The Power of the Conscious Oral Exam: Improving Estimates and Owner Communication

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Learning objectives

Develop a concrete strategy for an effective conscious oral exam that maximizes opportunities for effective treatment planning

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A little bit more about me

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"Growing up, I though that quicksand was going to be a much bigger problem than it turned out to be."

--John Mulaney, comedian

Blazing Saddles

The Princess Bride

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Why quicksand?

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Let's avoid this!

EXAM FINDINGS:
General Appearance: BAR
Integument: smooth and shiny haircoat, no erythema/lesions/masses, non-reducible umbilical hernia
EENT: eyes clear and bright, no ocular or nasal discharge, ears clean, no cough elicited on tracheal palpation
Respiratory: eupneic with normal bronchovesicular sounds in all quadrants, no crackles or wheezes ausculted
Cardiovascular: CRT <2 seconds, mucous membranes pink and moist, no murmurs or arrhythmias ausculted, strong and synchronous femoral pulses
Dental/GI: no gingivitis; Grade 3 dental calculus 108, 109, 208, 209, rest of teeth grade 1 abdomen soft and non-painful on palpation with no palpable organomegaly/masses
Musculoskeletal: ambulatory all four limbs with no lameness or pain
Nervous: intact menace response OU, intact palpebral response OU, normal facial symmetry, normal proprioceptive placing all four limbs
Hemolymphatic: mandibular, prescapular and popliteal lymph nodes are soft, smooth, and symmetrical
Rectal: no rectal masses, sublumbar LN not palpable
Repro: externally normal

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Or this…

communications by the Defendants and based on the estimate. Following an examination of [redacted] DEFENDANTS stated that [redacted] only needed an anesthetic tooth cleaning and the possible extraction of one tooth that might have a cavity because they noticed one spot on that one tooth.

2. DEFENDANTS later pressured PLAINTIFFS, over the telephone while [redacted] was under anesthesia, into agreeing to expand the scope of the contract by adding 15 more costly tooth extractions. DEFENDANTS stated that these tooth extractions were necessary and that, in particular, six were baby teeth that had not fallen out. [redacted] has not, however, grown adult teeth into the voids left by extraction of the six alleged baby teeth. PLAINTIFFS further are unclear why DEFENDANTS failed to detect the 15 other teeth that required extraction during [redacted] annual examination.

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Conscious oral exam and treatment planning

What are the challenges?

Client challenges	Patient challenges
Creating realistic expectations	Behavior
Creating estimates	Behavior
Maximizing opportunities for communication	Anatomy
TIME!	

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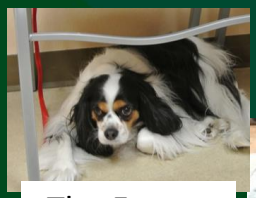
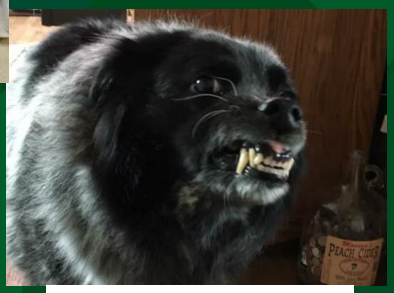
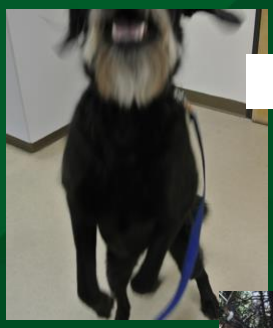
The spectrum of patients for oral exam…



The Freeze



The Ferocious



The Fidget

The Feline

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What tools do we use most often?

Dogs
2-5 mg/kg

Cats
10-20 mg/kg

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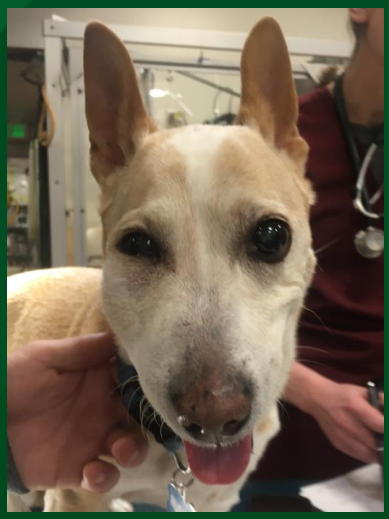
Parts of the Conscious oral exam

1. **Extraoral**
2. **Occlusion**
3. **Oral soft tissue**
4. **Teeth!!!**



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Let's look at these one at a time…

1. **Extraoral**
   - Swallowing, chewing & food prehension
   - Facial musculature & bone symmetry
   - External ear canals & TMJ
   - Eyes
   - Nose
   - Lymph nodes and salivary glands

This portion of the oral exam is critical, and can be very relaxing and low stress

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2. Occlusion

Start screening for traumatic malocclusions at the first puppy visit

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Classes of malocclusion?

