

ADVICE SHEET

ORTHODONTIC EXTRACTIONS RISK MANAGEMENT GUIDELINES



Incorrect extractions are one of the most common reasons for legal action in connection with orthodontic treatment. When requesting extractions for a course of orthodontic treatment, it is assumed that the clinician has formulated a proper diagnosis and treatment plan based on sound principles. The purpose of this guideline is to minimise the chances of a mistake being made when the patient is referred for the extractions to be carried out.

1. An extraction request should be made in writing. The letter should be clear, legible and preferably printed. It should include the name, address and date of birth of the patient, a brief outline of the proposed treatment, its timing, any relevant medical history and the extractions requested.
2. Extractions should be identified by at least two different methods. One should be in dental notation and the other should be in words.
3. The Palmer notation (4/) is perhaps the most widely used system in the UK but is cumbersome for use with computers and can print out in a confusing format. The FDI system (14) is the internationally recognised method but suffers from unfamiliarity, which may lead to errors. The abbreviations UR, UL, LR, LL followed by the tooth number or letter e.g. UR4, LLD, is a clear and simple system which has much to commend it. The use of lower case letters to identify deciduous teeth is to be avoided as the letters are liable to be mistaken for digits if poorly written and errors have arisen on this account.
4. The identification of erupted supplemental or supernumerary teeth poses particular problems. As there is no generally accepted method of notation for these teeth, a simple description in words is recommended e.g. "the more distal of the two upper left lateral incisors". The inclusion of a clearly labelled clinical photograph or copy of a radiograph can help with identification.
5. The teeth listed for extraction in the letter must be checked directly against the patient record, which should always be to hand when the letter is signed. The teeth should be checked separately in both word form and notation form. The extraction letter should be signed personally and dated.
6. If as occasionally happens a dentist telephones the practice/ department needing to know urgently which teeth are to be removed, verbal instructions should be avoided wherever possible and the information sent out in a signed and dated extraction letter, scanned and emailed to the practice, via a secure nhs address.
7. If an email is not possible, it is essential to speak directly to the dentist and not communicate via a third party such as a dental nurse or receptionist. The information must be read out from the notes and not from a copy letter (which may contain uncorrected errors). The information should be repeated back for checking. A follow up extraction letter should always be sent to the practice for confirmation and the telephone conversation recorded in the notes.

8. If the dentist carrying out the extractions questions the choice of teeth for removal, an offer should be made to see the patient again in order to confirm or modify the treatment plan before the extractions are performed.

Updated and reviewed by the Clinical Governance Directorate of the British Orthodontic Society 2022. Recommendations may change in the light of new evidence.

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