**DENTAL TRIBUNE**

**Brighter smiles**
Young patients of a dentist in Bradford will be taking part in a Brighter Smile Day as part of the British Dental Health Foundation’s (BDHF) annual National Smile Month. Dentist Roger Holdsworth and his team at Roger Holdsworth Dental Care have organised a day of activities to drive the health message home to their young patients. There will be competitions for the cleanest teeth, a drawing competition, friendly dietary advice and an educational DVD. Experienced dental staff will be on hand to offer advice. The BDHF campaign aims to increase public awareness of the benefits of good oral healthcare and runs from May 17 to June 16. This year’s campaign message is Look After Yourself, Brush for Health and runs from May 17 to June 16.

**Psychiatric assessment**
A dentist in Northern Ireland accused of murdering his wife and his ex-lover’s husband two years ago is to be assessed by a family court after he admitted to hospital at Maghaberry prison. He is said to be suffering from severe stress and depression, and to be under close medical supervision. At the time of their deaths in May 1991, it was thought Mrs Leona Howell and Constable Trevor Buchanan had died in an apparent suicide pact. Mr Howell, who has been in custody since January, is also charged with drugging and indecently assaulting women.

**Tribunal adjourned**
The General Dental Council has adjourned a tribunal looking into allegations that a dentist refused to treat a number of Muslim women unless they wore Islamic headscarves. Omer Butt, put up signs at the Unsworth Smile Clinic in Parr Lane, Bury requesting Muslim women cover their hair. Last week, a General Dental Council disciplinary committee in London heard complaints from two people who said Butt refused to treat them on account of their headscarves. Butt faced a charge of misconduct for his treatment of two patients. If he is found guilty, he faces a charge of misconduct for his treatment of two patients. If he is found guilty, he faces a charge of misconduct for his treatment of two patients.

---

**Money matters**

**Clinical**

**Education**

**Implant success**

**Vulnerable times**

---

**Page 11**

**Big business**
There is no escaping the fact that we are now in recession but that doesn’t mean your business has to suffer. 

**High standards**
There has never been a more interesting time to be working in dentomaxillofacial imaging and 3D technology.

**Today’s data shows that over the last two quarters of 2008, the number of patients accessing an NHS dentist in a two year period increased by nearly 540,000.**

We want to ensure that every person who wants to access an NHS dentist is able to do so and have invested a record £2bn in dentistry and set up a national access programme to help the NHS deliver this. The tide is turning and we are now seeing access to NHS dentistry starting to increase.

He added that in 2007/08 there were 655 more NHS dentists than the year before, and with 25 per cent more students each year since 2003, there will be more to come in the future.

---

**Page 16**

**Diverse patients access NHS dentistry**

**General Dental Practice Committee**

**Implant success**

---

**Page 21**

**Vulnerable times**
In times of personal crisis, our normal routines can be altered drastically, leaving us vulnerable to all sorts of things.

---

**Page 24**

**Dentsply Rotary Endodontic Team**

**Embrace Endodontic Success**

Mrs Philippa Universal lives at the centre of most successful Endodontic procedures in the UK.

---

www.dental-tribune.co.uk
Swine flu dentistry link

Bad dental hygiene could increase the risk of swine flu, according to the British Dental Health Foundation.

The National Dental Survey carried out by the British Dental Health Foundation as part of National Smile Month found that dreadful dental habits are helping spread germs as 40 per cent of the UK population admit to picking their teeth with their fingernails.

The survey found that people are also picking their teeth with everyday items such as earrings, credit cards, paperclips, paper and even screwdrivers.

Foundation chief executive Dr Nigel Carter said: ‘Hygiene warnings have been made clear even over the swine flu outbreak, and it is worrying that these habits have been recognised as the numbers affected by flu steadily rises. Personal hygiene should be a top priority for all.’

Research highlighted the UK’s lack of awareness of the importance of oral health, with research linking gum disease to heart disease, diabetes, strokes, premature births, low birth-weight babies and, in recent early studies, infertility.

Yet awareness of these important overall health links is low.

Two-thirds remain unaware of possible links to heart disease, four in five knew nothing of the links to strokes or diabetes, while 84 per cent of respondents had no clue of potential risks posed to pregnant women.

The public could be put at risk by poor dental hygiene habits yet awareness of these links is very low, said Dr Carter.

Gum disease in particular has been linked to serious health issues. It affects most people at some point in their lives, so there is no excuse for ignoring good dental hygiene.

People should take care of their gums by brushing twice a day with fluoride toothpaste, cleaning between teeth with floss or an interdental brush, cutting down on how often they take sugary snacks and drinks and visiting the dentist regularly, he added.

The Foundation’s National Dental Helpline is available with expert advice for the public advice on 0845 065 1188.

The Department of Health (DH) has issued guidance to prevent occupational exposure to swine flu. This guidance draws on the methodology developed for the DH’s advice on preventing occupational back pain.

The CD-Rom Perfect Posture for the Dental Team, was produced by Smile-on in conjunction with Ellis Paul, who has more than 30 years of experience in teaching perfect posture and four-handed dentistry in the UK and overseas.

Studies have shown that 80 per cent of dental professionals suffer from back or neck pain caused entirely by working in distorted postures.

This is a symptom of an underlying condition which can vary from merely an unpleasant pain to a permanent musculoskeletal lesion.

At best it makes life miserable - at worst it causes absence from work (with often considerable loss of income) and frequent visits to physiotherapists.

In some cases it has forced dentists into premature retirement. Surely it is far more sensible to take relatively simple measures to prevent it occurring in the first place rather than waiting till they are in pain and rushing off for treatment.

The CD-Rom produced by Smile-On provides the complete solution to the problem. It comprises the whole of Ellis Paul’s one-day Hand’s On Course but with additional techniques such as rubber dam, and a whole section on exercises.

Recognising that it is not only dentists but dental nurses, therapists and hygienists also suffer occupational back pain, it shows how the same preventative techniques apply to them as well. Thus it is for the whole team.

For more information please call Laura McKenzie on 020 7400 9898 or email info@smile-on.com

Tories unveil new dentistry reforms

Dentists will be required to work for the NHS for at least five years.

The Tories’ plan to reform NHS dental care in England includes school check-ups, missed appointment fees, NHS work quotas and scrapping the unit of dental activity.

Under the plans, which are outlined in a document titled Transforming NHS dentistry, the Conservatives said they would make changes to the contract to bring back registration so dentists were paid to provide treatment to a set number of patients with incentives in place to encourage good care similar to the current GP contract.

Their proposals also include a return to school screening for five-year-olds.

Dentists trained at taxpayers’ expense will also be required to work for the NHS for at least five years, instead of the current three year minimum.

They also want to see a tough stance taken against people who consistently miss appointments by giving dentists the power to charge them for failing to turn up.

Shadow health secretary Andrew Lansley said: Dentists are fed up with the flawed system of perverse incentives that Labour have introduced.

We will make preventative treatment a real priority because we urgently need to improve our nation’s dental health.’

The Conservatives have pledged to properly pilot any new forms they bring in.

John Milne, chair of the British Dental Association’s (BDA’s) General Dental Practice Committee, said: ‘The dental contract that was introduced in 2006 has created significant problems for dentists and patients alike.

Those problems have been well documented, by the BDA, patient groups and the Health Select Committee.

In seeking to address those problems it will be important to afford adequate access to all and ensure that dentists can provide modern, preventive care.

Also vital is engagement with the profession in developing the detail of these proposals and properly testing new arrangements before they are implemented. The BDA looks forward to discussing those details and discussing them further.

Lib Dem health spokesman, Norman Lamb, acknowledged that the government’s new dental contract is not working, but said: ‘I am not sure that the measures the Tories are suggesting will work. It could create turmoil in the health service. We are looking into this issue as we feel it is a priority.’

Preventing back pain

An e-learning solution giving practical help on how to prevent occupational back pain has been launched.

The CD-Rom Perfect Posture for the Dental Team, was produced by Smile-on in conjunction with Ellis Paul, who has more than 30 years of experience in teaching perfect posture and four-handed dentistry in the UK and overseas.

Studies have shown that 80 per cent of dental professionals suffer from back or neck pain caused entirely by working in distorted postures.

This is a symptom of an underlying condition which can vary from merely an unpleasant pain to a permanent musculoskeletal lesion.

At best it makes life miserable - at worst it causes absence from work (with often considerable loss of income) and frequent visits to physiotherapists.

In some cases it has forced dentists into premature retirement. Surely it is far more sensible to take relatively simple measures to prevent it occurring in the first place rather than waiting till they are in pain and rushing off for treatment.

The CD-Rom produced by Smile-On provides the complete solution to the problem. It comprises the whole of Ellis Paul’s one-day Hand’s On Course but with additional techniques such as rubber dam, and a whole section on exercises.

Recognising that it is not only dentists but dental nurses, therapists and hygienists also suffer occupational back pain, it shows how the same preventative techniques apply to them as well. Thus it is for the whole team.

For more information please call Laura McKenzie on 020 7400 9898 or email info@smile-on.com
My technician told me that the current climate is not easy for dental labs, which have to cope with a 20-30 per cent increase in materials purchased from abroad. With a decline in output since 2006, many laboratories are struggling to find money for future investment and are forced to constantly evaluate the service they provide in terms of cost, quality and value. With the decline in the pound forcing the cost of materials up and rising competition from overseas laboratories, it is clear that something has to give, but it is also clear that neither dentists nor patients benefit from these changes.

The HSC found that the number of complex treatments such as crowns, bridges and dentures had fallen by 57 per cent since 2006 whilst at the same time extractions were rising. The initial promise of dentists having more time for preventative care seems to be superceded by the reality that for some this new system offers little more than unrealistic targets, with every complaint raised by the profession answered with the ambivalent term 'swings and roundabouts'. The rising cost of lab-work, materials and cross infection procedures illustrates the inflexibility of this approach and acts to further undermine confidence in the future of the NHS.

