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### **1. Demographics**

The patient is K.S. Female. Age 33. Heavy/type I.

### **2. Assessment**

a) Patient has nothing significant in medical history to report. Her vital signs were within normal limit: BP was 116/70, pulse was 76. Patient is ASA 1.

b) Patient does not smoke.

Patient is a social drinker. She reported to have 2 glasses of wine every 2 weeks.

c) No premedication required.

d) No systemic conditions, no allergies.

e) No medicines are currently being taken.

Patient is taking multivitamins "Nature Made" once a day.

When interviewed, patient reported to use medium bristles tooth brush and a combination of circular/horizontal scrub-brushing strokes. Patient said she does not floss and she uses Listerine antiseptic mouthwash twice a week.

### **3. Oral pathologies (Extra oral and Intraoral Findings)**

EO: face scar about 3 cm in the middle of the forehead, unilateral (left side only) clicking of TMJ without symptoms.

IO: unilateral mandibular tori near #28-29, patient has no tonsils and she reported to have them removed.

### **4. Dentition**

a) Patient has bilateral Class I occlusion. Overbite is 50% and Overjet is 3 mm.

b) Patient has four occlusal composite on #14, #18, #19 and #30. #16 is missing. #32 has small clinical crown (microdont) and it has an operculum. There is attrition on #6, #8, #9, #11, #22-27.

There is a diastema between #9 and #10. Patient has an abrasion on direct facial of #5 and #12. No erosion or abfraction are presented.

c) No decay or suspicious caries lesions were found during an examination.

## **5. Periodontal**

a) Heavy Perio Type 1, generalized 2-3 mm probing depths with localized 4 mm probing measurements on distal buccal and lingual of #1, #17, #31 and #32, generalized light BUP, localized 1 mm recession on facial of # 6, #11, #22 and #27.

b) Patient has generalized pink-colored gingiva with localized unilateral redness on the lingual side of maxillary and mandibular posteriors of UR (#1-5) and LR (#28-32) quadrants. The gingiva is slightly bulbous and rolled on mandibular anteriors #22-27. Generally, gingiva appears stippled, pyramidal, it fits snugly around the teeth, however, and it is not very firm and resilient.

## **6. Oral Hygiene**

a) The plaque score for the initial visit was 1.6 (fair). The biofilm was predominantly located on the cervical third of the teeth and inter-proximally. Revisit plaque score was 1 and the final plaque score was 0.8 (better, but still fair).

b) Heavy subgingival calculus was found on all teeth's inter-proximal surfaces as well as on the lingual side of mandibular anteriors #22-27. In addition, light stains were noticed on patient's mandibular anteriors teeth, on both lingual and facial sides.

c) Based on disclosing solution results, a modified Bass tooth brushing method was taught first. Then, on the next visit, I reviewed previously taught tooth brushing method and I introduced flossing. Patient's technique was checked and adjusted, patient was advised to keep using both methods in order to improve the skills and to decrease the PI score. Tongue cleaner was introduced in order to keep the patient's tongue free from bacteria and biofilm accumulation.

## **7. Radiographs**

a) Patient stated to have her last dental visit, dental cleaning and x-rays performed in 2017. No radiographs were recommended to the patient at that time.

b) No radiographs were available during data collection.

## **8. Treatment management**

a) *Visit 1:* On the initial visit, I completed patient assessment up to perio charting. I reviewed my patient's medical and dental history, I took the vital signs. Then, the extra and intraoral exams were performed. Patient was interviewed about her oral self-care. After that, dental and perio charting were completed. The perio charting was not checked by the instructor.

*Visit 2:* Patient medical and dental history were reviewed, no changes were stated or found. IO showed no significant findings. Perio charting was checked and confirmed by the professor. Calculus detection was completed. PI OHI were performed. Patient was evaluated and confirmed to be Heavy case value type I. Prevention exam part 1 was performed. Patient's plaque score was 1.6. Patient was taught modified Bass tooth brushing technique. #1-3 were scaled and checked by the faculty. The residual calculus was found on the distal of #1-3. #1-3 were recommended to be rescaled on the next visit.

