

Legal Report By: Dr Raj Kumar
Client Name: [REDACTED]

REPORT OF
DR RAJ KUMAR
BDS LDS RCS MAGDS RCSED MSc ImpDent
PGCert Orthodontics PGCert Facial Aesthetics
DENTAL SURGEON

EXPERT FIELD RESTORATIVE and IMPLANT DENTISTRY

On Instruction of:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Subject Matter: Breach and Causation

Date of Report: [REDACTED]

On Behalf of: [REDACTED]

Addressed to the Court

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SECTION ONE

SUMMARY

[REDACTED] [REDACTED]

- 1.1 [REDACTED] was not happy about her missing UL1 and some other missing teeth.
- 1.2 On 7/6/18 NC consulted with [REDACTED] at Your Dentist clinic in Harley St.
- 1.3 There was very little by way of recorded discussions by EC.
- 1.4 No treatment was not offered as an option for her natural teeth.
- 1.5 EC proceeded to prepare some 14 natural teeth and 5 existing restored teeth for a full crown oral rehabilitation and place temporary crowns splinted together.
- 1.6 NC read and signed numerous print out forms on implants and crowns and was shown a panoral radiograph where EC had drawn the position of 6 implants.
- 1.7 It is my opinion that EC did not gain informed consent from NC in order to prepare 19 teeth.
- 1.8 It is my opinion that these teeth have been overly prepared, which could lead to tooth fracture, nerve damage or a lack of retention for the permanent crowns.
- 1.9 The standard of care offered to NC was below that expected of a competent clinician.

[REDACTED]

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SECTION TWO

INSTRUCTIONS

Solicitor's Ref : [REDACTED]

2.0 INSTRUCTIONS

2.1 I am Dr Raj Kumar. My expertise is in General Dentistry having over 30 years' experience in both NHS and Private dentistry. I have over 20 years' experience in placing implants and over 17 years' experience in Invisalign orthodontics. I hold dental degrees BDS and LDSRCS, Masters in Dental Implantology (MSc ImpDent), Masters in Advanced General Dental Surgery (MAGDS RCSEd), Postgraduate certificate in facial aesthetics and a Postgraduate certificate in orthodontics.

I am an expert in the Invisalign orthodontic system with a special interest in dental implantology restorative dentistry.

To the best of my knowledge, I have no conflicts of interest relating to this case. I confirm that I will observe confidentiality and will not disclose any of the details involved in this case.

2.2 I have been instructed by [REDACTED] LLP to provide an opinion on the dental treatment of [REDACTED] carried out by [REDACTED]

2.3 Was there a breach of duty to NC.

2.4 Whether the treatment afforded to NC fell below that of a reasonably competent clinician.

2.5 On the balance of probabilities whether the treatment given to NC caused her harm or a worsening condition.

2.6 Which teeth did not need to be crowned and what options should have been given instead.

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2.7 If crowning some of the teeth was reasonable and if so, whether this was carried out to the appropriate standard.

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SECTION THREE

List of materials

3.0 Records to be reviewed

The Dental Records were assessed from:

3.1 Your Dentist Clinic

117 Harley Street

London

W1G 9PL

3.2 Oralon Dental Clinic

Unit 2, The Circle

Queen Elizabeth Street

London

SE1 2JE

3.3 High Barnet Dental Care

59 High Street

Chipping Barnet

EN5 5UR

3.4 Email records from [REDACTED]

3.5 Statement taken by solicitors from NC

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SECTION FOUR

PARTIES INVOLVED

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4.0 PARTIES INVOLVED

4.1

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4.2

[REDACTED]

Your Dentist

117 Harley Street

London

W1G 9PL

Solicitor's Ref

[REDACTED]

SECTION FIVE

CHRONOLGY OF EVENTS

5.0 CHRONOLGY

5.1 7/6/18 NC attended Your Dentist clinic for an initial consultation.

