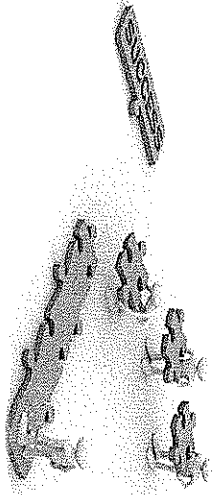
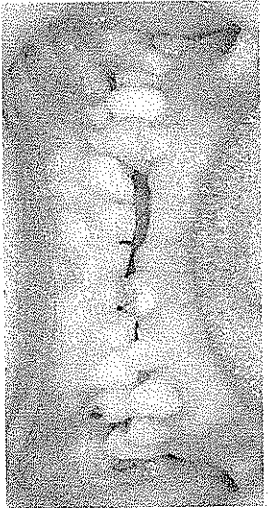




Treatment Planning in Dentistry – An Overview



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Definitions:

- ✓ "The sequence of procedures planned for the treatment of a patient after diagnosis" - *Glossary of Prosthodontics 2005*
- ✓ Formulating a logical sequence of treatments designed to restore the patient's dentition to good health together with optimal function and appearance, with the minimum necessary intervention.

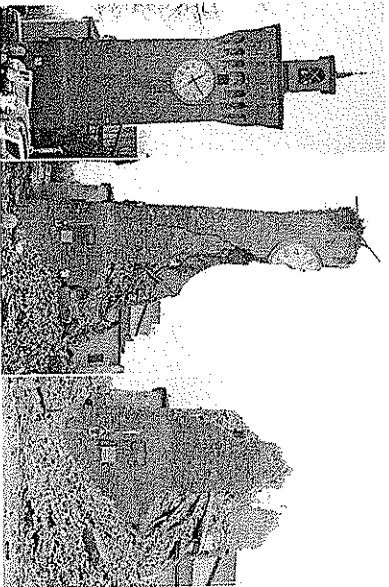


Definitions:

- ✓ A treatment plan is not a static list of services. Rather, it is a multiphase and dynamic series of events.
- ✓ Its success is determined by its suitability to meet the patient's initial and long-term needs.
- ✓ Successful treatment planning requires adequate knowledge, practical experience, communication, clinical skills and common sense.

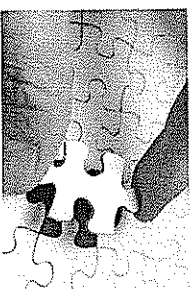


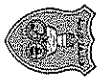
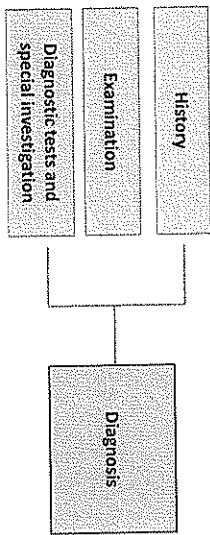
Any building without a base could be falling apart at anytime leading to disastrous consequences



Development of a treatment plan consists of four steps:

- 1- Collection and collation of information
- 2- Establishment of diagnosis
- 3- Identification of treatment alternatives
- 4- Selection of a treatment plan





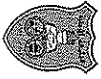
I- Patient's history:

- a- Chief complaint
- b- Medical history
- c- Social history
- d- Dental history



Patient's complaint(s):

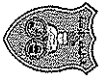
- Always listen to what the patients say! They know better about their complaints
- Record the complaint in the patient's own words
- Always ask whether there are other complaints other than the chief one.
- You must address the patient's complaint in your treatment plan!



Patient's complaint(s):

SOCRATES of pain assessment:

- Site - where exactly is the pain?
- Onset - When did the pain start, sudden or gradual? progressive or regressive?
- Character - what does it feel like? Throbbing, burning, stabbing, crushing... etc
- Radiation - Does the pain radiate anywhere?
- Associations - anything else associated with the pain e.g. sweating, vomiting?
- Time course - is it constant / intermittent? how long does it last when it's there?
- Exacerbating/Relieving factors - what makes it better or worse?
- Severity - How bad is the pain? VAS?



