

Tests, treatments and procedures at risk of inappropriateness in Italy
that Physicians and Patients should talk about.

Five Recommendations from the Italian Society of Odontostomatological Surgery (S.I.d.C.O.)

1	<p>DON'T routinely PRESCRIBE antibiotic in patients undergoing dental extractions</p> <p>In case of low-complexity tooth extractions and in absence of infectious risk conditions, antibiotics should not be indiscriminately prescribed. However, it is recommended to adopt local antiseptic measures (antiseptics mouthwashes, sprays or gels) before and after the dental procedure. Good practice: to prescribe antibiotics considering appropriate formulation, dosage and duration of therapy only in cases of HIGHER COMPLEXITY dental procedures.</p>
2	<p>DON'T DELAY dental care due to pregnancy</p> <p>Pregnant women frequently suffer from dental and gum problems, however pregnancy is not a contraindication to dental treatment. Urgent dental treatments must be guaranteed to prevent potential risks for the pregnant woman (premature birth) or the unborn child (growth problems). Delayable dental procedures must instead be postponed after the end of pregnancy. Good practice: to adopt, in agreement with the gynecologist, specific PREVENTIVE measures for mouth diseases (oral hygiene), and SPECIFIC PROTOCOLS (anesthetics, antibiotic and anti-inflammatory / analgesic therapies approved for use in pregnancy) by performing treatments in safe spots selected accordingly to the gestational age and any obstetric risk conditions.</p>
3	<p>DON'T EXTRACT impacted third lower molars WITHOUT a valid clinical indication</p> <p>The preventive extraction of asymptomatic impacted third molars is not supported by solid scientific evidence and can unnecessarily expose the patient to the risks associated with the surgical procedure (pain, swelling, hemorrhage, post-extraction alveolar osteitis, temporary or permanent paresthesia, sinusitis and complications related to the use of local anesthetics). Good practice: to EXTRACT the impacted third molars only in the presence of: inflammatory / infectious manifestations; caries and periodontal disease of the third molar and / or of the adjacent element; orthodontic and prosthetic needs.</p>
4	<p>DON'T routinely DISCONTINUE antiplatelet agents in oral surgical procedures and DON'T REPLACE them with low molecular weight heparins</p> <p>The intra / post-operative hemorrhagic risk in patients treated with oral antiplatelet agents is significantly lower than the potential cardiac and vascular complications resulting from treatment suspension. In accordance with the recommendations of the European Society of Cardiology, the discontinuation of therapy with antiplatelet agents, especially in patients with high cardiovascular risk, and their replacement with low-molecular weight heparin are contraindicated. Good practice: to MANAGE any bleeding with TOPICAL antihemorrhagic drugs</p>
5	<p>DON'T REQUIRE dental radiography exams WITHOUT a valid working diagnosis, clearly stated in the clinical prescription</p> <p>The prescription of radiographic examinations in dentistry must always be preceded by a careful evaluation of the patient's medical history, a thorough physical examination and the acquisition of previous radiological examinations. Radiological examinations are a useful tool in the diagnostic and therapeutic planning. Good practice: PRESCRIBE X-ray examinations (intraoral X-rays, orthopantomography, Cone Beam CT, CT) only AFTER patient clinical examination and only in presence of a VALID WORKING DIAGNOSIS that must be specified in the clinical request.</p>

Please note that these items are provided only for information and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician.

How this list was created

On the occasion of the Consensus held in Messina (8-9 September 2017) and subsequently, during an open meeting (Rome, 13 April 2018), S.I.d.C.O. made official 5 practices with a high risk of inappropriateness, illustrated by the Corporate Delegate Prof. Giacomo Oteri (UNIME) and identified according to Slow Medicine's indications within the campaign "Doing more does not mean doing better - Choosing Wisely Italy". A review of the literature was carried out based on the commonly used practices in the clinic that do not determine, in most cases, a correct clinical decision or a correct (efficient and effective) therapy. The selected practices were chosen based on the results of a survey conducted on a sample of generalist dentists to verify the knowledge and degree of operational appropriateness regarding the most frequent oral surgery procedures. The identification of the procedures has taken into account the appropriateness criteria of the Ministry of Health Clinical recommendations in odontostomatology, 2017. Good practices are mainly addressed to dentists, surgeons and oral doctors, general practitioners, but also to the patient community.

Sources

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Slow Medicine, an Italian movement of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign "**Doing more does not mean doing better- Choosing Wisely Italy**" in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors' and Dentists' Orders (FNOMCeO), that of Registered Nurses' Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org. www.slowmedicine.it

The Italian Society of Odontostomatological Surgery is an Association of Oral Surgeons and Dentists, founded with the aim of contributing to the scientific and technical development of Odontostomatological Surgery, to spread the knowledge, to protect the prestige and interests and to promote inclusion of the discipline in the university institutional seats and in the National Health Service. The Company has no commercial or profit-making purpose.

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