

The white option

Diane Rochford looks at successful whitening techniques for hygienists and therapists

With the popularity of TV shows such as *10 years younger*, along with celebrity influences and the increasing availability of tooth whitening, the general public are seeking whiter, brighter smiles.

With this in mind, it is beneficial for hygienists and therapists to have the knowledge and confidence to discuss available options and be able to carry out tooth whitening procedures. My aim is to provide an insight into how we can work with our dentists and patients to achieve predictable and successful whitening results. So, what would you do if this patient (below) said 'I would like to whiten my teeth?'



Patient expectations

Whiter teeth are more commonly associated with good health, beauty and success. Bleaching is non-invasive and can be a highly effective aesthetic dental treatment at a relative low cost. (Van Haywood 2007)

Patients' perceptions of what can be achieved need to be established. Excellent communication between the clinician and the patient is essential; they need to understand the benefits and risks, advantages and disadvantages of the treatment options, especially if their expectations exceed the reality of what is achievable (Greenwall 2001)

Discussing treatment options

Options for whitening teeth can be discussed during a new patient visit, if a

patient is considering a course of cosmetic work, such as crowns or veneers, and many patients enquire during hygiene visits. All discussions with patients should be in laymen's terms, allowing them to ask any necessary questions they may have.

Key points to be discussed:

- Options available – home whitening or in-office/power whitening
- Patient responsibility and commitment to treatment
- Dealing with sensitivity
- Anomalies that may occur during treatment
- Factors that may affect the end result
- Possible treatment that may be required following whitening
- How long the whitening lasts.

Quoting fees

It is our duty of care to patients to provide them with the correct and most current information, so they can make an informed choice as to the best course of treatment, and also quote all necessary fees.

Prescription

July 2008 saw the introduction, by the GDC, to allow dental hygienists and dental therapists carry out tooth whitening on the prescription of a dentist, as an additional skill (GDC 2008), if they are competent and feel confident to do so.

Although the prescription is a requirement by the GDC, there is no guideline to the amount of detail that is required. This can vary from dentist to dentist. From my own experience, a detailed prescription, following a comprehensive dental and oral evaluation (Greenwall 2001), including necessary radiographs and photographs (Van Haywood 2007), by the dentist has been invaluable when I carry out whitening for patients. Before providing treatment, you should have the following information:

- A detailed medical history
- Patient expectations – beware when a



patient tells you they want 'dazzling white teeth' whilst holding a photograph of a celebrity with the whitest teeth you've ever seen!

Dental history

This is information that could affect the treatment and end result:

- A need for treatment before or following the whitening
- Recommended treatment to be carried out
- Signed, written consent from the patient that they have received all the necessary information before beginning treatment.

The indemnity bodies recommend that, as clinicians, we should be documenting, in our patient notes, all discussions we have with patients about treatment or their refusal to accept proposed treatment.

Providing whitening treatment

Once the initial discussion has taken place, a dentist has carried out a comprehensive evaluation; the prescription has been written, and consent has been obtained, it is time to provide the prescribed treatment for the patient.

Home whitening

This is a simple technique. Impressions are taken, so that thin, clear bleaching

In theory: clinical

trays can be made for the patient to wear at home and the bleaching material is applied – most commonly 10% carbamide peroxide solution. They are advised to wear the trays overnight or for a minimum of two hours during the day. Home bleaching is recommended for most patients, from those with age-related yellowing to those with fluorosis and tetracycline staining. Home bleaching can be successful in 9 out of 10 cases. (Greenwall 2001) However the patient must be compliant and follow the advised protocol.

Home whitening protocols

There are many brands of whitening gels available to the profession. Work with your dentist to decide which brand(s) work best for you and your patients.

Establish a protocol that works well with successful results. Review appointments are essential; these short appointments keep patients motivated and allow you to monitor their progress. Take photographs before, during and at the end of treatment.

In-office or power whitening

This technique is preferred by some dentists and is recommended for those patients who may have difficulty complying with home bleaching protocols. This type of procedure involves the use of a high concentration hydrogen peroxide that is applied to the tooth surface, following isolation of the soft tissues. A light or laser is used to speed up the whitening effect. Sensitivity is a side effect that most patients will experience during either of the procedures.

Sensitivity can be anything from a slight awareness of their teeth to more severe shooting pains. With reassurance that the sensitivity will go once the treatment is complete, and by recommending agents to reduce the sensitivity, such as desensitising toothpastes, patients are willing to comply and complete treatment.

Legal issues

This is a contentious issue. It is not illegal to whiten teeth. Dental Protection says: 'It is illegal in the UK to supply a product for the purpose of tooth whitening, if that product contains or releases more than 0.1% hydrogen peroxide.' This level is insufficient to provide whitening.



Before whitening



After whitening

Many attempts to change the legislation have taken place. Successive expert committees of the European Commission have made recommendations and in March 2005 the Scientific Committee on Consumer Products (SCCP) concluded that the proper use of tooth-whitening products with greater than 0.1% but less than 6.0% hydrogen peroxide was safe, after consultation with – and approval of – the consumer's dentist.

At present, there is no new directive from the European Commission.

Dental Protection advises that 'dentists should take into account what is in the best interests of their patients. They should be made fully aware of the risks and benefits of using bleaching products as opposed to the risks involved if healthy tooth structure is removed for alternative methods of treatment.'

As hygienists and therapists, we are encouraged to broaden our knowledge within dentistry, learning and gaining

experience in tooth whitening is a very useful skill to have, as more patients are requesting tooth whitening.

We are in a great position where possible and applicable to help them.

Recommendations for successful whitening

- Work with patients to establish realistic expectations
 - Follow a detailed prescription from a dentist to provide the best treatment recommendations
 - Work with a dentist on protocols for whitening that will allow predictability and success with the treatment
 - Keep up to date with the current legislation (GDC, Indemnity bodies and British Dental Bleaching Society, BSDHT)
 - Attend lectures and hands-on courses to learn more about different techniques of tooth whitening.
- For a full list of references, please email julie.bissett@fmc.co.uk**



Diane has been working in dentistry for more than 20 years, beginning her career as a dental nurse before qualifying as a dental hygienist from Guy's Hospital, London, in 1996. She was awarded the Hu-Friedy Scaling prize and joined Linda Greenwall's team in September 1996. Diane has lectured on the hygiene programme at World Aesthetic Congress (WAC) in 2006, to the London Region British Dental Hygienist Association in 2007; Croatia in 2009 and will speak at WAC next month. Diane assists with teaching on Dr Greenwall's dental bleaching courses and is teaching her own courses for dental hygienists and therapists on the subject. She is a gold member of the British Dental Bleaching Society. Diane is a clinical coach for Jameson Management in the UK and attends Dr Michael Wise's hygiene study group.



Diane Rochford is speaking at the World Aesthetic Congress (WAC). This year's event takes place on 17-18 June at the Business Design Centre in Islington, London, and will mark the 10th anniversary of the UK's leading aesthetic dentistry event. For more information or to book, visit www.independentseminars.com/wac or call 0800 371652.