

Philosophy of Treatment Planning

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Reference Book

Fundamentals of Pediatric Dentistry

Richard J. Mathewson & Robert E. Primosch

3rd Edition, Chapter 24 “Treatment Planning”.

Quintessence/Chicago. 1995.

What is Treatment Planning?

- Treatment planning is the development of an organized and efficient sequence for providing dental care (after a complete and comprehensive diagnosis).

*It is a very important step in the successful future management of the child and **parents**.*

Advantages of Treatment Planning:

- Commitment in advance to a certain sequence of care.
- Provides a step-by-step guide line for the operator to follow.
- Eliminates decision-making process at each visit.
- Helps the staff to plan in advance for each visit.
- Provides an estimate of time required for each appointment and the total number of appointments required to complete treatment.
- Help parents in planning their schedule for the appointments.
- Helps the dentist and parents in scheduling fee payments.

Disadvantages of Working Without a Plan:

- Treatment rendered will be disorganized and inefficient.
- Confusion and dissatisfaction for parents and child.
- Confusion and dissatisfaction for the dentist/staff.

Important Principles of Treatment Planning

☞ In Case of a Questionable Diagnosis, Always Assume the Worst and Plan for the Most Extensive Treatment.

Example:

- A radiographically deep carious lesion (MO #85) that approaches but does not have obvious penetration into the pulp.

- Tx possibilities:

- Class II filling
- Indirect pulp capping
- Direct pulp capping
- Pulpotomy and SSC*



Advantage:

- The parents will be delighted to learn that the treatment will cost less.
- Better psychological impression on parents

Important Principles of Treatment Planning

- ☞ Strive to Restore the Dentition to Normal Form and Function:
 - Where individual teeth can not be satisfactorily restored, then the extraction and space maintenance (if indicated) is the treatment of choice.



Important Principles of Treatment Planning

☞ Maximize the Effective Utilization of Time and Local Anesthesia by Performing Quadrant Dentistry:

- Quadrant dentistry implies completion of all procedures in one-fourth/quadrant (e.g. Mandibular Right Quadrant) of the mouth in one session.
- On occasions, restoration of maxillary anterior will require an extra session due to time and LA considerations.



Important Principles of Treatment Planning

- ☞ Assuming that all treatment sessions are of equal priority, reserve treatment of maxillary anterior teeth until last.
 - Posterior teeth have greater importance in masticatory function and space maintenance, and are retained for longer period of time.
 - Anterior teeth are usually the parents' main concern due to esthetic reasons. Early restoration of these teeth may result in premature departure of the patient from your practice once the main concern is satisfied.

Important Principles of Treatment Planning

☞ In cases where simple/minimal procedures are required, consider completing half-mouth (vertical division) or complete arch (horizontal division) treatment.

- Normally, bilateral administration of local anesthesia especially mandibular block is avoided in children.



Important Principles of Treatment Planning

- ☞ The philosophy of “wait and see” for incipient caries lesions is poorly supported in children (especially those with high caries experience and poor orientation towards prevention).
 - Infectious and transmissible nature of caries.
 - Low potential for caries arrest in primary teeth.
 - Exceptions are the teeth close to exfoliation in children and low caries experience.

