and have assurance that what is done will achieve a positive outcome.

In the past, oral rehabilitation under general anesthesia meant extracting everything that had pathology or may have had pathology. Now, many patients and their care providers desire restorative options or even conventionally restoring their mouth to preserve dignity. Increasing numbers of persons who have DD/ID and are integrated in the community are part of the work force. Teeth are important not only for eating but also for employment and self-esteem.

The age of adult patients, from adolescent to geriatric, can be a major determinant of final treatment. As the population ages, there are more complicated health concerns, including dementia and polypharmacy. Patil and Patil outline some of those concerns: "The dentist is concerned with the emotional and psychological state of the patient, for it is an essential component of treatment and the success of the treatment often depends on the emotional state of the patient. It is thus important for the dentist to be aware of practical- problem-oriented approach that helps in patient management and in maintaining and improving dental health as part of total healthcare services available to the elderly."¹

Practitioner Concerns

Oral health is essential for total health of the body, according to the Surgeon General's report of 2000. Practitioners deciding whether or not general anesthesia or monitored anesthesia care is the suitable method to safely treat a patient cannot focus solely on the oral cavity. If a patient is noncompliant in a routine setting for dentistry, the same noncooperation may exist for the patient's other medical disciplines. Annual examinations often are abbreviated for patients who have special needs because of a physician's inability to attain full cooperation from those patients. Consultation with a patient's primary care provider may generate a collaboration of additional services while the patient is under anesthesia. Additional services may be as simple as blood tests or more complex, including otolaryngologic, optical, gynecologic, podiatric, or cardiac examinations or procedures, such as transesophageal echocardiograms, cardioversions, and EKGs. Treatment planning for multidisciplinary cases requires coordination of medical and dental specialists for dates and times.

The dental case is the primary admission, with the various subspecialties interposed accordingly. Practitioners may decide to bring to the operating room dental specialists, such as a periodontist, endodontist, orthodontist, and oral surgeon, for procedures beyond their comfort level. Each specialist needs to be on medical staff

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