



Specialists Aren't Perfect

Sometimes I joke that I moved across the country so I wouldn't have to treat a long list of relatives back home. But not long after relocating from upstate New York to Arizona, we had a new list of "close family"—neighbors, parents of our kids' friends, people at church, etc. It's a privilege to help someone I know personally, but there's always that underlying pressure to have everything go well. Nothing's more embarrassing than listening to your friend tell a story about a recent dental procedure when you're together at a party.

My recent story started when my neighbor casually said, "I need to get in to see you soon" as I left his home after a party. He was in the office a few days later for a limited exam due to pain in his lower anterior teeth. We discovered that #23 was sensitive to percussion and an X-ray revealed a periapical radiolucency on this endodontically treated tooth. He'd had root canal treatments on #23, #24 and #25 approximately 30 years ago; they didn't look great on X-ray (Fig. 1) but this was the first time he had a problem. He was eager to get treatment, so I referred him to an endodontist nearby who'd recently moved to the area.

The next day, I received a call on my cellphone from my neighbor. I texted that I was at a doctor's appointment but would call him back later; he replied that it was urgent and to please call as soon as possible. I told him to call my wife at the office so she could help him, and I'd be in touch as soon as my appointment finished. I was already getting that sinking feeling in my stomach. His next text said it all: "File broke during root canal." It had to happen to my neighbor!

When I called the endodontist, he seemed very nonchalant: He explained that he'd been using a gutta percha removing file that separated in the canal; there had been a small bit out

of the apex but he believed the canal was sealed well. I asked, "Did you already obturate the tooth? I thought in re-treats with an apical lesion, it was common to medicate first and then obturate." He said many studies suggest that a single-visit re-treat is acceptable and if the patient had a problem, he would perform an apicoectomy. I wasn't impressed.

My neighbor's version of the story had me feeling even worse. He described the early part of treatment when he felt the endodontist was being "too aggressive" and how he felt the file separate, and described the great lengths the endodontist took in his attempts to retrieve the broken file. His confidence in going back for an apicoectomy was at rock-bottom. He then texted a screenshot of the final X-ray that he took with his phone (Fig. 2). I was speechless.

This case brought home that I can't assume all specialists are experts at what they do, and when I work with new referrals, I need to do a better job of communicating my expectations. I also need to be more proactive in communicating my expectations to specialists to whom I send patients for treatment. Over the years, I've had surgeons who placed implants in poor position due to lack of planning and a surgical guide; orthodontists who had lingual retainers

coming off on multiple patients; and periodontists who did crown-lengthening before I had a chance to prep and temp the tooth. In the past, we'd send a referral slip with our recommendation and discuss more complex cases by phone. In the coming weeks, I'll reach out to my specialists with more specific expectations.

I'd love to read your comments on the topic of specialist relationships. What have you done to establish your expectations? Is it something that you developed over time or established at the beginning in a formal way? Share your comments under this article online at Dentaltown.com, where I will also post updates on the clinical outcome of this case, which is currently TBD. ■

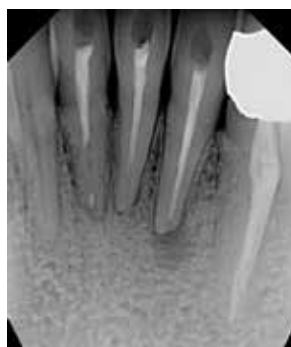


Fig. 1: Diagnostic appointment.



Fig. 2: After treatment with endodontist.



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