Treatment Planning



Factors Considered in Treatment Planning

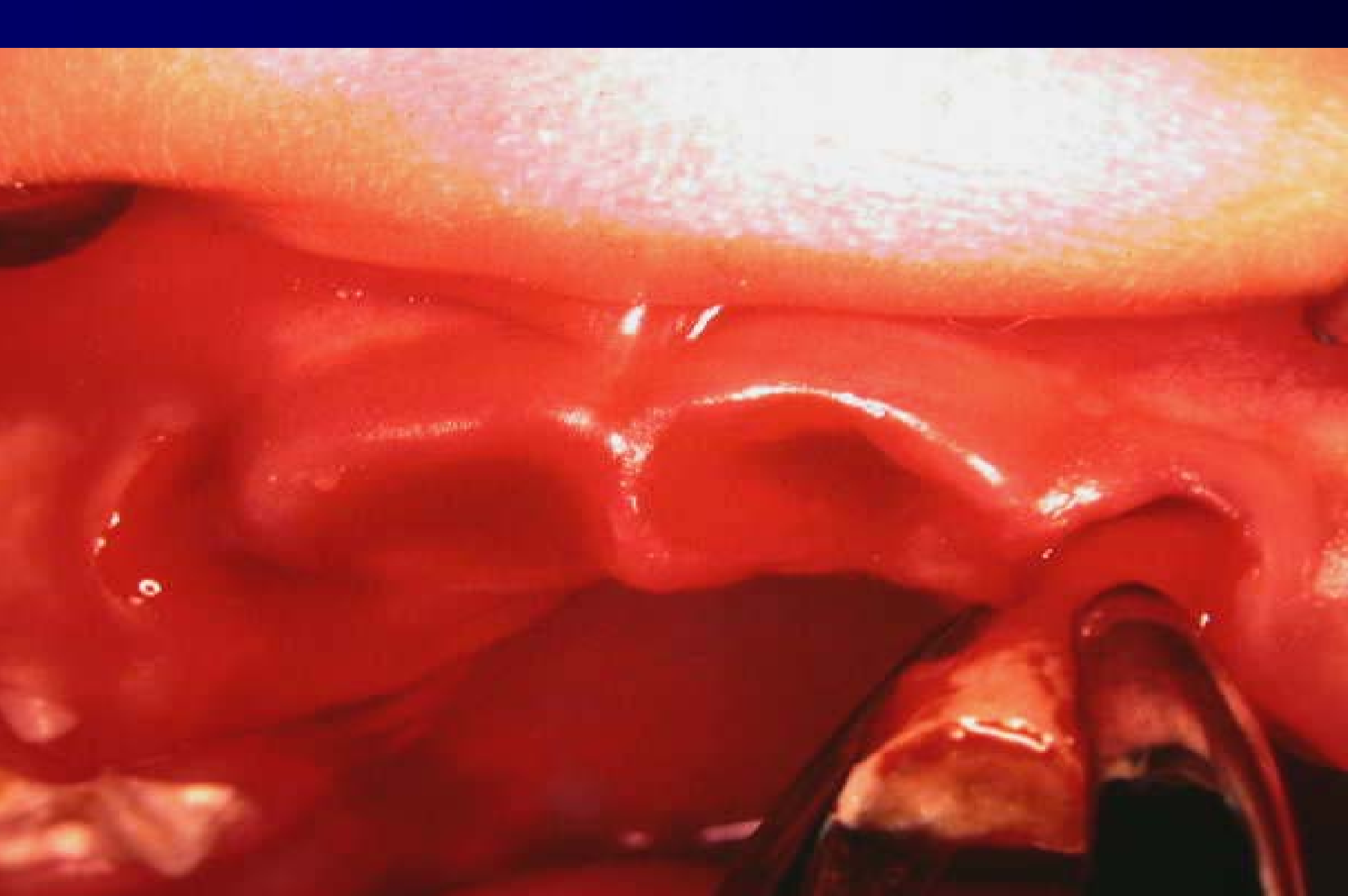
- Patient's general health
- Patient's cooperation level
- Parent's cooperation
- Parent's financial situation
- Benefits from the treatment

Plan to Manage Behavior Problems

- Possible behavior management techniques
- Consent forms
- Possibility of a referral

Determination of Treatment Priorities

- A sequence of appointments is established after thorough diagnosis keeping the treatment planning principles in mind.
- The treatment planning philosophies vary due to training backgrounds and personal preferences / experiences. However, there are some general guidelines which can be used to meet this challenge.



Step One: Emergency Treatment

- Provide only minimal necessary treatment to relieve pain and infection.
- Conservative approach is advantageous because of the patient's and parent's stress and low tolerance level.
- If possible, delay extraction and extensive pulp therapy. This delay will allow time to gather more information and plan treatment.



