

Hospital Dentistry

Eight Things Dentists and Patients Should Question

by

The Canadian Association of Hospital Dentists

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1 **Don't use opioids for post-operative dental pain until non-opioid analgesics have been optimized.**

For post-operative dental pain, the dose and frequency of a non-opioid (ibuprofen and/or acetaminophen) analgesic should be optimized. If this is not sufficient for managing pain, an opioid may be considered. If an opioid analgesic is appropriate, consider limiting the number of tablets dispensed and discuss the proper use and disposal of opioid drugs. Daily dispensing and/or delayed prescriptions may be useful strategies for appropriate use of opioids.

2 **Don't prescribe antibiotics for toothache or localized dental abscess.**

Irreversible pulpitis or toothache occurs when the soft tissue and nerve inside the tooth (the dental pulp) becomes damaged because of decay, trauma, or large fillings. The intense pain is caused by inflammation of the dental pulp and the tissue surrounding the root – not by infection. Because this is not an infection, antibiotics do not relieve the pain and should not be used. Treatment for this condition is the removal of the damaged or diseased dental pulp, either through root canal therapy or extraction of the tooth. Inflammatory dental pain is best managed by NSAIDs.

An acute dental abscess is a localized infection that occurs due to an untreated infection of the dental pulp. Root canal therapy or extraction of the tooth, along with drainage of the abscess, is required to remove the infected tissue. Antibiotics are of no additional benefit. In the event of systemic complications (e.g., fever, lymph node involvement, or spreading infection), or for an immunocompromised patient, antibiotics may be prescribed in addition to drainage of the abscess.

3 **Don't give prophylactic antibiotics prior to dental procedures to patients with total joint replacement or nonvalvular cardiac and other indwelling devices.**

Infections of orthopedic implants are uncommon events and are rarely caused by bacteria found in the mouth. Although dental procedures such as extractions cause transient bacteremia, most bacteremia of oral origin occurs with activities of daily living, including brushing, flossing, and chewing. There is no reliable evidence that antibiotics before dental procedures prevent prosthetic joint infections. Patients should not be exposed to the adverse effects of antibiotics when there is no evidence of benefit.

There is no convincing evidence that oral bacteria from dental procedures cause infections of the following devices at any time after implantation: pacemakers; implantable defibrillators; ventriculoatrial/ventriculoperitoneal shunts; devices for patent ductus arteriosus, atrial septal defect, and ventricular septal defect occlusion; peripheral vascular stents; prosthetic vascular grafts; hemodialysis shunts; coronary artery stents; dacron parotid patches; and chronic indwelling central venous catheters.

4 **Don't prescribe dental x-rays or other diagnostic imaging without indication.**

Dental x-rays and other imaging modalities are important and necessary tools to diagnose and monitor oro-facial disorders and dental diseases. Determine the need for diagnostic imaging on an individual basis for each patient based on medical and dental history, clinical findings, and risk assessment, rather than on a routine basis.

5 **Don't replace fillings unless they have failed.**

Dental restorations (fillings) fail due to excessive wear, fracture of material or tooth, loss of retention, or recurrent decay. The larger the size of the restoration and/or the greater the number of surfaces filled increases the likelihood of failure. Restorative materials have different survival rates and fail for different reasons, but age should not be used as criteria for failure. Drilling to remove and replace fillings can weaken teeth. If feasible, repair of small defects, rather than replacement of a filling, can save tooth structure and increase the lifespan of restorations at a lower cost.

Amalgam dental restorations release small amounts of mercury. Judicious management of mercury waste in dentistry is mandated in Canada. Randomized clinical trials demonstrate that the mercury present in amalgams does not produce illness. Removal of such amalgams if the restoration is otherwise sound is unnecessary, expensive, and subjects the individual to absorption of greater doses of mercury than if left in place. Furthermore, placement of composite resin restorations is known to cause a transient increase in urinary Bisphenol-A levels, for which there are unknown health effects. High-quality evidence suggests higher failure rates in composite resins versus amalgam restorations.

6**Don't delay or postpone urgent or essential dental care unless prohibited by public health directives.**

Dentists are required to provide services within the context of provincial directives from the provincial health authority. When directives prohibit non-essential dental visits, urgent care must be provided to relieve pain and treat infections. Critical dental services should be prioritized to minimize harm to patients from delaying care and be provided in a way that protects patients and dental personnel. The latter includes interim stabilization of the dental problem; minimization of aerosol-generating procedures; and use of appropriate PPE and other IPAC measures as advised by provincial health authorities/regulators. Strategies should be developed to monitor patients whose care has been cancelled or delayed.

7**Don't require in-person care when a virtual care visit may be more appropriate.**

Virtual care minimizes exposure of patients and staff to COVID-19 and its variants. It allows patients to avoid crowds and unnecessary travel and supports physical distancing measures in clinics, hospitals, and other facilities. In addition, virtual care allows more timely and accessible care, especially when challenges such as distance, disability, or frailty exist.

Virtual care cannot replace the need for in-person physical examination and assessment of many oral disorders. In-person care may be required for patients whose condition is not stable or is deteriorating. Virtual care may not be appropriate for patients with low digital health literacy or the inability to access a digital device.

For effective virtual care, appropriate infrastructure, provider funding, protection of privacy, and thorough preparation of the patient are needed.

8**Don't prescribe antibiotics or opioid analgesics without an examination.**

Antibiotic resistance has increased because of the widespread use of antibiotics over many years. It is a significant global threat to health. Opioid misuse has also become a serious problem in recent years. During a pandemic phase where only "essential" dental care is permitted or advised, it may be necessary to prescribe antibiotics or analgesics without examining the patient in person. When managing new dental infections and/or dental pain on an emergency basis, if the concern has not resolved after the preliminary course of therapy, the patient should be re-examined to determine the next steps.

How the list was created

A working group of CAHD member dentists with both hospital-based and private practice experience, representing geographic, gender and years in practice diversity was created. The American Dental Association Choosing Wisely list was reviewed to determine if items were relevant and addressed issues that the group considered to be of high importance. A list of 25 recommendations was generated and using an iterative process, the recommendations were discussed, duplicates (there was significant duplication and overlap) were removed, and consensus was obtained to create the final list of eight items. The draft list was sent to all individual CAHD members and 17 national dental organizations and specialty groups for feedback. The final list was reviewed and endorsed by the CAHD Board of Directors in 2018.

The list was updated by the CAHD Working Group in 2021 with feedback from the CAHD members and approved by the CAHD Board. COVID-19 related recommendations were added to reflect the changed nature of dental practice as a result of the pandemic.

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Related Resource:

[Managing pain after wisdom teeth removal: Your questions answered.](#)

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Related Resource:

[Consensus Statement: Dental Patients with Total Joint Replacement](#)

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About the Canadian Association of Hospital Dentists

The Canadian Association of Hospital Dentists (CAHD) is a proud partner of the Choosing Wisely Canada campaign. As the national voice of Canadian hospital-affiliated dentists, CAHD's mission is to promote the highest standards of evidence-based oral health care, advance dental education in academic health sciences centres, encourage collaborative research and advocate for access to care for Canadians with complex needs who require dental care in hospital settings.



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About Choosing Wisely Canada

Choosing Wisely Canada is the national voice for reducing unnecessary tests and treatments in health care. One of its important functions is to help clinicians and patients engage in conversations that lead to smart and effective care choices.