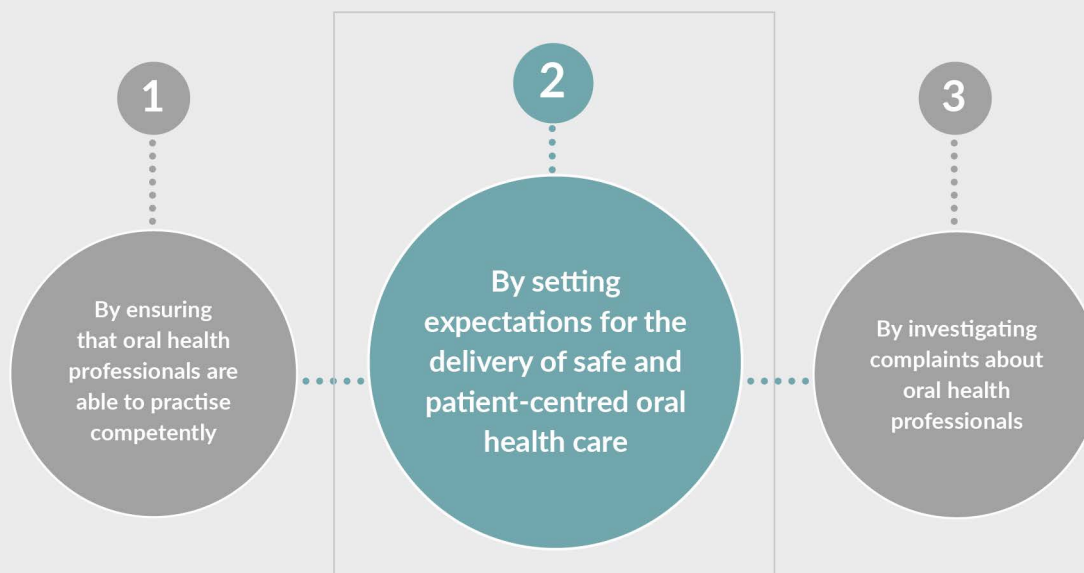


Expectations for clinical and ethical practice

Proper Use of the VELscope in Dentistry

Applies to Dentists

There are three main ways that the BC College of Oral Health Professionals protects the public:



The British Columbia College of Oral Health Professionals (BCCOHP) was created on September 1, 2022 through the amalgamation of four health regulatory colleges: the College of Dental Hygienists of BC, the College of Dental Surgeons of BC, the College of Dental Technicians of BC, and the College of Denturists of BC. All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation. This document was created by the College of Dental Surgeons of BC and will be updated to reflect the amalgamation.

Proper Use of the VELscope® in Dentistry

The purpose of this information sheet is to provide clarity to registrants and the public regarding the use of VELscope screening to identify potential oral mucosal diseases, including oral cancer.

The VELscope can act as an aid to identify potential oral mucosal diseases including oral cancer; however, the following must be considered:

- Every patient and practitioner should clearly understand that VELscope screening is not a standalone diagnostic tool. It assists in the identification and potential diagnosis of an oral mucosal disease, but does not provide a definitive diagnosis.
- A thorough history, extraoral head and neck examination and intraoral soft tissue examination are essential components of the assessment prior to the use of the VELscope.
- The head, neck and soft tissue examination should be completed every six months for regular hygiene patients or on presentation to your practice for the occasional patient who is not assessed frequently.
- VELscope screening should be provided in low ambient light.
- When you suspect the etiology of an identified lesion may be traumatic, infectious or inflammatory based on the history and the clinical examination, a 2 to 3 week follow-up assessment is indicated. If healing is not evident at that time a referral to a specialist is indicated.
- If a suspicious lesion is identified with the VELscope a management plan needs to be developed including:
 - » Toluidine blue staining, which may provide further clinical information.



- » A biopsy, in the case of a practitioner who is competent in this area of practice. In the event of a positive biopsy result, immediate referral is indicated.
- » Referral to an experienced community practitioner, either medical or dental, who will provide a comprehensive evaluation and establish a definitive diagnosis and management plan.

Note: A biopsy may identify cellular changes other than malignancy, such as severe epithelial dysplasia, a precursor to oral cancer, which can provide the opportunity for early intervention. The biopsy result provides the only definitive diagnosis of oral cancer.

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Billing

The appropriate code in the BC Dental Association fee guide is 04403 and is listed under Direct Fluorescence Visualization. No other code may be used for the purposes of VELscope screening.

References

For in depth details, please refer to CDSBC's *Clinical Practice Guideline for the Early Detection of Oral Cancer* available at www.cdsbc.org/oral-cancer.

An information sheet provides a factual summary or outline of instructions, information and/or processes that are relevant to the activities of registrants.

www.cdsbc.org
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