Whilst the retail price index stands at 3.2 per cent recommendations from the review body on doctors and dentists pay have set dentists pay rise at just over a fifth of one per cent, which in real terms means a pay cut. Clearly prudence by central government needs to be exercised especially in our current economic climate but why should individual practices be left to pick up the tab when providing a national service? Perhaps it is here where government needs to rethink the sensitive balance between cost, quality and value when deciding on future commissioning.

The tightening of cross infection regulations in dental practices is surely a good thing. As times change, so does our understanding of how we face the challenges of modern day dentistry. Unlike hospitals, dentists face a delicate balancing act between providing healthcare and running a business. Hospital doctors in this respect do not have any direct financial burden if choosing a treatment option which is not cost effective, whilst dentists still do. So when a change in regulations such as the introduction of single use endodontic files or washer-disinfectors is introduced, GDP’s directly feel the pinch. In a hospital setting this may not be such a problem, but in general practice making large investments such as these can have a bigger impact.

Regardless of which side of the fence you sit on, the question lingers on: is the NHS providing a service based on cost, quality or value? Of course the answer is probably a little bit of each, but as the cost of dentistry rises within the confines of a rigid, target driven contract what should we expect to give? And do the general public really expect cross infection controls (suitable more for complex brain surgery than general dentistry) at any cost?

Introducing Pro-Argin™ Technology – a breakthrough in dentine hypersensitivity relief

Colgate offers a safe and effective new in surgery treatment for dentine hypersensitivity patients with innovative Pro-Argin™ Technology

- Based on a natural process of tubule occlusion with the key components arginine and calcium carbonate
- Immediate and lasting relief with one application
- Clinically proven relief that lasts for 28 days
- Dentine hypersensitivity treatment and gentle polishing in one step

NEW! Colgate® Sensitive Pro-Relief™ Desensitising Polishing Paste with Pro-Argin™ Technology

For further information please call the Colgate Customer Care Team on 01483 401 901.

* Graphical representation based on SEM photography; for illustration only

About the author

Neel Kothari

qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL’s Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice.
Champagne and canopies were flowing in style for leading industry figures earlier this month to celebrate the launch of the Lava chairside oral scanner (Lava C.O.S) for the first time in the UK.

The tried and tested product, which has already been rolled out in the USA for the past 12 months, is capable of delivering an uninterrupted ‘digital workflow process’ to dentists and technicians.

Designed with breakthrough technology that allows for quick, real-time 3D video capture of the tooth anatomy, it allows precise-fitting restorations, and offers patients the convenience and comfort of digital impressions.

Practices and authorised laboratories can now work in partnership and control the entire process of impression taking—by replacing traditional methods with digitally enhanced technology, and producing accurate results through the advanced software.

More than 140 million impressions are carried out worldwide each year, yet many dental laboratories still receive ‘inadequate models’ before even commencing lab procedures. 3M ESPE has recognised that even the most experienced of practitioners, using the very best materials, can encounter difficulties with impressions. This is why 3M ESPE has provided this revolutionary solution.

With the Lava C.O.S, the dentist can capture a high data density digital impression of the patient’s mouth, scanning up to two million different data points using a revolutionary 3D-In-Motion digital wand. Weighing less than a pound, it is easy to manoeuvre around the mouth providing a more pleasant experience for both users and patients. To sum up, the Lava C.O.S provides a cleaner, quicker and less obtrusive treatment, making it easy to gather scanning data as well as assessing whether the prep is good to continue.

The authorised laboratory which has access to the data manipulation software, can confidently mark margins and ditch dies using the exact video images that the dentist captures in the mouth.

The data files are then transmitted to the model manufacturer which create and return the resin model to the laboratory. Should the laboratory wish to use a Lava framework for the restoration the file is simultaneously sent to the Lava scan ST to design the framework which can be milled and returned to match the timeframe of the returning resin model.

3M ESPE’s technology has been hailed as a major breakthrough by patients and dental professionals, with the company’s new ‘digital workflow process’ providing a more comfortable method for taking an accurate impression, while streamlining the entire procedure for indirect restorations.
Free check-ups on the cards?

Every five-year-old would get a free dental check-up at school under a Conservative government.

The £17m scheme would mean children would be shown how to brush their teeth properly and told about the dangers of eating too many sweets and drinking sugary drinks.

Around 680,000 children would benefit from the scheme.

Figures obtained by the Tories reveal that on average, children have at least one filling, extraction, or episode of tooth decay by the time they are five.

Check-ups were first introduced in schools back in 1918. However, Department of Health guidelines published in 2007 removed the obligation on primary care trusts to give dental screening to schoolchildren.

New figures show that 64 per cent of Primary Care Trusts (PCTs) are no longer screening children following Labour’s dental reforms – and only 25 per cent have a screening programme that is widely available to schoolchildren.

Shadow health secretary Andrew Lansley, the Shadow Health Secretary, described Labour’s ‘neglect’ of preventative dentistry as ‘shameful’.

‘Not only has the Government imposed a new dental contract so wards offering a long-standing programme that helps to protect children’s oral health.’

He revealed that under a Tory government, ‘Every child at the age of five when they go to school will have dental screening.’

On the BBC’s Politics Show, he said: ‘We’ll find £17m from within the planned dentistry budget, in order to do that – that’s 680,000 children and then, from that, we will also be a position to be able to look at where tooth decay is in those children and we want to change the contracts so those dentists have a greater incentive for preventative work, including contracts to look after children, whether or not their parents are having NHS dentistry.

We have to make sure that we put the investment where it’s needed, which is in prevention, rather than cure. The evidence internationally, it’s absolutely clear, if we can have children whose teeth are good when they are younger, we are likely to have adults who have good teeth for the rest of their lives.’

However, the Government has disputed the Tories’ figures and claims the UK has the lowest rate of tooth decay among 12-year-olds in Europe.

The Chief Dental Officer, Barry Cockcroft, said: ‘PCTs can still decide to carry out the screening if they wish but most PCTs have decided to target their resources at the significant inequalities that exist rather than carry out blanket screening which is considered ineffective.

When we removed the mandatory requirement, the decision was supported by the British Dental Association.

Currently around 70 per cent of children see a dentist in each two year period so to introduce further screening at school would create a huge degree of duplication.

PCTs are now developing locally targeted initiatives in their own areas to meet their own particular circumstances, surely a better way to target inequalities.

The British Dental Health Foundation cast doubt on the scheme claiming the Tories’ planned £17m spend would be better spent on effective preventative measures.

Compulsory screenings became optional for Primary Care Trusts in 2007 after the National Screening Committee heard evidence highlighting a lack of impact on future oral health with isolated screenings failing to solve dental problems.

Foundation chief executive Dr Nigel Carter said: ‘While we wholeheartedly support Mr Lansley’s commitment to increase the focus on preventative dentistry, compulsory school screenings are simply a waste of money when there are far more effective measures available. We live in an age of evidence-based medicine and dentistry and the evidence is overwhelming that school dental check-ups are not effective. Indeed, far from improving pupils’ oral health they have been shown to increase existing disparities.

Screenings are not a preventative measure since they diagnose existing decay. Instead the proposed additional budget would be best spent on real preventative measures from water fluoridation to targeted programmes in schools with the application of fluoride varnishes and supervised brushing.

He added: ‘These measures have proved extremely successful at reducing child decay levels when implemented in the Scandinavian countries. We particularly need to target high need areas with dental resources. The Foundation would welcome an opportunity to work with the Shadow Health Team in developing their future dental policy.’

Oasis scoops new contract

Oasis Healthcare has been awarded another NHS contract and is to open a new dental surgery in Carlisle to ease waiting lists in the town of Workington. Oasis Healthcare Ltd has received permission from Allerdale Council to change the first floor of an empty unit in Workington into a surgery.

The surgery will create 11 jobs and provide NHS dental care to more than 1,000 people.

NHS Cumbria, the primary care trust, is to manage the appointments in partnership with Oasis. The site has been chosen as it is accessible by public transport to people living outside the town centre.

The Workington surgery is part of a £17.5m scheme to create 50,000 NHS dental places in west Cumbria.

Manchester company, Oasis Dental Care Ltd, which has more than 140 practices in the UK, is also planning to open surgeries in Maryport, Whitehaven and Egremont. The £17m scheme would create 50,000 NHS dental places in west Cumbria.

Foundation chief executive Dr Nigel Carter said: ‘While we wholeheartedly support Mr Lansley’s commitment to increase the focus on preventative dentistry, compulsory school screenings are simply a waste of money when there are far more effective measures available.

We live in an age of evidence-based medicine and dentistry and the evidence is overwhelmingly that school dental check-ups are not effective. Indeed, far from improving pupils’ oral health they have been shown to increase existing disparities.

Screenings are not a preventative measure since they diagnose existing decay. Instead the proposed additional budget would be best spent on real preventative measures from water fluoridation to targeted programmes in schools with the application of fluoride varnishes and supervised brushing.

He added: ‘These measures have proved extremely successful at reducing child decay levels when implemented in the Scandinavian countries. We particularly need to target high need areas with dental resources. The Foundation would welcome an opportunity to work with the Shadow Health Team in developing their future dental policy.’
Teddy bear dental programme

The dental students have been visiting schools in Tower Hamlets, and children have been brought in to their teddy bears to be treated by the dental students.

Aidan Mohammed, who helps run the programme, said: ‘It has proved to be an exciting opportunity for both the children and the teddy dentists. The children have learnt about oral health in an interactive way, working in small groups as well as on a one to one basis. The key has been organisation and the use of child friendly language such as ‘sleeping juice’, ‘tooth shower’ and ‘tickling stick’.

The programme is recognised as a valuable learning tool for both children and students. The aim is to increase awareness on the importance of oral health as well as stimulate collaboration among the dental students to promote oral health care in the community.’

