

Case 200600710: A Dentist, Lothian NHS Board

Summary of Investigation

Category

Health: Dental

Overview

The complainant (Mr C) raised a number of concerns about the treatment provided by his General Dental Practitioner (the Dentist) in regard to the provision of a set of upper and lower dentures.

Specific complaint and conclusion

The complaint which has been investigated is that the treatment which the Dentist provided to Mr C concerning upper and lower denture plates was inadequate (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 5 June 2006 the Ombudsman received a complaint from Mr C about the inadequate treatment he received from the Dentist in relation to the fitting of upper and lower dentures. Mr C had complained to the Dentist but remained dissatisfied with his response.

2. The complaint from Mr C which I have investigated is that the treatment which the Dentist provided to Mr C concerning his upper and lower denture plates was inadequate.

Investigation

3. In writing this report I have had access to Mr C's dental records and the complaint correspondence between Mr C, the Dentist and Lothian NHS Board (the Board). I also obtained clinical advice from one of the Ombudsman's professional dental advisers (the Adviser) on the clinical aspects of the complaint. As the Dentist had referred Mr C to the Edinburgh Dental Institute (EDI) for treatment I also obtained copies of the records they held on Mr C to aid the investigation.

4. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. An explanation of the abbreviations used in this report is contained in Annex 1. Mr C and the Dentist were given an opportunity to comment on a draft of this report.

Complaint: The treatment which the Dentist provided to Mr C concerning upper and lower denture plates was inadequate

5. Mr C wrote to the Dentist on 24 April 2006 following the return of his upper denture from the lab technicians in Glasgow where it had been sent for adjustment. Mr C complained that the denture was a worse fit than before. Mr C is an insulin dependent diabetic and has to follow a special diet and had to use Fixodent 3-4 times daily. Mr C wished a replacement denture. Mr C then attended a meeting with the Dentist on 25 April 2006 where he said he was told that the Dentist had done his best for him. Mr C then complained to the Board about the Dentist's treatment and that the denture was cutting into the roof of his mouth. Mr C also said the Dentist had said he could fix the upper denture but he had now suggested treatment at the EDI would be appropriate. Mr C sent a further letter to the Board after he had attended the EDI on 2 May 2006

where he said the Specialist in Prosthodontics (the Specialist) was appalled at the condition of the upper denture. Mr C wanted the Board to contact the Specialist who would confirm the poor condition of the upper denture.

6. The Dentist responded to the Board on 19 May 2006. He explained that Mr C was wearing part dentures until October 2005 when the last of his teeth were removed. Adjustments were made to the existing dentures. The dentures were relined in September 2005 and the upper denture again relined in October 2005. A complete, new set of upper and lower dentures was fitted on 19 January 2006. Due to the severe atrophy of the upper and lower ridges, the Dentist referred Mr C to the EDI for specialist prosthodontic assessment and treatment. In the meantime Mr C attended the practice on numerous occasions for upper denture relines. The Dentist had seen Mr C four times since 19 April 2006 where attempts had been made to resolve the problems pending the EDI appointment in May 2006. Since the EDI appointment on 2 May 2006 the Dentist explained that he had eased the relined complete upper denture. The Dentist felt Mr C had unrealistic expectations. The Dentist was willing to assist Mr C but in view of the extremely atrophic ridges and difficulty tolerating complete upper and lower dentures, an EDI referral was appropriate. He said the Specialist had agreed to remake the upper denture but there was no mention of treatment for the lower denture.

7. The Adviser explained that when teeth are extracted the bone that supported the teeth (called the alveolus or the alveolar bone) begins to shrink away (the bone resorbed). The alveolar bone remaining to support a denture is the area of bone known as the ridge. Following tooth extractions there is a continuing shrinkage of this alveolar bone and subsequently the remaining gum also shrinks. This is known as the atrophic ridge where the denture has to fit. When all the teeth have been removed the ridges left are called edentulous ridges. Years of edentulous ridges can leave patients with severely atrophied ridges, especially in the lower jaw. The clinical records in this case indicate there has already been a great deal of bone and gum shrinkage, the ridge of bone had become less and less, so the shape of the remaining ridge had become shallow and atrophic and the retention and the stability of the dentures were consequently compromised and reduced. In these circumstances it becomes quite difficult for the dentures to remain in place and making satisfactory dentures is extremely challenging and many patients require specialist prosthodontic care.

8. The Adviser said that Mr C's remaining five upper teeth were extracted on 8 September 2005. This meant he now required a complete full upper denture and the records also show that a full lower denture was also required. Between 13 September 2005 and 19 January 2006 Mr C was seen at eight visits regarding the provision of a full set of dentures. On 19 April 2006 Mr C attended for a relining of his full upper denture and this was fitted on 21 April 2006. The Adviser formed the opinion that the Dentist tried very hard to make a satisfactory set of dentures for Mr C but it was quite clear that Mr C did present as a difficult case to construct satisfactory dentures owing to the problems in the upper jaw regarding atrophy and a shallow ridge. In a letter from the Dentist to the Board dated 19 May 2006 the Dentist said of the dentures fitted on 19 January 2006 'It was clear to me at this point, due to severe atrophy of the upper and lower ridges; there was a need for a specialist opinion and treatment for [Mr C]. I duly referred [Mr C] to the EDI for specialist prosthodontic assessment and treatment.'

9. The EDI records show that a new set of dentures i.e. full upper and full lower dentures were constructed for Mr C. These were fitted on 10 July 2006 and a review appointment was carried out on 4 September 2006. It was recorded at the review visit that Mr C had been getting on well with the upper denture but had been having some problems with the lower denture complaining that they were loose. Some adjustments were carried out at this visit and the Specialist pointed out that 'lower dentures relied heavily upon muscular control and the patient was advised to persevere with wearing these dentures'.

10. The Adviser said that in general terms it is quite appropriate for a dentist to refer a patient for specialist care once it is recognised that specialist care is required and that he was of the opinion that this was an appropriate and caring action on behalf of Mr C by the Dentist. It would appear from the clinical notes that the Dentist tried his hardest to construct a satisfactory set of dentures but it was clear that Mr C required specialist care. The Adviser noted that there is no note in the EDI records about the alleged comments made by the Specialist to Mr C as referred to in paragraph 5.

Conclusion

11. Mr C was concerned about the treatment provided by the Dentist in relation to his dentures. However, the Adviser has explained in paragraph 7 the difficulties which can be encountered by dentists in the fitting of dentures and on

occasions there is a need for a specialist referral. In this case I am satisfied that the Dentist made numerous attempts to resolve Mr C's concerns without success and then decided a specialist opinion was required. There is no evidence to suggest that the treatment which the Dentist provided was inadequate and accordingly I do not uphold the complaint.

Recommendation

12. The Ombudsman has no recommendation to make.

23 May 2007

Explanation of abbreviations used

Mr C	The complainant
The Dentist	Mr C's dentist
The Board	Lothian NHS Board
The Adviser	The Ombudsman's dental adviser
EDI	Edinburgh Dental Institute
The Specialist	A specialist in prosthodontics at the EDI