The Clinical Innovations Conference 2012 was a fantastic success, boasting world-class speakers, cutting edge topics and practical advice for the many dental professionals in attendance.

Held at the Millennium Gloucester Hotel in London, the event saw more than 400 delegates from across the country come together for the two-day event.

As befits one of the leading aesthetic and restorative conferences held in the UK, delegates were able to expand and develop their understanding of ideas and techniques with help from some of the top names in the field. For the first time, the event included a London Deanery DFT Conference, running alongside the Clinical Innovations Conference, providing more variety and attracting a number of additional practitioners.

The event began on the Friday, with the world-renowned Nasser Barghi speaking on ‘All-Ceramic and CAD/CAM Restorations in 2012: Clinical Steps’, to a highly attentive audience.

After the coffee break the conference split into two streams; Dr Wyman Chan and Dr Anthony Roberts. Dr Chan gave a lecture on ‘Modern Bleaching Techniques’, focussing on bleaching techniques and the science behind the products he uses, as well as running a live demonstration.

Simultaneously, Anthony Roberts spoke about ‘The Periodontal Jigsaw: Putting it all Together’. Dr Roberts discussed BPE charting and the journey of diagnosis. He also explained the clinician’s role as motivator, communicator and educator in addition to their clinical capacity for the best treatment for patients.

The afternoon continued the high standard of...
speakers, with Richard Kahan giving an enthusiastic talk on ‘New Horizons in Endodontic Diagnosis and Treatment Planning’.

Richard’s experience in endodontics provided an array of interesting and highly complex case studies to enhance his lecture.

Comparing the dental and medical industries, Richard highlighted the issue that dentistry has a far smaller range of tests to use when diagnosing a patient’s complaint. In fact, the only truly objective test is an X-Ray. This is not however, a totally reliable tool, as its limitations can affect the results shown. If an X-Ray does not show a specific problem, that does not necessarily mean there is nothing wrong – if a lesion for example is limited to cancellous bone, an X-Ray will not show it at all.

In effect, an X-Ray gives a ‘shadow’ of the tooth structure, so a 2nd and 3rd dimension is needed for an accurate diagnosis. The Limited Volume Cone Beam Computed Tomography (CBCT) gives this, and allows for a reliable and immediate diagnosis; preventing the possibility of working on the wrong tooth and causing more problems than existed originally.

Richard went on to discuss how safe the radiation dose is to patients when using the CBCT, and the necessary risk analysis that should be taken when using it. The degree of possible exposure depends on the tissue type, the age of the patient, the size of the face and whether there is any existing crown or bridge work present. Richard explained how he had previously experimented with his own machine in an attempt to lower the radiation dosage while producing clear results. He found that the CBCT emitted an amount equal to background radiation, and that the difference in the degree of exposure was insignificant to the patients. Proving his point further, he showed some mortality statistics, showing that one in 15,000 people died from effects of a head CT radiation exposure, opposed to only one in 1,000,000 associated with the CBCT.

Despite the essentially harmless amount of radiation patients are exposed to through a CBCT scan, Richard did express the importance of ensuring all patients and staff were educated in the possible risks. A CBCT machine is quick to produce reliable results, making the diagnosis easier for the professional and the patient.

Nasser Barghi, Mhari Coxon and Fraser McCord then separated the conference into three streams, speaking on ‘Bonded All Ceramic Restorations in 2012’, ‘Effective Biofilm Management’ and ‘Diagnosis of Complete Denture Problems’ respectively.

The first day concluded with Professor Gianluca Gambarini lecturing on ‘3D Endodontics: Concepts and Techniques’. Discussing the benefits of cone beam technology, he illustrated the importance of working with 3D images to diagnose patients’ complaints.

In order to see ‘the complete picture’, Professor Gambarini expressed the need to take radiographs from different angles. CBCT (Cone Beam Computed Tomography) is especially designed for complex cases and gives an accurate and high-resolution image of the patient’s mouth, including multiple root canals in teeth. This type of technology also enables the practitioner to switch between the bucco-lingual and mesio-distal view, greatly increasing the chances of finding any problem and therefore diagnosing and treating it correctly.

Professor Gambarini then looked at techniques to treat a variety of complicated endodontic problems. Using images from several previous case studies, he demonstrated some of the most commonly missed problems, showing that refined skills and techniques are essential. Accentuating the importance of using the correct instruments for the job, he spoke about the need to shape and clean the teeth thoroughly, to prevent difficult lesions forming in the future. According to Professor Gambarini, instruments should be highly flexible to allow for a more ‘centred’ and accurate preparation of difficult root canals, but resistant enough that they will not fracture or break when being used.

In most cases, the more simple the treatment, the lower the stress caused for both the practitioner and the patient. Professor Gambarini did, however, insist that simplicity should come after quality, particularly for complex endodontic cases. This enhances the need to create the most suitable
treatment plan for each patient, and then carry out procedures with the highest possible level of skill.

As a great believer that the ‘Anatomy dictates instrumentation’, Professor Gambarini showed that success of endodontic treatment can only be achieved if the most appropriate tools and techniques are adopted for each case.

