

Letters to the editor

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Patient engagement Successful strategies

Sir, positive engagement of patients with their dental care is frequently vital for long-term positive clinical outcomes. In the chat thread of a recent poll on a website for dentists, attention was drawn to the importance of securing patient engagement as an element of valid consent to treatment: 'there are often different treatment options that should be considered and it is difficult to ensure valid consent if the patient abdicates responsibility and does not engage'. A risk management strategy using a phased approach to care was also advocated: 'At the initial consultation split the treatment plan into phases and describe each phase to the patient as such'. Interestingly, the recent contract reform pilots and the prototype models currently in progress use a care pathway approach which echoes the former suggestion. More specifically, NHS England is developing new Patient Reported Outcome Measures and Patient Reported Experience Measures with a view to incorporating them into the Dental and Quality Outcomes Framework.¹

A brief literature search failed to identify any articles which reported on the prevalence of patient under-engagement in dentistry and/or its effects on clinicians. However, patient under-engagement seems likely to result in a poorer patient experience and research suggests that the latter is positively associated with both clinical effectiveness and safety (these being the two of the three pillars of care quality).² Therefore, the development of more successful patient engagement strategies may not only improve patient care but also reduce stress levels experienced by dentists. Furthermore, the development of a simple assessment tool for the level of patient engagement could assist in tailoring care to individual patient needs, provide a metric

value which could be recorded in clinical notes and assist clinicians when responding to complaints.

P. V. McCrory, J. Lewis, by email

1. Department of Health. Dental Contract Reform: Prototypes. Overview document. 15 January 2015. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/395384/Reform_Document.pdf (accessed February 2017).
2. Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 2013; **3**: pii: e001570. DOI: 10.1136/bmjopen-2012-001570.

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OMFS

My favourite instrument

Sir, as a speciality doctor in OMFS I can often be found in the midst of an MOS procedure. During these times I occasionally allow myself to contemplate the nature of my work and the instruments which I use. These thoughts have often led me to question which, of the plethora of hand instruments available, is my favourite. The answer is always and unequivocally a 3 mm straight Luxator.

The medical historian in me required that I discover the origins of the Luxator. This need could not be satiated however, as upon searching through various online journals and articles relating to the history of dental instruments there was scant to no mention of the Luxator. I therefore decided to write this letter to illuminate the history of this wonderful instrument, which has aided me during countless MOS procedures.

The person who should be credited with the invention of the Luxator is a Swedish dentist named Dr Bo Ericson, a graduate of Umea University; he also served as assistant professor in the gnathology department of the same university.

Luxators are one of the newest hand instruments for exodontia and were

introduced into the dental market place by the Directa AB company (Depro).¹ The origin of the Luxator dates back to 1975; Dr Ericson while working in practice became tired of using the older Bremer and Hyalin elevator types. The elevators used leverage from the surrounding tissues, hence surgical outcomes were difficult to predict. Dr Ericson himself recounts the old instruments frequently led to mishaps occurring during exodontia. While contemplating a better way to extract teeth Dr Ericson happened upon the idea of 'luxation': a fine instrument could be inserted into the periodontal space, thus lifting the tooth out of the socket.

With this idea in mind Dr Ericson began to shape his own instruments in his practice. Unfortunately, it was found that the steel was not of sufficient quality to perform the required task. Dr Ericson therefore aligned himself with Sandvik Steel and their metallurgists and one in particular, Eilert Andersson. Over a period of six years multiple different steels were tried until one was produced with the necessary characteristics. After a further 18 months of clinical trials and testing the Luxator as we know it was born – originally in four varieties: 3 mm straight, 3 mm curved, 5 mm straight and 5 mm curved.

There are now 18 varieties of Luxator, each with their own specific uses and purposes. Personally, I would like to thank Dr Ericson for his innovation, as it has certainly helped me with my career. There is rarely an MOS procedure when I do not ask for a 3 mm straight Luxator; by far it is my most used, reliable and favourite instrument.

J. Shuttleworth, Kettering

1. Depro. Article regarding 'Extraction by means of an elevator'. Available at: <http://deproshop.se/en/news/article-regarding-extraction-by-means-of-an-elevator/> (accessed February 2017).

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