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Post-treatment care crucial in foreign object aspiration incidents

By TDIC Risk Management Staff

The accidental aspiration or ingestion of foreign objects during dental procedures can occur on occasion. After all, introducing dental instruments, restorative materials and other small dental components into the oral cavity while a patient is in a reclined position naturally creates an element of risk. While preventative measures may reduce the number of incidents, communication about proper post-treatment care can prevent them from developing into a critical event.

The Dentist Insurance Company's Risk Management Advice Line reports a case in which a 75-year-old patient presented to his periodontist's office for a routine cleaning. While the hygienist was scaling his teeth, a gold crown dislodged and disappeared. The hygienist informed the periodontist, who assessed the patient and determined that because the patient wasn't coughing after the incident, he most likely swallowed the crown. She reassured the patient and advised that she didn't anticipate any untoward complications, but recommended that he obtain an X-ray in the event it did not pass within a few days.

Three months later, the patient's daughter informed the office that her father had been transported to the hospital due to shortness of breath, coughing and chest congestion. She said a radiograph revealed the presence of the crown in the lower lobe of one his lungs. She stated that her father underwent a bronchoscopy procedure to retrieve the crown. Unfortunately, the patient developed complications following the procedure and was intubated due to acute respiratory failure. Six months later, the office received word of her intent to sue on behalf of her father.

In another case, a 45-year-old patient presented for crown lengthening on a tooth that had been temporarily restored. During the procedure, the provisional crown dislodged and the patient swallowed it. The patient did not exhibit any signs of distress or compromise of his airway during the incident, so the dentist did not believe an X-ray was needed. He advised the patient to call the office if he developed any symptoms.

A few months later, the patient failed to show up for a recall appointment. The office was able to reach his wife, who said that the patient had developed complications following his last visit and was hospitalized twice due to respiratory failure. It was during the second hospitalization that a foreign object, which turned out to be the temporary crown, was removed from his lungs. A few months later, the patient filed a lawsuit.

TDIC senior Risk Management analyst Taiba Solaiman said although the outcomes of the above cases are pending, the common denominator is that each of the providers failed to properly follow up with their patients. Taking a proactive stance rather than a "wait-and-see" approach is essential when it comes to patient injuries.

"An incident can happen even if the dentist is very careful," Solaiman says. "But often, it is how the incident is managed after the event that determines the severity and outcome of the case."

TDIC recommends dentists take the following actions to help mitigate risks associated with suspected foreign object aspiration or ingestion:

- Stop treatment and assess the situation, even if the incident appears insignificant.
- Stabilize the patient and calmly explain what happened.
- Check the immediate area in an attempt to locate the object.
- Refer the patient to their physician for follow up and referral for X-rays.
- Document the incident and note any witnesses with their contact information.
- Follow up with patients to check on their recovery.
- Contact your insurance carrier to file an incident report.

"An incident may seem minor to a dentist, but proper follow-up care is essential," Solaiman added. "Any delay in the proper management and timely intervention of such accidents may cause severe and even life-threatening complications."

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TDIC emphasizes the importance of communication and compassion in handling patient injuries. Showing compassion is not admitting guilt. Failing to recognize how the patient is feeling or minimizing the situation can often lead to patients becoming more upset. Often what a patient wants is for the dentist to simply express concern and acknowledge the injury.

"A calm, caring attitude and clear communication is key when handling these incidents," Solaiman says.

A patient may simply expect that the dentist will offer to cover their copay or other minor expenses as a gesture of good will. However, dentists should contact the Risk Management Advice Line prior to offering any payments or reimbursements.

Analysts can also help dentists navigate patient demands. However, if the analyst believes the situation could develop into more than a small monetary payment, he or she may recommend the dentist speak with a claims representative. TDIC's professional liability policy provides coverage up to \$10,000 under the medical payments provision for medical expenses related to dental treatment.

Despite the utmost care and precautionary measures, accidents during routine clinical procedures can happen. When they do, it is better for dentists to be armed with the right information and tools that will lead to the most desirable outcome for patient health.

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