DOCUMENTING AN EMDOGAIN™ CLINICAL CASE

Having your own documented cases will help you to promote your practice, educate your patients and educate your referring offices. In short, your own documented cases will help you in ways you can't even imagine yet!

How do I get started?

It depends on how far you want to go. If you are very dedicated, there are courses in dental photography that are available. If you would just like to test the waters, simply pick up a camera and start taking pictures!

What should be in the photo?

- Detail is important, both for the treated area and the adjacent area
- Center the treated area in all images but be sure to include the adjacent teeth and gingiva

What cases are the "right" ones to document?

- Practice makes perfect so **document everything**
- It is better to have too many cases documented than too few

Who should do the photography?

- Consider having a staff member assigned to photography

What tips make a photo more appealing?

- Try to clear the area of blood and saliva – use suction or a piece of gauze to clear the area
- Use tools like retractors and mirrors to get at odd angles – you can always crop images to remove them as needed
- Most cameras come with editing software to crop images
- Close-up views of the affected area before, during, and after treatment to best illustrate the situation (may depend on the camera resolution)
- Take numerous photos during each 'shoot' in order to have a good selection of images

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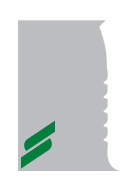
SIMPLY DOING MORE
FOR DENTAL PROFESSIONALS℠

What should be documented?

When documenting a clinical case, think about the things you would want to see and try to capture those things.
The suggestions below might be modified depending on the patient, the defect and how you would like to use the information.

	Before the treatment	During treatment	Follow up
Written information	■ Dimensions (probing depth, clinical attachment, recession depth) ■ Classification of the defect ■ Patient specific details (age, medications, etc.)	■ Procedure performed and any differences than "normal" protocol – other relevant treatment steps	■ Healing observations at 1 week and at 1 month ■ Root coverage ■ Probing depth after 6 months and at 1 year ■ CAL gain after 6 months and at 1 year ■ Observations from the patient regarding pain or esthetics
Images	■ Affected area with adjacent teeth and soft tissue ■ Radiograph of affected area	■ Incisions ■ CTG harvested ■ Debridement of site ■ Placement of materials ■ Sutures in place ■ Immediate post-op radiograph	■ Affected area with adjacent teeth and soft tissue at all follow up visits ■ Radiograph of affected area after 1 year
Samples	*Presentation of a 50-year-old, healthy, non-smoking female with #23 recession. 0.0 mm of KG is measured as well as 8.0 mm of facial attachment loss. A Miller Class II recession defect is noted.*	*The two individual pedicles have been formed and are lying passively in the vestibule.*	*12-day post-op of #23.*
	Close-up of #23 area.	*Emdogain is applied onto the root surface. The double pedicle (DP) flap has been created by suturing of the pedicles together.*	*3-month post-op. 100% root coverage has been achieved with 0.5 mm probing depth on the mid-buccal of #23.*

Case courtesy of Dr. Robert Levine



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