

Communication Report - Written Dental Hygiene Consultation Narrative

Patient background: Late-middle aged retired female school bus driver, “Tina,” who is an avid church-goer with a sense of humor. Inconsistent homecare, brushes 0-2x daily with fluoridated toothpaste but does not perform interproximal care. Has sensitivity to sweets and cold consistently throughout the mouth and is concerned about yellowed teeth and halitosis. Stress levels are reported as “good” since retirement. She takes diuretics to control her hypertension. She is ASA II with no other complicating health factors and good blood pressure readings.

Client consultation: After performing a comprehensive medical history interview and finishing all assessment procedures to include FMS radiographs, probing depths, tissue statements, et al; I sat down with the patient to discuss her state of oral health and how to proceed with treatment in her particular case.

Me: “So Tina, after doing all these assessments, I have found that you do have some gum disease.”

Tina: “Gum disease?! How did I get that?”

Me: “We also call gum disease *periodontal disease*. What that term basically means is that there is some degree of inflammation in the gums that is associated with calculus-the hard substance we scale off your teeth-but mostly with destruction that is caused by bacteria in the mouth. There are four different stages. The first is called gingivitis and is when the gums are mostly just irritated. There won’t be any gum recession (we won’t be able to see the roots of the teeth) or loss of attachment between the tooth and the structures that support it (the gums and bone).

Remember when I was measuring around your teeth to see if there were deep pockets? And

remember how I said that when probing depths are above 3 mm, that that means that there is loss of attachment, which causes instability in the tooth? Well, that is what begins to happen if the inflammation is allowed to progress. Eventually this could lead to recession, very deep pockets, bone loss around the teeth, severely swollen/tender/inflamed gums, and even tooth loss if it is allowed to reach the fourth stage—advanced periodontitis. Have you ever noticed that a lot of people have tooth loss as they age? This is a big part of that.”

Tina: “I know I can see a lot of my roots... So, am I in the final stage or... what kind am I?”

Me: “Yes, you do have some generalized moderate recession. I would put you at Case Type III. I know this is a lot to take in, but I want you to have a good understanding of this all so that you are motivated to work towards a healthy mouth. Your case type is not just based on your recession. You have moderate inflammation throughout your mouth with severe redness and enlargement around most of your molars. This tells me that they are very irritated, suggesting a [possible] diseased state. Again, remember when I measured your pocket depths? Take a look at the chart. Do you see the groupings with the numbers 5-7 in the molar regions? That’s another piece of the puzzle. Case Type IV would have had numbers above 7. These numbers represent both how deep the pocket is plus any recession found on that tooth. For example, 5 means that the tissue has been destroyed and now sits 5 mm away from the crown of the tooth and towards the bone. I also found some of your teeth to be a little mobile, which suggests that the support structures are being destroyed. The final piece is your radiographs. See this image? <pointing>
This is where the crowns of the teeth end and about where we should see the bone begin. This is the bone right here, about 3-4 mm lower than they should be throughout the mouth. This shows me that you have moderate bone loss in your mouth. The bacteria in your mouth have destroyed the tissues down far enough to reach the bone and are now destroying those tissues.”

Tina: “So, you said that bacteria is the main culprit? Is that something I need to take antibiotics for? Or do I need to go to a doctor?”

Me: “No, you won’t need a doctor for this; we can start your treatment right here by removing the irritants in your mouth and providing you with tools and skills to use at home. And as for antibiotics, we may find them helpful in your case, but we can always cross that bridge if we come to it. What will happen is I will remove the irritants and a bulk of the bacteria from your teeth. I will use an ultrasonic, which flushes out debris and can kill bacteria, and will also hand scale. This should help the tissues to be able to start the healing process. This is going to take several appointments [probably 3 or 4 after this one] because there is quite a bit of work to be done, but if we do this and do good homecare, we can stop the disease from progressing. This will help you keep your teeth much longer and will also help with and pain you have in your mouth. Once we have completed your cleaning, I will want to see you back every 3 to 4 months so that we can ‘maintain’ your mouth.”

Tina: “So, how much is all of this going to cost?”

Me: “For the initial cleaning it will be \$45, then another \$45 for each subsequent maintenance visit. This is quite the deal, I might add. Almost all of the services are included in this fee, such as a comprehensive exam and local anesthesia. Although our appointments are long (3 ½ hours), we make up for it by providing extremely comprehensive care and by having a low flat rate. Regular offices charge upwards of \$200 for just a basic cleaning, not including exam fees and other charges.”

Tina: “Ok, that sounds pretty good. When my gums heal, will my recession go away?”

