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## Dental Surgeon

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### Report on Opinion - Case 99HDC00381

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#### Complaint

The Commissioner received a complaint from a consumer about the dental treatment she received from a Dental Surgeon. The complaint was that:

- *In early November 1998 the consumer consulted the provider, a Dental Surgeon, at a public hospital.*
- *The consumer was admitted in early December 1998 for removal of a double tooth that had broken away.*
- *The consumer asked the Dental Surgeon to look at the tooth beside it as she was sure it had lost its filling and might need to come out too.*
- *The Dental Surgeon kept saying "one tooth".*
- *The consumer's discharge records indicated two teeth were removed but the problem tooth remained.*
- *Following discharge the consumer complained to the Dental Surgeon about pain and her jaw opening less as well as the issue of the problem tooth still being there.*
- *The Dental Surgeon was angry and, with no gloves, mouthwash, running water in the spittoon or pain relief, wrenched the problem tooth out with a long probe.*
- *The probe went down under the consumer's tooth causing excruciating pain.*
- *When the consumer arrived at a friend's house she was asked if she had been in an accident because there was blood on her face and hands.*
- *The consumer spoke with the Dental Surgeon's nurse the next day and complained about the blood and indicated half her tooth was still in place.*
- *The consumer has been referred back to the Dental Surgeon by other dental professionals and ACC will not fund treatment by anyone other than the Dental Surgeon. The consumer refuses to see him.*
- *The consumer is unable to manage solids and has difficulty keeping her tongue away from the sharp edge and unstable tooth. Her jaw, face and mouth are very painful and she is angry at the loss of extra teeth.*

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## Dental Surgeon

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### Report on Opinion - Case 99HDC00381, continued

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**Investigation** The complaint was received on 22 December 1998 and an investigation was undertaken. Information was obtained from:

The Consumer  
The Provider / Dental Surgeon  
The Customer Services Manager, Hospital

Relevant clinical records were obtained and viewed. The Commissioner obtained advice from an independent Dental Surgeon.

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**Outcome of Investigation** Following an accident in 1993 the consumer consulted the provider, a Dental Surgeon, who diagnosed a left side jaw fracture which caused facial pain and limited jaw function. The consumer was referred to a visiting Oral and Maxillofacial Surgeon, who performed surgery on her left temporomandibular joint in early December 1993. In June 1994 the consumer was assessed by the Oral Surgeon, who noted that teeth 35 and 36 should be extracted under general anaesthetic. The consumer was placed on the Dental Surgeon / Provider's hospital waiting list for the extraction of these teeth. The Customer Services Manager at the Hospital advised the Commissioner that the consumer was contacted by hospital waiting list clerks on several occasions between 1994 and 1998 but that she declined treatment. Clinical records show that in mid-April 1996, the Hospital wrote to the consumer indicating that it was undertaking a review of the surgical waiting list. The consumer recorded on the questionnaire supplied by the Hospital that *"side has come off tooth but still not painful enough to take out. Just annoying..."* In early May 1997 the consumer wrote *"teeth have not been removed – jaw opening improved – Dentist has just seen to front teeth. Wish to leave bad teeth at back as long as possible – Need [the Dental Surgeon] to remove them."*

In mid-October 1998 the consumer was contacted by the Hospital when it moved from the waiting list to national booking system. The consumer indicated that *"Past appointments have been made for me – I have declined and tried to carry on. Can no longer do so. With past medical mishaps/problems I have a fear of doctors..."* The consumer agreed, on this occasion, to the teeth being extracted.

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## Dental Surgeon

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### Report on Opinion - Case 99HDC00381, continued

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**Outcome of  
Investigation,  
*continued***

The consumer was seen by the Dental Surgeon and a visiting Oral Medicine Specialist, in early November 1998. They confirmed teeth 35 and 36 were to be extracted and noted that these teeth had caused the consumer's facial swelling. The Oral Medicine Specialist's clinical note recorded that tooth 35 was abscessing and tooth 36 was fractured and broken down. The consumer was referred back to the Dental Surgeon and the extractions were arranged for a date in early December 1998.

The Dental Surgeon advised the Commissioner that the consumer was admitted to a ward as an overnight patient in the morning on that date. He stated that he met with the consumer prior to surgery and explained that the extraction of teeth 35 and 36 might be difficult and that her jaw might be sore for some time afterwards. The Dental Surgeon said he told the consumer that the x-rays had revealed long roots in dense, hard bone and that the crowns of her teeth had decayed and deteriorated since 1994. Clinical records indicate that the consumer signed an operation request form consenting to the extraction of teeth 35 and 36.

The Dental Surgeon advised the Commissioner that the extraction of teeth 35 and 36 was difficult and that he had to use considerable force to remove them. He stated that the roots of both teeth appeared to be intact on removal but that some fragments of bone were visible, as were fragments of the crowns. The Dental Surgeon said that following surgery he visited the consumer in the ward and reassured her that both teeth had been removed but that she might feel sore and bruised for a few days. A follow-up appointment was arranged at his clinic for the following week.