Medical history

a) Gather information about a patient's medical problems

The main systems you should covered are:

- CVS
- Respiratory
- GI
- Neurology
- Genitourinary/renal
- Musculoskeletal
- Psychiatry



Medical history

b) Medication:

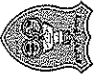
Find out what medications the patient is taking, including dosage and how often they are taking them

c) Allergies:

Penicillin, latex, nickel... etc

d) Family history:

Diabetes, hypertension, strokes, cancer, bleeding disorders... etc



Common medical conditions that merit special attention

- Diabetes
- Heart disease
- Epilepsy
- Allergies
- Pregnancy
- Steroids
- Asthma
- Bisphosphonates
- Radiotherapy
- Chemotherapy
- HIV, Hep B and other infectious diseases



Social history

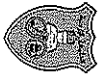
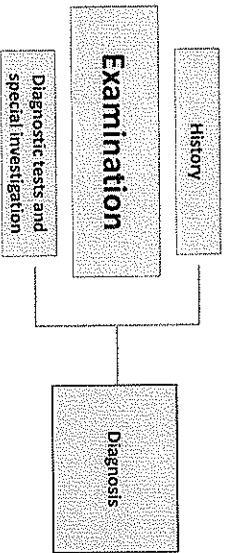
To know about the patient's background.

- Occupation
- Marital status
- Living with family
- Issues with transportation
- Smoking
- Alcohol
- Use of illegal substances, eg cannabis, cocaine, etc.



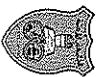
Dental history

- Registered with a dentist?
- Frequency of attendance
- Last dental treatment
- Oral hygiene methods
- Attitude towards dentists
- History of issues with LA/ extraction



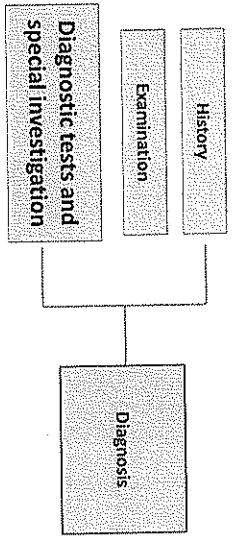
Examination:

- a- Extra-oral exam:**
- ✓ facial symmetry
 - ✓ TMJ
 - ✓ lymph nodes
 - ✓ Muscles of mastication
 - ✓ Lips



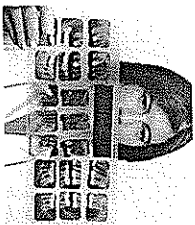
Examination:

- b- Intra-oral exam:**
- ✓ Soft tissues
 - ✓ Teeth: charting, palpation, percussion, restorability
 - ✓ Periodontal examination: OH, plaque, BOP, pocket probing, mobility, recession.. etc.
 - ✓ Saliva: quantity, consistency. etc.



Special investigation:

- ✓ Sensibility (vitality) testing
- ✓ Radiographic examination (DPT, bitewings, periapicals, occlusal, CBCT)
- ✓ Biopsies (excisional, incisional)
- ✓ Blood tests?

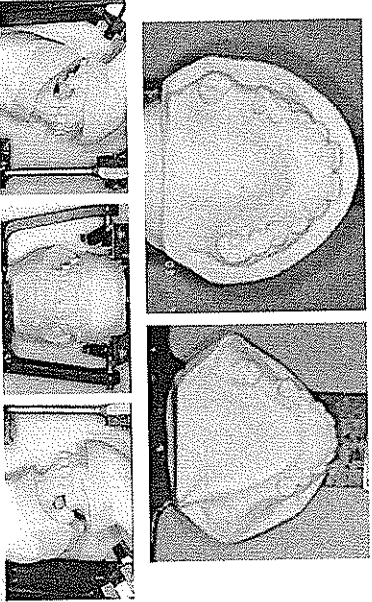


Occlusal registration:

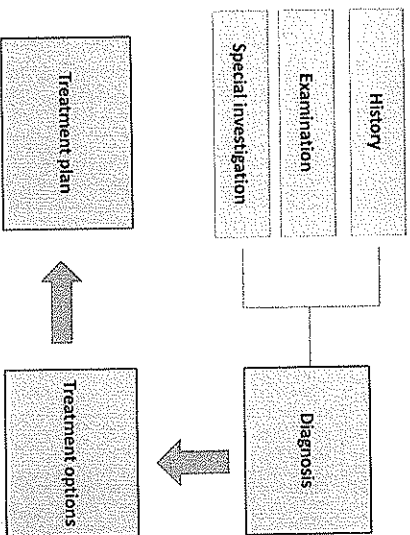
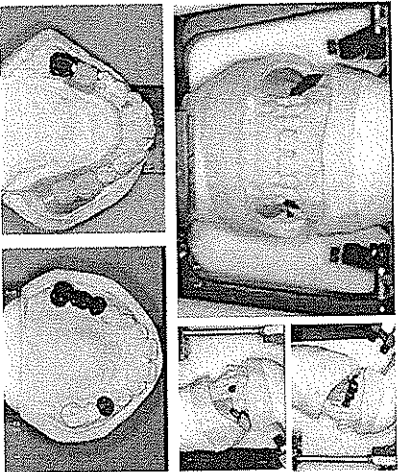
- ✓ Study casts
- ✓ Bite registration
- ✓ Face-bow registration



