

RESEARCH SUMMARY

Safe dental care for latex-allergic patients

The provision of dental care for patients with natural rubber latex allergy: Are patients able to obtain safe care?

A. Clarke *Br Dent J* 2004; 197: 749-752

Background

The number of people with allergy to natural rubber latex (NRL) has increased significantly in recent years.

Aim

To assess the experiences of latex-allergic patients in accessing appropriate dental care, and also the willingness and ability of general dental practitioners to provide care for these patients.

Method

Two self completing postal questionnaires, one to patients and one to general dental practitioners.

Results

The majority of latex-allergic patients are able to obtain dental treatment. Some do experience adverse reactions, which may be severe, in spite of precautions being taken. Although many general dental practitioners are willing to accept such patients for treatment, few appear to be fully aware of all the necessary precautions required. Most do not have policies for the management of sensitised patients and staff, and a number are still using powdered natural rubber latex gloves in spite of the risk to patients and staff.

Conclusion

Latex-allergic patients can usually obtain safe treatment in general dental practice, but more education of dentists about the risks associated with natural rubber latex is required. Information about the latex content of equipment would be advantageous.

IN BRIEF

- Most patients allergic to natural rubber latex are able to be treated in general dental practice.
- Some patients will have moderate to severe reactions even when precautions are taken.
- General dental practitioners are not yet fully aware of the problems associated with allergy to natural rubber latex.

COMMENT

Epidemiological studies have produced wide disparities in the rates of natural rubber latex (NRL) sensitisation and allergy amongst the general population however consensus opinion is that there has been an increase in the incidence of NRL allergy, which appears to have begun in the late 1980s.¹ Dental practitioners must therefore be aware of the issues concerning NRL allergy and this survey has highlighted potential problems. The author has surveyed both GPs and NRL-allergic patients and it is to the credit of the dental profession that these individuals appear to have reported less difficulty accessing dental care than medical care. There is, however, no room for complacency and the results of this study have demonstrated that, only 38% of GPs were fully aware of the potential problems associated with treating patients with NRL allergy and only a few had written protocols. Dentists have an ethical and professional responsibility to update their knowledge concerning the management of medical emergencies and it is significant that 43% of GPs surveyed felt unsure of their ability to manage a severe allergic reaction. Some of the NRL-allergic patients in this study reported that their first major reaction to NRL had taken place during a dental visit and others experienced serious adverse reactions at dental surgeries.

Despite evidence for the role of glove powder in the initiation of lung sensitisation and advice from the Medical Devices Agency (MDA)^{2,3} it is of great concern that 16% of GP respondents were still wearing powdered NRL gloves; this practice would now be considered indefensible.¹

The author of this study concludes that, if correct procedures are followed, it is possible for an 'NRL-sensitised' patient to obtain appropriate dental care in general dental practice and this raises a number of issues for debate, including the feasibility of providing a 'latex-screened' environment. A number of important recommendations are made, including the provision of training and education in all aspects of NRL allergy, and the appropriate labelling of equipment containing NRL.

UK Guidelines are currently in press for the management of dental patients and staff with NRL-allergy.⁴

E. A. Field, Senior Lecturer/Honorary Consultant in Oral Medicine, The University of Liverpool Dental Hospital and School
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- 1 Cullinan P, Brown R, Field E A *et al*. Latex allergy: A position paper of the British Society of Allergy and Clinical Immunology. *Clin Exp Allergy* 2003; **33**: 1484-1499.
- 2 *Latex sensitisation in the health care setting (use of latex gloves)*. Device Bulletin (MDA DB 9601) Medical devices Agency, London, April 1996.
- 3 *Latex medical gloves (surgeons' and examination)*. Powdered latex medical gloves (surgeons' and examination). Safety Notice (MDA SN9825) Medical Devices Agency, London, June 1998.
- 4 Field E A, Longman L P, eds. *Guidelines for the Prevention and Management of Natural Rubber Latex Allergy in Dental Patients and Dental Healthcare Workers*. London: Faculty of General Dental Practitioners (UK). 2004.