香港牙醫管理委員會
The Dental Council of Hong Kong
Disciplinary Inquiry under s.21 of DRO

Defendant: Dr. TSE Cheuk-keung 謝卓強牙醫 (Reg. No. D02633)

Dates of hearing: 17.1.2013 (Day 1), 23.1.2013 (Day 2)

1. The Defendant, Dr TSE Cheuk-keung, is charged that:-

"He, being a registered dentist, disregarded his professional responsibility to adequately treat and care for his patient [redacted], or otherwise neglected his professional duties to her in that, during the period from about September 2008 to July 2011:-

(i) he failed to undertake proper and adequate pre-operative assessment and planning before carrying out implant treatment; and/or

(ii) he failed to adequately and properly explain to [redacted] before the surgery about the possible risks and complications of the implant procedures; and/or

(iii) he failed to carry out proper and effective implant treatment on the lower left mandible of [redacted]; and/or

(iv) he damaged the dental nerve in the lower left mandible of [redacted] during the implant surgery;

and that in relation to the facts alleged he has been guilty of unprofessional conduct."

Facts of the case

2. The patient was 62 years old when she first consulted the Defendant on 17 September 2008. She had multiple missing teeth both in the upper and lower arches. She had a cantilever extension bridge which was fixed on teeth 44 and 45 extending over the sites of 46 and 47. She complained that the bridge was mobile and uncomfortable. Teeth 35 and 36 were missing.

3. The Defendant recommended the following treatment which the patient agreed:-

(a) extraction of teeth 44 and 45, to be followed by implants at sites 44, 45 and 47 to support a 4-unit bridge over sites 44 to 47;

(b) implant at site 36, to be followed by a 2-unit cantilever bridge extending over site 35;

(c) crowning of tooth 37.

4. The Defendant advised that due to her incompetent heart valve, the patient would require antibiotic coverage prior to the implant surgery. In order to avoid taking antibiotics on separate occasions, the Defendant recommended to carry out the implant surgery at all 4 sites (i.e. 36, 44, 45 and 47) at the same time.

5. On 27 September 2008, the Defendant prepared tooth 37 for crowning, and extracted teeth 44 and 45 under antibiotic cover. The implant surgery was planned for December in order to allow the extraction wounds to heal.

6. A panoramic X-ray and 2 CT scans were subsequently taken for assessing and planning the implant positions. In view of the proximity of site 45 to the inferior dental nerve and the limited depth of bone available at site 47, the treatment plan in quadrant 4 was modified to implants at sites 44, 46 and 47, with a longer implant at site 44 and shorter implants at sites 46 and 47.

7. The implant surgery was performed on 20 December 2008. Implant placement in quadrant 4 was uneventful. When the implant at site 36 was

inserted to the full length, the patient felt a sharp pain and cried out. The Defendant immediately elevated the implant by 1 mm.

8. Two days later on 22 December 2008, the patient reported that she had a numb lower lip from the left corner to the midline. The Defendant arranged for a CT scan and sought advice from a Specialist in Oral and Maxillofacial Surgery. On 24 December 2008, the Defendant removed the implant at site 36 and managed the patient conservatively.

9. Two months later, the patient sought treatment at the Prince Philip Dental Hospital as the numbness persisted. There was not much improvement after treatment for 2 years. It was concluded that the patient was suffering from persistent numbness of lower lip.

10. The patient also developed depression, and had to be put on psychiatric medication.

11. At the time of this inquiry, the patient is still suffering from numbness of the lip. Due to the lack of tactile sensation, she often bites her cheek accidentally and when eating food often falls out from the corner of her mouth.

Findings of the Council

12. The Defendant accepts all allegations in the charges. Nevertheless, it remains our responsibility to determine whether the Defendant's conduct constitutes unprofessional conduct.

13. We must state from the outset that all dental treatments must start with a proper treatment plan, and the treatment plan should be formulated with proper pre-operative assessment.

14. Dental treatments involve multiple interrelated factors, such as the patient's periodontal condition, occlusal relationship between the upper and lower arches, and the patient's medical condition. Any treatment must be planned in the context of these relevant factors, and should not be considered in isolation in disregard of other factors which may have an impact on the outcome of the treatment.

15. Proper planning requires a comprehensive assessment of the patient's overall dental/medical condition, especially when the patient has specific medical conditions which may be exacerbated by the dental procedure. In an elective procedure such as in the present case, there is no reason to rush into the treatment without first sorting out the related problems.

