A practice of firsts and high standards in Kuwait

Eschmann exploring infection control in different countries

By Dr Praveen Chandra L.P, Kuwait

When Maidan Clinic – Sharq branch opened in 1987 in the central business district, it was the first private dental practice in Kuwait. The aim was to provide a first class dental experience to patients by meeting the highest standards and using the latest technology and innovations. Now, there are six other centres that belong to the Maidan group, though Shaq remains the biggest, both in team and physical size (the centre is spread over roughly 10,000 square feet). Maidan Clinic – Sharq branch is very popular with VIP patients.

Including me there are 10 dentists in the Shaq branch, 16 dental assistants, 5 infection control specialists, 4 hygienists and 4 receptionists that work across 12 surgeries in shifts between 0900 and 2030. Together, we are able to provide a comprehensive list of treatments from general dentistry to implants, orthodontics, and a wide variety of qualifications. I specialise in conservative dentistry and endodontics, but my scope of practice also includes placing implants and minimally invasive anterior alignment using the Invisalign appliance (though only in select cases). I was instrumental in arranging the first certification programme for Invisalign in Kuwait, an honour that was observed by the then United States Ambassador to Kuwait, Matthew H. Tueller.

Each dentist – myself included – will see approximately 100 patients each day, though of course this can vary depending on the types of treatment required. The practice is open Saturday to Thursday, which is a half-day, and we have Friday off as this is considered our weekend in Kuwait.

As part of our service, we also offer a state of the art mobile dental clinic designed especially for corporations, private senior management consultancies, schools and to treat patients with additional needs that are unable to attend the practice for treatment. This service is usually offered around twice a month, but at peak times of the year it can be as many as four.

Additionally, our patients receive a high standard of care across all aspects of dentistry, not only with treatments but infection prevention and control too, which is regulated by the Ministry of Health. As well as our personal benchmark that we set, there are specifications that we’re required to meet in line with ‘Infection Control Guidelines for Dental Practice’. The instructions include information on all aspects of infection control from hand hygiene to the use of personal protective equipment, surface disinfection and equipment asepsis, waste disposal, and instrument decontamination. On top of that we follow both OSHA standards (Occupational Safety and Health Administration) and Universal Precautions, which along with our state-of-the-art mobile dental clinic department ensures complete compliance and patient safety.

We have two rooms – one for the dirty, used instruments and cleaning and disinfection, and one for sterilisation, packing and storage, which are interconnected by a hatch to minimise recontamination. Equipment wise we use an ultrasonic cleaner before the instruments are packed, sealed and sterilised using either dry heat sterilisation or steam under pressure (autoclave). For best results all loads have either dry heat or steam indicator tape to distinguish between processed and unprocessed, biological monitoring indicators to confirm the eradication of spores, and with the vacuum sterilisers, Bowie-Dick test packs to verify steam penetration.

Ultimately, it is the expert team of infection control specialists that are responsible for ensuring all protocols are followed to the letter, but I am very passionate about the infection prevention and control within our practice, as it ensures we are able to provide a quality level of care. Not only is it a legal requirement, but our patients trust us to provide an excellent service, and it’s what they deserve to receive.

To ensure I stay up to date with all the latest regulations, techniques, equipment and so on I regularly attend conferences and workshops all over the world such as the Midwinter Meeting in Chicago, the IDC Cologne and AACD (American Academy of Cosmetic Dentistry) event. Any new changes or innovations that I come across I always take back to my practice, and where possible we always try to incorporate to make our service that little bit better.

For more information on the highly effective and affordable range of decontamination equipment and products from Eschmann Direct, please visit www.eschmann.co.uk or call 01903 753322.

