Scottish Parliament Region: North East Scotland

Case 200503133: Tayside NHS Board

Summary of Investigation

Category

Health: Dental Hospital; Care and Treatment; Staff Supervision

Overview

The complainant (Mr C) complained that he had received inadequate care and treatment during and after a tooth extraction at Dundee Dental Hospital (the Hospital) on 15 March 2004.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) Mr C had a tooth removed at the Hospital which resulted in nerve damage, leaving him in constant and severe pain (*not upheld)*; and

(b) the tooth was removed in a rough manner by an unsupervised dental student (*not upheld*).

Redress and recommendations

The Ombudsman recommends that the Board review their protocol, whether it is best practice that an x-ray should be taken to help identify any potential problems or infections, following the re-presenting of a post-extraction patient.

The Board have accepted the recommendation and will act on it accordingly.

Main Investigation Report

Introduction

1. The Ombudsman received a complaint from Mr C, concerning the care and treatment he received during and after he had a tooth extracted at Dundee Dental Hospital (the Hospital), on 15 March 2004. Mr C complained that he was in excruciating pain throughout the extraction process which, in his view, was carried out in a rough manner by an unsupervised student. Thereafter, Mr C complained that he suffered from an on-going left-sided facial and oral pain which he attributes to the alleged traumatic removal of the lower left quadrant tooth at the Hospital.

2. The complaints from Mr C which I have investigated are that:

(a) Mr C had a tooth removed at the Hospital which resulted in nerve damage, leaving him in constant and severe pain; and

(b) the tooth was removed in a rough manner by an unsupervised dental student.

Investigation

3. The investigation of this complaint involved obtaining and reading all the relevant documentation, including correspondence between Mr C and Tayside NHS Board (the Board). I have had sight of the Board's complaint file and Mr C's dental records held at the Hospital. Shortly after the extraction, Mr C moved to England, therefore, I also considered correspondence and dental records from the Pain Management Consultant (the Consultant) and the Oral and Maxifacial Surgeon (the Surgeon) who Mr C had consulted privately in England about his continuing left-sided facial pain. Advice was also obtained from the Ombudsman's professional dental adviser (the Adviser), who reviewed all relevant documentation and dental records from the Board, the Consultant and the Surgeon. I also corresponded with the Board, about their policies and practices related to the supervision of students and their selection criteria for dental radiography.

4. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mr C and the Board were given an opportunity to comment on a draft of this report.

(a) Mr C had a tooth removed at the Hospital which resulted in nerve damage, leaving him in constant and severe pain

5. Mr C told me that on 15 March 2004 he attended the Hospital, as he was experiencing toothache. Mr C was given the option of having root canal treatment or having the tooth extracted. Mr C chose to have the tooth extracted. Thereafter, according to Mr C, an unsupervised student performed the extraction but seemed to be having difficulty in removing the tooth. Mr C complained 'the left side of my face was in agony from his tugging, he then got another student to hold my face, while he climbed on top of me to extract the tooth. All through this, the left-hand side of my face was hurting'.

6. Mr C continued to feel pain at the site of the extraction, so he returned to the Hospital on 20 March 2004. Mr C advised that the Hospital found the area around the extracted tooth was infected, 'they opened the area up and cleaned it and said it was sorted'.

7. Thereafter, Mr C moved to England but he advised that, as the pain continued, he simultaneously complained to the Board and sought help privately, from 10 May 2004 onwards, from the Surgeon (see paragraph 3). Mr C stated that the Surgeon told him that the nerve on the left-hand side of his face was damaged. Mr C underwent two operations on 4 June 2004 and 10 November 2004 and received on-going treatment, including weekly acupuncture sessions. On 18 March 2005, as the pain was still present, the Surgeon referred Mr C to the Consultant (see paragraph 3) who, on 25 April 2005, stated that 'the gentleman appears to have developed a neuropathic pain problem similar to atypical facial pain following his complicated dental extraction'.

8. Within the Board's reply to Mr C's complaint they advised that, following a review of Mr C's records, 'there was nothing to suggest that this was a difficult extraction'. Furthermore, 'it is not unusual to support the patient's head while this type of procedure is being carried out'.

9. Thereafter, the Board reassured Mr C that, if any problems had been observed during the extraction, the supervising dentist would have taken over and this would have been noted in Mr C's records.

10. The Board stated that, following the removal of Mr C's tooth, post-extraction instructions were given to him and he was invited to return if he

experienced any difficulties. Mr C did return five days later (see paragraph 6) and an infection was diagnosed, the area was treated (cleaned and packed with a dressing) and he was given a prescription for antibiotics.

