



The unknown factors of treatment planning



More and more patients are seeking care to address a multitude of issues related to appearance and function of their dentition. The scientific knowledge base and clinical experience gained by the dental profession enable practitioners to present treatment plans

that are comprehensive and include a collaborative effort with other dental specialists. As such, treatment can result in a satisfactory and stable outcome. However, the more involved the treatment plan, the more difficult it becomes to present the various aspects of treatment in a concise and organized manner. Here are some points that one may find useful in preparing such treatment plans:

Assessment and compliance—Most clinicians are trained to include in their initial evaluation a thorough periodontal analysis and will consult with patients on treatment of their condition and oral hygiene care. We also inform patients of their progress based on changes in the periodontal situation. What most clinicians do not do is apply the same analysis and care to caries susceptibility in the adult patient. The common assumption that carious lesions in the adult are related mainly to poor fit or poor integrity of existing dental restorations is not considered a state-of-the-art approach and should be abandoned. Proper analysis of the caries situation may also require collaboration, and progress in treatment should also be based on caries treatment and patient compliance.

Elective portion—Treatment that is also geared toward improving the overall appearance of the patient is always exciting. If this portion of the treatment is mainly elective, meaning the abutments to be treated do not require treatment for structural reasons but rather to improve appearance, extra care should be taken in generating this portion of the treatment plan. It should be written and presented in language that can be easily communicated to and understood by the patient. Breaking down the treatment to a number of objectives that are written in simple terms and

are based on previous communication with the patient is recommended. Avoid using treatment objectives such as “creating beautiful-looking maxillary incisors using porcelain veneers.” Instead, consider using objectives such as: “lengthening the maxillary incisors 1 mm incisally as demonstrated in the mockup appointment, fabricating veneers that are more square in shape and correspond to the diagnostic waxup, and using B1 shade that was discussed and selected by the patient.” A clear understanding of the treatment goals will decrease the risk of unsatisfied patients and frustrated clinicians.

Cost—Make sure your patient understands that adjustments to cost may occur along the way. For example: there is no procedure that allows practitioners to clearly see the clinical situation under metal restorations. It is safe to assume that an existing abutment with a full-coverage crown will require a buildup, but it is also possible that a root canal will be needed. One can present a tentative treatment plan that will be finalized upon the removal of the existing restorations.

Time—For comprehensive cases, provide a timeframe. Expect the unexpected from a delay standpoint.

Commitment—Patients should be aware that commitment and compliance do not end when the restorations are delivered. Maintenance and compliance in using orthodontic retainers and occlusal devices are crucial to the long-term success of the treatment.

Lastly, commitment is expected from the clinician as well. Complications can and will occur, despite our best intentions. Man-made treatment plans and restorations are likely to succeed, but not at a rate of 100%. Do not be embarrassed or defensive about complications. Analyze, discuss, address, and move on. Handling complications during, and even more so, after treatment in a timely and professional manner will increase patient confidence and trust.

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