

Periodontal Referral: Two-way Communication between Periodontist and General Dental Practitioner

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Periodontics is that specialty of dentistry which encompasses the prevention, diagnosis, and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and aesthetics of these structures and tissues.¹ A periodontist is a dentist who specialises in the prevention, diagnosis, and treatment of periodontal disease which is a chronic inflammatory disease that affects the gums and bone supporting the teeth, also known as gum disease, and in the placement of dental implants.² In Nepal, general dental practitioners (GDPs) have to complete additional three years of extensive training after graduation to become a periodontist.

In Nepal, postgraduate (PG) studies in dentistry started at National Academy of Medical Sciences (NAMS) at Bir Hospital, Kathmandu in 2009 as Master of Dental Surgery (MDS). Since then, more than 70 Nepali dental practitioners have obtained a PG degree of MDS in periodontology/periodontics and oral Implantology in Nepal and from abroad. Periodontists are available in general hospitals, private clinical practices, government services, and dental and medical colleges. Services provided by a periodontist can range from simple scaling and root planing, splinting, etc. to surgical procedures such as gingivectomy, frenectomy, vestibuloplasty, crown lengthening, flap surgery, perioplastic surgeries, mucogingival surgery, dental implants, etc.

Number of GDPs is increasing rapidly in the last few years. The reason behind this is due to the average production of 600 dentists per year from various dental colleges in Nepal only. According to data available on the website of Nepal Medical Council (NMC), the total number of NMC registered graduates is 4081 until January 14, 2022.³ But the distribution of dentists is not proportionate in all parts of Nepal. Most of them work in cities and private dental setups. That is why there is a gap between oral hygiene practice, and the treatment attitude of patients and dentists.

The GDPs are the first ones to encounter patients associated with oral as well as periodontal problems. So, knowledge, attitude, and practice of GDPs play a crucial role in the early detection and management of gingival and periodontal problems. The periodontal referral is required in complex cases of gingival and periodontal problems. But in the current scenario, there are various dentist and patient-related factors that are affecting periodontal referral. Dentist-related factors may include:⁴ Clinical exposure of students during dental college days, knowledge and skills of practicing dentist, lack of success in closed instrumentation during subgingival therapy, lack of confidence in advanced periodontal therapy, business and economic pressures, desire to transfer a difficult patient, location of periodontist, prior experience with periodontists, etc.

Preference and finances, preconceptions, confidence in the general dentist, discussion with other patients, and location of the periodontist are some of the patient-related factors that affect periodontal referral.⁴

With adequate knowledge, dentists may perform periodontal treatment efficiently to a level of a specialist. But, without proper education and training, the dentist may be harming the patient by neglecting the principles of ethics.⁵ Dentists need to be aware that negligence not only is defined by acts of the commission but also includes acts of omission. The

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general dentist must be aware of his/her ability to treat and decide when to treat and when to refer each patient with periodontal disease. The outcome of this decision is critical to the long-term success and control of progressive features of periodontal disease like severe bone and attachment loss. The dentist must consider patient-related factors, dentist-related factors, and the entire range of periodontal therapy available to make this decision. Alleged failure to refer a patient with periodontal disease is a frequent cause of malpractice actions against general dentists.⁶ The

criteria for selecting a periodontist include previous patient satisfaction, personality of the periodontist, previous success with the periodontist, good communication with the periodontist, surgical skills and competency of the periodontist, and their availability in the community.⁷

The GDP and the periodontist must have the responsibility to communicate well and be informed and educated about each other's needs to improve the referral relationship with the patient.

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