5.2 NC filled out a dental history questionnaire stating that:

she was bothered about appearance of her teeth

gaps are showing

colour of the teeth

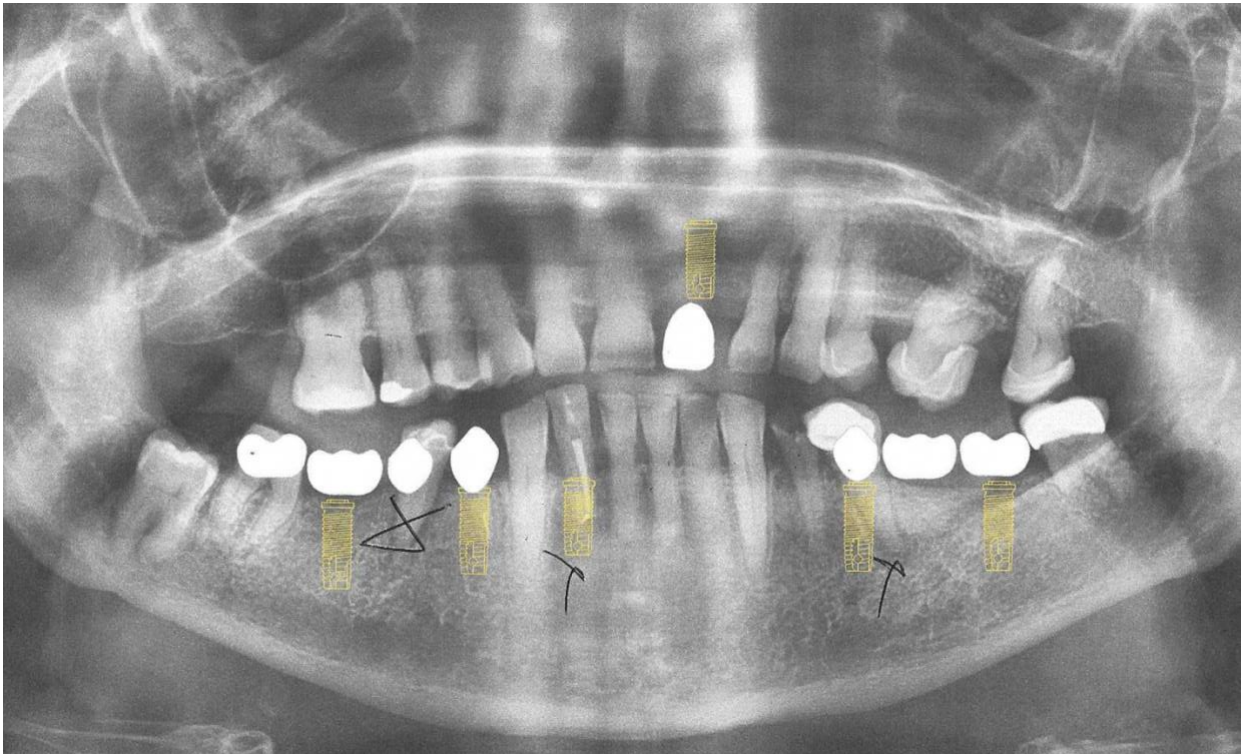
teeth are sensitive

that her dentures were uncomfortable.

she was medically fit and healthy

her last visit was about 1 year ago

5.3 A panoral radiograph is taken that shows a moderately healthy and maintained dentition, with good bone levels, age considering.



5.4 The panoramic shows the following dentition

654321/123468

875321/123458

5.5 Most of the natural teeth had normal sized crown morphology.

5.6 It was indicated that LR52/LL5 would be removed.

5.7 NC was only mildly bothered about her natural teeth, but EC advised that these teeth could be crowned within the same treatment plan and at a discount.

5.8 It is unclear from the records as to why the natural teeth were indicated for crowns. There was no discussion in the notes, except that NC only wanted the UL1 implanted (with Mr Smith).

