

## BOOK REVIEW



## ATLAS OF ORAL &amp; MAXILLOFACIAL SURGERY

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Elsevier  
price \$372 pp 1520  
ISBN 9781455753284

This book is written and edited by two widely recognised oral and maxillofacial surgeons from the USA. It is aimed at both practising and student oral and maxillofacial surgeons, in order to provide a comprehensive and up-to-date guide on the surgical techniques used within the specialty.

The book is easy to read and extensive, encompassing all areas of oral and maxillofacial surgery. The eleven colour-coded sections cover surgical anatomy of the head and neck, oral surgery, implant surgery, orthognathic and craniofacial surgery, cleft lip and palate, craniomaxillofacial trauma, benign pathology, malignant pathology, reconstructive surgery, TMJ surgery and aesthetic facial surgery. A major highlight is the clarity of the detailed diagrams and photographs, of which the book contains over 2,000.

Each chapter has been written by an expert in that particular area, ensuring the content is accurate and reflects current thinking within the field. As an excellent introduction, the first section explains the surgical anatomy of the head and neck, which is also a useful revision tool. The explanation for each surgical technique starts with the history of the procedure and the indications and contraindications. This is then followed by a detailed description of the surgical technique, accompanied by well-labelled illustrations, clearly demonstrating the procedures in a step-by-step fashion. The intraoperative complications and postoperative considerations are then discussed. The standard surgical techniques are also accompanied, where appropriate, with alternative surgical techniques which give the reader the knowledge of a variety of procedures and when to apply these in clinical situations.

On the downside, as the authors are from the USA, the book contains clinical guidelines and vocabulary slightly different to that used in the UK. Also, due to its large size and weight, it is not easily transportable.

Though perhaps too specialised for a regular dental practitioner, it is a comprehensive and well-illustrated book providing a complete guide to the surgical techniques used within the specialty of oral and maxillofacial surgery. Therefore, I feel it would be a core textbook for individuals undertaking training within this field.

EMMA BROWN

## BDA TO GDC: STOP HOARDING REGISTRANTS' MONEY

The British Dental Association (BDA) has accused the General Dental Council (GDC) of hoarding reserves, and has told the regulator that it can and should set a fee level for dentists of no more than £500 for 2016/17.

The GDC has proposed maintaining the annual retention fee (ARF) for dentist registrants at £890, the highest rate paid by any comparable UK health profession. BDA analysis has identified that the GDC's approach is flawed, and has set out key savings that would enable the regulator to easily remain financially sustainable while focusing on its statutory duties.

The BDA has also published legal advice indicating that the regulator's consultation is potentially unlawful. The GDC was previously defeated in the High Court in judicial review proceedings over its handling of the consultation for the 2015/16 ARF.

Mick Armstrong, Chair of the British Dental Association, said: 'After defeat in the High Court we had hoped the GDC might actually have learned its lesson on transparency. Sadly the regulator has served up another fees consultation with a familiar line in disinformation

and predetermined results.

'The regulator is continuing to overstep its remit, and is still expecting registrants to pay for that excess. So we have set out to identify straightforward and immediate savings that ensure that the GDC can deliver on its core functions.

'Our regulator has not offered any clear justification for maintaining gargantuan reserves at our expense. Keeping £10 million of fees set aside for the rainy day its own models suggests will never come isn't 'prudence' or 'best practice', it's simple hoarding. The GDC could now ensure both fair fees and its own financial security through a realistic policy.

'Setting the annual retention fee at no more than £500 for 2016 would send the clearest possible signal that the GDC is finally prepared to live within its means and focus on its day job.'

*The BDA's full response and legal advice is available to view at [www.bda.org/dentists/policy-campaigns/campaigns/Documents/bda-response-gdc-arf-2016-consultation.pdf](http://www.bda.org/dentists/policy-campaigns/campaigns/Documents/bda-response-gdc-arf-2016-consultation.pdf).*

## DANGERS OF SWALLOWING DENTAL INSTRUMENTS

Patients who swallow dental instruments are at risk and may need referral to hospital for further assessment, says UK-wide dental defence organisation MDDUS.



All practitioners should realise that emergency medical assessment is required when any object is inhaled, but swallowing an instrument can be just as harmful to the patient.

'Swallowing a crown or amalgam could pose a reduced risk to the patient but for endodontic instruments such as hand files or fractured tips of dental instruments such as scalers, patients should be referred to hospital immediately for assessment,' says MDDUS dental adviser Claire Renton (pictured).

'MDDUS has dealt with cases where patients have swallowed an endodontic instrument or the fractured sharp end of an ultrasonic scaler during a scale and polish and even parts of

faulty handpieces. While all professionals should be aware of the seriousness of inhaling objects, some believe that there is no need to refer a patient who ingests a dental instrument.

'However, in these cases, the practitioner should explain to the patient that they need to be examined and assessed at the hospital as a precaution.

'While swallowing an object may pose a reduced risk, a medical practitioner should be the one making the judgement and so the patient should be referred to A&E, complete with letter containing their dental history.

'It may be beneficial to provide an identical object to help the doctor with their assessment. This gives the doctor sufficient information to judge whether a 'watch and wait' approach can be adopted or if surgery is required to retrieve the object before it does harm to the gut.

'Practitioners should make a clear note of the incident in the patient's records, outlining the treatment given and whether a referral was made.'

## DATE FOR THE DIARY

The next issue of *BDJ Open* will go live on Friday 27 November. Visit [www.nature.com/bdjopen](http://www.nature.com/bdjopen) to view the latest articles.