Examination

- General appraisal; gait, stature, presence of signs and symptoms of the disease.
- Behavior assessment; observe for initial assessment of potential cooperation.
- Head and neck; for any abnormality.
- Facial; symmetry, profile.
- Radiographic examination; type and number of radiographs depends on patient age, dental problems and cooperation.

Medical History

- It is one of the most important step during examination.
- Medical history should only be taken from a responsible adult accompanying the child (parent/guardian).
- The parent/guardian completes the medical history information sheet/questionnaire and signs it.
- The dentist must review the completed sheet and make relevant inquiries if required.
- In case of any medical condition/doubt, referral is made to an appropriate specialist.



Dental History

- Past problems and treatment
- Behavioral history
- Oral hygiene practices
- Dietary practices
- Fluoride exposure



Presentation of Treatment Plan to the Parents

Requirements of a Good Presentation:

- Effective and detailed communication
- Relaxed, informal atmosphere
- Utilization of visual aids such as models and x-ray viewers
- Participation/queries by patients/parents



Criteria for Referral

- Very young children with rampant caries requiring hospitalization.
- The children with developmental disturbance such as cleft palate or dentinogenesis imperfecta.
- The medically compromised children such as with heart disease.
- Disable children.
- Severe behavior problem children.



Step Two: Preventive Program

- Plaque identification and removal
- Dietary advice
- Child-parent education on home oral hygiene care
- Topical fluoride application
- Advantages
 - Opportunity to emphasize prevention
 - Evaluation of patient's behavior
 - Development of good rapport
 - Introduction to dental procedures



Step Three: Restorative Treatment

- Begins usually at the second/third visit.
- Short and simple procedures first to allow the development of patient's trust and confidence.
- The approach of starting with simple procedures is more important if this is child's first restorative experience.
- This approach provides opportunity for introduction of LA injection (numbness), rubber dam and handpiece sound and vibrations.

