



Peninsula Dental Social Enterprise (PDSE)

Bleaching (Whitening) policy

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Policy will be updated as required in response to a change in national policy or evidence-based guideline.

Contents

Section	Topic	Page No
1	Introduction	3
2	Bleaching Concentrations	3
3	Bleaching Techniques	4
4	Tooth Whitening and Under 18's	6

Bleaching (Whitening)

1. Introduction

- 1.1 Tooth discolouration can be divided into intrinsic and extrinsic staining. Whilst extrinsic staining (e.g. Corsodyl and Nicotine) occurs following dental development, intrinsic staining of teeth can be classified as pre eruptive and post eruptive.
- 1.2 Pre eruptive staining can include developmental disorders such as amelogenesis imperfecta, fluorosis, hypoplasia, or due to ingestion of medication such as Tetracycline.
- 1.3 Post eruptive intrinsic staining can be a result of trauma (haemorrhage), ageing, restorative materials (typically amalgam), or primary and secondary caries.

2. Bleaching Concentrations

- 2.1 Tooth Bleaching can be a useful conservative technique for management of staining.

At Peninsula Dental School all cases requiring bleaching must be approved by the relevant Clinical Lead via the Exceptional Funding route.

- 2.2 The *Cosmetic Products (Safety) Regulations 2008* and the *Cosmetic Products (Safety)(Amendment) Regulations 2012* make it illegal to use materials that release or contain more than 6% hydrogen peroxide. Concentrations of hydrogen peroxide between 0.1-6% should only be sold to dental practitioners for the purpose of tooth bleaching. Due to the fact that Carbamide Peroxide is more stable in the gel form this is recommended for use at Peninsula Dental School (PDS). 10% Carbamide Peroxide (equates to 3% Hydrogen Peroxide) should be of sufficient strength for management of the majority of cases. Whilst use of Carbamide Peroxide up to a concentration of 18% is still legal this should only be considered on recommendation of the Clinical Lead.

3. Bleaching Techniques

3.1 Vital tooth bleaching:

- Case to be discussed with Supervisor and Clinical Lead.
- Consent – See risks below. Patient to be given bleaching patient information leaflet.

- Take shade of teeth and record it in the notes. Can also take photograph with Vita shade tab adjacent to teeth to provide a baseline record.
- Make bleaching trays – alginate impressions.
- Provide patient with instructions and advice on sensitivity management.
- 10% carbamide peroxide gel most commonly used.
- Patient should place 1mm of gel in each tooth space on the tray.
- Press down firmly and wipe excess from gums.
- Wear for a minimum of 2 hours or overnight.
- Review weekly to evaluate shade change and manage any sensitivity
- Contraindicated in pregnancy, breast feeding and patients with pre existing Dentine Hypersensitivity

3.2 Non Vital Bleaching -“Inside-outside”:

- Case to be discussed with supervisor and Clinical Lead.
- Consent –Individual consent form to be completed (see below for risks). Patient to be given patient information leaflet on bleaching.
- Examine and obtain a periapical view radiograph to assess the quality of the root filling. Take shade of tooth and record it in the notes. Can also take photograph with Vita shade tab adjacent to tooth that requires bleaching as a baseline record.
- Take impressions and make bleaching tray.
- Rubber dam isolation – single tooth.
- Remove all filling material and gutta percha 2-3mm apical to CEJ.
- Place GIC base of 2mm thickness over the gutta percha to insure there is an adequate coronal seal.
- Place gel (10% carbamide peroxide) into the tooth space on the tray and insert into mouth, leave for 3-4 hours or overnight.
- The patient should be shown how to clean the access cavity with a toothbrush to remove any food debris before replacing tray with new bleach.
- No limit how many times bleach can be replaced.
- Access cavity should be left open for ideally no longer than 3 days.

- Once bleaching complete a (non-eugenol) temporary restoration should be placed to seal the access cavity for 2 weeks.
- After 2 weeks the temporary restoration can be replaced with a definitive composite restoration.

3.3 Risks to be advised of in the Consent Process

- Patient should be advised of risk of sensitivity and tingling sensation of the gingivae. This can be worse in patients with existing sensitivity.
- Post bleaching sensitivity can be treated with desensitising toothpastes, which can be applied directly to the sensitive area.
- If sensitivity increases the bleaching process should be stopped until this resolves.
- Occasionally a white slough appears on the gingiva and patients should be warned of this and reassured.
- Patient should be advised that shade change cannot be guaranteed. The degree of shade change cannot be predicted and treatment time can vary.
- On average it will take 2-6 weeks to achieve a satisfactory result. However, Tetracycline staining can take up to 6 months to achieve an improvement.
- Maintenance of the shade following bleaching may require regular “top ups” – sometimes as regularly as on an annual basis.
- Bleaching will not affect shade of existing restorations. Replacement restorations may be required following bleaching. This should be discussed as part of the consent process and restorations should not be provided until 14 days after completion of the bleaching.
- Advise patients to bleach teeth whiter than desired since a shade rebound may occur in first 2 weeks.
- Where “inside-outside” bleaching is carried out if the access cavity is not sealed following bleaching there is an increased risk of root canal failure, hence the importance of 2 week review.

4. Tooth Whitening and Under 18's

- 4.1 A change in GDC guidance (June 2014) allowing a therapeutic exception to allow bleaching of teeth for under 18's. This may mean for example that intrinsically

stained teeth could be bleached rather than having more invasive treatment such as veneers or crowns to mask the tooth discolouration, which would be in the best interest of the patient.

- 4.2 However the Cosmetic Products(Safety) Regulations 2012 mean it is still illegal to provide tooth whitening treatment to patients under 18, using products containing or releasing more than 0.1% hydrogen peroxide. Thus although a dentist providing bleaching on under 18's may not face a Fitness to Practise proceeding, they may face a criminal one.
- 4.3 Following advice from Dental Protection their position is that PDS should not be providing bleaching under any circumstances for under 18's.