

teeth to be extracted poses a serious risk of wrong site surgery, which is featured in the NHS Never Event List.² At the very least poor identification of the teeth to be extracted can result in increased expenses and delay of treatment provision, as further appointments may be needed whilst seeking clarification from the referring clinician.

V. Kostova, by email

1. British Orthodontic Society, Orthodontic Extractions Risk Management Guidelines Advice Sheet. 2014. Available at: <http://www.bos.org.uk/Portals/0/Public/docs/Advice%20Sheets/new%20advice%20sheets/Ortho%20Extractions%20May.pdf> (accessed March 2017).
2. National Health Service England Patient Safety Domain. Never Events List 2015/16. 2015. Available at: <https://www.england.nhs.uk/wp-content/uploads/2015/03/never-evnts-list-15-16.pdf> (accessed October 2017).

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Dental education

A gentle touch

Sir, how I agree with L. Kennedy (*Hygienist appointments: Pain vs non pain, BDJ 2017; 223: 67*). The only time that I recall this issue being raised during my undergraduate education many moons ago was in relation to the use of elevators, where we were advised to use only a fingertip grip to minimise the risk of bone fracture due to the application of excessive force.

I learned much later in practising life, almost by chance, that several young patients had been brought by their parents to me from other colleagues, far more qualified than I, for orthodontic treatment. I was told it was entirely on account of their previous 'rough' treatment. Until then I had not realised that apparently I had developed a 'gentle touch'. I was never taught this; I am not sure how it developed in me; but it could and should have been taught. From that time on, I made the point at every opportunity.

I have certainly experienced the sort of hygienist described by L. Kennedy but never more than once!

R. Bettles, by email

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Patient benefits

Incorrect advice

Sir, Citizens Advice is becoming increasingly concerned about patients being incorrectly informed that they are eligible for free dental treatment, and being advised by clinicians or healthcare workers to sign the form to

claim exemption. There is a limited range of benefits and categories that offer exemption from these costs. The regulations are complex and exclusive. It is difficult for someone not knowledgeable about the benefits system to advise on this.

It is recommended that patients are referred when necessary to their local Citizens Advice for information about this. The following web page provides information for patients able to access and use the Internet source: <http://www.nhs.uk/NHSEngland/Healthcosts/Pages/help-with-health-costs.aspx>.

The problem of the patient being given incorrect advice (for example, from their clinician) is that they are liable as a consequence to receive a letter informing them that they are guilty of fraud. This results in: a fine of £100, the need for retrospective payment of the cost of the item that they had claimed exemption from, and strongly worded threats of further action.

Please would you publish this letter with a view to preventing this type of situation in the future.

J. Ballard, Manager, Citizens Advice,
Suffolk West

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From the archive

Sydney turns 100

Sir, my father, Sydney Grennan has asked me to send you a note. The article *From the archive: Grubs, fire bombs, India and a paper in the British Dental Journal (BDJ 2014; 217: 216–217)* refers to him and he thought you may be interested to know that he is still alive and well, living in Australia, and became a centenarian on 10 August.

P. Grennan, by email

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Primary dental care

You're not serious

Sir, I thank Raymond Shamash¹ for his interest and comments in my recent opinion piece² but perhaps he would be better served by enrolling in one of the 'Dam it – it's easy' seminars.

Saliva control is a simple and straightforward procedure, sedation or no sedation. The patient will either have a passive swallow or not. Although the operating team have an overall, as well as individual, duty of care for

the patient being treated, this responsibility is fairly and squarely assigned to the close support nurse involved in the session, who will be able to easily peek at any possible saliva build-up by quickly lifting up the dam, looking into the mouth and then evacuating if needed.

We use a rigid plastic curved frame (Hygenic Master 6[™]) with the rubber stretched over the convex side which facilitates this. If there is a likely build up (seal of dorsum of tongue against superior and posterior of oropharynx) then this is quickly and gently aspirated, and the process replicated appropriately throughout the treatment session. Treated as described, we find that patients (unsedated) undergoing quadrant dentistry under dam will be totally relaxed and *regularly fall asleep!*

Placing a thin low volume aspiration tube behind the dam is the preference of some operators but I find that patients are more likely to be uncomfortable if their oral mucosa becomes over-dried and they will unsuccessfully try to re-lubricate with a dry tongue and hardly ever relax.

Considering emergency access to the airway being needed, in a career involving literally thousands of rubber dam applications for conservation/restorative treatment with a proportion of these patients sedated and/or anaesthetised (when this was allowable!) this has been considered necessary only twice. It is quickly solved if instant and complete removal is judged necessary by grabbing the rigid frame and pulling it off. This will usually, but not always, bring the clamps with it as the rubber is gingival to the jaws of the clamps.

In regard to the suggestion that for endodontic procedures in preference to rubber dam that 'it would be better to control against misplaced files with floss ties' and thereby have colleagues forgo the isolation, access benefits and protection delivered by rubber dam against instruments and irrigants, I can only in reply quote a certain J. McEnroe in his 1981 outcry in frustration to Wimbledon umpire (and incidentally, dentist, Edward James): '*You cannot be serious?*'

K. F. Marshall, by email

1. Shamash R. 'Heresy, dam it!' *Br Dent J* 2017; **223**: 137–138.
2. Marshall K. 'Dam it - it's easy!' – or is it? *Br Dent J* 2017; **222**: 839–840.

DOI: 10.1038/sj.bdj.2017.901