11. Mr C did not return to the Hospital again as he had relocated to England (see paragraph 3) but 'the staff in the Hospital would have been happy to review Mr C if the symptoms [present on 20 March 2004] had not settled within a few days'.

12. The Board added that continued pain can occur 'even when teeth are removed with little difficulty' and it is not possible to predict when this may occur.

13. In the Board's reply to my enquiries regarding their selection criteria for dental radiography (see paragraph 3), they advised that no x-rays were taken of Mr C's mouth on either of the two occasions he attended the Hospital (see paragraphs 5 and 6). According to their Consultant Doctor in Dental and Maxillofacial Radiology and Clinical Lead at the Hospital, 'it is not normal practice to take an x-ray of a tooth prior to extraction unless it is very broken down, a lower wisdom tooth previously root treated, or the patient has a history of previous difficult extractions. This is in line with [the Board]'s Selection Criteria for Dental Radiography and the FDGP (UK) Selection Criteria for Dental Radiography. None of these circumstances applied in [Mr C]'s situation when he first presented'.

14. The Board stated that when Mr C returned to the Hospital five days later, according to the case notes 'there was obvious infection present. As there was nothing in the case notes to suggest that the extraction was particularly difficult or that the tooth had not been extracted in its entirety, there were no indications at that time to take a radiograph. Radiographs would not show evidence of bony change due to infection within a five day period, the time between [Mr C]'s two visits to [the Hospital]' (see paragraphs 5 and 6).

15. The Adviser assessed this aspect of the complaint and confirmed that on 15 March 2004 the lower left second pre-molar tooth LL5 was extracted and that Mr C re-attended the Hospital on 20 March 2004. The dental record showed 'Complaining of pain from lower left quadrant since LL5 was extracted. On examination socket red, inflamed with pus present, dry socket LL5. Thereafter, the socket was cleaned and a prescription for 500mgs of penicillin

4 X a day for 5 days was prescribed'. The Adviser outlined that this was the only post-operative appointment (see paragraph 10).

16. The Adviser considered the comments made by the dentist supervising the students at the clinic on the day Mr C attended for his extraction (the Dentist). The Dentist stated that there was no evidence to confirm that the removal of LL5 was a difficult extraction, furthermore, there was no evidence that any unnecessary or inappropriate force was applied during the extraction (see paragraph 8). She added 'it is customary to support a patient's head on occasion when carrying out extractions and I believe that this is what happened (see paragraphs 1 and 5). Furthermore, a student with difficulties carrying out an extraction would obviously come to the attention of the supervising staff member. The staff member would deal with any situation and a suitable note would have been made in the clinical record outlining the difficulty, by noting a difficult extraction'.

17. After his review of the Dentist's comments and Mr C's dental records, the Adviser is of the view that there was no evidence that the extraction of LL5 was a difficult procedure. Furthermore, the Adviser stated 'I do not feel there was nerve damage during the extraction and considering all the evidence in the case file, care was taken during the extraction'.

18. Shortly after the extraction, Mr C relocated to England and sought post-extraction private treatment (see paragraphs 3 and 7). The Adviser reviewed the Surgeon's notes and considered that the Surgeon carried out a procedure on Mr C on 4 June 2004 and 'this subsequently healed with some resolution of the symptoms' (see paragraph 3 and 7).

19. In the Adviser's view 'it was clear, therefore, that a residual/infected cyst was present here. The only way to diagnose the presence of this cyst in the jaw is to view an appropriate x-ray and I do note that no x-rays were taken at the Hospital' (see paragraphs 14 and 15). This raised the question 'was it reasonable that no x-rays were taken at the Hospital when Mr C attended'?.

20. The Adviser considered the Board's comments at paragraphs 13 and 14 and agreed that no bony changes would have shown. However, following Mr C's visit to the Surgeon, the Surgeon diagnosed that a cyst was present in the area and, in the Adviser's view, this cyst would have been seen 'if an appropriate x-ray had been taken at the Hospital'. Furthermore, 'as a general

rule, good clinical practice dictates that an x-ray should be taken to help identify any potential problems or infections following an extraction. They are a very important part of modern dentistry, and in a dento-legal sense they can determine the entire course of a complaint'.

21. The Adviser concluded that, based on his experience and the presented evidence at paragraph 20, in his view a cyst was present prior to the extraction of Mr C's tooth LL5. However, as Mr C had relocated, there was no opportunity for the Hospital to review him after 20 March 2004.

22. The Adviser is of the opinion that it would have been good practice to take an x-ray when Mr C returned with the dry socket (see paragraph 15). However, applying the selection criteria detailed within paragraphs 13 and 14, he concluded that it was reasonable that an x-ray was not taken and accepted the specific guidelines. The Adviser also noted that Mr C was only seen on one post-operative visit to the Hospital, after which he moved away.