5.9 It was indicated implants could be placed UL1 and LR642/LL57.

5.10 A crown and bridge consent form is contained in the records that stated crowns:

are restorations that can restore teeth to their natural size

can involve root canal treatment

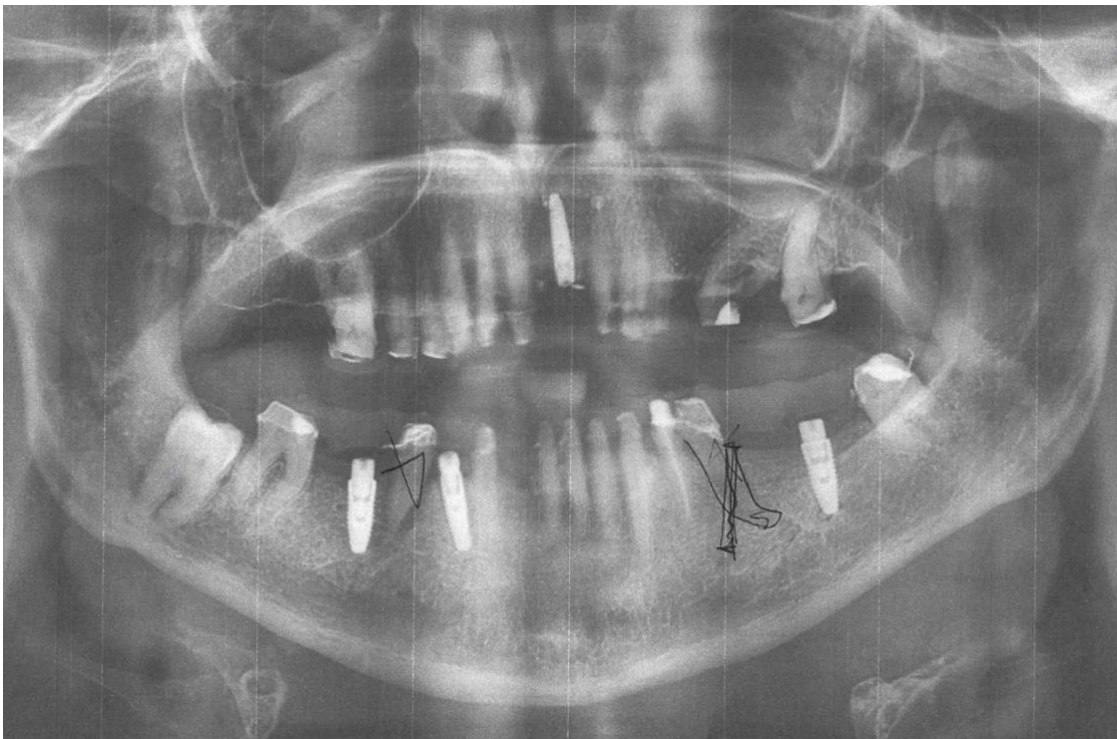
should be completed within one month

5.11 7/6/18 there are records created by [REDACTED] on this free consultation day.

5.12 [REDACTED] records that NC only wanted an upper implant (UL1)?

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- 5.13 28/6/18 The records contain notes from a Dr [REDACTED], who carried out a root canal treatment on LL4.
- 5.14 20/8/18 The records contain a (third) copy of a signed implant consent form.
- 5.15 The plan indicates which sites will have implants placed.
- 5.16 There was a leaflet on porcelain veneers, but it was not signed.
- 5.17 The records contained a pre-extraction form.
- 5.18 It did not state the reasons for the extractions.
- 5.17 It did state that NC could have no treatment as an alternative.



- 5.19 20/8/18 A panoral shows 4 implants placed and teeth preparations.
- 5.20 Records are missing for the placement of implants and crown preparations.

