

a component of the peripheral nervous system as a nociceptor.<sup>2</sup> Remediation to alleviate or minimise the sensitivity of dentine has recently been published.<sup>3</sup> The first ever approval by the FDA has been granted to a fluoride-containing bioglass toothpaste: <https://www.biomin.co.uk/>, testimonials wherein the toothpaste uses bioactive glasses that protect teeth over 12 hours to reduce sensitivity and possibly dental caries.

*G. H. Sperber, Alberta, Canada*

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## Aesthetic dentistry

### Smile makeover generation?

Sir, I read with interest recent letters acknowledging the increasing influence social media has on patients' views of their dentition.<sup>1,2</sup>

Currently, composite bonding is gaining exponential interest, commonly advertised on platforms such as Instagram under tags of 'smile makeover', 'no injection, no drilling', 'smile design' etc. The growth in demand for the perfect smile is synchronous with a generation that uses multiple social media networks, thereby propelling the market.

The advent of dental tourism means some patients go overseas for their makeover, returning with extensive veneers, crowns and bridgeworks, often with a very short lifespan, mostly as a result of poor patient education. One can argue that composite bonding is minimally invasive in comparison, hence the much preferred and safer option. However conservative, these treatments are rarely truly reversible, and it is inevitable some tooth structure will be removed with each replacement, when they stain, fracture, or develop caries.

The Steele Review<sup>3</sup> highlighted a demographic bubble of the 'heavy metal generation' from the 1950s–1970s who

have retained most of their teeth but are heavily restored with amalgam. I wonder if we are repeating this phenomenon with the creation of the 'smile makeover generation', which in the next few decades will present a different restorative challenge as we know that no treatment is permanent. I trust these patients have consented to a lifelong commitment to dental treatment, and dentists offering smile makeovers have carefully selected only those proved capable of maintaining their dentition. Hopefully too, the NHS will not have to foot the bill for eventual failure of these treatments.

*M. Wooi, Wirral, UK*

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## Oral surgery

### Wrong-sided?

Sir, my oral surgery colleagues and I were rather surprised by the recent announcement that wrong tooth extraction is to be removed from the list of Never Events (NE) as stipulated by NHS Improvement on 1 April 2021.<sup>1</sup>

The reason given for this change is that 'The systemic barriers to prevent the removal of wrong teeth are considered not to be strong enough to prevent these from occurring eg lack of standardisation in types of tooth notation and difficulties with site marking'. On initial reading of this, one may feel that this is a victory for common sense, although I feel that the interpretation of this is slightly more nuanced. Removal of the wrong tooth is still considered to be a serious event which must be reported and investigated, however, this announcement changes the framework through which such events will be investigated.

Having devoted much time and effort to patient safety in dentistry, this is broadly a positive step. The removal of this from the list (frequently the most common surgical

NE) will allow more focus on other NE.<sup>2</sup> However, I am slightly cautious about what this means for dentistry within the NHS. I hope that this change does not lead to a downgrading of patient safety in dentistry which is still an area that requires development.<sup>3</sup> Safety and quality are inexorably linked and I worry that if the first is dimmed a decline in quality may follow. There is still no accepted framework that defines patient safety incidents in dentistry.<sup>4</sup> Too much focus has been on wrong tooth extractions because, aside from death in the dental surgery, this is the most tangible adverse event that can occur.

I was never at ease with the term 'Never Event', feeling that it has too much onus on the negative. In my experience, the approach has improved in recent years, with 'patient safety cultures' developing across the profession. Perhaps a framework of 'Always Events' for dentistry is the way forward: we always check we have the right patient, we always provide the correct treatment, we always report and learn from incidents.

*E. Bailey, London, UK*

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## Referrals

### Reply please

Sir, whenever I make a referral for oral medicine or oral surgery to my local hospital, all subsequent correspondence from the hospital is invariably addressed to the patient's GMP with a copy sent to me. I find this rather insulting; as the referring practitioner, I expect the reply to be addressed to me.

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