Class 1	Class 2	Class 3

When are malocclusions significant?

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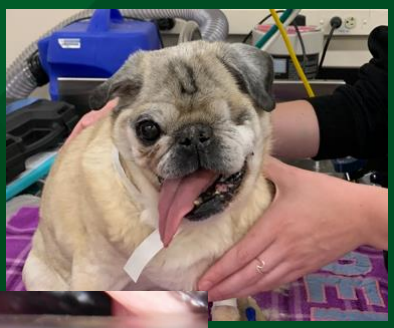
3. Oral soft tissue

Gingiva, mucosa, tongue, palate



This is the most important (and most often forgotten) part of the oral exam

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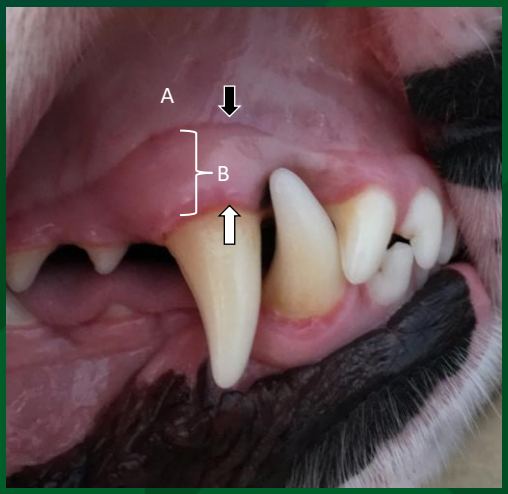
Normal Dog Periodontal Anatomy



- A—Alveolar mucosa—elastic
- B—Attached gingiva—non-elastic, you must have 2-3 mm at the minimum
- Black arrow—Mucogingival junction
- White arrow—free gingiva

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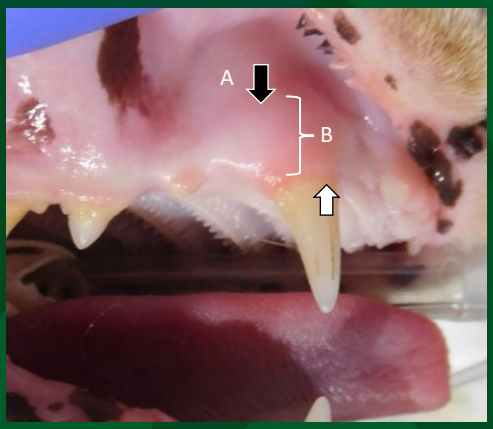
Normal cat periodontal anatomy



A—Alveolar mucosa—elastic

B—Attached gingiva—non-elastic, you must have at least **2-3 mm**

Black arrow—Mucogingival junction

White arrow—free gingiva

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Gingivitis

- Inflammation of the attached gingiva
- Presence of gingivitis is the first stage of periodontal disease
- When gingivitis is present without associated bone loss (which you need dental radiographs to evaluate properly) it is the only stage of periodontal disease that is reversible

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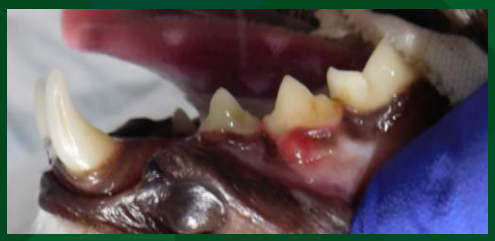
Severe localized gingivitis should always be a red flag (dogs & cats)



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Gingival recession…

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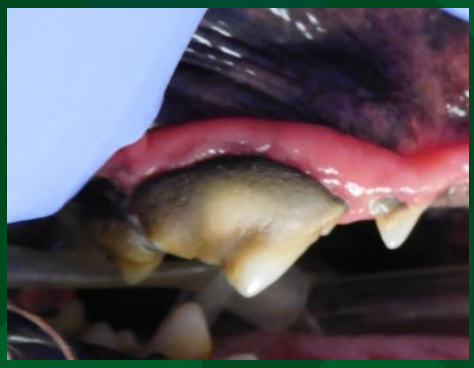
Gingival recession is always associated with alveolar bone loss