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- 5.21 15/1/19 EC notes recorded.
- 5.22 It states that NC was aware of no treatment as an option, relating to implant placement.
- 5.23 The panoral was reviewed by EC.
- 5.24 LL4 was removed, and an implant placed.
- 5.25 Impressions were taken for implant retained temporary bridges in both lower quadrants.
- 5.26 8/2/19 EC cemented a temporary bridge LR7654

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SECTION SIX

BREACH OF DUTY

6.0 BREACH OF DUTY

- 6.1 There is little record of discussions about the patient's aspirations (FGDP).
- 6.2 There are no records of the dental charting or restorations (FGDP).
- 6.3 There are no records of periodontal pocketing especially the upper molars that may have furcation involvement (BSP).
- 6.4 There are no records on oral hygiene improvement and the importance when having complex dentistry.
- 6.5 There are no records of detailed radiographs of all the teeth to be involved (FGDP).
- 6.6 The panoral radiographs taken had no record of justification or reporting (FGDP).
- 6.7 There are no records of primary impressions, facebow or occlusal checks (BSRD).
- 6.8 There are no records of a diagnostic wax-up for NC to review (BSRD).
- 6.9 There are no records of any dental hygiene being carried out prior to the extensive dental work.
- 6.10 There are no records of a discussion with NC with regards to veneers versus porcelain crowns, with the risks and benefits of each procedure (Ingles).
- 6.11 There are no records of a review of the occlusion or lateral guidance (Bartlett/Rickets).
- 6.12 There are no records of any discussions as to the risk of nerve damage with crown preparations.
- 6.13 There is a rudimentary menu of 2 dental treatment options for crowns and implants, with no explanations or which teeth are involved.

- 6.14 There are no records of what type of restorations were planned for the temporary and permanent phases.
- 6.15 There are no records of mentioning fixed bridgework for 3 quadrants.
- 6.16 There are no records of a comprehensive and detailed signed treatment plan encompassing all treatment and or the teeth involved (GDC).
- 6.17 EC failed to document any discussions he had with NC prior to preparing the natural teeth (GDC).
- 6.18 EC failed to inform NC why crowns were preferred to veneers.
(Bartlett/Rickets).
- 6.19 There are no records of a review of the soft tissues at the implant sites.
- 6.20 There are no records of any anatomical or diagnostic review of the bone that was to receive the implants (ADI).
- 6.21 There are no records of a CBCT scan to aid in placing multiple implants and bone grafting (ADI).
- 6.22 There was no test of the vitality of all teeth to be prepared for crowns
(Bartlett/Rickets).
- 6.23 There are no records of any review of tooth mobility.
- 6.24 NC was not warned that crown preparation could likely lead to nerve exposure and the need for root canal treatment (Wassell).
- 6.25 The teeth at line 6.28 seem to be overly prepared with large convergence angles (Bartletts /Rickets).
- 6.26 The posterior teeth seem to be lacking any occlusal form (Bartletts /Rickets).
- 6.27 These factors of preparation make the teeth susceptible to pulpal damage
(Ingles) and loss of crown retention and resistance (Bartletts/Rickets).
- 6.28 Crown preparations were carried out on

654321/23468

753/12358

6.29 Implants were placed

1
64/7

6.30 There seemed to be no issues with the implant osseointegration.

6.31 EC failed to recognize that the UL6 had suffered a poor prognosis after crown preparation was done and it was removed later by another clinician.

6.32 Having reviewed the High Barnett and Oralon records I agree that most of the teeth have been overly prepared, either axially and or occlusally.

6.33 EC failed in his duty to do what was best for NC (GDC).

6.34 EC failed in his duty to make a record of attrition and bruxism, which are risks associated with porcelain fracture.

6.35 There are no records of facebow articulation before fitting the temporary restorations; this could have aided occlusal protection of the restorations.

6.36 The preparations of the teeth were excessive and irreversible.

6.37 Had NC known the extent of the preparations to be carried out, she may have opted for no treatment, tooth whitening or veneers limited to some teeth.

6.38 Having reviewed the images taken at the High Barnet clinic I can agree that EC has been negligent in over preparing the natural teeth.

