Advice following surgery is to 'eat slowly, chew carefully and only eat a small amount at a time', while also avoiding foods that could block the stomach, as this could result in vomiting.[2] Malnutrition and a blocked gut are recognised risks listed by the NHS, but what are the consequences dentally?

With the potential for a rapid decline in dental health following these procedures, I feel as a profession we need to regard these patients as high risk for both dental caries and tooth surface loss, especially if they are 'grazing' throughout the day, suffer from GORD or they are frequently vomiting.

For patients who are about to undergo or who have undergone gastric surgery there should be consideration of reducing recall, prescription of uraphat toothpaste as well as patient education on dietary choices and oral hygiene to help reduce their risk of dental disease.

A. Davies, Newcastle, UK, by email

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Alcohol consumption

Craft beer and trendy wine glasses: the hidden high-risk patient groups?

Sir, there seems to be an ever-expanding market for craft beers in the UK. In a local pub, I couldn't help but notice the vast array of high alcohol by volume (ABV) brews available, with some as high as 15%. It seems that the average ABV on offer has been creeping up alongside the numbers of craft-ale enthusiasts.

Keen craft beer drinkers may not be the only group for whom alcohol consumption could be rising. The average wine glass sold in England has almost doubled in volume since the 1980s.[1]

This combined increase in ABV, and ever-growing wine glass size complicates the alcohol unit calculation. Could it be that for some patients their actual alcohol consumption is much greater than first thought?

The increased risk of oral cancers in those consuming high levels of alcohol is well reported. Perhaps as a profession we are missing individuals at higher risk of oral cancer from their self-reported consumption of beer and wine?

As dentists we are well-placed to advise patients about alcohol consumption, yet I wonder if we have some catching up to do. Dentists ought to ask routinely the details about the strength of a patient's regular tipple, as well as how generously sized their wine glass!

I. Rogers, Newcastle-upon-Tyne, UK, by email

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CPD

Hard and soft skills

Sir, I read with interest your thought provoking and interesting, editorial entitled 'The practical mode of teaching'[1] where you astutely state that 'CPD activity is also enhanced by reflective practice, but the literature confirms that these skills are not inherent, and professionals need to be trained in how to reflect well'.

Reflective learning is a soft skill that should be imparted during the formative period of the dental career in dental teaching institutions.

Clearly, the traditional pedagogy with teacher-centred lectures, and tutorials will not necessarily impart such soft skills in the future generation of our dentists. Academics both in Britain and elsewhere ought to seriously consider obligatory introduction of learner-centered, hybrid curricula with problem-based learning, flipped class rooms, and personalised, mixed mode learning in all dental schools to nurture such soft skills.

Only then will we have a generation of dentists armed with both hard as well as soft skills 'fit for the future' and well trained in reflective clinical practice.

Whilst many institutions have adopted such hybrid curricula, there are still a significant number of schools that are laggards in embracing such newer and necessary learning modes. The sooner we do so, the better for patients and the profession.

L. Samaranayake, University of Hong Kong, Hong Kong, by email

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