She added: ‘The experiences have benefited everyone, to the extent that the dentists recognised the value of being involved.

The student led programme, dubbed Teddy Bear Hospital (TBH), has been running in the London borough of Tower Hamlets for children aged from three to seven.

The dental students have been visiting schools in Tower Hamlets and children have been bringing in their teddy bears to be treated by the dental students.

Teddy bears help to reduce the fear and anxiety children experience at the dentist.

Practice Plan challenge

The dental plan provider, Practice Plan, is competing with thousands of other companies from around the world, to walk 10,000 steps a day for 125 days.

The team of seven from Practice Plan, are taking part in the office fitness programme, the Global Corporate Challenge (GCC).

The scheme is designed to increase staff fitness, promote teamwork, foster a positive, competitive spirit, and support the workforce to be active, healthy, and more productive.

Managing director of Practice Plan, Nick Dobworth called it a ‘fantastic opportunity not only for the group of seven who are officially competing in the challenge, but for the whole company to get fit and healthy’.

He added: ‘We are encouraging everyone to join in with the daily walks, as the wellbeing of our staff is hugely important. A healthy body is a healthy mind.’

The walking challenge begins on 21 May and runs up until 22 September, and will see 50,000 individuals globally competing to walk the furthest distance over the course of 125 days, with 10,000 steps being the daily minimum.

The average person walks around 5,500 steps a day, but the recommendation from the World Health Organisation is 10,000.

Therefore, the Practice Plan team members are in a bid to walk a combined total of 8,750,000 steps as over the course of the competition, meaning 551,558 calories burned, 3,480 miles travelled and 1,167 hours of completed stepping time.

Every morning, team members will pop on their pedometers in order to track the number of steps that they take and will compete in various walking events to notch up their running total.

The results will be fed into a website that shows teams and organisations how they measure up against each other.

The company is organising a number of challenging walks for the team of seven, and are encouraging all of their staff to get involved, in order keep fit and healthy.

The money that the GGC generates from registration fees is spent on research into conditions and the key targets.

The company is raising money for various charities that it supports, such as GSK and the GDC, which are major contributors to campaings.

Expenses saga continues

A MP, who works three days a week as a dentist, has been accused of claimiong expenses for repairs to his dental surgery in Putney, south-west London.

The MP for Mole Valley in Surrey, Sir Paul Beresford, has been dragged into the expenses row by the Daily Telegraph, over his leasehold property in Putney, which incorporates a dental practice and a flat.

The newspaper has alleged that he used taxpayers’ money to subsidise his dental surgery.

In 1992, when he was elected as Conservative MP, Sir Paul worked out a deal with the House of Commons fees office where he charged three quarters of the running costs of the property to the taxpayer, claiming three-quarters were used for parliamentary duties.

He said the flat was used as a second home and the patient waiting room doubled as his private lounge in the evenings.

In 2007, Sir Paul increased his practice and took over a larger share of the running costs, reducing his claim to 50 per cent of the expenses at the property. He said none of it was used to subsidise the dental surgery.

He said he claimed £3,521 for 2007 to 2008, which includes claims for gutter cleaning, roof repairs and council tax.

He said he has claimed nothing for 2008 to 2009, as he didn’t use the flat and went home instead.

Chairman of the Mole Valley Conservative Association, Colin Crispin, has given Sir Paul his total support and said he will still be their candidate at the next election.
NEW EVIDENCE FOR THE BENEFITS OF INCREASING BRUSHING TIME

To motivate behavioural change, it helps if patients understand the benefits of brushing for at least 2 minutes twice a day with fluoride toothpaste, compared to an average brushing time of around 46 seconds.¹

New research results from Aquafresh show that increasing brushing time:

**Significantly increases plaque removal**

![Graph showing increasing plaque removal with brushing time]

In *vivo* brushing clinical study²

26% more plaque removal was observed with brushing for 120 seconds compared with 45 seconds*²

**Significantly increases fluoride uptake and enamel strengthening**

![Graph showing increasing fluoride uptake and enamel strengthening with brushing time]

In *situ* enamel remineralisation clinical study³

Surface microhardness (SMH) increased in a linear fashion over the period 30–180 seconds*³

Recommend a great tasting fluoride dentifrice to encourage your patients to brush for longer, for increased fluoride protection and plaque removal

References


* p<0.05

AQUAFRESH is a registered trade mark of the GlaxoSmithKline group of companies.
GDPUK members have been following the developments of the Jimmy Steele review of NHS Dentistry with interest, and have been able to view reports of his group’s travelling roadshow across the country. As well as gathering evidence and forming opinions, it seems that the ideas Professor Steele is describing are being modified as he and his group travel, meeting dentists and stakeholders.

One piece of evidence though might be disconcerting – at his event in London, only about 50 interested people turned up. Maybe too many false dawns? Colleagues are hoping that this report will be published before the LDC Conference in June, but perhaps its publication the week after is more realistic. Ann Keen, Minister responsible for dentistry, has said in Parliament that the Department of Health will consider this report very carefully. Time will tell.

In the meantime, on GDPUK, literally hundreds of other topics have been discussed. Here is an idea of some of them: waterline cleaning, publication of the final version of HTM 01-05, the passing of former GDPs and BDA president Alan Fearn, incorporation of a dental practice, the bankruptcy of a well known dentist, using operating microscopes, and buying a netbook.

A number of the group have much to say about orthodontics and some of the latest techniques have been discussed, including Damon and Six Month Smile. Such forums continue to discuss differing computer systems and act as self-help groups regarding their software installations.

Clinical cases have also been discussed, good pictures and good advice dispensed. Sometimes the poster knows the answer, and is looking for reassurance or almost setting a quiz.

The subject of what a practice should do if a course of treatment has been completed (often a substantial one) and sadly the patient dies having been satisfied with the completed treatment, in receipt of the invoice but before settling the invoice. This subject has been tackled on GDPUK in the past and there are always two sides to the discussion. One idea is to uphold the lofty aims of the profession and void the invoice. The other side of the coin is to be aware that a care home, telephone company, credit card company and so on will continue to address their bills to the executor of the deceased. It is, of course, one of the duties of an executor to settle bills such as this. What would you do? Come and tell us at http://www.gdpuk.com

About the author
Dr Anthony V Jacobs

started the GDPUK emailing list in 1997, and the group membership is now just under 2,000. The list is read in all corners of the UK dental profession as well as by laboratories, and the trade and dental industry. Qualifying in London in 1979, Dr Jacobs is now in partnership with Dr Stephen Lazarus, practicing at 406 Dental in Manchester. He enjoys his profession, and takes pride in providing both simple and complex gentle dentistry, as well as caring for families in a relaxed atmosphere. Dr Jacobs has a long-term commitment to continuing professional development, both for himself, and for the profession in general through his mailing list. He has been a member of the British Dental Association (BDA) since 1975, and is presently chairman of the Bury and Rochdale Oral Health Advisory Group, as well as vice chair of the Bury and Rochdale Local Dental Committee (LDC). Dr Jacobs also sits on the committee and helps to organise the annual conference of Local Dental Committees.

Postgraduate Dental Education

The Postgraduate Dental Education Unit (PGDEU) is one of the UK’s leading dental education centres offering an established portfolio of courses for qualified dentists who wish to develop their knowledge of the latest methods, equipment and techniques in implant dentistry and orthodontics. The wide range of programmes on offer are delivered by leading professionals, academics and researchers using a wide variety of educational tools.

MSc in Orthodontic Dentistry

The only MSc Orthodontic programme specifically for general dental practitioners enabling them to pursue a flexible training pathway that can be taken over a period suited to individual circumstances.

MSc in Lingual Orthodontics

This course is designed for specialist orthodontists who wish to gain experience with a wide range of lingual orthodontic systems and gain a qualification in lingual orthodontics. Internationally recognised experts in this field are involved with this pioneering course.

Diploma in Orthodontic Therapy

This course is aimed at Dental Care Professionals who wish to train as an Orthodontic Therapist providing orthodontic treatment, working to a prescription from a Specialist Orthodontist.

MSc in Implant Dentistry

The implant dentistry programme at The University of Warwick is designed with the busy GDP in mind and recognises that implant dentistry will be delivered in the general practice environment. For this reason we have based the clinical teaching in selected general practices which meet stringent quality assurance.

+44 (0)24 7657 4633
Implant Dentistry

+44 (0)24 7652 2474
Orthodontic Dentistry
dentists@warwick.ac.uk

To find out more about our portfolio of high quality courses visit www.warwick.ac.uk/go/dentistry
Information on tap

Keeping your staff up to date with new treatments on offer in your practice is easy with a touch-screen system. Amy Rose explains.

In the modern dental arena, the word 'multidisciplinary' seems to be on everyone's lips. Indeed, the idea of flexibility and offering a wide range of services has permeated our entire culture. We can now visit superstores where we can buy insurance, TVs, fresh fruit, mobile phones and magazines under the one roof. The era of the niche service is, perhaps, behind us. As far as the dental industry is concerned, in order to retain a competitive edge it is important to be able to meet all of the needs of patients. Everyone in the UK wants an efficient, convenient service, and patients are no different. They want to be able to visit their local practice and get the service they desire, whichever the field of treatment.

Know your market

Dentists now tend to have much longer lists of available treatments. Having recognised the need for particular services such as whitening, many practices have invested in the training and equipment necessary to do this, taking advantage of the market.

These practices also invest in advertising these new services. They invest in new website designs that incorporate HD (High Definition) animations of their treatments, accompanied by professionally written text. They also produce leaflets, to further communicate new services.

Revolutionary new touch-screen systems, available as kiosks or desktop models, give practices an easy to use, stylish and effective way of educating patients. However, it is not just patients that need to be educated about new services. It is staff, too.

