

# We need to talk about teeth whitening

A dental nurse may not be able to administer the treatment but it is important to understand the regulations, the perfect patient and how it can boost practice profits

Discoloured teeth are not uncommon – which is not a surprise, given the nation's love for coffee, tea and wine. Nearly half of the population are unhappy with their smile, with a further 64% putting this down to discoloured teeth.

Teeth whitening is the practice of dentistry and should only be done by regulated dental professionals.

Anyone who practises dentistry illegally risks being prosecuted by the General Dental Council in the criminal courts. Under the law introduced by The Cosmetic Products (Safety) (Amendment) Regulations 2012 (The 'Regulations'), hygienists and therapists may provide tooth whitening using products containing or releasing up to 6% hydrogen peroxide under the direct supervision of a dentist, if an appropriate level of safety is ensured.

This Regulation is not altered by the fact that direct access to hygienists and therapists came into effect in May 2013. The teeth-whitening treatment still needs to be provided under the direct supervision of a dentist and dento-legal experts advise that the dentist is on the premises when the first use of the teeth-whitening product is provided to the patient by a therapist or hygienist. An examination by the dentist prior to the cycle of teeth whitening is also required.

The Regulations prohibit the supply of the teeth-whitening products containing or releasing up to 6% hydrogen peroxide to anyone other than a dentist. This means a hygienist or therapist cannot legally purchase these teeth-whitening products to use on patients.

Every team member benefits from understanding the regulations and the possibilities with whitening – both from a 'practice profit' points of view as well as the management of patient expectations. There is an onus of all practice team members to be able to discuss treatment options whilst



A3 and B1 – an example of whitening.



Before and after Airflow.

building a relationship and trust with each and every patient. And, because the dental nurse is very often the role within the team that has as much direct communication with the patient while they are in the chair as the dentist, questions about treatment will no doubt be asked of them. It is therefore key that a dental nurse:

- Understands the regulations
- Understands what procedures are offered within the practice – and by whom
- Recognises who is suitable as well as who



Results after an appointment with hygienist Anna Middleton.



Stain removal results.

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- Knows which local practices are the competition
- Can explain costs to potential 'whitening' patients
- Understands what financing (if any) the practice offers
- Has access to 'before and after' photos that patients have given consent to be used and can have the conversation about the procedure and what it can (and cannot) achieve.

Anna Middleton is a dental hygienist who, after qualifying as a dental nurse in 2011, decided to pursue dental hygiene and moved to London to study at The Eastman Dental Hospital. She graduated in 2015 from the Faculty of Royal College of Surgeons of England. She understands the need to meet patient demand with teeth colouring and when it is and is not appropriate.

She says: 'Discolouration is often a natural occurrence, although food and drink consumption undoubtedly plays a part. Teeth naturally vary in their shade of colour,' she says. 'This is due to the thickness of the covering the dentine – naturally yellowish inner surface. Staining can be defined as intrinsic – when the inner layer of the tooth (the dentine) darkens, or extrinsic – when the enamel is stained.'

'There are numerous types of stains; some are genetic, environmental or pharmacological in nature. The most common though are surface stains on the enamel down to red wine, tea, coffee, various foods and smoking.'

Teeth whitening and stain removal are common treatments, but it is often difficult to know which one will have the most beneficial results.

## Stain removal

'The result is instance leaving you with smooth, bright, clean teeth you will want to show off all day. It's ideal for those with extrinsic staining – coffee, red wine, smoking. This can be achieved during a routine hygiene appointment where the teeth are cleaned to remove staining and any plaque deposits, which can be soft and hard. The teeth are then polished at the end with either conventional polish or Airflow,' says Anna.

If you haven't come across it, Airflow is a powerful combination of water, air and fine powder (think jet-wash, but for your teeth). It will remove heavy surface stains and discolouration quickly and gently, leaving teeth looking whiter. It takes less than five minutes at the end of a routine hygiene clean and is used instead of conventional polish, which can be abrasive and scratch enamel. This is also ideal for patients thinking about teeth whitening as the teeth are left clean to help maximise the effectiveness of the procedure.

## The Regulations say...

Products containing or releasing up to 6% hydrogen peroxide can be used, as long as:

- Products of this strength are sold only to dental practitioners.
- A dentist has first examined the patient to make sure there are no risks or any other concern about their oral condition.
- The patient is over 18 years old.
- For each cycle of use, first use is by a dental practitioner or under their direct supervision by a dental hygienist or dental therapist.

## European directive

On 31 October 2012 the European Union council directive came into force in the UK. The changes were brought into force in the UK by the European Communities (Cosmetic Products) Regulations 2004 to 2013.

The Directive states:

- That products containing or releasing up to 6% hydrogen peroxide can be used as long as this strength is only sold to dental practitioners.
- A dentist must have examined the patient to make sure there are no risks or other concerns about their oral condition.
- The patient must be over 18 years of age.
- For each cycle of use, first use is by a dental practitioner or under their direct supervision by a dental hygienist or dental therapist.
- The exposure to the product must be limited to ensure that the products are used only as intended in terms of frequency and duration of application.
- Tooth whitening kits bought over the counter or on the internet can legally only contain up to 0.1% hydrogen peroxide. This concentration is too low to have any noticeable effect on the colour of teeth.

## In the wrong hands

A dental nurse was struck off earlier this year for offering patients tooth whitening materials in 'illegal strengths'.

Vivien Hassett advertised tooth-whitening services on Facebook using materials that contained or released hydrogen peroxide in strengths higher than the limit imposed by law. The registered dental nurse advertised materials with a hydrogen peroxide strength of up to 35% on the page 'Whitening Trays/ brighter smiles'. It was ruled that carrying out tooth whitening was against her Scope of Practice. The General Dental Council say Ms Hassett dishonestly offered tooth whitening treatment using products up to 300 times the legal limit.

She was removed from the register by the Professional Conduct Committee.

## Reference

<http://www.nationalsmilemonth.org/facts-figures/>