What the Heck is a COHAT?

COHAT stands for Comprehensive Oral Health Assessment and Treatment. This is a term that was born on VIN through a discussion regarding what the heck to call what we do. The discussion arose out of frustration with the common habit of using terms such as "a dental" or "routine prophy". We were looking for a term that more accurately conveyed the truth of the matter in a way that clients could understand and would also be simple to write in the appointment book/medical record.

What is wrong with using the term "a dental"? Plenty. For one thing, the word *dental* is an adjective as in *dental disease, dental pain, dental school, dental instrument*. It is not a noun. You cannot do "a dental" any more than you can do "a medical".

Even if we use dental as an adjective and said the patient was being admitted for *a dental procedure*, that is just way too vague. It would be like scheduling a patient for *a surgical procedure* (is it a spay, a limb amputation, a bowel resection…?) In order to proceed with any treatment, we need informed owner consent. Have a look at this excellent document from the College of Veterinarians of Ontario for more on what that entails: cvo.org/uploadattachments/Informedconsent.pdf.

To get informed consent from the owner, the owner needs to be informed. The term *'a dental'* under-informs and suggests that all dental patients have the same issues and require the same care. This simply is not true.

When discussing any dental issue or procedure, it would likely be best to avoid the use of the term *routine*. A castration can be routine, a cutaneous lumpectomy can be routine, even a cystotomy can be routine, because there few variables and most cases are very similar in presentation, technique and out come. In dentistry, there are a huge number of variables, a vast number of combinations and permutations of findings and so every case is unique. A simple case that requires just a straightforward oral hygiene procedure is such a rare occurrence (when you know what to look for and take the time to look) that they are far from the routine – they are the exception. By suggesting to the client or to yourself that the patient just needs a *routine dental procedure* you are setting yourself up for trouble.

Using the term *routine* tells you and your staff that you do not expect to find anything interesting and so you are less likely to go looking for problems. Since most dental disease is well hidden, if you do not go looking, you will not find it and if you do not find it, you cannot treat it.

Using the term *routine* with the client tells them that they should expect no surprises either. There is only one way to go from here. By suggesting the (very rare) best case scenario, in most cases you will have to contact the owner intra-op to give them unexpected and bad news that things are far worse than they were prepared for. This makes effective communication and informed consent much more difficult. Owners may feel you have pulled a "bait-and-switch" on them and that is no way to build trust.

The term *prophy* is short for *prophylaxis* which means prevention. In the great majority of our patients, there is already established dental disease by the time they are presented for treatment. Therefore, to suggest what we are doing is preventative is misleading and undervalues the work. Undervalues it not only in the client's mind but in ours and our staff's. This again discourages those involved in providing the care to look for problems and to be aggressive in treating them

Comprehensive Oral Health Assessment and Treatment, while a real mouthful, is far more descriptive of what each and every dental patient requires.

By using the term *Comprehensive*, we are telling ourselves, our staff and our clients that we are going to do a very thorough oral/dental examination and make sure that if there is trouble anywhere, we are going to find it. *Oral Health Assessment* indicates that we are not just going to look at the teeth. We are going to examine all the hard and soft tissues that make

up and surround the oral cavity. To do such a complete assessment is going to take time and by acknowledging this to ourselves, we will be encouraged to schedule enough time to do this properly.

After the comprehensive assessment, we then need to do *comprehensive treatment* of all problems found. That is also going to take time and so by knowing this going in, we are less likely to get ourselves in a time-bind by scheduling too little time.

Comprehensive Oral Health Assessment and Treatment takes longer to say than *a dental* or *a prophy* and it is a term your clients may not be familiar with. Therefore, it encourages us to slow down and communicate more completely with our clients regarding what is going to be involved in the assessment phase and what may be involved in the treatment phase. Without this communication, we cannot obtain *informed* consent. In time, your clients will get to know what COHAT means and what they can expect from such a procedure. Until then, use the term as a jumping off point for a discussion regarding dental and oral health.