*Visit 3:* Patient medical and dental history were reviewed, no changes were noted. IO showed no significant findings. PI OHI. Prevention exam part 2 was performed. PI slightly improved from 1.6 to 1. Previously taught modified Bass tooth brushing technique was reviewed, floss was introduced. #1-3 were rescaled. UR quadrants was scaled, LR scaling was started.

*Visit 4:* Patient medical and dental history were reviewed, no changes were stated or found. IO showed no significant findings. PI decreased from 1 to 0.8. Reviewed previously taught modified Bass tooth brushing and flossing techniques. Patient was introduced to a tongue cleaner. LR, UL and LL quadrants were completed. Clinical skills competency exam was taken. Engine polishing was performed with fine polishing paste. 2.0% neutral sodium fluoride treatment was applied for 4 minutes. Patient was completed and she was recommended to come back for recare visit every 4 months.

b) There were no medical, social or psychological factors that impacted on the treatment.

c) For home care, patient was introduced to the modified Bass tooth brushing technique in order to reach and to brush away all the plaque accumulated under the sulcus and to clean teeth cervical areas. Patient was recommended to change her toothbrush from medium to soft filaments brush. Floss was suggested to the patient in order to perform an effective cleaning of the inter-proximal areas. In the meantime, tongue scraper was introduced to help keep patient's tongue clean and biofilm free. Patient was very compliant with all of the techniques and ascending improvements were noticed during each visits and plaque score performance.

- d) Patient was not referred to DDS or MD for any reason.
- e) I think my treatment plan worked well enough and it was efficient, so I would not change any part of it.

## **9. Evaluation**

a) Patient was very enthusiastic and excited to learn new things and she was open to all my recommendations and suggestions. She said she never experienced a complete and a thorough dental care like that before. She was introduced to modified Bass method as well as to a regular flossing technique and to a tongue scraper. She was very cooperative patient and she was doing a great job. I would say she was too disciplined and too good, that at some point in pursuit of perfection she “over flossed” her teeth. Patient wanted to get rid of plaque so much, that she started to apply a lot of excessive pressure on the floss and as a result she traumatized the gingival tissue and she got some floss cuts. Therefore, I went with her over the flossing technique one more time to make sure she does everything correctly and she will avoid floss cuts in the future.

b) Patient seemed to be very interested from the beginning of the treatment till the end. She said she wants her teeth to be healthy and her smile to be beautiful, so she is excited to undergo all necessary treatments in order to get the best possible results. When I was removing the calculus from her teeth, we both were excited. All the time I was able to get a big piece of calculus out, I showed it to her and she was slightly shocked that it was underneath her gums and at the same time she was so happy to get rid of it.

She also liked the smoothness of her teeth after I cleaned and I polished them.

c) I noticed some positive changes and progress in a patient’s gingival tissue from initial visit to completion. Patient presented with generalized pink-colored gingiva. However, patient had an inflamed gingival tissue on the lingual side of maxillary and mandibular posteriors of UR (#1-5) and LR (#28-32) quadrants as well as bulbous, rolled gingiva on the mandibular facial and lingual area. After couple of treatments, signs of inflammation were reduced: the red band on the cervical area of posterior teeth of UP and LR quadrants diminished in size, the bulbousness of the gingiva of the anterior region significantly decreased, the gingiva became more firm and resilient in comparison with the previous visits.

d) No additional interventions were performed.

