

inpatients to reduce the burden on the NHS and in this recovery period, provision must be made to ensure these patients do not fall through the gaps. The dental profession has an important part to play in this, continuing to show that oral health is an important part of general health and wellbeing.

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## Dental emergencies

### Tooth avulsion: does the milk matter?

Sir, a recent study found that almost a quarter of the UK population now use dairy free milks such as soy, oat, almond, coconut.<sup>1</sup> Avulsion injuries are one of the most serious dental emergencies, accounting for 0.5–16% of dental injuries and the actions undertaken after this injury are key to tooth prognosis.<sup>2</sup> The International Association of Dental Traumatology consider immediate reimplantation of the avulsed tooth to be the best treatment. If not possible, the tooth should be placed in a physiologic storage medium. Cow's milk is advocated as this medium because of its physiological pH, lack of added sugar and the assumption that it's readily available, cheap and convenient.<sup>2</sup>

A suitable storage medium can increase the viability time of an avulsed tooth and its survival and this may be especially important during the pandemic where patients may face delays seeking emergency dental care. It is difficult to know if these dairy-free alternatives provide the tooth with such ideal storage conditions. Some contain added sugar for taste and the pH can be variable.<sup>3</sup>

This has led to the question of whether the type of milk used as a storage medium has an impact on outcomes to the avulsed tooth and can be recommended as an alternative. A literature search revealed minimal research with the majority of studies investigating pasteurised dairy milk. Limited studies, including a systematic review, demonstrate conflicting results around the suitability of soy and almond milks as storage media.<sup>4,5</sup> One paper revealed soy milk to show significantly higher ankylosis than the control group.<sup>4</sup> Should the situation occur that people refuse to use dairy milk for storage, it would be prudent for dentists to be able to advise whether storage in other media could be recommended, or whether it would be unsafe, incur damage to the tissues and impact outcomes. Further research, expert advice or open discussion would be welcome to ensure safe dental care.

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## Communication

### Phone call success

Sir, we write further to the recent paper on the evaluation of a dental nurse-led triage system in a private dental practice.<sup>1</sup> During the first UK national lockdown a method of communication was established with patients with special needs through means of welfare telephone calls. This telephone call reviewed their dental and overall wellbeing. A total of 2,269 telephone calls and outcomes were recorded on an Excel spreadsheet with a ranking of 'how well received was the call?' using a five point Likert Scale. Further information included telephone

location, patient demographics and whether the patient was signposted to appropriate services or otherwise.

An enthusiastic response with an agreement for the clinician to call back again at a later date was reported from 778 patients with 58 signposted to other services such as NHS Stop Smoking and 1,688 receiving oral prevention advice. There is perhaps further scope in the future to continue this means of communication.

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## Reduced digital access

Sir, the pandemic has brought to light the extent of the digital divide in the UK with 11.9 million (22%) adults lacking basic digital skills.<sup>1</sup> Data published by the Office for National Statistics show that 4% of households do not have internet access; this is most prevalent in households comprising of a single adult aged 65 or older.<sup>2</sup> Furthermore, only 20% of people aged 65 and over had used an electronic device for making telephone or video calls over the internet.<sup>3</sup>

Arguably, patients over the age of 65 who live alone are some of the most vulnerable patients; furthermore, it is important to also consider patients from social or religious backgrounds where the use of technology may be limited, one example being the Orthodox Jewish community, but there are many other categories of vulnerable patients to be considered, each with their own circumstances.

The approach taken should be tailored to what is known of the individual's circumstances. This may involve giving priority for face-to-face appointments over remote assessments for patients identified to be high-risk or with reduced digital access. For patients who have reduced access due to religious or cultural reasons it may be helpful to liaise with community or religious leaders regarding the provision of webcam-enabled devices.

As virtual dentistry becomes a more commonplace part of the dental assessment, new approaches should be introduced to