But mild recession DOES NOT equal small amounts of bone loss

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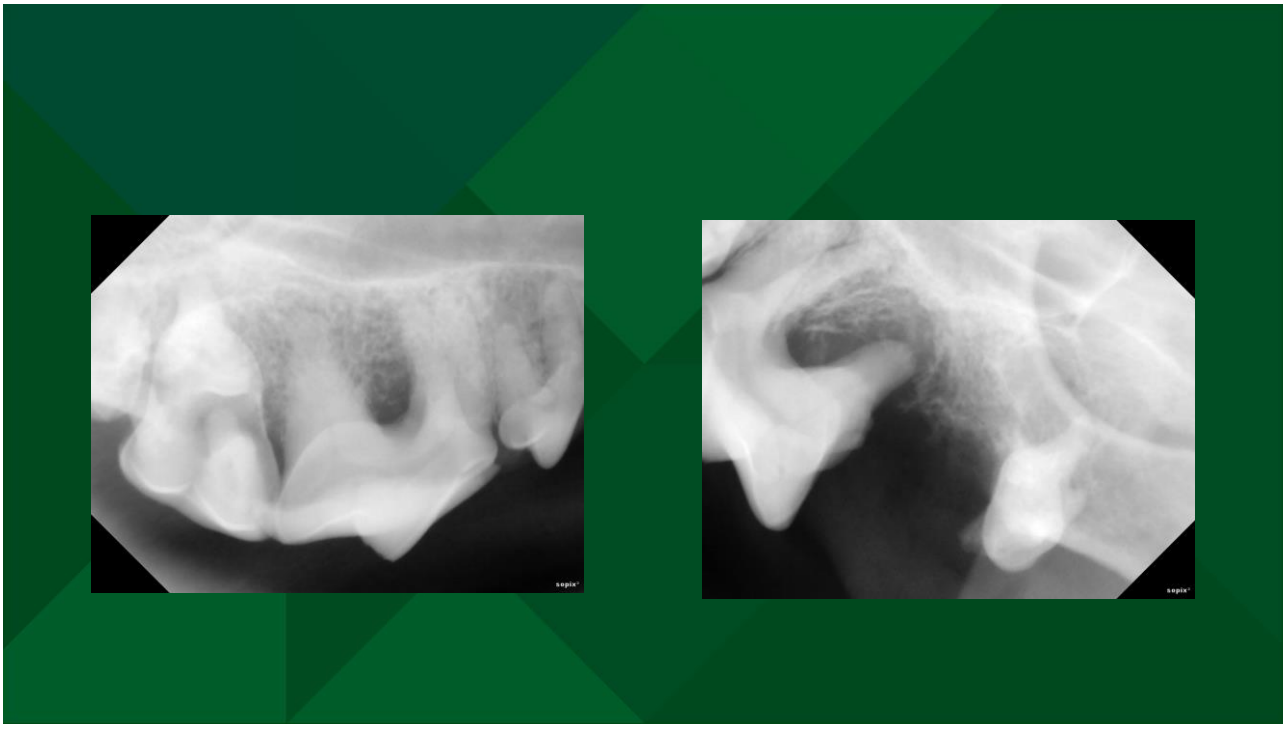

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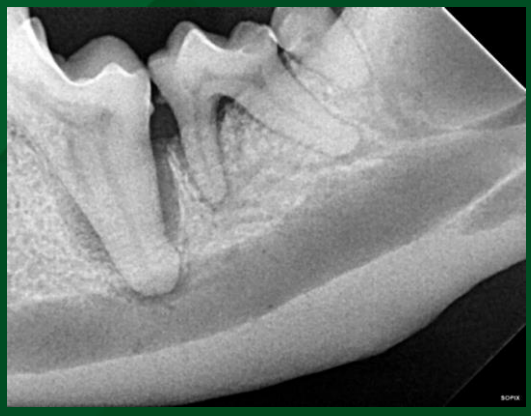
Look for very subtle recession



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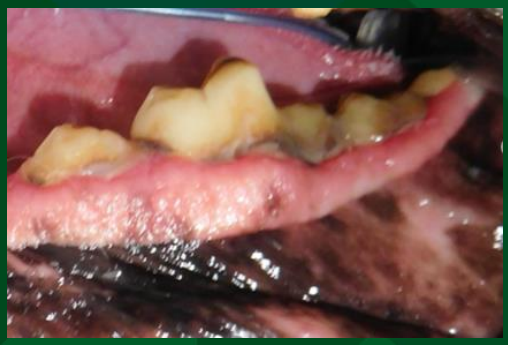
Muco-gingival junction