## **10. Reflection**

a) I think I accomplished everything I planned for my patient. At the beginning, I was working slower than I expected and I wanted myself to be. First of all, because it was my first real patient and I was still in my active learning stage. Secondly, I did my prevention and my clinical skills exams on that patient, so that fact slightly slowed down the treatment process. However, I speeded up a lot at the end and I was able to complete my patient and to clean her teeth to the best I could. The new instrument kit was very helpful at that moment and it did a miracle for me. 135 Scaler and NEVI 4 allowed me to clean some difficult to reach narrow inter-proximal and under the contacts areas quicker and more efficient. As a result, I was able to finish three quadrants in one visit and to complete the patient's treatment.

b) A positive feedback that I've received from my clinic instructors was that my clinical skills improved, I became faster and more confident with a hand scaling.

c) I feel like my biggest clinical weakness with that patient was a lack of experience. It was my very first patient and my first hand scaling experience ever. Patient was heavy, she had calculus in all her inter-proximal areas. I have never dealt with calculus before and I have never hand scaled anybody previously, so I was not sure what instruments would work better for that patient and I had no idea how I would remove all the deposits. My biggest mistake was to choose Gracey's as my main instruments and tools for removing patient's heavy deposits. I felt like I spent so much time and I put too much efforts, but I did not remove anything at all. The instruments working end was so thick to let me reach underneath the contact areas and their shank was so flexible to be able to remove heavy tenacious calculus. As the result, they did not do any work for me and I had to rescale everything again and again. A good news, the lesson was learned and now I use Gracey's only as finishing instruments for light remaining calculus.

In addition to that, I still have some troubles in removing calculus from the distal surfaces of second and third molars.

## **PREVENTION EXAM QUESTIONS**

**1. Was your home care plan successful?**

I found my home care plan successful, because patient showed an ascending improvement in her oral health. Patient was very compliant, she listened to all my suggestions and instructions. As a result, her plaques score was slowly, but progressively getting better and better. It changed from initial 1.6 to 0.8. On our last visit, patient said that she likes how her teeth look and feel now. She added that she wants to keep her teeth clean and smooth as long as it possible, that is why she will try do the best in her oral home care.

## **2. Were you stated outcomes achieved?**

My main goal was to educate my patient about biofilm and its negative, detrimental and harmful effects on our oral health and to motivate my patient to do a better job in her oral self-care. I believe my stated outcomes were achieved. Patient's plaque score was progressively reducing from visit to visit, the inflammation went down, the BUP decreased, and the gingiva became pinker, healthier and firmer. Patient left happy and she said she feels very knowledgeable now and no one before never taught her all the information that we provide to the patients in our clinic.

## **3. What worked? What didn't?**

I think everything worked pretty well for this patient. She was open to all my recommendations and she was ready to try and to learn new things and to change her oral habits. Patient was very interested in a learning process and she was attentive to details. The only thing that did not work perfectly right away was a tooth brushing technique. Surprisingly, it took my patient a while to get the right angulation for the Bass modified method. When I showed it to her the very first time and after she demonstrated it back to me, she was doing everything correctly. When she came back for the next visit and I disclosed her, I noticed that all her teeth still had some small biofilm accumulation near the cervical area. So I went over the modified Bass technique again with the patient and patient was doing everything right. So I was confused why biofilm was still there. My patient admitted that she actually forgot how to angulate her toothbrush correctly when she came home after the first visit. The funny fact, as soon as she came back for the next visit and she sat in my chair, she remembered everything and she was demonstrating it to me perfectly. Moreover, patient found floss and tongue scraper to be very beneficial for her oral health and she reported to using them every day.

#### **4. How were you able to motivate your patient to comply with your instructions?**

My patient became very motivated after I used a disclosing solution on her and I showed her all the areas she was missing while brushing. She thought she did a pretty decent job with her home care and she did not expect to see so much pink stains on her teeth. She was surprised about that. Also, when I removed a big chunk of calculus, I showed it to my patient and she could not believe it was in her mouth before. Patient said it looked really bad and she does not want it to form in her mouth again. Patient emphasized that all information provided in our clinic was very new for her, but at the same time it was very useful. It helped her to better understand the need and importance of daily biofilm removal and it motivated her to take a better care of her oral health.