## Wisdom teeth extraction with postoperative pain and complications (01HDC13700, 24 June 2003)

Oral and maxillofacial surgeon  $\sim$  Standard of dental care  $\sim$  Postoperative risks  $\sim$  Pain relief  $\sim$  Follow-up care  $\sim$  Written information  $\sim$  Rights 4(1), 6(1)(b)

A 35-year-old woman complained that an oral and maxillofacial surgeon did not provide services of an appropriate standard when he extracted her wisdom teeth because: (1) one of her teeth was damaged during the extraction; (2) her pain was not adequately managed after the extraction; (3) the cause of her postoperative pain was not diagnosed or treated; and (4) she was not fully informed of the side effects and complications prior to the surgery. Another oral surgeon made a diagnosis of dry sockets as the cause of the patient's pain, and an ACC advisor concluded that the patient had suffered an injury to the lingual nerve, causing her numb tongue.

The Commissioner reasoned that any patient contemplating wisdom teeth extraction, and certainly a patient in full-time employment as a receptionist, would expect to be told of the possibility of a slow (up to 10 days) and painful recovery. Patients should also be told of the recognised risk of permanent damage to the lingual nerve — although the risk is less than 1%, any loss of sensation in the tongue would naturally be of major concern. Patients are entitled to information about this level of risk.

It was held that the oral and maxillofacial surgeon:

- 1 did not breach Right 4(1) because there was no conclusive evidence as to when the patient's tooth was fractured and, in particular, there was no evidence that the surgeon fractured the patient's tooth during the extraction;
- 2 breached Right 6(1)(b) because the patient was not adequately informed about the possible complications and delayed recovery from her wisdom teeth extraction; and
- 3 breached Right 4(1) by not following up with the patient the effectiveness of the suggested pain management, and not providing adequate pain relief at the follow-up consultation.

The telephone calls from the patient to a person at the practice should have been documented.