EDITORIAL

The patient's role in understanding treatment prognosis

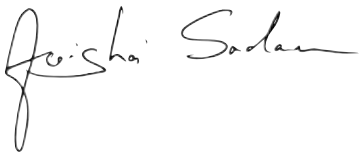
It is common practice for clinicians to evaluate the prognosis of treatment on many levels at the time of patient diagnosis and throughout treatment. A simple example is teeth that are treatment planned to receive full-coverage restorations. In many instances those teeth will have extensive existing restorations that must be removed. While offering the most conservative treatment plan possible is always best, clinicians know they must weigh the fact that shortly after the delivery of the costly definitive indirect restorations, some of the treated teeth may lose their vitality and require root canals. This being the case, the new restorations will either have access holes in them or in some situations will require replacement. The decision-making process is made even more challenging with the increasing popularity of all-ceramic restorations, since creating an access hole for root canal in such materials can result in fracture of the completed restoration.

Addressing borderline situations with the patient requires patient education, patient management, and proper documentation. The clinician can inform the patient and document in the treatment plan that a final decision regarding the need for root canal treatment will be made at a later time. If it is determined later during treatment that some of the abutments require root canals, the patient will be better prepared to accept this scenario. From a financial standpoint, abutments that may require a root canal but cannot be evaluated until the removal appointment of the existing restoration should be calculated as if they are to undergo root canal therapy. A separate statement in the treatment plan can indicate that this may not be required. The result will be a financial treatment plan that includes all possible clinical scenarios, with the final treatment cost not exceeding the quoted sum and likely to be considerably less than that quoted.

In terms of the clinical reality, I have used cemented crowns to restore many vital teeth that had very extensive and deep buildups. Using adhesively retained core buildups allows the clinician to properly seal deep dentin, protect the pulpal tissues from possible irritation, and maintain tooth vitality for years to come. While most abutments treated as such have been in service without any complications, a few did require root canals. However, only a limited number of the root canal–treated abutments resulted in compromised esthetics or fractured all-ceramic restorations. These limited complications should not discourage you from maintaining a conservative and successful course of treatment. Proper explanation and documentation should enable you to keep doing the right thing and avoid an unhappy and unappreciative patient.

The day of the exploratory procedure, a clinical decision needs to be made. In extensive rehabilitations the relatively long provisionalization period allows the clinician to reevaluate those abutments prior to finalizing the case. Less extensive cases require a final decision at the day of treatment; teeth that are asymptomatic, test vital, and can provide a solid structural foundation for the definitive restoration should not receive root canal treatment "to be on the safe side." Patients should be informed that after the removal of the existing restoration you found extensive and deep tooth destruction that requires an extensive buildup and may require a root canal in the future. However, the likelihood that the tooth's vitality can be maintained for years to come without a root canal makes this a risk worth taking.

Finally, in some instances and despite thorough and detailed discussions, you may have a patient who is baffled and even angered by the fact that you cannot predict the treatment sequence and the exact long-term outcome for each tooth prior to doing exploratory procedures. In an attempt to prevent future confrontations, you are faced with the option of generating an extremely aggressive definitive treatment plan that is unjustified and contradicts your treatment philosophy. It is not worth compromising your values just to retain a patient in your practice. This is a good time to part ways; unfortunately, not every dentist-patient match is made in heaven.



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