

# companion animal update

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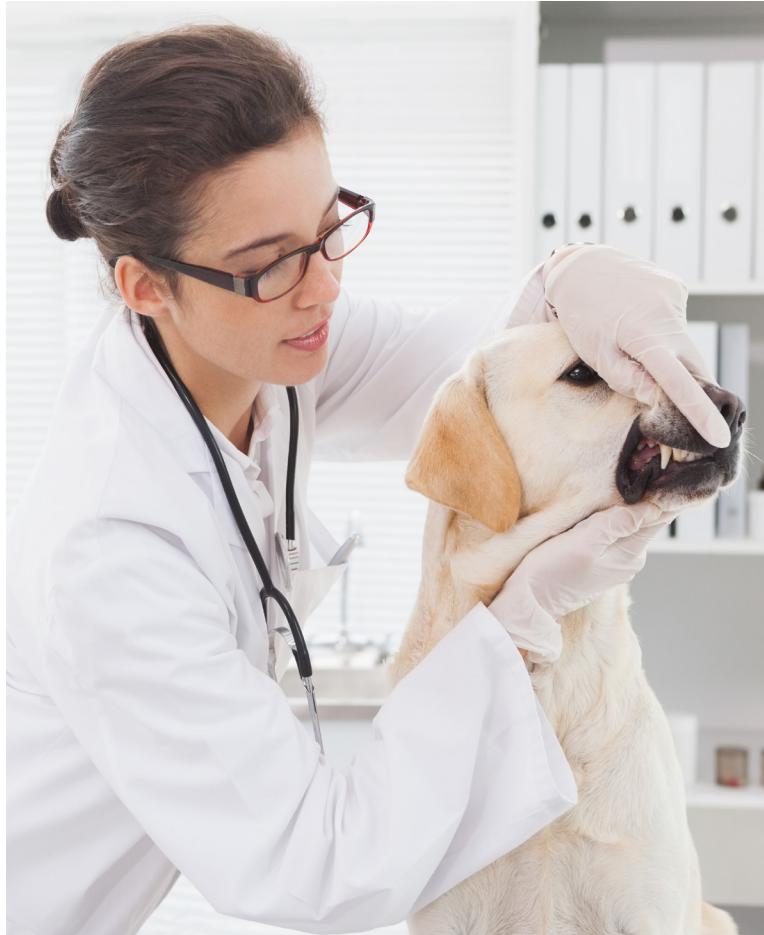
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## Best Practices in Veterinary Dental Care and Dental Anesthesia

Most companion animal practices provide dental services on a near-daily basis. Given the frequency of this type of service and the ongoing advances in veterinary dentistry, it is essential for general practitioners to continually hone their knowledge and training to provide the best standard of dentistry care possible. It also is important to be aware of the most common reasons for dental-related claims, which account for a significant number of the professional liability claims we see at the AVMA Trust.

Common dental claims include retained tooth roots, iatrogenic jaw fractures, extractions without consent, and injury to the eye/orbit. Other common claims are related to the use of anesthesia for dental procedures, including tracheal tears (especially in cats), aspiration, and thermal burns from heating devices (typically electric heating pads and microwaved heat support).

In this issue, we share several closed claims that highlight the potential risks associated with dental procedures and offer tips from a Board Certified Veterinary Dentist™ to avoid claims while focusing on best practices in dental care.



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## Dentistry Best Practices

Underlying dental disease can affect overall health and be a source of significant discomfort. Addressing dental issues improves a pet's quality of life and longevity.

1. **Start with the basics.** Perform a conscious oral examination at every patient visit. Make treatment recommendations, formulate a preliminary treatment plan, and provide a written estimate for the plan.
2. **Use digital photography** to educate pet owners on their pet's periodontal status, the extent of oral pathology, and any treatment(s) performed. Share pre- and post-cleaning photos at the end of the visit to improve home oral hygiene.
3. **Radiograph the entire mouth** of every anesthetized patient using intraoral radiography. Without intraoral radiography, oral pathology may be underestimated or may go undiagnosed, leading to inappropriate treatment recommendations.
4. **Know when to refer** to a veterinary dental specialist. Referral should be considered if the client is looking for a higher level of care or if anesthetic-management concerns exceed the comfort level of the practice.

For more information refer to: 2013 & 2019 AAHA Dental Care Guideline for Dogs and Cats, which can be found at [www.aaha.org/dentistry](http://www.aaha.org/dentistry).

## Additional Tips from the Trust

1. Get CE in dentistry to learn correct techniques for extractions, nerve blocks, and dental radiographs.
2. Invest in quality dental equipment and maintain it appropriately.
3. Review and develop a dentistry-specific treatment plan/consent form.
4. Discuss the potential for extractions before all procedures.
5. Use dental charts and document your dental surgery like other surgical procedures.
6. Use properly trained team members to perform dental cleanings.



Oral examination of an anesthetized patient that is intubated and on inhalant anesthesia, multiparameter monitor, and thermal support.

## Dental Anesthesia Best Practices

General anesthesia is an integral component to a thorough dental exam and cleaning. Adhering to best practices reduces risk to patients and improves medical outcomes.

