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Vodka-assisted extraction

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Sir,

Lack of access to NHS Dental services is top of the political agenda and Plymouth is no exception¹. Recently the British Medical Journal has also highlighted *Dental Deserts*² and the spill over effect into GP services. It is widely reported that patients are becoming increasingly desperate to access dental care and DIY dentistry is on the rise³. We thought it would be useful to apply some quantum to this and report a snap shot analysis of patient presentations at a new patient clinic over a two day period at Peninsula Dental School.

Over that period we recorded whether patients had carried out self-administered dentistry. Of the 38 patients attending over 2 days, 13 reported carrying out their own DIY dentistry. This figure of 34 % of patients (with its limitations) is an increase on the reported 25% of households across the UK attempting at least one form of DIY dentistry in late 2020.⁴

There was a wide range of treatment modalities carried out with five patients carrying out temporary restorations, using materials and instruments purchased from a pharmacy. Two patients had adjusted their dentures, one with a nail file and one with some sand paper.

A patient who presented with necrotising periodontal disease had brought a scaler on line and tried to manage the condition (unsuccessfully). Another patient, rather than purchasing a scaler had used a dart to remove gross deposits of calculus.

There was a range of oral surgery procedures carried out. A failed extraction with pliers of an UR6 (16), with the patient applying the pliers but finding it too painful when the procedure commenced. One patient reported that they had treated a friend by trying to extract the friends tooth by tying string around the tooth, attaching it to a door, and slamming the door shut akin to a cartoon-(and again unsuccessfully).

The patient in Figure 1. had unsuccessfully tried to extract the UR3(13), leaving the tooth decoronated. The patient reported drinking enough vodka to dull his senses, then quickly using standard pliers to extract the tooth, with further vodka to relieve the post-operative pain. The patient was aware the root was left in situ, but found this had relieved pain sufficiently to warrant repeating the procedure 3 further times, over an approximate 2 year period.

While this is just a snapshot analysis we are increasingly finding that patients accessing our services have attempted to access dental care elsewhere unsuccessfully and we are observing a worrying rise in DIY dentistry. The risks to patient safety from these attempts are not insignificant and while dental access problems persist more public information is required on the risks of DIY dentistry.



Fig.1 Failed Vodka assisted Extraction UR3

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