Stay informed

These new systems are ideal vehicles for in-depth information about new treatments. Reception staff, and of course members of the dental team, can access the systems and find out as much as they need to about the new services. With several 'tiers' of information, ranging from basic to more technical content, the reception staff can acquire sufficient knowledge to answer any patient queries about the new treatments – saving a great deal of time for dentists, who really need to be focusing on treatments rather than answering emailed questions about procedures.

Staff can access the information at any time, just by tapping their fingers on the screen, refreshing their knowledge and enriching their understanding. Imagine the benefit to patients, who discover that the front desk team know all about the new treatments.

As the systems are updatable nightly, whenever the treatment list grows, new information can be added, and since the best system has information that is reviewed by expert specialists, you can be sure that the information is accurate and ethical.

With an educated front desk team, you won’t only answer all patient queries effectively and confidently, but also put nervous patients at ease. Also, you will be able to market those new treatments to patients with greater efficiency and success.

About the author

Amy Rose has over six years’ experience in the dental profession, working predominantly in a marketing capacity. Amy currently heads up the marketing team at Dental Design Ltd. For more information call 01202 677227, email contact@touch-ed.co.uk or visit www.touch-ed.co.uk.

If it isn’t clean, it can’t be sterilised

Hydrim and Statim your perfect partners in the sterilisation process

Hydrim C51wd:
- The benchtop Hydrim C51 wd instrument washer disinfector eliminates the risk of puncture injuries and perfectly prepares instruments for sterilisation
- The innovative HP® cleaning solution, in combination with dual high pressure sprays, removes virtually all proteins and organic debris
- Hydrim is independently tested for 99.9-100% efficacy and complies with EN15883
- Hydrim uses patented instrument protection and active drying systems

Statim:
- The Statim 2000i, one of the world's most popular autoclaves, automatically sterilises solid, hollow, wrapped and unwrapped loads including handpieces
- Statim is 5 times faster than typical B cycle autoclaves
- Statim’s performance is validated by biological and mechanical means
- Statim complies with EN13060 and the 2006 RKI Hygiene guidelines
If recession proofing is that easy…

Andy McDougall, Spot On Business Planning insists you can still deliver great business results against all odds

There is no escaping the fact that we are now in recession. Even if we try to ignore the dire economic climate, the constant badgering by the media ensures our recession stays at the forefront of our minds. And while it can certainly be disheartening, I don't think it is such a bad thing because as business owners, our one priority is to remain aware and vigilant about what is going on around us. How else can we take the necessary steps to remain profitable and stay in business!

A healthy business
I have seen claims in the industry that people will help you to recession-proof your business. Wow, what a boast! If only George Bush and Gordon Brown had followed that advice, we wouldn't be in this mess. So yes, a rather dubious claim. There is no such thing as recession-proofing your business, but there are well proven ways to sandbag it; that is, to take appropriate and calculated steps to manage it in a way that gives you the best chance of surviving the recession and coming out with a healthy, robust business that is ready to take advantage of better times.

Managing risk
There are two ways to analyse your business using traditional commercial techniques: you look internally and externally. What’s the big difference? Internal factors are things you have much more control over while you can exert little or no influence on external ones. External factors usually generate opportunities on which we should capitalise and threats that we must factor into our business plans. Just because we have little influence over external factors doesn’t mean they can be ignored. In fact quite the opposite. We must determine the opportunities and threats and make decisions on how to tackle them. Threats bring risk. Risk cannot be eliminated, it is outside our control, but we can ascertain risk, we can be acutely aware of its impact, and when we follow this line of thinking, while we cannot eliminate it, we can manage it.

Business planning
In traditional business thinking, we use techniques such as SWOT (Strengths; Weaknesses; Opportunities; Threats)
PESTLE (Political, Economic, Sociological, Technological, Legislative, Environmental) to help us ascertain the threats present in our business environment and to analyse how our future may face very different market conditions to that of previous years. Welcome to business planning! So many graveyard dental businesses have fallen victim to the last year plus 10 per cent approach to “planning”. They have done Ok for years and suddenly the markets harden and they find their businesses in decline and they don’t know how to respond because their training has equipped them for all things dental and nothing commercial. There has never been a more crucial time to learn more about business and more about your own business, and business planning is one of the best ways to get a grip of both.

**Sandbagging your business**

We are all victims of the recession but what can we do if it’s outside our control? There are three types of people in business: those who watch what happens; those who wonder what happened and those who make it happen. Which category do you fall in? There is a recession, there will be winners and losers, and what camp you fall into depends on your business philosophy. We can’t recession-proof our businesses but a more realistic expression for dealing with our current economic climate is “sandbagging” – not a guarantee but a means of taking all the measures within your control to ensure you have a greater chance of survival.

How do you approach the problem? It is called business planning. Business Planning is not a budget (a budget is a financial representation of everything that happens in your business); it is not last year plus 10 per cent; it is not a 200 page manual that lacks focus and it is not a vision that you came up with on a fun-filled team away day that got you feeling great for a brief moment before reality dawned once again. Business planning is a tangible means of delivering your goals. It will transform your results, even with businesses that are flat year on year.

I can demonstrate businesses that have followed a business planning methodology and achieved 25 per cent more profit year on year – how better to beat a recession!

**Planning and control**

In a previous article I talked about quarters and halves, which all make a radical difference to the bottom line. You don’t have to find huge savings in one place; lots of small savings here and there add up. Whether it’s associate’s pay, the cost of your accounting or the way you control the gp per cent, it all contributes to a radically improved bottom line. Good business managers plan the things to do and then ensure these chosen things are done correctly: planning and control or the two Es, effectiveness and efficiency. Effectiveness means planning to do the right things, and efficiency means doing these chosen things well – to the best of our ability.

Therefore, can you be recession proof – I doubt it, but with professional business planning and performance management to keep your results on track, you can deliver a great result against all odds and market trends.

There are three types of people in business: those who watch what happens; those who wonder what happened and those who make it happen. Which category do you fall into?

---

**About the author**

Andy McDougall has over 25 years experience of business planning and brings techniques and expertise from a wide range of commercial and competitive business sectors. Andy now delivers business-planning services to help members of the dental community to respond to the dynamics of an increasingly commercial and competitive environment. He helps businesses to reach the next level and to turn around poor performance. To find out more about his business-planning services, contact info@spoton-businessplanning.co.uk or call 07710 382559.
For details on how you and your practice could be in with a chance to win £1 million with DENTSPLY, please visit www.dentsply.co.uk

To find out more about the DENTSPLY team of products visit our website, call our free phone number or emails us:

+44 (0)800 072 3313  enquiry@dentsply-gb.com

www.dentsply.co.uk  www.dentsply.com

For better dentistry
Don’t get caught

The right protection policy will help you save up to £75,000 in the event of a tax investigation. Frank Pons explains

With the tax authorities becoming more and more proactive in dealing with investigations, and with sole traders, partnerships and limited companies under greater risk of being scrutinised, there has never been a better time to protect yourself and your business.

There are several different enquiries to which your business might be subjected, and the tax authorities do not need to give you a reason as to why they have chosen you out of all those other honest and diligent dentists.

Enquiries can consider all aspects of the self-assessment tax return with a comprehensive review of all books and records underlying the entries. Or, they will feature a dispute over the operation of VAT and VAT due. Other enquiries can feature a disagreement over the correct PAYE operation, and the PAYE/NIC amount due.

Dentists might also find themselves faced with the very real possibility of an Aspect Enquiry. This is an enquiry by HM Revenue & Customs into one or several aspects of the self-assessment tax return. The tax authorities may require a clarification of certain entries or a comprehensive examination of whether those entries have been executed correctly.

Use a specialist

An Aspect Enquiry can be over in a few days, or it can drag on for weeks. You will probably need to supply documentation to support entries made on the tax return, focusing on one area such as interest from a building society account, and you can be fined for withholding the necessary paperwork. It is unlikely that you have the expertise required to deal with the tax authorities as they closely examine and pick over the most minute details, and it is always best to turn to an accountant or investigation specialist who is well-versed in dealing with HM Revenue & Customs and understands every subtle nuance of the tax return.

Although the Aspect Enquiry can be comparatively straightforward to deal with, providing you have both the means to prove the accuracy of the tax return entry or entries and the expertise to present your case effectively, failure to do either may result in the tax authorities opting for a full enquiry. This could take months.

Even with the support of an experienced accountant or investigation specialist, you can still end up with an enormous bill. Fortunately, tax investigation insurance is available, giving you peace of mind in case you end up having to prove your innocence.

The leading provider of tax investigation insurance policies provides a TaxMaster policy that can be extended to include Aspect Enquiries. One of the many benefits of such a policy is not only that it gives you peace of mind, but also that it also covers Full Enquiries in the event that the tax authorities might extend the investigation to cover the whole tax return, and VAT disputes. Other policies include the PAYeMaster that covers all approved professional fees incurred in dealing with PAYE and NIC disputes.

About the author

Frank Pons

A qualified chartered accountant and tax expert, Frank Pons founded PFP in 1984, the first company to recognise the need for and provide dentists with tax investigation insurance. For more information, contact PFP on 0845 307 1177, email info@pfp.uk.com or visit www.pfponline.com.

IDT launches its NEW Low Cost Online service

SimPlant Reformatting

From £40

Upload an i-CAT Vision, DICOM CT or CBCT dataset to www.ctscan.co.uk

Book and pay online and have the results returned to you in SimPlant View format (or SimPlant Planner for £10 more) electronically within 3 working days.

Enjoy all of the great services you have experienced from IDT in the past but now at a more cost effective price.

✔ NEW Easy to Use Online Booking
✔ NEW Faster Turnaround
✔ NEW Online Payments
✔ NEW Free Viewer (SimPlant View)
✔ NEW Radiologist Report Available
✔ NEW Planning Service Available

To log in or register, go to www.ctscan.co.uk

Contact IDT today if you need any help with this online service bookings@ctscan.co.uk or call +44 (0)20 8600 3540

www.ctscan.co.uk
Who inherits your estate?