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Gingival enlargement

<u>Causes</u>

- Idiopathic
- Periodontal Disease
- Breed disposition
- Cyclosporine
- Calcium channel blockers
- Anti-seizure medications

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Mucosa—Flip the lip

8 year old

M/N

Mixed Breed Dog

Presented for significant oral pain, started one month after last dental procedure

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Tongue—

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Palate

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4. Teeth—save the best for last!!

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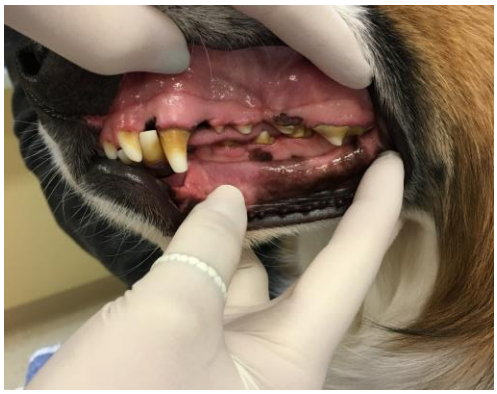
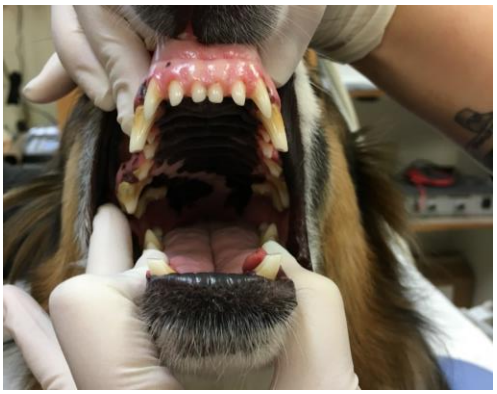
Dogs

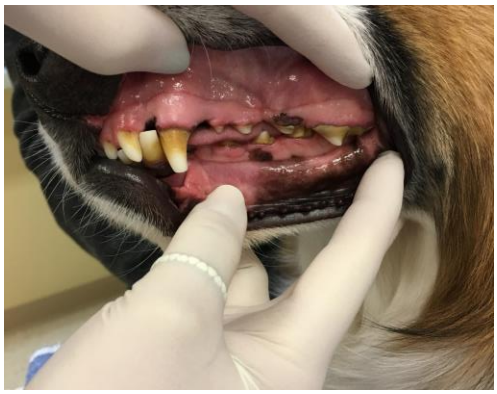


How many teeth there are?



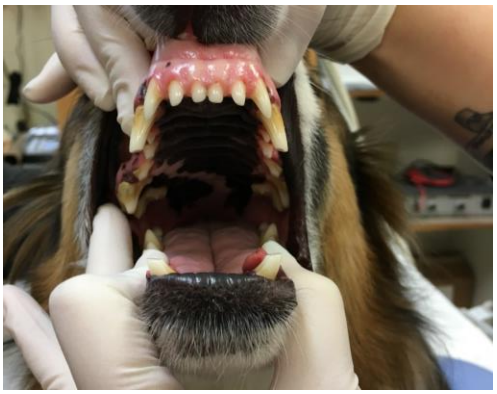
How many teeth you can see?

Dogs



How many teeth there are?

42



How many teeth you can see well?

~30 (depending on a dog's behavior)

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Cats too

How many teeth there are?

How many teeth you can see well?

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Cats too

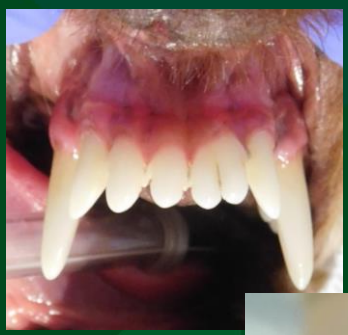
How many teeth there are?

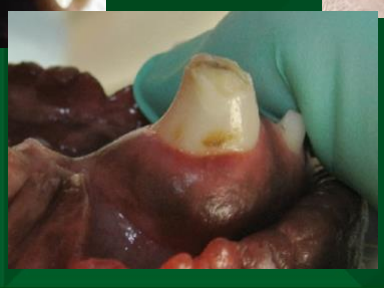
30

How many teeth you can see well?