In the evening, hundreds of delegates dressed to impress for an evening of fine food and dancing at the event’s gala dinner. Attendees were greeted by a champagne reception, and were able to relax and enjoy a sumptuous three-course meal, live entertainment in the form of dentist-turned-magician Dr Raj Rattan and fantastic company.

As part of the evening, the brand new Clinical Innovations Award was launched, designed to showcase the best, most innovative products currently on the market.

There was a fantastic range of entries, some of which were described as “breathtakingly brilliant”, others of which were defined as “superbly practical”; all were distinguished as having innovation at the heart of their solutions.

The judging panel consisted of a number of esteemed dental professionals, as well as members of a number of key journal editorial boards. As the award ceremony got underway, the judges were keen to comment on the variety and excellence of all the products short-listed, which had given the panel “great admiration” for all the companies involved.

With such a strong line-up of potential winners, the winner of the inaugural Clinical Innovations Award really had to stand out above the rest and after much careful deliberation, Dean of the London Deanery Elizabeth Jones announced the winner - the Morita Veraviewepocs 3D R100 X-Ray machine.

According to the judges’ statement it was a cut above the rest: “This is an amazing development. No one thought anyone could achieve it. The field of vision in the right trough providing accurate information has been almost impossible with rotational devices. This is a technological breakthrough of increasing an 80mm diameter cylindrical field of vision to 100mm triangulated field of vision – to simulate the shape of the triangulated mandible, now includes the missing anatomy without exposing other tissue. This improves accurate detailing and will enhance patient safety when diagnosis and treatment planning is undertaken.”

Launched in March 2012 the Veraviewepocs 3D R100 is the latest model in the Veraviewepocs 3D series of combination panoramic, cephalometric and cone beam CT devices. It re-defines the concept of 3D imaging with a unique Reuleaux Triangular FOV which more accurately matches the shape of the patients’ jaw. The R100 FOV includes relevant anatomy that would be imaged with a 100mm circular diameter cross section but excludes irrelevant tissues outside the jawline. Not only was it previously considered impossible to achieve anything other than a circular cross section, but by achieving this, the x-ray dose to the patient is comparatively lower by around 15 per cent.

The Highly Commended award went to W&H with its entry the Proface light probe; and the Commended award went to NSK S-MAX PICO Handpiece. Finalists for the award included Propoints...
from Smart Seal, the only obturation product to use hydrophilic polymers which absorb water and expand laterally within the root canal, creating a 3D mechanical seal.

The morning after the night before is always a tough start, but with speakers such as Basil Mizrahi and Ajay Kakar to look forward to delegates were fired up for the Saturday programme.

Dr Mizrahi discussed ‘Clinical Tips and Techniques to improve the aesthetic and biochemical precision of your dentistry’. A very practical-based lecture, Dr Mizrahi looked at ways to make the preparation of teeth easier.

As the Conference split into three sessions again, Professor Gambarini returned to speak about ‘Improving Root Canal Preparation and Obturation’. Simultaneously, Ajay Kakar lectured on ‘Non Surgical Management of Periodontal Disease’, Sandeep Senghera discussed ‘Treating Your Patients and Business to the Latest in Technology’ and Nasser Barghi spoke about ‘CAD/CAM Zirconia’ to MSc students.

Dr Senghera’s presentation was a practical look at marketing your practice to new and existing patients using the technology that many use daily in their personal lives – smartphones, social media etc. Likening the patient base to a bath with water running in and draining out, he emphasised the need to ensure patients are retained with smart recall processes and timesaving strategies for patients such as online appointment booking.

John Moore then took over the speaking to explore ‘Digital Dentistry and the Advantages for Cosmetic Treatments’. Primarily discussing how his practice is using the CEREC system to their advantage, Dr Moore showed how clinicians can use CAD/CAM in their practices to fulfil patients’ requirements.

Dr Barghi returned again in the afternoon to repeat his popular lecture on Bonding from the previous day, while Dr McCord’s lecture was ‘An Update on Impression Techniques for Complete Dentures’.

Nilesh Parmar looked at ‘Dentistry in the 3rd Dimension’. Discussing the clinical applications for CBCT in various branches of dentistry, Dr Parmar used many case examples using the technology to illustrate how, in his words, it ‘changed my working life’.

The Clinical Innovations Conference 2012 came to a close on the Saturday afternoon, with Dr Amit Patel speaking on ‘Peri-implantitis – a Future Time-bomb’.

One of the many strengths of the Clinical Innovations Conference is that it combines lectures with live workshops, demonstrations and a trade exhibition, to cater to practitioners’ every need. Between lectures, delegates were able to browse the exhibition stands, accessing some of the latest technologies in the world of aesthetic and restorative dentistry, and put their questions directly to the experts at each company.

Feedback from the event has been fantastic, with many delegates already penning the 2013 date in their diary. Next year’s event, the tenth anniversary of the Clinical Innovations Conference, will be held 17th-18th May 2013. See you there!