

Preoperative Information for Mandibular Third Molar Removal; Are Patients Engaging?

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Objectives:

In a primary care Oral Surgery setting where many patients are seen on a "see and treat" basis, providing information preoperatively is beneficial in supporting the consent process and setting patient expectations. This audit aimed to assess how many patients undergoing mandibular third molar (M3M) extractions at a specialist practice received written information about the procedure and its risks via email preoperatively, and how many reported reading this information.

Methods:

A two-cycle audit was conducted with the standard set that 90% of patients should receive M3M information preoperatively via email. Patients attending for M3M extractions were surveyed to assess their awareness of receiving preoperative information, whether they read it, and reasons for non-engagement. Records were reviewed to verify whether the information was sent. Based on feedback the email content was revised for clarity, followed by a second audit cycle.

Outcomes:

Initially, 86.4% of patients were sent the M3M information, but only 71.2% were aware of receiving it. Overall, 55.9% of patients read the material, with 64.7% of those aware of receiving it engaging with the content.

After revising the email format, the second audit cycle showed that standards were met with 95.2% of patients being sent the information, however 22.6% were still unaware of having received it. Despite the increased distribution, engagement rates remained the same. Among those acknowledging receipt, 17.4% did not read the information often citing previous M3M extractions and procedural anxiety as reasons why.

Conclusion:

Providing clearly signposted written information preoperatively is a valuable aid in the consent process for M3M removal, however lack of patient engagement is a significant barrier. This audit highlights the importance of clearly discussing surgical procedures and associated risks with patients at their treatment appointment to ensure valid informed consent, even if information has been provided prior.