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UNIVERSITÄTSKLINKUM SCHLESWIG-HOLSTEIN Klinik für Zahnerhaltungskunde und Parodontologie Direktion: Prof. Dr. C. Dörfer

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#### Questionnaire for dentists:

## Deep dentin caries - diagnostical and therapeutical attitudes and behaviour

Thank you for taking some minutes to answer and send this questionnaire. It contains eight questions concerning diagnostics and therapy of deep dentin caries. Please answer the questions by **ticking.** To completely answer the questionnaire will take about eight minutes. Your answers will be evaluated anonymously and data will be erased according to data protection guidelines. Many thanks for your cooperation!

#### Information concerning the project

Complete removal of carious dentin even in pulpo-proximal lesions has been acknowledged as standard when treating deep dentin caries since established by G.V. Black. In recent years techniques like indirect capping or incomplete caries removal have been discussed as alternative therapy options.

It is however only sparsely investigated if these strategies are implemented in general dental practice. Within our project, the diagnostical and therapeutical behaviour of dentists in Schleswig-Holstein treating deep, pulpo-proximal carious lesions will be investigated and analysed.

1.	Caries removal: clinical criteria									
	Which criteria do you use to assess sufficient removal of primary caries close to the pulp? When									
	do you terminate the caries removal process, if further excavation might lead to pulp exposure									
	(Please tick one answer for each criterion)									
	1.1 Consistency									
	☐ Dentin at the cavity floor can be soft.									
	☐ Dentin at the cavity floor can be leathery.									
	☐ The cavity floor should be hard and dentin finely chipping when using a bur.									
	☐ Consistency is not important to assess caries removal.									
	1.2 Colour									
	☐ The cavity floor can be very discoloured.									
	<ul> <li>☐ The cavity floor can be slightly discoloured.</li> <li>☐ The cavity floor should be yellow (like sound dentin).</li> <li>☐ Colour is not important to assess caries removal.</li> <li>1.3 Moisture</li> </ul>									
	☐ The cavity floor can be very moist.									
	☐ The cavity floor can be slightly moist.									
	☐ The cavity floor should be dry.									
	☐ Moisture is not important to assess caries removal.									
	Further criteria (places add if passessor)									
	Further criteria (please add if necessary):									
_										
2.	Excavation method									
	Do you regularly use the following method(s) to remove caries?									
	yes no yes no									
	□ □ metal rosehead bur □ □ hand excavator									
	☐ ☐ ceramic rosehead bur ☐ ☐ chemical excavation (Carisolv etc.)									
	☐ ☐ polymeric rosehead bur ☐ ☐ other methods									



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		but h		deep					
	yes no  I remove all carious dentin. If pulp exposu  I remove all carious dentin. If pulp exposu  I remove all carious dentin. If pulp exposu  I excavate, but leave some carious dent stepwise caries removal (incomplete toda  I excavate, but leave some carious denti the outer walls, afterwards I restore defini	ire occulin, if pul y, comp in, if pul	rs, I initia p expos lete exca	ate endo sure is lil avation i	dontic kely. A n some	treati fterw e wee	ment ards, eks o	, I pe r mor	nths).
1	Use of liners								
	How do you treat the dentin at the cavity floo	r in <b>de</b> e	ep cavi	ties, if	you p	lan	a su	bsec	quent
	restoration using adhesive technique? (multiple	choice p	oossible)	<u>)</u>					
	<ul> <li>□ Calcium hydroxid-suspension (Calxyl, Hypocal</li> <li>□ other lining (Harvard, Vitrebond, IRM)</li> </ul>	l) 🗆		hydroxi e directly		,	-		•
5. Which 2-year survival rate (survival=no further therapy necessary) do you expect for the following treatment options of deep caries in a 20-years old patient?  (Please tick the expected survival rate, n.s.= not specified)									
		0- 20%	21- 40%	41- 60%	61- 80%		81- 00%	nc	
5.1	Indirect capping								
5.2	Incomplete excavation in proximity to pulp								
5.3	Direct capping								
5.4	Endodontics								
6.	How do you feel about leaving caries under a re								
	Please tick how strongly you agree to the followin (1 strongly disagree, 4 strongly agree, n.s. = not strongly agree).	_							
	(1 strongly disagree, 4 strongly agree, 11.3. – not s	specified	')		1	2	3	4	n.s.
	Opin marie maiore annuminas annuminas de la marra con de		4 a le c - a le a				3	4	11.5.
a.	<ul> <li>might progress otherwise.</li> <li>b. Certain amounts of cariogenic microorganisms can be left, since intac restorations can seal and thus arrest caries.</li> </ul>								
b.									
C.									
d.	d. Caries in proximity to the pulp should be left to avoid pulp exposure.								



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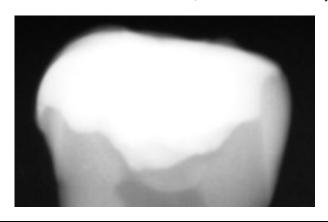
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Clinical case: The following image shows a tooth which was restored six months ago by another dentist. You detect a **radiolucency under the restoration in proximity to the pulp**. You expect this radiolucency to be caries. The restoration is clinical intact, the tooth vital and asymptomatic.



7.	the described case?	1	2	3	4	n.s.
	(1 strongly disagree, 4 strongly agree, n.s. = not specified)					
a.	The restoration should be renewed.					
b.	The restoration should be left and monitored.					
		1				1
8.	How strongly do you agree to the following statements?	1	2	3	4	n.s.
	(1 strongly disagree, 4 strongly agree, n.s. not specified)					
a.	I prefer more invasive treatment if this enhances the longevity of my restorations.					
b.	I prefer the less invasive method and accept possible re-treatment (for example repair of fillings).					
C.	Legal regulations often demand more invasive treatment, since possible remedial work is part of my guarantee duty to the patient.					

	9.	9. <b>General information</b>											
Please add some information about you and your working situation.													
		Year of birth:			Dental license since			e					
		Gender:		male		female							
		Practice:		1 Dentists		2 Dentists		>2 Dentists		University			
		Practice setting:		City		Town		Rural area					
		Practice focus:		General dentist	ry			Prevention					
		(Multiple choice possible)		Orthodontics		Oral surgery		Endodontics					
		possible)		Periodontology		prosthodontics		Paedodontics					
				Aesthetic Denti	stry								
ı													