



American Veterinary Dental Society (AVDS)

November 23, 2013

As many of you may be aware by now, on Friday, November 22, 2013, ABC aired a 20/20 segment on “Veterinary Confessions”, in which they attempted to highlight the “upsells” occurring in veterinary medicine. Along with over-vaccination, their main topic was the unnecessary push of “dentals” which they demonstrated using two different dogs they claimed to have perfect oral health. Unfortunately, they missed the boat on both dogs. The first dog only had a small amount of calculus buildup on the canine tooth (which is all they showed), but it also had a Class 3 malocclusion (underbite) that needed further evaluation for any potential soft tissue or dental trauma related to the abnormal occlusion. The second dog also had a small amount of visible calculus as well, but it had a relatively significant gingival mass¹ on the distal buccal (outside) surface of the upper right 4th premolar (108) that was clearly visible during the quick look inside the mouth the video provided.

The veterinarians that were recommending dental evaluation and treatment in both dogs were not incorrect or “pushing unneeded service”, as the news segment suggested. Additionally, the respected veterinarian used to evaluate the patients for the undercover video appeared to miss the oral pathology as well. Both dogs needed an anesthetized evaluation of their teeth and likely a periodontal cleaning, but neither one needed a “dental”. It is impossible to assess for periodontal pockets without periodontal probing and any abnormalities identified during examination require intraoral radiographs for assessment.^{2,3} This is no different than a human having a periodontal examination, periodontal probing, and intraoral radiographs at their dentist’s office.

In discussion with clients, the most often recommended approach is to explain to the client why an anesthetized evaluation of the teeth and oral health is required. Approximately 80% of the teeth are not visible to the eye without intraoral dental radiographs.^{4,5} Roughly half of the tooth surfaces are difficult or impossible to assess on the conscious (awake) patient (especially the lingual surfaces and the most caudal teeth). Additionally one of the most important points is that periodontal disease is progressing below the gum line, causing bone loss and gingival recession (attachment loss). Once the dog has actually developed visible periodontal disease, it is often too late to perform preventative medicine and now we are into the treatment phase of a disease process. When compared to ourselves, most dentists recommend dental cleanings at a much earlier stage of gingivitis and calculus buildup than we recommend in our companion animals. This is because most often the goal is preventative medicine, which we will assert, should be our goal as well.⁶

Although it must be acknowledged that general anesthesia will always have some small associated risk in both veterinary and human patients, anesthesia procedures, in animals, can be safely administered with a proper pre-anesthetic physical examination, evaluation of blood work, and any additional testing as indicated by the individual patient signalment (e.g. age, breed). Multimodal anesthesia and analgesia with appropriate patient monitoring (e.g., blood pressure, ECG, pulse oximetry, capnography), intravenous catheter and fluid support, and thermoregulation can effectively minimize anesthetic risks.^{7,8}

As President of the American Veterinary Dental Society (AVDS), this segment at first made me angry and frustrated. As immediate Past President of the AVDS, the segment was disappointing and not necessarily surprising. Was fact checking done? Were expert opinions from specialists in veterinary dentistry [Diplomates of the American Veterinary Dental College (AVDC)] obtained? Only the producers of the segment would know the answers to these questions.

This is now a fabulous opportunity for education of our clients. Those people who listened to this segment have questions. You, as educated and informed members of the AVDS, have answers. Let us use this opportunity to educate our clients with the truth of oral health, instead of playing on their fears. It has been said, "There is no such thing as bad publicity." This is our chance to prove that true.

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