Mouth cancer ignorance continues

Facial surgery research charity has announced a survey results that some dental practice staff are still not adequately informed about the signs of mouth cancer, thereby ‘delaying treatment and resulting in ‘invasive and disfiguring surgery for thousands.’

The telephone survey conducted by The Facial Surgery Research Foundation, (FSBF) Saving Faces, looked at responses from 444 dental practices in London. Lack of knowledge on oral cancer was revealed to be the case, even when a patient rang a surgery with clear symptoms. The survey showed that in 45 per cent of cases, patients with serious symptoms were not offered an appointment within one week. In eight per cent of cases, patients were told they had to wait between three weeks and four months. In a further seven per cent, patients were told they could not be seen at all, because the surgery had met its NHS quota.

The survey revealed that the majority of calls were taken by receptionists who did not recognize the symptoms of mouth cancer, even though patients informed them they had suffered from tongue ulcers which had not healed for more than four weeks, despite self-medication with over the counter remedies.

Oral and maxilla-facial surgeon, Professor Iain Hutchinson, the CEO of Saving Faces, said: ‘Increased focus on the symptoms of mouth cancer has certainly improved awareness amongst dentists, but the first person a patient speaks to is usually a receptionist. The study reveals these people often do not recognise even obviously risky cases.’

We see thousands of patients who are only referred to us when their mouth cancer is at an advanced stage.

Dr Nigel Carter, CEO of the British Dental Health Foundation (BDHF) which is spearheading the awareness campaign, Mouth Cancer Action Week later this year, said: ‘We are very disappointed with the survey results. Mouth cancer kills one person every five hours in the UK and it is up to health professionals to act on the front line against this disease. It is vital the entire practice team plus pharmacists can recognise symptoms so patients can be screened quickly, because early detection of mouth cancer raises survival chances to more than 90 per cent.

The BDHF urges dental practices to take action by training team members, support staff and receptionists to spot warning signs, screening patients for mouth cancer at every visit and discussing the issues and warning signs with patients.

But Derek Watson, CEO of the Dental Practitioners Association commented, ‘Oral cancer is difficult to diagnose, particularly in the early stages, even for dentists. This was highlighted by the recent case of Dr Nalin Dhamne who was advised by the GDC to retrain on recognising oral cancer, after he failed to recognise a lesion from which the patient later died. Urgent appointments are usually reserved for patients in pain and most cancers are painless in the early stages. Receptionists could be asked to add ‘painless ulcers which are not healing’ to their list of emergency conditions, but expecting them to recognise mouth cancer from a telephone description is really disguised frustration at the time it takes to see a dentist. I think that reducing non-attendance rates and delay by patients in seeking advice – especially drinkers and smokers – and setting up fast-track referrals into secondary care, are higher priorities than blaming overworked receptionists.’

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