Dr Praveen Chandra LP details a day in the life as a senior dentist and associate in Maidan Clinic – Sharq branch, Kuwait, where he’s been for 15 years. Dr Praveen graduated in 1991 with a BDS degree from the University of Mysore, India before gaining his Master’s degree from Kumarp University, India in 1996. He has been an opinion leader many times for Endodontic Endodontics, and has trained with people like Dr Gary Cary and Dr John Stro前一天micro-endodontics. His mentor was Dr William Ben Johnson, the inventor of Thermafil and pioneer of rotary endodontics. Previously, Praveen was an associate professor in endodontics and conservative dentistry.
Study finds acupuncture could help with dental anxiety

By DTI

YORK, UK: Fear of the dentist is something some people suffer from more than others. With multiple reasons for dental anxiety and its effects, there is however limited research on its impact and possible treatment methods. In an effort to look deeper into the topic, researchers from the University of York have recently reviewed a number of studies on treating dental anxiety with acupuncture, and the results show it could be a helpful tool.

For the systematic review and meta-analysis, six trials with a total of 800 patients were chosen from almost 130 eligible trials. The researchers used a points scale to measure anxiety, and in the studies included, anxiety was shown to be reduced by eight points when dental patients were given acupuncture as a treatment. According to the researchers, this level of reduction is considered to be clinically relevant, indicating that acupuncture could be a possibility for treating dental anxiety.

Co-author Dr Hugh MacPherson, Professor of Acupuncture Research at the University of York’s Department of Health Sciences, said: “There is increasing scientific interest in the effectiveness of acupuncture either as a standalone treatment or as an accompanying treatment to more traditional medications.”

Of the six studies, those that compared anxiety levels between patients that received acupuncture and those that did not show a significant difference in anxiety scores during dental treatment. However, the researchers noted that no conclusions could be drawn between patients that received acupuncture as an intervention and those that received placebo treatment, and suggested that larger controlled trials are needed to increase the robustness of the findings.

“If acupuncture is to be integrated into dental practices, or for use in other cases of extreme anxiety, then there needs to be more high-quality research that demonstrates that it can have a lasting impact on the patient. Early indications look positive, but there is still more work to be done,” said MacPherson.

The study, titled “Acupuncture for anxiety in dental patients: Systematic review and meta-analysis”, was published in the June 2018 issue of the European Journal of Integrative Medicine.

Researchers from the University of York have found that acupuncture could help with dental anxiety.

(Photograph: acupuncturebox/pixabay)
Sipping hot fruit teas and snacking can lead to tooth erosion

By King’s College London

An acidic diet has long been associated with enamel tooth wear. However, some people who consume dietary acids develop erosive tooth wear and some do not.

Scientists at King’s College London have examined the risk factors and damaging habits associated with the consumption of acidic foods that result in the loss of tooth enamel and dentine.

Drawing on a previous study at Guy’s Hospital, London, that compared the diet of 900 people with severe erosive tooth wear and 300 people without, researchers identified how different behaviours increased the risk of developing the condition that affects more than 30% of adults in Europe.

The King’s team found that eating and drinking acidic food and drinks, particularly between meals, carried the greatest risk. Those who consumed acidic drinks, including water with a slice of lemon or hot fruit flavoured teas, twice a day between meals, were more than 11 times more likely to have moderate or severe tooth erosion. This figure was halved when drinks were consumed with meals.

The research, reviewed in the British Dental Journal, also identified a range of foods, drinks and medications that have the potential to be erosive. Drinks with added fruit or fruit flavourings were dominant and massively increased the erosive potential of the drink, putting them on a par with cola drinks.

Researchers found that sipping, holding or rinsing drinks in the mouth prior to swallowing increases the risk of tooth erosion, as these habits increase the duration and/or force of the contact between the acidic drink and surface of the teeth. Wine tasters, for example, swirl and hold wine in their mouths for long periods and multiple times a day, while long distance drivers or force of the contact between the acidic drink and surface of the teeth. Wine tasters, for example, swirl and hold wine in their mouths for long periods and multiple times a day, while long distance drivers or footballers may sip acidic drinks over long periods of time.