(a) Conclusion

23. Mr C felt that the manner his tooth was extracted at the Hospital was inadequate and the reason for his continuing facial pain. I have carefully considered the evidence outlined above and reviewed all the relevant documentation (see paragraph 3). I agree with the Adviser that there is no evidence to support Mr C's view that the extraction of his tooth was carried out inadequately or that the removal of tooth LL5 caused him nerve damage. Accordingly, I do not uphold this complaint.

(a) Recommendation

24. I have, however, taken account of the Adviser's view that it would have been good practice to take an x-ray of Mr C's mouth when he re-presented himself at the Hospital and complained of pain (see paragraph 22). Accordingly, in light of this complaint, I recommend that the Board review their protocol, whether it is best practice that an x-ray should be taken to help identify any potential problems or infections following the re-presenting of a post-extraction patient.

(b) The tooth was removed in a rough manner by an unsupervised dental student

25. Mr C told me that, during his attendance at the Hospital on 15 March 2004, his tooth was extracted by an unsupervised student in a rough manner (see paragraphs 1 and 5).

26. In their response to Mr C the Board stated that, within the Hospital, treatment is not carried out by unsupervised students.

27. The Dentist clarified further:

> '… it is my considered opinion that all patients are well aware that treatment in [the Hospital] may be carried out by students under supervision. I would totally rebut the allegation that the student was unsupervised. No students are ever unsupervised on my clinic – the student may well not appear to have been continuously directly supervised during the whole procedure. Furthermore the patient and their notes would have been reviewed by a member of staff before it was decided that it was a suitable procedure for the student to carry out. Local anaesthetic administration, checking level of anaesthesia, removal of the tooth and haemostasis (this means to stop any bleeding), will all have been checked and supervised by a staff member.'

28. In addition the Dentist stated that the Hospital followed a protocol whereby the supervising dentist for the procedure countersigns all notes related to that procedure in the dental records

> 'In the case in question, the student wrote down their identifying student number and the entry was checked and countersigned by the supervising dentist.'

29. As part of my review of the documentation, I have seen this completed entry, dated 15 March 2004, within the dental records (see paragraph 3).

30. The Dentist stated that from a review of Mr C's records, there was nothing to suggest that this was a difficult extraction (see paragraphs 8 and 9). 'There is a complete routine record that simply states that the patient was given a mental block and infiltration. The tooth was elevated with a chisel and removed with universal forceps, apparently without difficulty. The record further confirms that post-operative instructions were given and haemostasis was achieved.'

31. As previously explained within paragraph 16, the Dentist concluded that there was no evidence to confirm that the removal of LL5 was a difficult extraction or that any unnecessary or inappropriate force was applied during the extraction.

32. The Adviser considered this aspect of the complaint and was of the opinion that the statements made by the Dentist (see paragraphs 27, 28 and 30) 'are entirely reasonable and I do feel there was adequate supervision of the student and there is no evidence that extracting LL5 was a difficult procedure.'

(b) Conclusion

33. Mr C stated that, during his attendance at the Hospital on 15 March 2004, his tooth was extracted by an unsupervised student in a rough manner. I have carefully considered the relevant documentation (see paragraph 3) and I am satisfied from the records (see paragraph 30) that the tooth extraction was not executed roughly. I have already found that there is no evidence to support Mr C's view that the tooth extraction was carried out inadequately. Accordingly, in all the circumstances, I do not uphold this complaint.

(b) Recommendation

34. The Ombudsman has no recommendations to make.

35. The Board have accepted recommendation and will act on it accordingly. The Ombudsman asks that the Board notify her when the recommendation has been considered.

Annex 1

Explanation of abbreviations used

Mr C	The complainant
The Hospital	The Dental Hospital where Mr C had his tooth extracted
The Board	Tayside NHS Board
The Consultant	The Pain Management consultant
The Surgeon	The Oral and Maxifacial surgeon
The Adviser	The Ombudsman's professional dental adviser
FDGP(UK)	Faculty of General Dental Practice (UK)
The Dentist	The professional dentist at the Dental Hospital who supervised the students when Mr C's tooth was extracted

Annex 2

Glossary of terms

Dry socket	This happens when a blood clot is lost from a socket, thus exposing the bone and fine nerve endings. It occurs commonly two or more days after extraction
Haemostasis	This term means that the bleeding has stopped and a blood clot has formed
LL5	Lower left second premolar tooth
Lower left quadrant	Lower left back teeth
Mental block and infiltration	Local anaesthetic affecting the distribution of the mental nerve