6.39

654321/23

753/123

Were **virginal teeth** that had no radiological signs for the need to be crowned.

6.40

 / 468
 /58

Were teeth with **existing crowns or onlays** with no radiographic need for crowning/replacing.

6.41

 /1
 64/7

Where **4 out of 6 implants** placed.

6.42 From the statements made by NC and the lack of reasons for placing crowns on virginal teeth, or the need for removing existing crowns and placing new crowns I can only conclude that the crown preparations were unnecessary.

6.43 The above statement is based on the fact that NC was a 74-year-old lady that had attended Your Dentist to only have missing teeth replaced with implant crowns.

6.44 She has stated that the existing teeth were not that bad and did not need work on them, but that the quote was extremely competitive and she decided to have all the teeth replaced.

6.45 NC was not aware that the teeth did not clinically need crowning and she was not advised of the irreversible nature of crowns or the risks associated with them.

6.46 EC did not offer the options of no treatment. Tooth whitening or veneers. These were less invasive options.

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[REDACTED] [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

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SECTION SEVEN

CAUSATION

7.0 CAUSATION

- 7.1 In having not gained informed consent, EC has harmed NC.
- 7.2 NC was not afforded treatment that was less invasive than crowns.
- 7.3 On the balance of probabilities, in over preparing the natural teeth, NC has irreversibly damaged the teeth (Rosentiel) (Oralon).
- 7.3 NC had 5 existing restorations that were removed with no clinical reason.
- 7.4 14 natural teeth and 5 existing restorations did not need crowning.
- 7.5 These actions have left many of the teeth at risk of nerve damage and root canal treatment (Rosentiel) (Oralon).
- 7.6 These actions have also left NC with teeth that may not successfully retain the crowns and bridges in the long term (Bartletts/Rickets).
- 7.7 On the balance of probabilities NC may require crown lengthening of some teeth in order to improve the retention of new crowns or bridges (Oralon).
- 7.8 On the balance of probabilities some anterior teeth may fracture due to the extent of tissue removal (Rosentiel).
- 7.9 The dental treatment offered by EC fell far below the standard of that expected of his peers and of that expected of a reasonably competent clinician.

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SECTION EIGHT

CONCLUSION

8.0 CONCLUSION

- 8.1 [REDACTED] visited the clinic of [REDACTED] to discuss a more cosmetic dental appearance and the replacement of some missing teeth.
- 8.2 [REDACTED] ideally wanted implant crowns as the replacements.
- 8.3 [REDACTED] had a brief discussion about the appearance of her remaining natural but healthy teeth.
- 8.4 Without evidence of a discussion, explanations, risks and benefits, EC prepared some 14 natural teeth and 5 existing restored teeth.
- 8.5 It is my opinion that none of these teeth needed to be crowned as a less invasive or even no treatment should have been offered to NC.
- 8.6 The natural teeth were splinted together with the temporary crowns, but soon began to fail.
- 8.7 It was only later that [REDACTED] realised how reduced her existing teeth were.
- 8.8 The long-term efficacy and vitality of many of these teeth have been irreversibly reduced.

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SECTION NINE

STATEMENT OF TRUTH

9.0

9.01 Statement of compliance

I understand my duty as an expert witness is to the court. I have complied with that duty and will continue to comply with it. This report includes all matters relevant to the issues on which my expert evidence is given. I have given details in this report of any matters which might affect the validity of this report. I have addressed this report to the court. I further understand that my duty to the court overrides any obligation to the party from whom I received instructions.


9.02 Declaration of Awareness

I confirm that I am aware of the requirements of Part 35 and Practice Direction 35, and the Guidance for the Instruction of Experts in Civil Claims 2014.

9.03 Statement of truth

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

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[REDACTED] 

Dr Raj Kumar BDS LDSRCS MAGDS RCSEd MSc ImpDent

PGCert Orthodontics PGCert facial Aesthetics

Dated

[REDACTED]

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