quick study

5 Tips for Conducting a COPAT Visit

Comprehensive oral prevention, assessment, and treatment (COPAT) visits are essential for identifying and managing oral disease in pets. In this Step by Step guide, board-certified veterinary dentist Jan Bellows, DVM, DAVDC, DABVP (Canine and Feline), provides 5 tips for maximizing the impact of COPAT procedures in your practice. See reverse for a visual guide through the COPAT protocol or scan the QR code below to see Dr. Bellows walk through his top recommendations.

1. **Gather a complete history**
   A detailed history, including previous dental care, current clinical signs, health comorbidities, lab test results, and owner adherence to dental care recommendations, helps determine anesthesia plans and post-visit expectations.

2. **Conduct a comprehensive exam**
   Perform pre-anesthetic and anesthetized oral exams for a complete oral health picture. Full-mouth intraoral radiographs, periodontal probing, and charting are essential for all patients to avoid missing important pathology. Use these findings to customize a treatment plan, client education, and home care recommendations.

3. **Assess disease stage**
   Treat periodontal disease based on clinical stage, which is defined by the progression of tooth attachment loss. Manage early disease with scaling, polishing, and sealants, and moderate disease with dental scaling, polishing, irrigation, and when appropriate, application of hyaluronic acid. With advanced support loss, consider extractions and/or referral to a specialist.

4. **Collaborate with clients**
   Review findings and recommendations with your client after the tooth-by-tooth assessment and the creation of a treatment plan before proceeding with treatment. Discuss risks, fees, and prognosis based on the pet's needs and the client's ability to provide daily home care.

5. **Emphasize home care**
   Reinforce the value of daily home care and schedule the next visit before clients leave. Tailor your dental disease prevention approach based on the pet's temperament and the client's ability to follow through. Select VOHC- accepted products using a combination of active (e.g., wipes) and passive (e.g., chews, water additive) plaque control strategies. Recheck every 6 to 12 months to monitor disease progression.

Scan the QR code below to watch Dr. Bellows' detailed Step by Step video, sponsored by Dechra.

STEP BY STEP

History

Patient Presents for a Comprehensive Oral Prevention, Assessment, and Treatment (COPAT) Visit

Gather Information From the Owner:
- Signs of bad breath (halitosis)
- Changes in eating or chewing habits
- Signs of oral pain, including chattering, pawing at mouth, or drooling
- Relevant information from a previous dental care visit
- Medical history (any risk factors for anesthesia)
- Willingness to provide preventative care
- Willingness of dog or cat to accept active or passive preventative care

Examination

Examine the Patient

Pre-anesthetic Systemic and Oral Evaluation:
- Check gingival color and refill, auscult the heart and lungs, palpate the abdomen for organomegaly
- Check the face for swelling or fistulas under the eye
- Look for gingival inflammation, bleeding, and oral masses
- Check for visible plaque and calculus
- Look for obvious dental fractures with particular attention to the canines and maxillary fourth premolars

Pre-anesthetic Labwork:
- Labs should be assessed dependent on age, comorbidities, and American Society of Anesthesiologists (ASA 1-5) Classification
- Look for evidence of underlying conditions

Anesthetized Oral Examination:
Take full-mouth intraoral radiographs of all teeth. Evaluate and chart findings including:
- Crown and root fractures
- Alveolar bone loss (horizontal/vertical)
- Periapical radiolucency or infection
- Tooth resorption
- Retained roots
- Other hidden pathology including cysts, neoplasia, or osteomyelitis

Periodontal Probing and Charting:
Probe each tooth circumferentially and chart:
- Pocket depths
- Gingival recession
- Furcation involvement/exposure (graded F1, F2, F3)
- Tooth mobility (graded M1, M2, M3)
- Gingival bleeding on probing

Discuss the Exam Findings With Owner and Form a Treatment Plan Based on Radiographs and Probing

Treatment

Perform a Dental Scaling, Irrigation, and Polishing

Select a Periodontal Therapy Plan Based on Disease Stage

PD1 (Gingivitis):
+ Dental scaling (supra and subgingival)
+ Polishing
+ Irrigation
+ Consider applying a dental sealant

PD2 (Early Periodontitis, <25% attachment loss):
+ All PD1 steps
+ Subgingival scaling in pockets
+ Consider applying antibiotics/hyaluronic acid gel in cleaned pockets

PD3 (Moderate Periodontitis, 25-50% attachment loss):
+ All PD1 and PD2 steps
+ Extraction if client cannot commit to home care
+ Advanced therapies:
  + Locally applied antibiotics/hyaluronic acid gel
  + Consider referral
  + Closed or open-root planing

PD4 (Advanced Periodontitis, >50% attachment loss):
- Extraction
- Consider referral

Continued Care

COPAT Visit Communication:
- Disease stage and prognosis
- Any ongoing pain management or special diet
- Schedule professional cleanings (typically every 6-12 months)
- Discuss the importance of home dental care to maintain therapy success

Home Care Instruction:
- Teach best practices for daily active and passive dental prevention including tooth brushing, dental wipes, water additives, chews and dental diets accepted by the VOHC.
- Discuss the signs of oral discomfort or disease they should report (e.g., pawing at mouth, appetite changes)
- Book the next appointment