16. This patient has multiple dental and medical problems, including extensive partial edentulism, heart problem, multiple caries and fillings, and a potential pathology at site 35. These matters should have been properly investigated, and dealt with if necessary, before implementation of any treatment plan. Nevertheless, the Defendant failed to do so. There was not even evidence of a dental charting.

17. In respect of placement of dental implants in the posterior mandible, there is a significant risk of injury to the inferior dental nerve. Precise assessment and planning are required to minimize the risk of injury to the inferior dental nerve.

18. There is no evidence that the Defendant had considered alternative treatment options other than implants, such as fixed or removable prosthesis which would involve less risk. We do not see that the Defendant had properly considered whether implant was necessary before recommending it to the patient.

19. Looking at the awkward position of the implant at site 36 in relationship to tooth 37 as shown in the post-operative periapical X-ray, we do not see how the implant can support a proper and functional prosthesis. This reflects on the paucity of planning.

20. Before finalizing a treatment plan, a dentist must properly explain the proposed treatment to the patient, including the significant complications and risks. For mandibular implants in the molar region, injury to the inferior dental nerve is an obvious and significant risk which must be explained.

21. While the Defendant claimed in his explanation to the Preliminary Investigation Committee that he had advised the patient the risk of injury to the nerve in the lower right mandible, the patient is adamant that the Defendant had

not explained about nerve injury at all. The patient's evidence is not challenged, and we accept the patient's evidence that no such explanation was given.

22. An implant surgery, particularly at a site near to the path of the inferior dental nerve, demands high precision in angle, depth and position of placement.

23. The implant at site 46 was shorter than the implant at site 36. In placing the implants, the Defendant adopted an open flap approach for quadrant 4, but a flapless approach in quadrant 3. Such inconsistency would increase the risk of injury to the inferior dental nerve at site 36.

24. We are satisfied that the patient's left inferior dental nerve was injured during the implant surgery, as a result of inadequate pre-operative assessment and planning and improper execution of the plan. This resulted in irreversible injury.

25. We must emphasize that in any treatment there are always complications and risks. Occurrence of such complications or risks does not by itself mean that the dentist has not performed properly. However, it is a dentist's professional duty to take necessary steps to minimize the risk, and to fully inform the patient in order to ensure that the patient is giving informed consent for the proposed treatment. Failure to take such steps is unprofessional conduct, irrespective of whether the complications and risks actually occurred.

26. We are satisfied that the Defendant's conduct in respect of each of the charges would be reasonably regarded as disgraceful and dishonourable by registered dentists of good repute and competency, and thus constitutes unprofessional conduct. We find him guilty of all 4 charges.

Sentencing

27. The Defendant has a clear record.

28. We give him credit for cooperation both in the inquiry and during preliminary investigation, in accordance with our policy published in the Practice Directions.

29. The Defendant's cooperation in the inquiry is illustrated by his accepting our invitation to give evidence to clarify some queries which we had, despite his right not to give evidence. He did himself a favour by giving evidence to clarify some of our queries, such as whether he had made any dental cast for planning the treatment.

30. We must point out that it was a misunderstanding of Defence Solicitor when she repeatedly emphasized that to do so would be adverse to the Defendant's interest. We did not make the invitation with the intention of discrediting him, but to give him an opportunity to clear the queries which arose from the evidence. We urge legal representatives in future cases not to advise the defendants from that perspective, as it would be depriving the defendants an opportunity to clear the queries to his advantage.

31. Implant placement in the posterior mandible carries a significant risk of injury to the inferior dental nerve. Damage to the inferior dental nerve can have debilitating consequences to the patient. When faced with such risk, a dentist must consider whether there are other less risky alternatives. Although dental implant has its advantages, it must not be promoted indiscriminately to patients who rely on the dentist to give them balanced and professional advice.

32. We accept that the Defendant has been actively engaged in continuing professional development, and has enrolled in a 2-year training programme to enhance his dental knowledge and skills. He is clearly remorseful, and is making extensive efforts to prevent committing the same mistakes. In the circumstances, we consider that he can be given an opportunity to continue with his practice.

33. Having regard to the gravity of the case and the mitigating factors, we order that his name be removed from the General Register for a period of 1 month. We further order that the order be suspended for 12 months. We impose no condition, in the trust that the Defendant will properly complete the training which he mentioned in mitigation. Nevertheless, the Defendant should take note of the provision of section 18(1A) of the Dentists Registration

Ordinance that if he commits any disciplinary offence during the 12-month suspension period, the removal order may be activated.

Dr Homer TSO, SBS, JP
Chairman, Dental Council