Me: “Unfortunately, it doesn’t work that way. Once the destruction has taken place, the gums

cannot regenerate by their own accord. There is a possibility of increased recession since the tissue will shrink when it is no longer inflamed. But that isn't an absolute outcome. There are surgical options to correct recession, such as grafts. If you are interested, I can get you the information for local periodontists, they are the type of dentists that specialize in procedures like that, and we would be happy to refer you."

Tina: "That would be great. I am not sure what I want to do yet, but can I get that information anyway?"

Me: "Of course. Here is a little bookmark with contact information. Even though you won't see a change in recession from the treatment you will receive with me, there are some great things you can expect with treatment, maintenance, and good homecare. Before I tell you my goals though, I would love to know what your expected outcomes are."

Tina: "I really don't want to lose my teeth or have any more recession. I also don't want my gums to be sore anymore. Are those good goals?"

Me: "That's perfect. What I am aiming for as the final product and what we maintain long term includes complete reduction of swelling and redness (I would love to see healthy pink gums in there!), less to no oral discomfort, no bleeding during toothbrushing, fresher breath, decreased pocket depths of up to 3 mm, and removal of any removable stains from the teeth. This is the treatment plan that I have made based on these goals with the first appointment being what we will do/have done today, here <hands paper to patient> So, as you can see I plan to do a fourth of the mouth (or more if there is time) per visit with local anesthesia, and also plan on providing homecare instruction at every appointment with fluoride varnish application at the very end of treatment. This other form <hands form to patient> outlines possible things you may encounter or experience during the Non-Surgical Periodontal Treatment I will be providing. Most of these

we don't expect to happen, but we want you to be aware that they are a possibility. It will be loud and there will be water spray and bleeding. That is just part of this kind of treatment. Once you have looked these over thoroughly, if I could just get you to sign or initial where I have placed an X (there should be three places). How does that sound?"

Tina: "It actually sounds pretty good to me. I would love the stains to be removed especially! I drink an awful lot of tea these days!"

Me: "Haha, yes, tea definitely stains teeth pretty well. One thing that will help with the staining though is your homecare. The thing about oral hygiene is that it isn't something that can be maintained just by having regular hygiene visits. It takes a commitment to performing adequate care at home. Today we will equip you with some tools (such as a toothbrush) and skills (like how to adequately brush teeth) so that you can do your part to get yourself back to health. I will demonstrate and have you try these techniques in just a few minutes so we can take our time to really concentrate on them."

Tina: "Isn't there a simpler way? I mean, brushing twice a day seems like too much sometimes."

Me: "Well, I know that right now it seems like a tedious task, but there is a rhyme and reason for it. Plaque forms in about 18 hours. So, if you aren't removing it more than once per day, you are allowing it to both form and to cause destruction in your mouth. I like to think of oral bacteria as frat boys. By themselves they can't do much damage, but if we allow them to congregate and have a 'party,' then things can potentially be destroyed. I figure it's better to break up the party before it is started. So, what I am hoping that we can build up to is brushing twice daily and cleaning between the teeth at least once per day. You will find that it really does make a huge difference for your oral health, as well as for how fresh your breath is throughout the day. Who doesn't want fresh breath! Does that sound reasonable?"

Tina: “When you put it like that... yes. Everything you are saying really does sound great. I know it will take some work, and you will probably have to scold me a bit, but you can count me in. I will try my best.”

Me: “Trying is all I can really ask for, and is definitely a step in the right direction. So another topic I want to touch on is that I know we discussed that you may have increased recession after treatment, and I know that you already have some sensitivity to cold and sweets. Well, the sensitivity might also increase slightly. I will be giving you some This is also one of the reasons why I would like to include fluoride varnish into your treatment plan. You don’t have any cavities, but it will help reduce sensitivity by sealing up the microscopic openings found on the root surface. Is this something you will be okay with?”

Tina: “Yes. The school where I used to work as a bus driver had a fluoride program, and they actually offered the service to all staff, so I know a little bit about fluoride. It definitely seems to have made a difference in the mouths of the kiddos I bussed about.”

Me: “That’s wonderful! I love it when benefits can be seen with community dental programs like that. Very cool.

You sound very on board with all of this, but I still want to discuss the possible outcomes of not following this treatment plan and either opting to come in less frequently or not at all. Firstly, there is no way to stop the progression of disease without constantly being proactive against it. A good analogy is “backsliding.” Going to church is like maintenance visits, and daily reading the Bible is like performing homecare. If someone stops doing these things, or only does them sporadically, what is to stop them from backsliding and acting in sinful ways?”

Tina: “Oh my goodness. I hadn’t thought about it like that. So, if I don’t make these things part of my routine, then it’s all for nothing?”

Me: “Well, not for nothing. But let’s make it count for a big *something*. Deal?”

Tina: “Deal.”

...and the appointment proceeds to include homecare and a quad of perio scaling.

END.