We all know we should, but many of us don’t. Have you made a will? If you haven’t, do you know what will happen to what you leave when you die? Claire Borsoi explains

The law is clear, and has recently been changed in England and Wales. If you die intestate (without leaving a valid Will), there are new statutory provisions for surviving spouses and registered civil partners and the state will distribute your assets according to strict rules.

If you die leaving a surviving spouse/civil partner and children your surviving spouse/civil partner will inherit the first £250,000 of your estate as a statutory legacy, together with your personal possessions. The remainder is divided equally between your surviving spouse/civil partner (50 per cent entitlement) and your children (50 per cent entitlement), with your surviving spouse/civil partner receiving only an income entitlement (life interest) from their half share and the children inheriting absolutely their share at the age of 18 or when they marry, whichever is the earlier. On the death of your partner their life interest will be divided equally among the children, but their interest will be an absolute interest i.e. they will be entitled to the capital.

Some examples

Suppose you were a husband who died without making a valid will, leaving a wife, two young children and an estate of £900,000. The estate would be divided as follows:

Your widow would receive the statutory £250,000, your personal possessions and the income for life from £325,000 (half of the £650,000 remaining). The children would each receive £162,500, held in trust until they reach 18 (the other half of the £650,000 remaining).

When your widow dies, her life interest in her £325,000 will be shared equally between the two children, but they will receive absolute entitlement to this money.

If you died leaving the same sum but had no children, your widow would receive the first £450,000 of the estate (half of the total value) as a statutory legacy, together with your personal possessions, and also half of the remainder. The other half of the remainder, in this case £225,000, would pass first to any surviving parents; if there were no surviving parents, it would pass to your brothers and sisters or their children and then remoter family.

Assessing your options

If you haven’t made a will, you need to ask yourself urgently if these statutory provisions are right for you and your family. For example, if you have a partner and children, and something happened to you, would you want your partner to be left with just £250,000 and only a life interest in half the balance of your estate?

If you have a partner but no children, are you happy that they may not inherit all of your estate?

If you’re in a long-term relationship which is not legally recognised, are you happy that your partner will not inherit any of your estate on your death? You may wish to remember nephews, nieces, godchildren or friends, and the state makes no provision for individual legacies. What will happen to family heirlooms on your death?

Food for thought?

It should be. The circumstances of life change over time, and accidents happen every day. Making a will, and keeping it up to date, is the very best form of family insurance.

About the author

Claire Borsoi is a member of the IPW (Institute of Professional Will Writers) and is also a chartered accountant with Humphrey & Co, a member of the ASPD. You can contact her on 01323 730631.

What about children?

If both parents were to die what would happen to the children on your death? Have provisions been made for the appointment of guardians, and how would the guardians manage financially?

Do you feel your children will be ready to assume the responsibility of managing a potentially substantial sum of money at the age of 18? They will receive it regardless of your wishes unless you specify otherwise.

The Association of Specialist Providers to Dentists (ASPD)

Your First Stop for expert independent Business advice

The ASPD is a group of highly respected companies, located throughout the UK, who specialise in the business aspect of dentistry.

ASPD members include:
- Accountants
- Solicitors
- Banks
- Independent financial advisers
- Practice valuers
- Finance and leasing companies.

The primary objective of the ASPD is to provide you with reliable, practical advice.

Tel: 0800 458 6773, email: info@aspd.co.uk or visit web: www.aspd.co.uk
A stroll through the digital landscape

Andrew Dawood says there has never been a more interesting time to be working in dentomaxillofacial imaging and 3D technology

In a rapidly unfolding and ever evolving digital dental landscape, we have seen tremendous advances in 3D imaging, modelling, and manufacturing which have transformed the fields of restorative dentistry and implant surgery. There has never been a more interesting time to be working in dentomaxillofacial imaging and 3D technology.

Cone beam computed tomography

Those working in implant dentistry were perhaps the first to appreciate the benefits of three-dimensional imaging, which then took the form of Computed Tomography (CT) scanning as provided by hospital CT scanners. When I started out in implant dentistry, I reserved the use of CT scanning for only my most challenging surgical cases, perhaps scanning just one in 30 to 50 of my patients. At this time, x-ray doses were high and “flap” surgery was the norm. Back then, I often found it hard to justify the x-ray dose, which of course was considerably higher, even compared to the hospital scanners nowadays, but perhaps what really prevented me from more frequent use of this powerful imaging modality, was that it was hard to see how access to the image data would actually alter treatment, or substantially benefit my patient.

Presented with a folder of murky printouts, which often told me little more than I already knew from my two-dimensional radiographic and clinical exam, I felt that there was only marginal benefit. (I still believe that “seeing” with your fingertips has a lot to offer, as does examination under local anaesthesia at the same time as close-by procedures such as extractions.)

Years ago it was so exciting to carry out second-stage surgery and find that my first implants had osseointegrated. Our patients were thrilled to be rid of their dentures, and had few, and low expectations. Now a fine nuance of positioning makes all the difference to the results we achieve for our much more cosmetically aware patients, who expect so much more from us.

Transforming the practice environment

Embracing recent developments in imaging, particularly the use of Cone Beam Computed Tomography (CBCT), has transformed my own implant and restorative practice. Firstly let’s

**NobelGuide™ for Clinicians – Live Learning Day:**

Live Learning Day: There will be an overview of treatment/planning options, features and benefits of model-based planning and computer-based planning, temporary solutions and Teeth-in-an-Hour™. This day includes live surgery. You will learn how guided surgery can assist your business, reduce patient chair time and increase your patient treatment options.

**What’s in for you**

You will be able to understand how to design and plan your own case, selecting the modules that best match your objective. Gain sufficient knowledge and get started with NobelGuide™, including detailed knowledge of the NobelProcera™ software for the computer-based NobelGuide.

**Full day course by Dr. Andrew Dawood**

MRD RCS (Eng), MSc, BDS (Lon)

Friday 11th Sep 2009, London

Duration: 09.00 – 17.00
including lunch & refreshments

Venue Wimpole Street London

To register Please contact

Tanya Wade 01895 452 912

6 hrs verifiable CPD with live learning

**Fig. 1:** High-resolution image of the anterior mandible. Bony trabeculae are clearly visualised, and the cross-sectional image shows perforating vascular canals in the midline (arrows)
look at a x-ray dose. Dentomaxillofacial CBCT scanners have been designed specifically for hard tissue imaging. There can be little or no justification at all for using hospital CT scanners for this purpose, as studies have shown that CBCT can offer at least as good, if not better imaging than a hospital CT scanner, but at a considerably lower x-ray dose. As it happens, the dose is actually rather similar to that of conventional tomography, which also makes conventional tomography obsolete as 3D imaging has so much more to offer.

Dose can be still further reduced by carefully selecting a scan volume which captures the region of interest only, and this has the further benefit of allowing for the resolution of the imaging in this smaller volume to be increased (Figure 1), without raising doses to an unacceptable level. This means that CBCT is also becoming important in endodontics and periodontics, revealing the 3D intricacies of convoluted root canals and infra bony lesions. So images are clearer, and x-ray dose is lower, particularly with newer generations of CBCT scanners, which are faster and are equipped with higher resolution sensors.

Viewing and studying 3D image data on screen helps to familiarise the surgeon with the actual clinical situation, reducing intraoperative uncertainty, improving accuracy and speed. To be able to achieve this with a substantially lower x-ray dose makes me that much happier to refer for imaging.

But what has really changed the landscape for me is that we can now do so much more with the image data than simply hold a film up to the light or ‘left click’ to make an on-screen measurement; we have the ability and the tools to allow us to interact with our patients.

Computer Aided Design

With recent developments in computer aided design (CAD) software, our imaged volume of three-dimensional data will act as an interface between the patient data on our scanners as a mechanism to interact. We can use the CAD data to design and fabricate a drill guide, for example (Figure 3). This is prefabrication.

Rapid manufacture

As a keen potter, (I am sure all dentists are potters, or sculptors, or should be), when I see an object I want to gauge its size, walk around it, hold it in my hand, have a sense of its texture, caress it... interact with it.

Simply viewing on-screen, even in a simulated virtual environment, just does not do enough for me.

I now see the scan as a portal. A portal to a virtual environment in which I can immerse myself intellectually, if I am working on screen. But also laughably: We can become intimate with our surgical planning, because on-screen planning need no longer be just an intellectual exercise; not an end point of its self, but just a beginning.

Just a beginning, because the abstract on-screen data can actually be realised. We can interact and then we can fabricate.

What we see in our minds eye, and what we design on our two-dimensional monitor can actually be fabricated. We can move from real to virtual, and virtual to real, at the touch of a button. We do this using our scanners as a mechanism to input data to our CAD software; we alter this data and then use Rapid Manufacturing (RM) to fabricate the result of our interaction.

We can use the CAD data to directly fabricate a drill guide, for minimally invasive implant surgery (Figure 3).

And most exciting of all we can prefabricate (Figure 4).

Rapid manufacture (Figure 2) are examples of implant planning software packages that allow you to “design” your surgical treatment. This is all very well, but of limited benefit if you are not able to make your design reality, though slightly more useful as a diagnostic tool than simply viewing the data.

Here too, recent developments have transformed our capabilities.

The Number One in Every Class

Whether your interest is digital panoramic, cephalometric or 3D imaging – at J. Morita you always get the best device for the most precise diagnoses. As a pioneer in volume tomography we are familiar with the high requirements of diagnosticians. Our wide variety of devices and choice of combinations provide you with the sharpest imaging of details down to 80 µm.

From the first step, upgradable 2D devices, to the basic version Veraviewepocs 3De and the high-quality X-Ray CT unit 3D Accuitomo 170, one thing always remains unchanged: You obtain the highest imaging quality from the lowest effective radiation dose and the shortest scan times. Nothing is more elementary than the correct diagnosis.
We can make a model of our patient’s jaw, and study that, and practice the surgery on this before we carry out the procedure (Figure 5). I am prone to keeping models of my more complex patients’ jaws in my pocket, for contemplative moments. Or we can use the model to make a drill guide that can be fitted in a patient’s mouth, to allow us to interact with our patient more directly.