Study casts:



Diagnostic wax-up



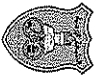
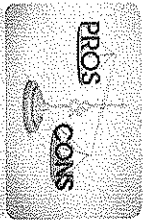


Consider treatment options:

- List the various treatment options
- Assess the pros and cons of each option

General considerations

- > Patient preferences
- > Motivation and ability to maintain the prosthesis
- > Systemic health
- > Emotional status
- > Financial capabilities



Consider treatment options:

Specific dental considerations:

- > Condition of abutment teeth
- > Patient's current status: natural teeth or denture?

Dentist factors:

- > Knowledge, experience and training
- > Laboratory support
- > Availability of specialists
- > Dentist-patient compatibility



Treatment plan sequencing:

- I- Urgent phase (management of the emergency situation)
- II- Stabilization and prevention (control) phase
- III- Definitive treatment phase
- IV- Maintenance phase



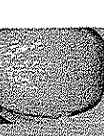
Management of the emergency situation:

- ✓ Relief of symptoms (pain, swelling.. etc.)
- ✓ Management of trauma
- ✓ Temporary management of appearance



Management of suspicious lesions:

- ✓ Potentially malignant lesions
- ✓ Potential systemic disease
- ✓ Potential infectious disease



Stabilization and prevention (control) phase:

- ✓ Oral hygiene instructions/ reinforcement
- ✓ Diet analysis and advice
- ✓ Fluoride regime
- ✓ Extraction of teeth with poor prognosis
- ✓ Initial phase periodontal treatment
- ✓ Caries control
- ✓ Replacement/repair of defective restorations



Preliminary treatment phase:

- > Study models
- > Provisional plan for replacement /restoration of teeth (including implants, denture or bridge design)
- > Trial changes to occlusion (guidance or OVD)
- > Achieve posterior stability
- > Trial changes to aesthetics
- > Provisional crowns /composite build-ups
- > Provisional /transitional /immediate dentures



Definitive treatment phase:

- > Approval and design of the final prosthesis
- > Confirm occlusal scheme
- > Periodontics: Crown lengthening, implant placement.. etc.
- > Endodontics: RCTs and apical surgery.
- > Orthodontics: teeth alignment, intrusion/ extrusion.. etc.
- > Oral surgery: Pre-prosthetic surgery, bone grafting, implant placement, ridge augmentation, orthognathic surgery
- > Prosthodontics: Definitive direct and indirect restorations, dentures, implants... etc



Maintenance phase:

- Plan for and arrange maintenance programme (including steps to be taken in the event of anticipated failure).
- This includes:
- > Regular review appointments
 - > Oral hygiene reinforcement
 - > Regular periodontal debridement (scaling and polishing)
 - > Radiographic follow-up



Treatment plan approval:

- > Informed consent has become an integral part of modern day dental practice
- > Provides the patient with the necessary information about the alternative therapies available to manage their oral conditions
- > Protects the dentist from mal-practice allegations



Treatment plan approval:

- Must include the following:**
- 1- Diagnosis of the condition
 - 2- Treatment options available
 - 3- Pros and cons of each treatment option (Advantages/ disadvantages + associated risks)
 - 4- The proposed procedure (s)
 - 5- Cost

CONSENT FORM

Name of proposed procedure: Complete maxillary and mandibular dentures

Date of clinical examination: 12/12/2012

Statement of health evaluation: Excellent Good Fair Poor

I have signed this record as a free and voluntary act, and I understand the nature and consequences of the proposed treatment, and I agree to the proposed treatment.

The dentist has explained in detail the nature of the proposed treatment, including the risks and benefits, and I have understood this explanation.

I have read and understood the proposed treatment, including the risks and benefits, and I have agreed to the proposed treatment.

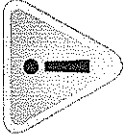
Signature of patient: [Signature] Date: 12/12/2012

Signature of dentist: [Signature] Date: 12/12/2012

Statement of advice: I have fully explained the proposed treatment, including the risks and benefits, and I have understood this explanation.



Remember!



- > We treat human beings not teeth.
- > Oral health can influence systemic health.
- > If in doubt, refer to someone with more experience/knowledge.
- > Always keep things simple.
- > Telling your patients about potential risks/ complications before you treat them is reason. Telling them after is making excuses.
- > Failure to plan is a plan for failure!