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DEN 1200

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Journal 2- Prevention Exam and Engine Polish

1. **Demographics:**

V.L., 45 years old. Heavy/ Type II Perio

2. **Assessment:**

a. No dental complications reported, but patient was getting over recent flu. Vitals

BP 143/83 P 66, which are the measurements patient usually has. ASA Type I.

b. Non smoker.

c. No medications taken.

d. No systemic conditions present.

e. No prescription medication taken.

3. **Oral Pathology:**

a. For Extra oral findings: Left submandibular lymph node palpable but no tender

feeling as per patient. TMJ clicks on the right side with no pain. For Intra oral: Small palatal torus. Tonsils were slightly inflamed due to recent flu. Patient had a white, raised, 2mm, regular border lesion on left tonsil that was always present with no pain to patient. On patients last visit, Dr. Bowers examined this lesion and consulted with patient since there have been no changes on it since initial visit. He stated it may be a deposit of fatty tissue on the tonsil and no need to make referral. Patient also has a short lingual frenum.

4. **Dentition:**

a. Class I occlusion, overbite 30%, overjet 4mm.

b. Patient has fully erupted 3rd molars. Patient is missing teeth #4, 18, and 31, which were extracted in Guyana. Attrition present teeth number 6, 11, 22, and 27. Patient has diastemas between #6, 7, 8, 9, 10, and 11 and between #24 and 25.

c. Suspected caries on teeth numbers 3 and 30, both on the mesial. Carious lesion #7 that may possibly lead into the root canal.

5. **Periodontal:**

a. Periodontal case type 2. Probing depths ranged from generalized 3mm to 6mm throughout the oral cavity, with several measurements beyond 6mm. There was generalized, moderate bleeding upon probing, with possible furcation involvement. Full mouth series radiographs were taken on 4/19/18, and evaluated showing generalized bone loss for patient.

b. Generalized pink gingiva, with snug fit papilla and slightly bulbous posteriorly, but blunted on teeth numbers 6,7,8,24, and 25, firm, resilient, stippled texture. Patient had tooth brush abrasion on lingual attached gingiva #20 and attached gingiva of #12 and 13.

6. **Oral Hygiene:**

a. Took Prevention exam on this patient. Initial plaque score was 1.6, which is fair, but close to poor, next score was 1.2 and very last plaque score was 1, which is still in the fair range but has been decreasing from the initial visit.

b. Heavy case value patient with generalized heavy subgingival calculus and light supragingival calculus on mandibular anterior lingual. Patient also had medium staining.

c. Patient brushed twice a day with a medium bristle tooth brush but did not floss. Upon findings, patient was not effective at removing plaque around the gum line and interdentally. Patient was taught modified bass technique to ensure effective removal of plaque just above and below the gingival margin. Taught proper method of flossing as well to ensure interdental plaque removal.

7. **Radiographs:**

Patient was recommended to have a full mouth series taken with vertical bitewings to evaluate bone loss. This series was taken on patient on 4/19/18.

8. **Treatment Management:**

a. Initial visit was assessments up to but not completing periodontal charting. First revisit

all remaining assessments were completed with no time to disclose patient. Next revisit I disclosed patient teaching oral hygiene instructions, provided treatment plan and obtained consent, and scaled with hand instruments of the Lower right quadrant. Only posterior teeth were scaled and evaluated due to heavy, tenacious calculus deposits. Next revisit, evaluated previously scaled tissue, which was healed well and no residual calculus remained, disclosed and taught OHI, scaled with hand instruments the anterior teeth for lower right quad and the entire upper right quad. Last visit, evaluated previously scaled tissue, which once again healed well, disclosed and gave OHI, scaled with hand instruments both upper and lower left quads and took engine polishing exam. Patient reported no tenderness or discomfort from previous scaling during any visit. Did prophylaxis treatment on patient, but no fluoride.

b. No factors impacted patient’s treatment.

c. Recommended modified bass tooth brushing and flossing, which patient stated

was well liked and of much help. Plaque scored decreased on all visits, which illustrates patient was properly performing the methods taught and was now effectively removing plaque.

d. Patient was referred to DDS due to incipient caries present on teeth number 3, 30 and 7.

e. In hindsight I would not have changed my treatment plan or education plan. I was able

to remove patient’s heavy, tenacious calculus and taught the proper aids to ensure removal of plaque from all tooth surfaces. V.S. never knew there were different methods of tooth brushing and stated modified bass is great and now patient brushes longer as well. Patient was amazed at how well her teeth began to feel and look in her eyes and stated her mouth felt much lighter now.

9. **Evaluation:**

a. Patients response to the interventions introduced and taught was great appreciation.