1. **Use individualized anesthetic protocols** based on the health status of the patient, procedural invasiveness, and anticipated pain level.
2. **Use general anesthesia with endotracheal intubation** to properly assess and treat an animal dental patient. This protocol includes physiologic support (IV fluid administration, warmth) and appropriate anesthetic monitoring by a dedicated, trained team member.
3. **Use a local anesthetic or dental nerve block** to improve anesthetic safety by decreasing the depth of anesthesia and promoting faster recovery and healing.
4. **Continue monitoring anesthesia into the recovery period.** It is important to remember that 47% to 60% of all anesthetic-related deaths occur in the postoperative period of anesthesia, with most occurring within the first three hours.

For more information refer to [2020 AAHA Anesthetic and Monitoring Guidelines](#) or [AAFP Feline Anesthesia Guidelines](#).

Special thanks to Board Certified Veterinary Dentist™ Stephen Juriga, DVM, Dipl. AVDC, of Veterinary Dental Center in Illinois, for sharing his best practices in veterinary dental medicine.

## Dental Closed Claims

### Retained Roots Result in \$7,200 Referral

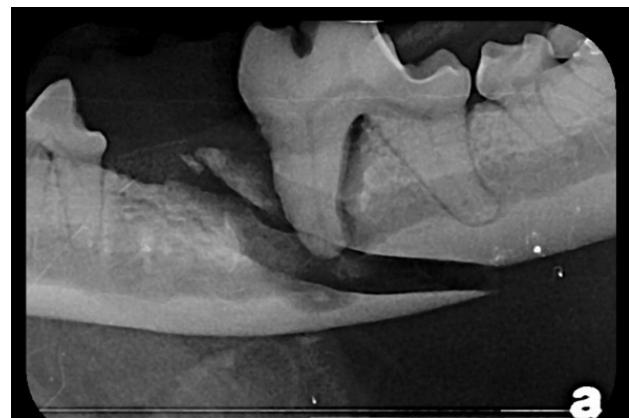
A feline rescue group presented two cats to Dr. A for evaluation of periodontal disease. The rescue group reported the cats showed signs of pain while eating and had foul breath. Oral exam revealed severe periodontal disease, stomatitis, and missing teeth. Dr. A recommended dental cleanings and multiple extractions, which were performed. Dr. A's practice did not have dental radiography. Both cats were seen several times over the next nine months for continued concerns over periodontal issues, including pain when eating and occasional drooling. Dr. A prescribed antibiotics and pain medications. When the cats did not improve, the rescue took them to a Boarded veterinary dentist. Full mouth radiographs on both cats showed multiple retained roots and tooth remnants, including from the teeth Dr. A had extracted. The dental specialist noted the cats still had severe stomatitis and periodontal disease and removed all the retained tooth roots and extracted the remaining teeth. The rescue group alleged Dr. A was negligent and demanded reimbursement for all related costs at the dental practice as well as a refund of Dr. A's charges. After the claim review, it was determined Dr. A did not meet the standard of care for leaving root tips. Dr. A could have advised that dental radiographs were indicated for these patients and that Dr. A's clinic did not have dental radiography, giving the rescue group the option to pursue treatment elsewhere. Dr. A consented to settle, and the insurance carrier for the AVMA Trust settled the claim for \$7,200.

### Dental Procedure Results in \$5,300 Settlement

Dr. B was presented with a 9-year-old Miniature Dachshund for a dental cleaning and extractions. Dr. B sectioned tooth #208 and was using a small elevator to extract one of the roots when their hand slipped, and the elevator went deep into the nasal cavity. There was bleeding from the left nostril, and radiographs revealed the root of the tooth in the nasal cavity. Dr. B consulted with a veterinary dentist, who recommended referral and CT to confirm the location of the root. The owner consented to the referral. The specialist performed the CT and retrieved the root. A review determined that Dr. B did not meet the standard of care because, while the slip was accidental, Dr. B did not use a finger on the elevator as a guard. Dr. B agreed to settle, and the insurance carrier paid \$5,300 in referral hospital fees.

### Jaw Fracture Leads to \$14,000 Claim

A new client presented a 13-year-old Chihuahua to Dr. C for exam and vaccinations. Dr. C noted severe periodontal disease, gum recession, and heavy tartar. The dog had never had any previous dental services and ate primarily table food. Dr. C showed the owner the severe oral disease during the exam, recommended a dental cleaning, and advised that multiple extractions were likely to be needed. The owner agreed to the dental treatment plan, including dental radiographs both before and after the extractions. Pre-dental radiographs showed significant bone loss. Dr. C extracted 11 teeth during the procedure. During extraction of #308, a mandible fracture occurred. Dr. C contacted the owner, who became very upset when Dr. C explained that the dog had significant bone loss, which increased the risk of fractures during extractions. The owner alleged that Dr. C should have advised them of that risk before doing the extractions. The dog was referred to a Boarded veterinary dentist for treatment and placement of a feeding tube. The dog required supportive care in the hospital for five days. A review of Dr. C's extraction technique determined the standard of care was not met. Dr. C agreed more buccal bone could have been removed and, even though the tooth was sectioned, it took more pressure than expected to elevate the tooth root. The review also noted that Dr. C had not called the owner to discuss the higher risk of fracture due to bone loss and the size of the dog. Dr. C consented to settle, and the insurance carrier paid \$14,000 to cover the subsequent veterinary dentist and specialty hospital care.



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