~18 (extremely variable with behavior of cat!)

Know what they should look like…





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What am I not talking about?

Which of these dogs has periodontal bone loss?

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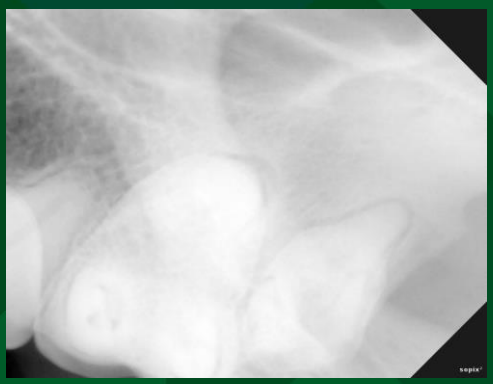
It is not always obvious…



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Calculus ≠ Periodontal disease

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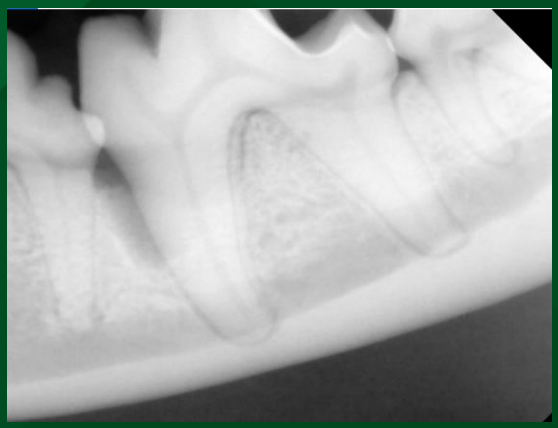
If we are just looking at calculus to identify which patients need anesthetized dentistry, we are missing disease



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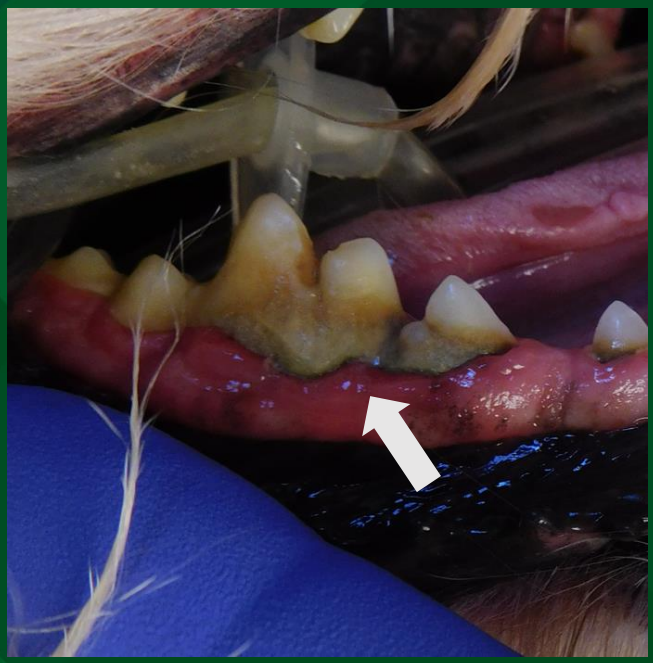
How are we going to write about this in our records?

Let's talk about the difference between staging periodontal disease and grading dental disease



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Staging periodontal disease—applies to one tooth (not going to happen during a conscious oral exam)

Stage	Attachment loss (%)	Treatment
1	None	Cleaning + home care
2	< 25%	Cleaning +/-root planing, +/- perioceutics, +/- extraction, home care
3	25-50%	Cleaning +/- root planing, periodontal surgery, +/- extraction, home care
4	>50%	extraction

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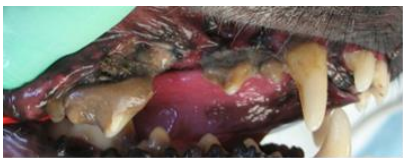
Grading dental disease—applies to the whole mouth

Grade 1	Grade 2
Grade 3	**Grade 4**
	

A system agreed upon by the entire hospital that is applied to a patient (not a tooth) and assists with creation of estimates and scheduling

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Questions?

Remember to
download the CE certificate
in the handouts panel of
the webinar control panel.
NOTE: CE certificate not available
for watching the recording.

Questions about CE?
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Questions about topic?
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Thank you for joining us!

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