Planning for success

Mistakes can be made when carrying out guided surgery, but they can be easily avoided if you plan accurately, insists Dr Riz Syed

Guided surgery is an aspect of implant surgery that has gained popularity over the last 10 years, allowing surgeons to plan implant placements with a high degree of accuracy. The idea behind guided surgery is to perform a complete evaluation of the patient, from the surgical to the restorative point of view, and then to translate this information into a surgical guide for optimal implant placements.

In 2005, the Food and Drug Administration (FDA) approved a guided system from Nobel Biocare known as NobelGuide. Having used NobelGuide since 2005, I have enjoyed a high success rate. I have however, come across problems based solely on the inaccurate planning, which has inevitably led to complications.

Avoiding common pitfalls

The planning involves many stages before the surgery and each stage is vital to ensure success.

The first stage occurs during the consultation where the patient is carefully assessed. Their desires and final outcome have to be taken into account along with the patient’s medical history.

If the patient is wearing a prosthesis, it is crucial to check if the patient is happy with the position and look of the teeth. The fitting surface, vertical dimension and lip support should all be assessed.

It is then important to decide if the patient’s prosthesis is to be used as a guide for the CT scanning. The alternative is to produce a new stent. It is vitally important to ensure the fit surface is accurate and verified before sending the patient for a scan. Occlusal index must be worn during the first scan with the radiographic guide in place to ensure this does not move during the scanning procedure.

Words of warning

One problem I have seen on many occasions is the use of radio opaque relining materials. These materials show up on the scan and can interfere with the bony ridge and it is very difficult to assess the crestal position. If a new stent is made for the scan, radio opaque materials should not be used.

The second problem in planning arises when the Gutta Percha markers are not placed in the correct position. For the software to match the prosthesis to the CT of the patient, at least six markers are needed on different planes away from the occlusal surface. Each marker should be at least 1.5mm in diameter x 1mm deep. Some scanning centres are happy to place the gap markers into the stent or denture. Having a good relationship and communication with the scanning centre is important.

Know your software. The guided software has many different functions available to the user and it is very important to familiarise yourself with using demo cases before you plan a live case.

Once the scan has been sent back and reconstructed on the Procura software, the implant planning phase begins. This is where the Nobel Biocare software comes into its own. The patient’s anatomy can be assessed with a high degree of accuracy, allowing the surgeon to view vital structures including the mental and inferior dental nerve, maxillary and nasal sinus. Implants can then be placed with great precision.

Each implant placed has a yellow halo of two mm surrounding...
Finding your vocation

Although it can be a time fraught with tension, it’s also a time for you to decide exactly where you want to head, says Sarah Armstrong, who offers some essential, yet calming advice

The time of year is approaching where final year students across the country are beginning the application process for their Vocational Training (VT) positions commencing in August 2009.

The VT application process can be stressful business. For the first time since you all met back in first year, you and your friends will be competing against each other for the same jobs and tem-pers can get a little fraught, especially when you are often competing against not only friends but housemates too!

Final years have an amazing knack of winding each other up into a frenzy and the VT applica-tion process is certainly no ex-ception. Every year rumours fly about candidates who have jobs before the release date for VT positions or practices who are interviewing weeks in advance. The majority of the time these are false, so try and ignore these as best you can and concentrate on your own application.

Get in early
Prepare your CV/application form early. Even if the deadline is months in advance, it’s best to get cracking now as once the deadline is imminent, you will be caught up other pressing mat ters – that small matter of revision for finals!

Your VT application is not just a one-way process; this is also you. It is a chance to assess where you want to go to. Are you interested in working in a large or small practice? Are you interested in a particular dental speciality? Do you want to work in a particular location? Or course being fresh out of dental school – you’ve got no real way of knowing which direction your career will take, but this is the critical time to start thinking. Where do you see yourself in five years?

Ask for advice
Contact your peers in senior years. Their advice is absolutely invaluable having gone through the process already. Where did they choose to work? Are they happy with their decision? They may even be able to help you with your application and advise on practices to consider applying to. Often clinicians and visiting trainers/trainers may remain unmatched and a second round of matching is then carried out.

There is huge variation in the application process depending on the Deanery you apply to. It’s vital you find out exactly what form the application process will take, and the deadlines involved. Deadlines often vary widely between Deaneries; as yet there is no countrywide release date for VT posts. Some areas adopt an online application system, whilst others use the more traditional method of CV’s submitted to individual trainers. The best place to find out this information is on the individual Deanery websites.

Meet the trainer
In some areas you are required to attend a ‘Meet the Trainer’ event. These are arranged to enable you to meet trainers and find out about their VT practices, but is also for the trainers to gain an idea of po-tential candidates for their vacan-cy. The day is an ideal opportunity to create a good first impression so dress smart, engage in conver-sation with as many trainers as possible, ask intelligent questions and take copies of your CV – often these events are the first port of call to arrange an interview.

Matching processes are being increasingly used to match can didates to trainers. These vary in their format depending upon the Deanery, but generally they involve applying to a number of available positions and attending interviews, then once the round of interviews has been completed, the trainers rank the candidates in order of preference, and the candidates rank the trainers. After this first round of matching some candidates/trainers may remain unmatched and a second round of matching is then carried out.

When ranking trainers you need to think very carefully, you must be prepared to work with each trainer you have ranked. You need to consider which prac-tices/trainers would best suit your needs but be careful to not limit your choices too much eg only listing a few trainers or listing only practices based in city centres – the application process is highly competitive and you run the risk of not getting matched at all.

Although the VT application process can be a stressful and time-consuming process, don’t lose sight of the other major task ahead of you, passing finals! Good luck and enjoy your VT year.

About the author
Sarah Armstrong qualified from Newnecle University in 2006 and is currently work-ing as a vocational dental practitioner in Brampton, Cambrdige.