The next question is, "What is really involved in a COHAT?" I have already said that every dental case is unique and so every COHAT has unique elements. However, there are components that will be common to all.

1. thorough patient history and signalment including review of diet, chewing habits, home care strategies currently in place
2. thorough general physical examination
3. pre-anesthetic diagnostics (blood, urine, ECG, chest radiographs… as indicated by history and health status)
4. as thorough an oral examination as the patient will allow in the front office (wear a head light and magnifying loupes) to develop a tentative problem list
5. an unhurried discussion with the owner, aided by dental models, clinical and radiographic images to illustrate the issues you have identified or suspect are awaiting detection.
6. once the patient is anesthetized, connected to monitors and stable, a much more detailed oral examination is performed. Again, with head light and magnification, all hard and soft tissues of the oral cavity and oropharynx are examined and findings accurately recorded in the patient file. Digital photography greatly enhances recording of findings and communication with owners
7. a preparatory flush of the mouth with a chlorhexidine solution is often a good idea at this point
8. gross calculus removal with forceps or a mechanical scaling aide may be appropriate at this point to facilitate the following steps
9. probing depths are taken at several points around every tooth and abnormal depths recorded on the dental chart (see this for more on probing depths - probing depths)
10. crowns are examined and explored for damage (abrasive wear, fractures, discolouration…) and findings recorded on the chart
11. whole mouth intra-oral dental radiographs are taken at this point. This is NOT an optional extra and is NOT open for debate. Virtually all dental patients require whole mouth intra-oral dental radiographs to allow assessment of the 60% of each tooth that is hidden from view as well as the surrounding bone. I promise you that if you are not doing whole-mouth intra-oral dental radiographs on all your dental patients, you are dramatically under-diagnosing dental pathology and your patients are receiving sub-optimal dental care
12. following the more detailed clinical and radiographic examination, the treatment plan is re-evaluated (as is the estimate). New findings and treatment options are communicated to the owner to obtain informed consent for the new plan and estimate
13. all teeth are scaled above and below the gum line to remove all mineralized deposits (calculus, tartar)

14. other oral surgical procedures are now performed as indicated and agreed upon with the owner (periodontal surgery, extractions/wound closure, restorative work, endodontic treatments, biopsy/mass removal…) with appropriate intra- and post-operative radiographs and photographs
15. remaining teeth are polished above and below the gum line
16. the oral cavity and gingival sulci are rinsed/flushed to remove all debris (blood, calculus, polishing paste…) and inspected to ensure no foreign material is left behind (gauze sponges, fragments of extracted teeth, tags of suture material…)
17. various final steps (depending on opinion, the specifics of the case, availability) may include a fluoride treatment, placement of Ora-Vet ™ or simply a rinse with a chlorhexidine solution
18. recover the patient from anesthesia
19. record final notes on the detailed dental chart
20. write up the discharge statement with explicit instructions for the owner regarding medications, diet, activity, home care, follow-up visits…
21. at discharge, show client photographs and radiographs, review the pathology found and the treatments performed. Review the discharge statement and instructions and answer any questions. Make sure the owner fully understands their part in the ongoing management and maintenance of optimal oral health for their pet.
22. At 10 to 14 days have the patient back for a follow-up visit to assess healing. If all is good, reinforce the recommendations and instructions regarding daily dental home care (plaque control). Review what is and is not appropriate in the way of chewing behavior to reduce the risk of dental fractures.
23. Outline plans for the next COHAT and ensure the patient is entered in the recall schedule to be called back at an appropriate time interval.

If your current dental procedures do not include all of these steps, then they are not COHATs, but rather POHATs (partial oral health assessment and treatment).

Based on my observations, several of the above steps are frequently missed or glossed over in many general practices. While the term COHAT is gaining wider acceptance and usage, you should not use it in your practice unless you truly are doing a ***comprehensive*** oral health assessment and treatment. If you want to use the term, you need to provide the service.