Further examples of CAD
Elsewhere in our brave new digital dental world, there are many examples of the use of CAD in the dental Laboratory. NobelProcera and Lava software are examples of CAD systems, which allow prostheses to be designed for teeth or implants, and then manufactured using various RMM techniques. It is only a matter of time before these types of parallel CAD systems are ‘merged’; plan your implant placement, design the bridge; implement!

With the right level of care and attention to detail, we will be able to move from an on-screen surgical plan to finished implant prosthesis without impressions, without flaps and with total accuracy.

In the course of a series of short articles, I look forward to exploring some of the current and future possibilities offered by developments in our digital world.

About the author
Andrew Dawood is a registered specialist in Periodontology and Prosthodontics, clinical director of cavendishimaging.com in London, and has honorary attachments to the Department of Maxillofacial Surgery, St Bartholomew’s and The Royal London Hospital Trust and University College Hospital, London. Andrew Lectures extensively in the UK and abroad on topics related to imaging, dental Implants, and restorative dentistry. He also operates a centre for postgraduate education, and hosts regular meetings and seminars from the cavendishimaging.com premises in London, Oxford, and Birmingham. To contact him call 020 7955 2777 or email info@cavendishimaging.com.
Evidence-based caries reversal using ozone

Guest Expert: Edward Lynch, MA, BDentSc, TCD, PhD Lond, FDSRCSEd, FDSRCSLond*, Associate Editor: Edward J. Swift Jr., DMD, MS

Question: I read the recent ‘Ask the Experts’ article on ozone (J Esthet Restor Dent 2007;19:303–5). Can you provide more information and clarify the question about whether ozone is a useful means of caries treatment?

Answer: Thank you for the opportunity to comment briefly on the recent report published in the journal on research with the HealOzone (KaVo, Biberach, Germany). Ozone cannot do everything and certainly should not be a treatment isolated from our individualised preventive oral health care. To be effective, ozone must be prescribed in sufficient concentration for an adequate time and must be delivered into the lesion.

Antimicrobial effectiveness of ozone

Ozone is one of the most powerful antimicrobial agents we could use in dentistry and clearly, there are enormous advantages to kill pathogens. The recent piece in the Journal of Esthetic and Restorative Dentistry (JERD) correctly mentioned a few of the papers that have proven the antimicrobial effectiveness of ozone but does not discuss the limitations of the biofilm studies.

Less than one log reduction of bacteria was measured after using ozone gas above biofilms in the culture media, which was a similar reduction to that achieved by using 0.2% chlorhexidine or photoactivated disinfection. However, ozone will react immediately with the reductants in the culture media, and the authors did not bubble the ozone into the biofilm. It is recommended that ozone be delivered under pressure into a lesion by pressing the delivery tube onto the carious surface so that it can penetrate the lesion. In vivo lesions (unlike artificial biofilms) contain many molecules (such as iron) that increase the antimicrobial effectiveness of ozone in caries.

Ozone, even at a very low dose and a short time of application, achieved a 57% reduction in biofilm and a 65% reduction in viable bacteria in model dental unit water lines. Also, a high level of biocompatibility of aqueous ozone on human oral epithelial cells, gingival fibroblast cells, and periodontal cells has been found.

Management of root caries

Ozone reverses shallow non-cavitated root caries lesions as part of a full preventive care regimen, which includes reducing the frequency of consumption of fermentable carbohydrates, increased use of fluoride-containing products, and improved oral hygiene.

The recent JERD piece described one study that successfully treated root caries with the HealOzone. However, ozone would not be effective to manage, for example, a cavitated 5-mm deep root caries lesion adjacent to the gingival margin. The outer caries would need to be removed, leaving about 1 mm of caries over the pulpal floor prior to ozone treatment and restoration.

I am puzzled as to the concern about the ‘lack of response of the control lesions despite the use of 1,100-ppm fluoride toothpaste by the subjects’ in the root caries studies. Most of these subjects would have been using a 1,100-ppm fluoride toothpaste while their teeth were developing the root caries, so it should not be expected to achieve more reversal of these lesions. Some had in fact been using toothpastes containing at least 1,450-ppm fluoride while their teeth were developing these root caries lesions, prior to enrolling in the study.

It was stated incorrectly that the large antimicrobial reduction in root caries after HealOzone treatment was because of the control samples of caries being ‘consistently larger than the posttreatment sample,’ which
that ozone application significantly
cluded of this study, which stated
However, it did not mention the con-
showed no overall significant dif-
prospective published article18 that
pal floor prior to ozone treatment
leave up to 1 mm of caries on the pul-
tions.19–23

are a potent oxidizer
Pyruvic acid (Ka = 2.50 mmol) contributes substantially to the de-
creased pH values associated with active caries lesions.20 Pyruvic acid is oxidatively decarboxylated to ac-
eate and carbon dioxide on reac-
tion with ozone as in the following equation:

\[ \text{CH}_3\text{CO}_2\text{H} + \text{O}_3 \rightarrow \text{CH}_3\text{CO}_2\text{O} + \text{CO}_2 + \text{H}_2\text{O} \]

Remineralization of incipient carious lesions can be encouraged by buffering plaque fluid by the pro-
duction of acetic or other high pH acids found in resting plaque.3

Conclusion
The earlier JERD piece stated that some of the ozone studies are promising but indicated that ‘ozone has not been proven to be superior to other clinical ap-
proaches.’ All dentists using ozone use it in conjunction with plaque and diet control, orthodontopre-
tic approaches such as fluoride or chlorhexidine, sealants, and step-
wise excavation, and therefore, use it with other clinical ap-
proaches, not as an alternative. Of course, we all want more research on ozone. Cochrane and The Na-
tional Institute for Clinical Excellence (NICE) would not pass the majority of treatments carried out in
dental practices. Cochrane correct-
ly sets very high standards, re-
flecting the fact that Cochrane
classifies up to 95% of all the re-
search studies it assesses as being flawed, biased, or not fulfilling their criteria. Cochrane24 only as-
sessed Ozone as an alternative, rather than addition, to current
methods for the management and treatment of dental caries. This
misses the point; ozone should not be used in isolation.

NCER set a hypothesis, ask-
if ozone is more effective than
existing treatments for decay. This again missed the point. Ozone should be used in conjunc-
tion with our methods of manag-
ing caries. In addition, this ozone
technique is much easier, cheaper, and faster than existing treatments and should not have to prove that it is more effective.

Ozone as an easier, cheaper, and faster treatment should be compared with comparable an-
imicrobial and oxidant treat-
ments for caries rather than be-
ing compared with conventional
drilling and filling approaches as
reported by NICE and Cochrane.

The ‘caries balance’ concept from John Featherstone14 is ex-
cellent. I believe that the balance between pathologic and preven-
tive factors can be swung in the
direction of caries intervention and prevention by the active role
of the dentist and his/her auxil-
iary staff and that ozone has a key
part to play in this process.

Ozone’s place is for us to use
its proven potential antimicro-
bial efficacy and undoubted po-
tent oxidant ability, to reduce car-
ogenic microorganisms, and
provide beneficial effects against
organic acids18 in lesions, in con-
junction with our existing man-
agement strategies for dental
caries to tip the ‘caries balance’.

This article was first published in the Journal of Esthetic and Restora-
tive Dentistry. To subscribe, visit www.aestheticcommerce.com/for-
d.html.

"Professor of Restorative Dentistry & Gerodontology; consultant to the Royal Hospitals, specialist in En-
dodontics; specialist in Prosthodontics; specialist in Restorative Den-
tistry; BUPA specialist in Oral Surgery, Queens University Belfast, Royal Victoria Hospital, Belfast, Northern Ireland, United Kingdom"

References
effects of a novel nonsteroidal
2. Janus A, Whitley R, Lynch E. Antimi-
crobial effects of a novel nonsteroidal
4. Polidoro O, Poli K, Hahn P. Antibac-
terial effect of an ozone device and its comparison with two dentin-bonding
6. Arita M, Nagayoshi M, Kafukuini T, et al. Microbial effect of ozonated water against Candida albicans ad-
10. Muller P, Guggenheim H, Schmidlin PR. Efficacy of gasform ozone and photodynamic therapy on a multi-
11. Walker JT, Bradshaw DJ. Fulford SJ, et al. Microbiological evaluation of a range of disinfectant products to
control mixed-species biofilm con-
aminant in a laboratory model of a
dental unit water system. Appl Envi-
Ne express of cementoblasts and
fibroblasts on the root surface after
extraradial rinsing for decontamina-
pared with cells from healthy antibi-
14. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
15. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
16. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
17. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
18. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
20. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
22. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
23. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
24. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
25. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
26. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
27. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
28. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
29. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
30. Bathy FC, Jakob FM, Saugel B, et al. Effect of ozone on oral cells compared with cells from healthy antibi-
31. Margolis HC, Moreno EC. Impor-
tance of high-pH glacial acetic poten-
32. Margolis HC, Moreno EC. Impor-
tance of high-pH glacial acetic poten-
33. Margolis HC, Moreno EC. Impor-
tance of high-pH glacial acetic poten-
What makes a successful implant practice?

Through motivational case presentations and a greater sense of teamwork between restorative and surgical practices, doctors can build successful implant practices. Dr Roger P Levin explains

Implants represent an untapped source of growth for many practices. According to market research firm Kalorama Information, dental implants are poised to reach US$4.5 billion in global sales by 2012. Unfortunately, many restorative and surgical practices are operating far below their potential when it comes to implants.

What is hindering the growth of dental implants? In most instances, insufficient patient education is the culprit. When implants are presented to every candidate as an exceptional value that can last over a lifetime, many patients will agree to implant treatment.