Along every step of patient’s assessment and treatment I explained any and everything that was being done. Patient was amazed at how many things were not known about oral hygiene and the care. V.S. stated no one from her childhood was aware of oral hygiene and had any of the information being taught been known back then or being taught now there wouldn’t be as much people with early tooth loss as there is.

b. The patient was very interested in her oral health improvement as treatment

progressed. She wanted to see if her new methods were being implemented correctly through asking what her new plaque score was. She was very impressed that this score decreased. She asked when she had concerns about her caries as well.

c. From initial visit to completion, patient’s gingival tissue was much tighter than when first examined. Patient felt her gingiva was no longer “swollen” and was much “lighter” in weight compared to when he first came in.

d. An intervention I recommended to the patient was to buy a soft bristle tooth brush. Even though she was brushing twice a day, every day, she was using a medium bristle tooth brush and brushing a bit hard so it caused tooth brush abrasion. Patient was shown the abrasion and explained why the bristle and strokes she used were harming her gingiva and she made the switch and the abrasion began to heal.

10. **Reflection:**

a. I believe I accomplished everything I planned. Along every step of the treatment I explained everything to the patient so that she may be aware of what I am doing and why I am doing it. She responded by stating she learned so much about dental hygiene that she had not known before and no one took the time to teach. Being the first patient I had with heavy, tenacious calculus I had to work very hard to remove it. After feeling and hand scaling this calculus, I felt very accomplished even though at first I was apprehensive about not being able to remove it. I put all the knowledge I gained thus far to work and put extra pressure on my fulcrum and stroke and the calculus came off.

b. A positive experience I had with my clinical treatment and faculty feedback was that my scaling technique was more improved now after being able to fully remove the heavy calculus. While providing treatment and educating, I realized just how much I had learned in just one semester. When faculty watched my scaling implementation and responded with great remarks on strokes and ergonomics, it was the best feeling. I felt accomplished completing my first heavy case value patient and being told by the patient she learned a vast amount of information and was actually implementing all instructions taught to her.

c. I feel my weakness in regards to this patient was my fulcrum. I realized while trying to remove this heavy calculus, my fulcrum began to drop and was in a laid down position. I had become so focused on trying to remove the calculus that I let my fulcrum drop and didn’t realize it right away. Once I realized that it was dropped and can cause my instrument to slip between strokes, I immediately stood up on it. after the first time that happened I always made sure my fulcrum was up and strong. In doing this I was able to remove the tenacious calculus faster than I originally felt. However, this weakness is also a means to learn. There is always room for improvement and I will continue to work on my instrumental skills as well as patient interactions. With the help of the faculty I know I can become the dental hygienist I want to be.

Prevention Exam Questions:

1. Was your home care plan successful? My home care plan was very effective and successful. The patient’s plaque score began at 1.6 then was 1.2 and finally 1. The last appointment was a month after the previous visit and the plaque score still decreased, which illustrates the effectiveness of the techniques taught. The patient was taught modified bass tooth brushing, flossing, and tongue cleaning with a cleaner. There was plaque buildup around the gingiva and mostly interproximal due to the lack of no prior flossing. Now with the correct technique, the patient was able to remove the build up around the gingiva and interproximally, thus decreasing the plaque scores overall.
2. Were your stated outcomes achieved ? When patient was first disclosed and explained the process and reasons for it, the outcomes were stated as well. The goal was to effectively disturb and remove the plaque that was building up in order to avoid further calculus development and even periodontal disease from occurring. (Patient has bone loss radiographically shown) Through proper oral hygiene care, the patient can prevent any future calculus formation. For the patients treatment, I wanted to scale all four quads and perform a prophylaxis treatment. I was able to do this all while teaching the patient what I was doing, why it was being done, how calculus was formed, the importance of having it removed and preventing it from forming again.
3. What worked? What didn’t? I strongly believe teaching the patient the modified bass method of tooth brushing was very effective. Compared to the plaque score from the initial visit to that of the last visit, there was a decrease from 1.6 to now 1, which is great for a period of over a month. The patient now has the tenacious calculus from all quads removed, tissue healed tight, and the knowledge to disturb biofilm from accumulating. What, at first, did not seem to work was flossing. V.S. had not flossed before and did not know the importance of it. There was an excessive amount of plaque buildup in the interproximal areas and through flossing it can be removed. When V.S. was being taught to floss it seemed to be a bit difficult to teach the proper technique. Holding it with both hands and making a “c” curve was hard to grasp for the patient. However, after a few minutes of showing and having the patient demonstrate, the patients grasp improved. This method will take the patient some time to grasp, as V.S. stated.
4. How were you able to motivate your patient to comply with your instructions? From the very beginning of the patients visits, I explained everything step by step and the importance of doing these things. Anything that was found in the patient’s oral cavity was explained as well as shown to the patient. When it came to the disclosing agent, it enabled the patient to see through the red color just how much plaque/ bacteria was accumulating in the mouth. Along with that, the patient was shown her supragingival calculus and told what it was, how it developed and how it can be removed. With all the information and now showing the patient these depictions in the mouth made it “real” to the patient. Through explaining what everything is, how its formed, what it can lead to, and the outcomes from removal and prevention, I was able to motivate the patient to follow my oral hygiene instructions. I was able to gain the patients attention through showing the patients own teeth in the mirror. Keeping the patient involved and informed throughout the entire process is extremely important.