Step Three: Restorative Treatment

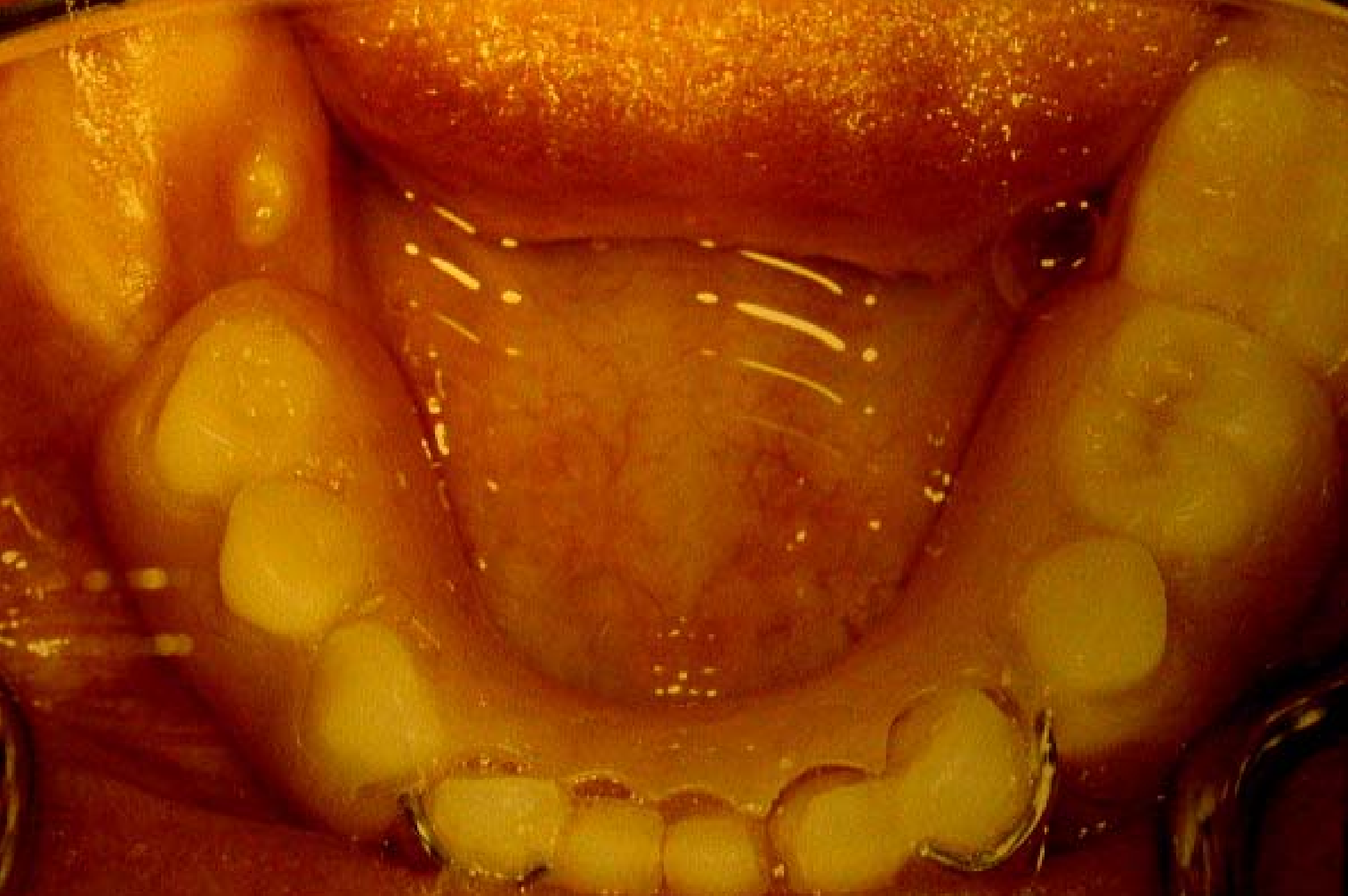
- In children with successful previous dental experience, it is correct to treat quadrant with most severe or compromised condition first.
- In case where all quadrants have similar treatment needs, the choice for first treatment usually depends upon operator's preference and comfort.
- Generally, the side opposite to operator's handedness is selected due to ease of patient stabilization during LA administration.

Step Three: Restorative Treatment

- The last restorative visit should be of minimal effort so that the child leaves with a favourable memory of dental experience.
- The last visit usually ends with polishing of the restorations, reinforcement of dietary/OH advice and topical fluoride application.

Step Three: Restorative Treatment

- Considerable amount of future treatment can be avoided through appropriate use of fissure sealants and preventive resin procedures.
- Unnecessary re-treatment can be avoided *e.g.* doing a SSC instead of multiple surface filling in a 4-yr-old with poor home care.



Step Four: Ortho, Prostho, Oral Surgery

- Orthodontic and prosthodontic care may be rendered if needed following completion of restorative phase.
- Minor oral surgery procedures are accomplished during the restorative phase but complicated surgical procedures are delayed until this phase.

Step Five: Recall Appointment

- Aims at re-evaluation and follow-up care.
- Usually, it is after 3, 6 or 12 months, depending on the factors such as patient's previous caries experience, treatment rendered and patient's oral hygiene and dietary practices.

THANK YOU!!



Presentation of Treatment Plan to the Parents

Contents of a successful presentation:

- The dental needs of the child
- The restorative procedures required
- Time required to complete the treatment
- Cost of the treatment
- Preventive measures necessary to maintain the completed treatment

Presentation of Treatment Plan to the Parents

Discussion of Patient's Problems:

- Point out the problems using models, radiographs or patient's mouth.
- Indicate the probable cause(s) of the problem.
- State the outcome(s) of the problem such as effects on health, function and esthetics.
- Explain how the problem will be resolved.
- Point out the benefits the patient will receive from the treatment.

Presentation of Treatment Plan to the Parents

What Should be Avoided During the Presentation:

- Do not criticize the parents for patient's existing condition.
- Do not react dramatically to the condition you have found.
- Do not guarantee your treatment or prevention advice.