

**Case 200501420: General Dental Practice, Lothian NHS Board**

**Summary of Investigation**

***Category***

Health: FHS Dental & Orthodontic Services/Clinical treatment

***Overview***

The complainant raised a concern about the care she received at her dental practice while having a dental impression taken.

***Specific complaint and conclusion***

The complaint which has been investigated is about failure to provide appropriate care when taking a dental impression (*not upheld*).

***Redress and recommendation***

The Ombudsman has no recommendations to make.

## **Main Investigation Report**

### **Introduction**

1. On 14 September 2005 the Ombudsman received a complaint from a woman referred to in this report as Mrs C. Mrs C complained about the treatment she had received from a general dental practitioner (GDP 1) at the Practice.
2. The complaint from Mrs C which I have investigated is about failure to take appropriate care when taking a dental impression.

### **Investigation**

3. The investigation of this complaint involved obtaining all the relevant documentation, dental records and complaint files. I have obtained advice from the dental adviser to the Ombudsman (the Adviser). I have not included in this report every detail investigated but I am satisfied no matter of significance has been overlooked. A list of the abbreviations used in this report can be found at Annex 1. Mrs C and GDP 1 have been given an opportunity to comment on the draft of this report.

### **Complaint: Failure to take appropriate care when taking a dental impression**

4. Mrs C complained in writing to the complaints officer at the Practice (the Complaints Officer) on 24 August 2005. In her letter, she said she had attended the Practice that morning and was advised by GDP 1 that she required a small filling and clean, which would be followed by taking an impression for a new denture. GDP 1 then filled Mrs C's mouth with the substance required for the impression. The process which GDP 1 followed caused Mrs C great distress and caused her to retch as some of the substance flowed down the back of her throat. She indicated to GDP 1 that she was in distress and he asked if she wanted him to stop the procedure which she agreed to. She said GDP 1 then told her that he could do no more if she could not tolerate the impression procedure. Mrs C was told to pick the substance out of her mouth with her fingers. This continued to cause her distress by gagging and retching, as she found it difficult to remove the substance. At no time did GDP 1 or the dental hygienist who was present provide assistance, except to place a basin on the floor.

5. Mrs C recalled that, on previous occasions when an impression was required, the dentist used a gum shield which was filled with the substance and she was placed in the upright position. That procedure did not distress her. Mrs C told GDP 1 that she was unhappy and would pursue a formal complaint and would no longer attend GDP 1 as a patient. Mrs C said that in over 50 years as a dental patient, this was the first time she had had cause to complain. She felt that GDP 1 could have taken action to ensure the situation did not happen and, furthermore, when it did he could have handled it in a more caring and professional manner.

6. The Complaints Officer responded to Mrs C in a letter dated 25 August 2005. He said that he had spoken to GDP 1 and had been assured that he did his best to help Mrs C when she was experiencing difficulties with the impression. In view of Mrs C's comments, it was thought best if she was released from the continuing care arrangement with the Practice and they would forward any notes to her new dentist, highlighting the problems which arose from the impression taking. The matters which had been raised by Mrs C would be discussed at the monthly staff meeting.

7. In response to an enquiry, the Complaints Officer advised me that GDP 1 greatly regretted the fact that Mrs C was dissatisfied with any aspect of the care that he provided. It was, unfortunately, the case that the taking of an impression on this occasion caused distress to a patient from the gagging reflex. One of the difficulties lay in the fact that attempting to remove the tray and impression material before it had set could be more problematic, as would appear to be the situation as far as Mrs C was concerned. The Complaints Officer said GDP 1 had certainly taken on board the comments that Mrs C had made and he apologised unreservedly for any upset that this incident may have caused. GDP 1 asked that his sincere apology be conveyed to Mrs C through the Ombudsman's report.

8. The Adviser said that he could empathise with Mrs C as, on occasions, it can be quite difficult when upper impressions are taken and some of the impression material squeezes out from the impression tray and around the back of the patient's throat. This can cause the patient to gag and retch and unfortunately this was the situation for Mrs C.

9. The Adviser explained that, normally, the dentist selects an impression tray (these are supplied in different sizes by the manufacturers, so that the tray the dentist uses approximates to the size of the patient's upper jaw). The impression tray is then loaded with the impression material (usually a material called alginate) and the loaded impression tray is inserted into the patient's mouth. As the impression tray is seated down, the alginate, which is a soft material, can often squeeze out of the back of the impression tray. This is the reason that a patient would gag or retch during the impression. Impression taking is a standard procedure carried out by all dentists when making a partial upper denture and the Adviser believed that the gum shield referred to by Mrs C was an impression tray. In the Adviser's experience, a gag reflex is not uncommon when taking an upper impression for a patient. In addition, the dentist has to wait one to two minutes until the impression material sets hard before removing the impression.

10. The Adviser noted that Mrs C mentioned her previous dentist kept her upright during impression taking and this was a recognised technique used by dentists, where the patient was sitting up rather than lying down, and could help to prevent the gag reflex. The Adviser said that, although Mrs C mentioned the dental hygienist was present, he felt that she was probably a dental nurse who would have mixed the impression material and assisted GDP 1. The Adviser commented that a dentist would be well aware when a patient was suffering a gag reflex during impression taking and would do their best to minimise the distress such a patient was experiencing. In the normal course of such an incident, the dentist would help remove any excess impression material present in the patient's mouth and the patient would be offered a thorough mouth rinse.

11. The Adviser accepted that there were different recollections of the event but he did not feel that GDP 1 acted unreasonably in this case, although he felt that it would have been helpful if GDP 1 had apologised at the time to Mrs C for the distress which was caused. He also said that the fact Mrs C had brought the complaint would raise GDP 1's awareness of this particular issue and this could benefit similar treatments for his patients in the future.

### *Conclusion*

12. The advice which I have received and accept was that GDP 1 was following recognised procedures for the taking of an impression for an upper denture.

Unfortunately, a recognised complication of the procedure is that sometimes parts of the impression material can fall down the patient's throat as happened in Mrs C's case. I have not seen evidence that GDP 1 carried out the procedure in an inappropriate manner and, accordingly, I do not uphold the complaint. I am pleased to note, however, the action taken as a result of Mrs C's complaint. The matter was discussed at the monthly staff meeting and, through this report, GDP 1 has unreservedly apologised for any upset that the procedure caused Mrs C. The Ombudsman has no recommendations to make.

28 November 2006

**Explanation of abbreviations used**

Mrs C	The complainant
The Practice	The dental practice where Mrs C was a patient
GDP 1	The dentist who attempted to take an impression from Mrs C for a new upper denture
Complaints Officer	A dentist at the Practice who also holds the post of Complaints Officer
The Adviser	The dental adviser to the Ombudsman