COMMENT

Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org.
Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Intravenous cannulation

Sharing techniques

Sir, in the United Kingdom, peripheral intravenous cannulation using open cannulae is a technique routinely undertaken by dental staff within certain settings, for example hospital wards or dental practices where intravenous sedation is carried out.

Successful cannulation takes practice, which can be daunting for inexperienced operators and can result in blood spillage. This is particularly the case when some newer designs of safety cannula (designed to prevent sharps injury) are used, as there can be a need to counteract increased resistance when removing the needle compared to when using older types.

This adds further complexity to the procedure and thus increases the risk of blood spillage, which can not only cause a mess, but also a potential contamination risk to those cleaning up afterwards.

Disposable dental patient bibs with plastic backs and adhesive tabs for attaching to the wearer's clothing are widely available.

Within our sedation clinic, a technique has been devised whereby the adhesive tabs are used to secure the bib to the clothing surrounding the arm proximal to the selected vein prior to cannulation.

This means that the bib is held securely in position below the arm, and provides a convenient and reassuring means of protection in case of blood leakage during the cannulation procedure (as shown in Fig. 1). Following the procedure, disposal in the clinical waste is straightforward.

We wish to share this practical alternative use of the dental patient bib with your readers, and particularly those who are new to intravenous cannulation.

J. Smyth and J. Toole, Belfast, UK, by email

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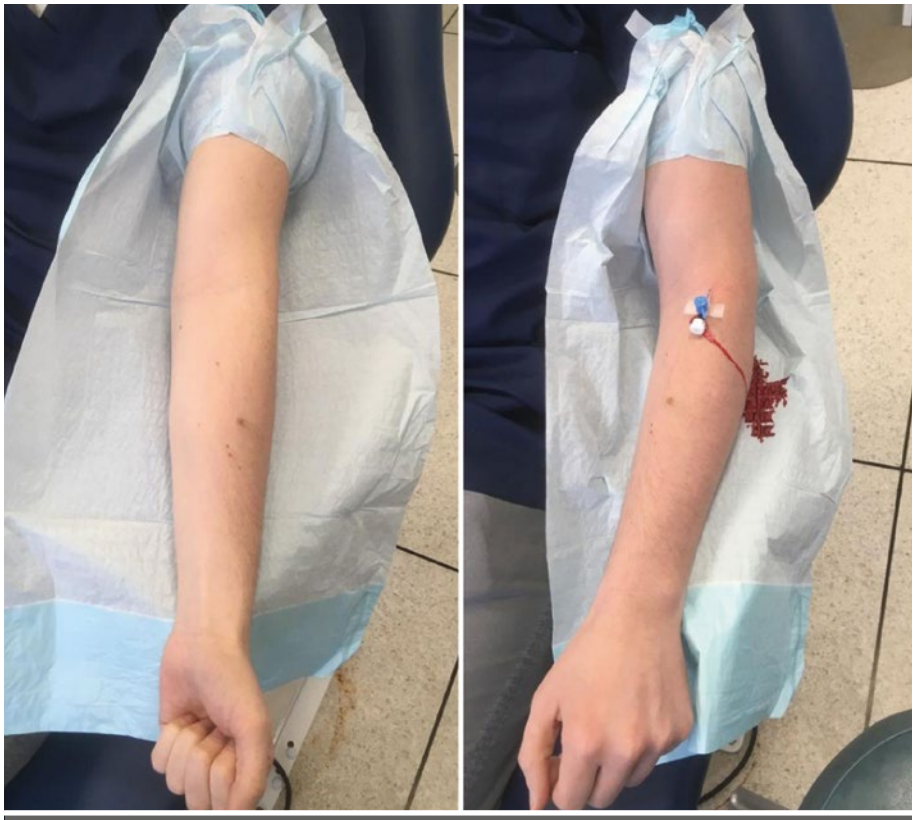

Fig. 1 Bib applied prior to cannulation, and subsequent demonstration of protection following blood spillage during the procedure

Cancer referral

Appropriateness of referrals on the suspected cancer referral pathway - a secondary care perspective

Sir, the recent article on *Mouth cancer: presentation, detection and referral in primary dental care*[1] highlighted the importance of the general practitioner in aiding early diagnosis of oral cancer and appropriate urgent referral to secondary care, as per NICE guidelines.[2]

As a dental core trainee working in a busy maxillofacial unit, we see many cases of non-malignant and pre-malignant oral conditions.

A high amount of patients are also seen on the suspected cancer (SCA) two-week referral pathway. Dentists are required to assess for oro-mucosal lesions and refer for specialist review as deemed appropriate.

It can often be difficult to distinguish which referral pathway is appropriate, due to the constraints of assessing patients in general practice[3] and the rise in so-called 'defensive referring' with the increase in GDC fitness to practise cases linked to delayed diagnosis of oral cancer.[4]

However, it remains the case that although oral cancer diagnosis rates are improving, only a small proportion of patients referred to the urgent pathway are in fact diagnosed with malignant conditions.

We decided to undertake a retrospective audit of SCA referrals, over 12 months, sent to the Oral and Maxillofacial Unit by GMPs and GDPs.