

## DRAFT ORAL HEALTH GUIDANCE PUBLISHED

The National Institute for Health and Care Excellence (NICE) has published a draft guideline to help local authorities improve oral health.

The draft guideline makes recommendations to help councils work with other local organisations (such as the NHS, nurseries, schools, community centres and voluntary groups) to develop a local strategy on oral health and deliver community-based activities to:

- Improve diet and reduce consumption of sugary food and drinks, alcohol and tobacco
- Improve oral hygiene
- Increase the availability of fluoride (such as using fluoride toothpaste – but water fluoridation is not within the scope of this guideline)
- Increase access to dental services.

Professor Mike Kelly, Director for the Centre of Public Health at NICE, said: 'Helping local authorities to improve oral health in their communities is vital in helping people live a healthier life overall. We are keen to receive comments on this draft version of this new guideline from anyone who is likely to be involved in making key decisions in their local area. We also keen to hear from those delivering frontline services in dentistry, health, social care and education.'

A copy of the draft public health guidance can be found at <http://guidance.nice.org.uk/PHG/61>.

## NORTH WESTERN AGM

The 64th Annual General Meeting of the North Western Branch of the British Dental Association (BDA) and Presidential inauguration will take place on Tuesday 20 May 2014 in the MaxilloFacial Unit of Lancaster Royal Infirmary, commencing at 6.45 pm. Following the AGM there will be an informal meal at the nearby Gatehouse restaurant. Responses to Mark Collinson, Branch Secretary.

## A PATIENT'S VIEW

# THIRD MOLAR SURGERY

As Assistant Editor of the *British Dental Journal* it could be said that I now know too much when it comes to dentistry. Having spent over two years copy-editing papers on everything from apical periodontitis to amelogenesis imperfecta I have a fair understanding of the horrors that can occur within the oral cavity. Unfortunately, I also know too little not to be terrified of intimidating-sounding syndromes such as xerostomia and alveolar osteitis. When I learned that I needed three of my wisdom teeth extracted I feared I would become another ill-fated statistic in the *BDJ* concerning complications following third molar surgery.

Having been referred to Guy's Hospital by the wonderful Neha Shah, who detected an infection beneath my barely-erupted and otherwise symptomless 38, I discovered I was in good hands. A CBCT scan (a somewhat amusingly intricate experience) revealed that the roots of my lower right third molar were inextricably connected to the nerve below and my lower left was perhaps too close for comfort, with a distinct lack of cortical bone protecting my inferior dental nerve. I would thus be undergoing exodontia of my upper right third molar and coronectomy of my lower third molars.

The prospect of general anaesthesia (I had managed to avoid even local anaesthesia until this point) was nerve wracking. On the one hand, I welcomed the idea of being unconscious during the operation, but on the other hand the extra recovery time seemed wearisome considering the post-surgery effects I would have to endure anyway. But as soon as I put on the hospital gown nervous hysteria descended upon me and the last thing I remember pre-surgery was feeling the pinch of the cannula and laughing uncontrollably.

I woke up shivering but otherwise feeling rather well. The sensation of a numb mouth was new to me and very strange – as if my lips were protruding from my face by a metre. A couple of glasses of squash and a steady walk around the recovery room later, I was ready to go. Sleep, salt water and painkillers filled most of the next few days. Twenty-four hours after the surgery I battled with a constant nausea that lasted for six days, which was far worse than the dull

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ache in my jaw that I was able to keep to a minimum with regular paracetamol and ibuprofen. My face swelled to a rather unrecognisable level but a week later this had reduced to the point where bruises were easily hidden by make-up and swollen jowls only discernible by me.

I would like to thank Kiran Beneng and her fantastic team, not only for the excellent care I received, but for the way all the risk factors and after care instructions were communicated to me. I felt prepared for both the surgery and the recovery, and while it was not pleasant (the salt water and nausea in particular) it was as expected and I avoided dreaded dry socket. I hope I will not have any further problems post-surgery with root migration, but should they need to be removed at least the risk of nerve damage will be minimal. Some say ignorance is bliss, but now I would firmly say otherwise.

BY LAURA PACEY