Patients need to think of implants as a standard quality of care option, not as an expensive luxury. It is important for you to present the many benefits that implants offer while emphasizing that no other service provides the functionality, fit and feel of natural teeth. Practices that improve their implant case presentations will see a significant increase in implant production.

Based on more than 24 years experience consulting to implant practices, Levin Group recommends the following Greenlight Case Presentation strategies for implants:

1. Make your implant presentation exciting. Free-for-service procedures like implants have to be presented with a higher level of enthusiasm to motivate patients. Doctor and staff enthusiasm, effective visuals, clear explanations, compelling comparative stories and a strong recommendation to have implant procedures performed are vital to a fee-for-service case presentation. This approach is different than simply telling patients that they need a crown on a broken tooth and that insurance could probably cover approximately 50 per cent of it. The key is to recognize patients need a higher level of motivation to accept a recommendation for implants.

2. Focus on benefits, not the technical details. After a brief clinical explanation, you should make powerful benefit statements such as:
   - When you get your implant, you’ll have a fuller smile and improved confidence.
   - Implants will give you a better quality of life.
   - Say goodbye to food restrictions! You can bite into a crunchy apple, chew your foods easier and avoid uncomfortable digestive problems.
   - Future bone loss will no longer occur when you have implants.

3. There is no extra work involved for you to care for your implants. Regular brushing and flossing along with routine dental examinations of treatment you need.

4. Don’t perform a ‘wallet biopsy.’ Offer the ideal treatment to every patient. Making assumptions about treatment affordability or patients’ ability to pay can derail a case presentation right from the start. In this age of casual dress, CEO’s wear jeans and retail clerks don’t dress in suits. Don’t try to guess a patient’s wealth or desire for treatment by how they dress.

4. Offer flexible payment options. Cost is always the final obstacle during case presentation, especially for services not fully covered by dental insurance. Levin Group clients incorporate The Four Financial Options into their practices to achieve case acceptance for implants and other services. The four options include:

   - Five per cent courtesy for full payment upfront
   - Half of the fee upfront and half before completion of treatment
   - Credit cards
   - Third-party financing

Not many people can pay for implants out-of-pocket. By offering flexible payment options, practices make implants affordable for more patients. Some practices are hesitant to offer third-party financing because they’re afraid of losing a few percentage points of their total fee.

‘By offering flexible payment options, practices make implants affordable for more patients’

Dr Roger P Levin will be presenting his seminar, Achieve Explosive Implant Growth: Triple Your Implant Practice (Despite The Economy), on June 26 2009 in London. Don’t miss this chance to learn how to increase case acceptance and achieve greater productivity.

For more information, please call Perio-Implant Europe Ltd on 01276 469 600, email info@implantsuccess.com or visit www.implantsuccess.com. 

About the author

Dr. Roger P. Levin, DDS, is founder and chief executive officer of Levin Group, Inc., a leading dental practice management consulting firm. For more than 20 years, Levin Group has helped thousands of general dentists and specialists increase their satisfaction with practice dentistry.
The British Orthodontic Society's Spring Meeting was held in the Royal College of Surgeons of Ireland's original building, which is over 200 years old, on the corner of St Stephen's Green in the heart of Dublin. Following lunch, BOS Chairman Peter McCallum, opened the proceedings with an exceptional welcome to the event and a wonderful tour of the college with the hopes that this would signify the start of many joint ventures between the two societies. Michael Ryan, Chairman of the OSI, chaired the afternoon session, which was a fascinating insight into the relative strengths and weaknesses of the Invisalign and Incognito appliances.

Lingual had arrived with DirkWiechmann, who made an excellent start to the Friday afternoon session, presenting 'Lingual Orthodontics: the latest history.' The most recent advancement in laboratory manufacturing of Incognito, developed by the speaker, has resulted in a custom-made appliance which is not only more comfortable for the patient but also boasts accurate torque expression and effective mechanics. Results were exceptional and Dr Sarver urged us all as orthodontists to present a selection of complex cases treated with Incognito. This was truly impressive! Dr Wiechmann described the benefits of using Incognito compared to conventional fixed appliance therapy.

Following the break, the session was chaired by Cath Crocker of the OSI, who introduced the next speaker, selling coach, Ash-ley Laver. Ashley was quick to dispel the negative stereotype of a 'salesman' with his engaging and interactive session on 'Helping patients to say yes.' He started by reminding the audience that an investment in knowledge always pays the best interest and continued over the next hour to promote positive selling.

The presentation started with a reference to a recent book by Dr Sarver in his quest to promote professional analysis that Dr Sarver urged us all as orthodontists to present a selection of complex cases treated with Incognito. This was truly impressive! Dr Wiechmann described the benefits of using Incognito compared to conventional fixed appliance therapy.

A reference was made to a recent book by Dr Sarver in his quest to promote professional analysis that Dr Sarver urged us all as orthodontists to present a selection of complex cases treated with Incognito. This was truly impressive! Dr Wiechmann described the benefits of using Incognito compared to conventional fixed appliance therapy.

The first session was then launched by BOS Chairman, Nigel Harradine. The guest speaker, Dr Sarver, needed little introduction as most of us will be familiar with his name as one of the co-authors of the most widely read orthodontic textbook in the world: Contemporary Orthodontics by Professors Peter, Sarver, and Sarver.

Dr Sarver lectured widely on the 'art and diagnosis of the smile' and is well known for his dynamic multimedia presentations.

Part 1 - The aesthetic evaluation didn't disappoint as Dr Sarver sought to expand the diagnostic regime of the audience and leave the soft tissue paradigm. The importance of appreciating the macro- and micro-aesthetics of a smile was discussed. The significance of smile aesthetics, gentle forces and faciltating oral hygiene was emphasised with the hope that this would signify the start of many joint ventures between the two societies. Michael Ryan, Chairman of the OSI, chaired the afternoon session, which was a fascinating insight into the relative strengths and weaknesses of the Invisalign and Incognito appliances.

Lingual had arrived with Dirk Wiechmann, who made an excellent start to the Friday afternoon session, presenting 'Lingual Orthodontics: the latest history.' The most recent advancement in laboratory manufacturing of Incognito, developed by the speaker, has resulted in a custom-made appliance which is not only more comfortable for the patient but also boasts accurate torque expression and effective mechanics. Results were exceptional and Dr Sarver urged us all as orthodontists to present a selection of complex cases treated with Incognito. This was truly impressive! Dr Wiechmann described the benefits of using Incognito compared to conventional fixed appliance therapy.

Following the break, the session was chaired by Cath Crocker of the OSI, who introduced the next speaker, selling coach, Ashley Laver. Ashley was quick to dispel the negative stereotype of a 'salesman' with his engaging and interactive session on 'Helping patients to say yes.' He started by reminding the audience that an investment in knowledge always pays the best interest and continued over the next hour to promote positive selling.

The presentation started with a reference to a recent book by Dr Sarver in his quest to promote professional analysis that Dr Sarver urged us all as orthodontists to present a selection of complex cases treated with Incognito. This was truly impressive! Dr Wiechmann described the benefits of using Incognito compared to conventional fixed appliance therapy.

A reference was made to a recent book by Dr Sarver in his quest to promote professional analysis that Dr Sarver urged us all as orthodontists to present a selection of complex cases treated with Incognito. This was truly impressive! Dr Wiechmann described the benefits of using Incognito compared to conventional fixed appliance therapy.

The first session was then launched by BOS Chairman, Nigel Harradine. The guest speaker, Dr Sarver, needed little introduction as most of us will be familiar with his name as one of the co-authors of the most widely read orthodontic textbook in the world: Contemporary Orthodontics by Professors Peter, Sarver, and Sarver. Dr Sarver lectured widely on the 'art and diagnosis of the smile' and is well known for his dynamic multimedia presentations.

Part 1 - The aesthetic evaluation didn't disappoint as Dr Sarver sought to expand the diagnostic regime of the audience and leave the soft tissue paradigm. The importance of appreciating the macro- and micro-aesthetics of a smile was discussed. The significance of smile aesthetics, gentle forces and facilitating oral hygiene was emphasised with the hope that this would signify the start of many joint ventures between the two societies. Michael Ryan, Chairman of the OSI, chaired the afternoon session, which was a fascinating insight into the relative strengths and weaknesses of the Invisalign and Incognito appliances.

Lingual had arrived with DirkWiechmann, who made an excellent start to the Friday afternoon session, presenting 'Lingual Orthodontics: the latest history.' The most recent advancement in laboratory manufacturing of Incognito, developed by the speaker, has resulted in a custom-made appliance which is not only more comfortable for the patient but also boasts accurate torque expression and effective mechanics. Results were exceptional and Dr Sarver urged us all as orthodontists to present a selection of complex cases treated with Incognito. This was truly impressive! Dr Wiechmann described the benefits of using Incognito compared to conventional fixed appliance therapy.

Following the break, the session was chaired by Cath Crocker of the OSI, who introduced the next speaker, selling coach, Ashley Laver. Ashley was quick to dispel the negative stereotype of a 'salesman' with his engaging and interactive session on 'Helping patients to say yes.' He started by reminding the audience that an investment in knowledge always pays the best interest and continued over the next hour to promote positive selling.

The presentation started with a reference to a recent book by Dr Sarver in his quest to promote professional analysis that Dr Sarver urged us all as orthodontists to present a selection of complex cases treated with Incognito. This was truly impressive! Dr Wiechmann described the benefits of using Incognito compared to conventional fixed appliance therapy.

A reference was made to a recent book by Dr Sarver in his quest to promote professional analysis that Dr Sarver urged us all as orthodontists to present a selection of complex cases treated with Incognito. This was truly impressive! Dr Wiechmann described the benefits of using Incognito compared to conventional fixed appliance therapy.