The consumer was seen by a house surgeon the day after the extraction. Clinical records indicate that:

*"Patient claims can feel part of broken tooth and cannot open jaw as wide as before the operation.*

*O/E Jaw open 50 degrees*

*Lower left side – gum visible, no teeth parts visible."*

The consumer was discharged from Hospital on the afternoon following the extraction.

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## Dental Surgeon

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### Report on Opinion - Case 99HDC00381, continued

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**Outcome of  
Investigation,  
*continued***

The consumer presented at the Dental Surgeon's private clinic that afternoon complaining of a sore jaw, restricted opening and that she could feel something sharp with her tongue. The Dental Surgeon advised the Commissioner that he reassured the consumer her symptoms were to be expected and were a consequence of the difficult extractions. The Dental Surgeon said that he explained the joint was probably bruised but that she would be able to open her mouth wider as the bruising healed. He said he also explained there were likely to be small, loose fragments of tooth and bone in the gum but that these normally worked their way out during the healing process. The Dental Surgeon advised the Commissioner that he recommended the consumer see him at the outpatient clinic the following Tuesday and he would x-ray her jaw at that time if she continued to experience problems. He said he suggested, in the interim, that the consumer go home and rest.

The Dental Surgeon advised the Commissioner that the consumer returned to his private practice again that day and accused him of taking out the wrong tooth, leaving some tooth behind and injuring her jaw joint. The Dental Surgeon noted that he was treating a patient at the time and took the consumer in to a spare surgery. He said he asked the consumer to show him where the piece of tooth was but that she was unable to do this.

The consumer complained that the Dental Surgeon used a long steel probe and tried to drag the offending tooth out. The Dental Surgeon advised the Commissioner that he used a pair of dental tweezers to probe the sockets in an attempt to locate the source of the consumer's problem. He stated that he removed a small piece of tissue that had been sitting in a socket but that no tooth fragments were evident. He said he explained to the consumer that it was "best to leave well alone" and undertook to see her the following Tuesday.

The Dental Surgeon advised the Commissioner that his nurse was present during this consultation. He denied removing, or attempting to remove, any of the consumer's teeth. He stated that neither he nor his staff were aware of any blood on the consumer at the time she left the surgery. The Dental Surgeon said that as a result of his probing, or of the consumer's probing with her tongue, she could have experienced some post-operative bleeding after she left his surgery.

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## Dental Surgeon

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### Report on Opinion - Case 99HDC00381, continued

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**Outcome of  
Investigation,  
*continued***

The consumer did not attend the follow up clinic arranged with the Dental Surgeon. The Dental Surgeon advised the Commissioner that the consumer refused to see him or have an x-ray to assist in locating any problem. He said the ward receptionist was instructed to continue encouraging the consumer to attend the outpatient clinic and see either himself or the Oral Medicine Specialist.

The consumer presented at the Hospital in early March 1999 and consulted with the Oral Medicine Specialist. He noted that the extraction site had healed well and that the jaw opening was back to its pre-operative state. A small root fragment was discovered on x-ray and a different dentist was asked to remove the tooth fragment.

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**Code of Health  
and Disability  
Services  
Consumers'  
Rights**

The following Right is applicable to this complaint:

*RIGHT 4*

*Right to Services of an Appropriate Standard*

- 2) *Every consumer has the right to have services provided that comply with legal, professional, ethical, and other relevant standards.*
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### Report on Opinion - Case 99HDC00381, continued

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**Opinion:**  
**No Breach**

In my opinion the Dental Surgeon did not breach Right 4(2) of the Code of Health and Disability Services Consumers' Rights as follows:

**Right 4(2)**

The consumer's clinical records indicate that on several occasions between 1994 and 1998 she was examined by the Dental Surgeon and others. On each of these occasions it was noted that teeth 35 and 36 were causing problems and needed to be removed. The consumer was admitted to Hospital in December 1998 so that teeth 35 and 36 could be extracted. There is no evidence that the Dental Surgeon indicated only one tooth would be extracted or that following removal of both teeth, the problem tooth of which the consumer complained remained.

The consumer twice presented at the Dental Surgeon's private practice on the day of her discharge from hospital. Although she did not have an appointment, the Dental Surgeon examined her. While he was unable to determine the cause of the consumer's complaint, he appropriately suggested she allow time for healing to occur and wait until the follow up appointment arranged for the following Tuesday.

The consumer did not re-present at Hospital until March at which time an x-ray was arranged. A small root fragment was found and arrangements were made for it to be removed. My advisor informs me that root fragments are occasionally left behind following an extraction. In the consumer's case it would have been easy to overlook a small root fragment because of the limited access and dense bone but this root fragment is unlikely to have interfered with the healing of the socket. The Dental Surgeon correctly suggested an x-ray be taken at the follow-up arranged for December 1998. As the consumer did not attend this appointment the Dental Surgeon had no opportunity to determine what further treatment may be needed.

In my opinion the Dental Surgeon provided the consumer with services of an appropriate standard and did not breach Right 4(2) of the Code of Health and Disability Services Consumers' Rights.

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**Actions**

I do not intend taking any further action on this complaint and my file will now be closed.

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