

The role of the dental surgeon in an integrated care pathway for the treatment of breathing difficulties

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We live in a professional environment in which the role of the dental surgeon is changing more rapidly than perhaps ever before. The concept of team working towards more efficient and focused delivery of care to our patients is one of the major developments, both within the practice environment through professionals complementary to dentistry, and indeed through medical and surgical colleagues in dealing with some of the wider aspects of holistic healthcare.



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One such example is the cooperation between dental, medical and surgical practitioners in the treatment of breathing difficulties in both children and adults. In both groups, dental surgeons are now acknowledged as being integral to the process of understanding the intricacies of the problem, as well as contributing to the diagnostic aspect, and in some instances, the treatment of the problem.

In children the consequences of obligate mouth breathing are considerable and far reaching. They range from the most immediately obvious deterioration in oral hygiene through to characteristic changes in craniofacial morphology that,

if allowed to develop to adulthood, may require radical surgery to correct. In addition, the lack of nasal respiration leads to the loss of two main senses, smell and taste, as well as the nullification of the nasal filter and antibacterial functions which leads inevitably to an increase in upper respiratory tract infections.

As a professional working primarily in the oral cavity, the dental surgeon will be in the front line in diagnosing this problem. He/she may then, should there be a bilateral dental cross bite associated with the problem, undertake rapid maxillary expansion to contribute to the overall treatment, or if this is not indicated refer to an ENT surgical colleague for assessment of the tonsils and adenoidal tissue, or to medical colleagues for the treatment of any upper respiratory tract infection. The importance of the integrated team response in the treatment of these chil-

dren cannot be underestimated, and the breaking of the cycle that otherwise would lead to further health problems both in childhood and adulthood is of paramount importance.

In adults also, the increasing focus on obstructive sleep apnoea/hypopnoea syndrome, and the developing understanding of the far reaching effects of such, have led to the development of integrated care pathways involving dental surgeons, respiratory and general physicians, as well as ENT surgeons and others. The provision of mandibular repositioning appliances by dentists is now accepted as the gold standards treatment modality for snoring and/or diagnosed mild apnoea/hypopnoea syndrome patients.

It is indeed a treatment that only dentists can provide satisfactorily and further cements our profession into the realms of total healthcare.

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