The study also found:

- Sugar-free soft drinks are as erosive as sugar-sweetened ones
- Fruit flavoured teas and fruit-flavoured sweets, lollies or medicaments have large erosive potential when consumed regularly
- The increase in patients with tooth erosion may be linked to changing patterns of eating, such as increased snacking in both children and adults
- Drinks are more likely to cause tooth erosion when served hot
- Vinegar and pickled products can also lead to tooth erosion

Lead author, Dr Saoirse O’Toole said:

“It is well known that an acidic diet is associated with erosive tooth wear, however our study has shown the impact of the way in which acidic food and drinks are consumed. With the prevalence of erosive tooth wear increasing, it is vitally important that we address this preventable aspect of oral health.'

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See Saoirse on BBC News here:

http://www.bbc.co.uk/news/av/health-43162533/the-truth-about-fruity-tea

12th annual Senior Dental Leaders programme held in London

By King’s College London

Another cohort of accomplished delegates gathered in London in March for the 12th annual Senior Dental Leaders programme (SDL), an international conference designed to develop high-level leadership and management capabilities in oral health leaders from around the globe. Over 100 participants from over 45 countries now count themselves as part of the highly connected senior dental leader network.

First conceptualised by Professor Raman Redi in 2007 at King’s College London, the SDL programme is organised by the Global Child Dental Fund, King’s College London Dental Institute and the Harvard School of Dental Medicine, and is co-sponsored by Henry Schein, Inc. and Colgate-Palmolive.

The intensive multi-day conference brought together dental policy makers, national Chief Dental Officers, representatives from NGOs and members of clinical and academic communities, who work to forge an international collaborative network with the goal of advancing the mission of a cavity-free world for children. Speakers included Professor Mike Curtis, Dean of King’s College London Dental Institute; Dr Bruce Donoff, Dean of the Harvard School of Dental Medicine; Dr Mandla Butler, Vice President of Oral Health and Professional Relations, Colgate-Palmolive; and Mr Stanley M. Bergman, Chairman & Chief Executive Officer, Henry Schein, Inc.

Professor Raman Redi, Chairman of the Global Child Dental Fund, said:

‘Leadership training in oral health is just as important as gaining clinical skills. It is not only necessary for dentists but a whole range of other health professionals such as doctors, nurses and health visitors. Leadership development is also crucial for schoolteachers around the world to advocate for better child oral health.'
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DENTSPLY SIROMA

Researchers develop drug-filled 3-D printed dentures

By DTI

NEW YORK, U.S.: It is not uncommon for denture wearers to suffer fungal infections that cause inflammation, redness and swelling in the mouth. Seeking to avoid or better treat such denture-related stomatitis, researchers from the University at Buffalo have used 3-D printing to create dentures filled with microscopic capsules that periodically release amphotericin B, an antifungal medication. They found that the dentures reduced fungal growth.

The major impact of this innovative 3-D printing system is its potential impact on saving cost and time,” said the study’s senior author, Dr. Praveen Arany, an assistant professor in the Department of Oral Biology in the university’s School of Dental Medicine.

Using PMMA for the denture material, the researchers sought to determine if the dentures could both maintain their strength and effectively release antifungal medication contained in biodegradable, permeable microspheres. The microspheres protect the drug from the heat of the printing process and allow the release of medication as they gradually break down. With a flexural strength testing machine, the scientists found that, while the flexural strength of the 3-D printed dentures was 34 percent less than that of a conventional laboratory-fabricated denture used as a control, the printed dentures never fractured.

To examine how well the dentures could release the antifungal medication, the dentures were tested with one, five, and ten layers of material to learn if additional layers would allow the dentures to hold more medication. The researchers found that the dentures with five and ten layers were impermeable and thus not effective at dispersing the medication.

With the new approach, Arany believes the antifungal application could prove invaluable among those highly susceptible to infection, such as the elderly and hospitalized or disabled patients. Additionally, unlike current treatment options, such as antiseptic mouthwashes, baking soda and microwave disinfection, the new means of controlled drug release can help prevent infection while the dentures are in use.

Arany and his colleagues are now looking to further research how to reinforce the 3-D printed dentures with glass fibers and carbon nanotubes to achieve greater mechanical strength and to focus on denture retining.

The study, titled “Functionalized prosthetic interfaces using 3D printing: Generating infection neutralizing prosthesis in dentistry,” was published in the June 2018 issue of Materials Today Communications.