The first session was then launched by BOS Chairman, Nigel Harradine. The guest speaker, Dr Sarver, needed little introduction as most of us will be familiar with his name as one of the co-authors of the most widely read orthodontic textbook in the world: Contemporary Orthodontics by Professors Peter, Sarver, and Sarver. Dr Sarver lectured widely on the 'art and diagnosis of the smile' and is well known for his dynamic multimedia presentations.

Part 1 - The aesthetic evaluation didn't disappoint as Dr Sarver sought to expand the diagnostic regime of the audience and leave the soft tissue paradigm. The importance of appreciating the macro- and micro-aesthetics of a smile was discussed. The significance of smile aesthetics, gentle forces and facilitating oral hygiene was emphasised with the hope that this would signify the start of many joint ventures between the two societies. Michael Ryan, Chairman of the OSI, chaired the afternoon session, which was a fascinating insight into the relative strengths and weaknesses of the Invisalign and Incognito appliances.
National Dental Nursing Conference 2009

Before the full programme is finalised, BADN chairman Pam Swain offers some information on the conference venue and how to book your ticket.

The upcoming 2009 National Dental Nursing Conference will be held at the Cheltenham Chase Hotel, near Cheltenham, on October 23 and 24, 2009. Although the programme is still to be finalised, we can tell you that it will include talks on forensics, chiropractics, cross infection, professional indemnity, dental technology, change management and possibly implants. If you attend, each delegate will be eligible for up to eight hours verifiable CPD.

What it costs

The conference fee of £120 for current BADN members (£190 for non-members) includes full lecture programme (including attendance at both opening and closing ceremonies), conference handbook, verifiable CPD certificate, online registration, lunch on both days, a place at the presidential reception and dinner, breakfast canapés, refreshments (tea/coffee, biscuits, Danish pastries and cake), a business folder, as well as cheese samples courtesy of the English Cheese Board. Other sponsors include the British Dental Trade Association, Colgate and Schulke.

Beautiful surroundings

Situated in 15 acres of grounds at the foot of the Cotswold hills, the Cheltenham Chase Hotel has 122 spacious bedrooms and free parking for more than 200 cars and is situated just a mile from Junction 11a of the M5, under five miles from Cheltenham and Gloucester and under an hour (approximately 55 miles) from both Birmingham and Bristol. All bedrooms have air-conditioning, in-house movies, tea and coffee-making facilities and wireless high-speed internet technology. BADN has negotiated a special rate of £90 per night for a double or twin room (£45 per person per night) or £80 per night for a single room. However, there are also a number of other hotels in the immediate area.

Feeling fit?

For those who want to arrive the day before Conference, the hotel’s health, fitness and spa Reflections has a 14-metre swimming pool, sauna, steam room, Jacuzzi, gym, aerobics studio and beauty treatment rooms. Use of the leisure facilities is included in your stay, but BADN have negotiated special rates for delegates arriving early – just £20 for an express back, neck and shoulder massage and £15 for an express facial, bronze manicure or bronze pedicure. (These rates are only valid for pre-booked treatments on October 22, 2009.

How to register

Conference registration will be available online through the conference page of the BADN website – www.badn.org.uk. Or you can send your email details to conference@badn.org.uk with “2009 Conference” in the subject line. Delegates to the 2008 conference will receive an invitation by email shortly. Don’t worry if you’re coming to the conference on your own – we’ll look after you. If you would like to share a twin room with another delegate, just email us to let us know (conference@badn.org.uk) and we’ll try to match you up with another delegate. If you would like to travel to Cheltenham with other delegates, email your details and let us know if you are offering or seeking a lift, or travelling by train. We’ll put your details on the conference page of the website so other delegates from your area can contact you.
Time to listen

In unsteady times, patients might feel more vulnerable, so it’s wise to make sure you’re dealing with your patients in the right way to make them feel comfortable, says Mhari Coxon.

You may have noticed that our country is in a bit of a pickle financially just now. I don’t mean to sound glib about this, I am just not sure how to describe the situation. This global crisis will filter down and affect everyone in some way. I am grateful that, working in a service industry, as of yet, my book remains full of regular patients and there is still a steady stream of new clients on our day lists. My position is looking hellish but thankfully I am a long way off retiring yet. How many patients will be interested in forking out thousands for cosmetic work over the next year or so remains to be seen.

The stress that those not experiencing good fortune in their career must feel is hard to comprehend. Redundancy is on the increase, a four-day week is being bandied around as a solution in a lot of firms, and I am finding more and more people coming in not sure if they will have a job when I see them next. It is not surprising then that clients are apologising for their mouth before they even hit the chair. They know they have not cared for their mouths well since their last session as there have been other things on their mind.

Stress in relation to health

In times of personal crisis, our normal routines can be altered drastically, leaving us vulnerable to all sorts of things. Our eating habits can be less than ideal; we can skip meals and eat convenience food more often. Our alcohol consumption/cigarette use can go up. Our workload increases and we find a new set of priorities which don’t include yoga and flossing. We do not sleep well or exercise enough because we are tired. Illness seems to sneak up easily and linger for longer than it should. When stressed our saliva flow can be significantly reduced, creating a higher risk of caries and periodontal pathogen growth.

Relapse phase

A combination of even a few of these things can tip the balance back in the favour of disease. This often puts our clients into a relapse phase with their maintenance care and we need to support them well to allow them to find some motivation to keep caring for their oral health. We can’t fix the economic downturn, but we can help them survive it without new dental disease.

Using communication skills

And so it is important to remember the communication skills we have. Rearing in mind the ‘Four Es’ is helpful when relating to our patients. These are: engagement, empathy, education and enlistment.

We need to make sure we are engaging with our patient as they feel now. A person who has been made redundant is a different one to the person we knew in a secure job a few months ago. Reassess the clients’ personal situation in the most empathetic way you can.

Make sure you re-engage with your clients and spend time listening to what they have to say. Empathising with their situation rather than sympathising can help them to feel understood. Giving them some time to tell you how their life has

PracticeWorks

Practice Management Software and Digital Imaging Systems

Our team at PracticeWorks are recognised for their expertise in dental technology, from installation through to support and maintenance, whether it’s the most advanced practice management software or the most innovative digital imaging systems.

We have over 70,000 software installations worldwide to prove it. We also developed the first intraoral sensor, ‘RVG’, which started the digital radiography revolution.

And when you buy a PracticeWorks product you also buy great support. Our trainers, engineers and help desk staff are always on hand to ensure you get the most from our products and services.

So not only do you get the very best service at all times, you also get peace of mind from knowing that your satisfaction is our top priority.

The very best products, expertise, support and service brought to you on a plate

For more information or to place an order please call 0800 169 9692 or visit www.practiceworks.co.uk

© PracticeWorks Limited 2009
changed can be valuable, but also must not dominate the entire appointment.

This communication phase can help to reduce the patients need to be defensive when discussing their oral hygiene with a professional. No one likes to be told off anyway, but even less so when life is pressured. Wagging your finger and saying: ‘You should be brushing in the evening you know’, is not going to curry favour with the average client just now.

We then have to re-enlist them as supporters of the treatment plan, to ensure their health parameters do not fluctuate out of the boundaries of health. This can best be achieved by using indices to show how things are. Science telling you are in trouble is less offensive than your hygienist telling you off. We have microscopes in surgery, which help us to assess the quality of the clients’ biofilm growth.

Clinically there can often be a reactivation of stable sites at times of stress in clients. This is when regular screening of bleeding, plaque and pocket depths will make it easy to see how the body is coping. I sometimes pop those with a previous history of caries back on high fluoride toothpaste during times of stress as a prevention measure.

Keep disclosing
And so we come back to disclosing each patient. Sometimes it can be a good motivator to kick-start their routine. If the patient is not ready to take up the routine of care again, we are better to leave motivational change, and use the disclosing to create a road map for a good disinfection of the mouth. This will help the patient and perhaps they will feel more able to cope by the next maintenance session.

Support through maintenance
The other way we can support our patients is by reducing the time in between their maintenance sessions to help keep them in that healthy zone. If finances are an issue, perhaps shorter sessions, closer together, over the next year would be a good way to support health. Obviously we need to consider the patients financial situation in this too. But, in my clinic at least, you can have eleven hygiene sessions for the same price as one crown so it really is a simple case of insurance. When you put it to patients like that it can help them to understand the need for continued care and how it is an investment in the long term.

Have a look at www.periodontalnutrition.com for some good advice for patients and great information about general health in relation to periodontal health.

Mhari Coxon
is a dental hygienist practising in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (BSDHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CPDForDCP, which provides CPD courses for all DCPs. To contact her, email mhari.coxon@cpdfordcp.co.uk.

FGDP(UK) Diploma in Implant Dentistry

This successful and highly regarded programme offers dentists the ultimate training in implant dentistry from an established teaching faculty that includes experts in the field.

- Hands-on practical sessions at every contact unit
- Expert guidance from a local course tutor and support from a peer mentor
- Accredited towards the FGDP(UK) Career Pathway and some MSc courses
- Minimal time away from practice

We would like to thank the following companies for their continued support of this programme.

Cost: £18,500 FGDP(UK) members; £19,500 non-members
Duration: Two years part-time
Course dates: February 2010 – December 2011

Location: The Royal College of Surgeons of England, London
Course structure: 13 two-day units at the local course centre, 3 further two/three-day units in Germany

Delegates could qualify for approximately 180 hours of verifiable CPD on completion.

Email fgdp-education@rcseng.ac.uk or call 020 7869 6757 to find out more, quoting reference DI09DT1.
Mr Artio™ - "Tools for a True Artist"

Mr. Artio™ - he is light and agile with an ergonomic grip and super strong tips, the DENTSPLY team often wonder how they would cope without him. He simply loves creating works of art with his DENTSPLY restorative friends!

DENTSPLY’s Indirect Restorative Team understand that crown & bridge restorations are amongst the most demanding procedures carried out by a dentist, with high expectations from their patients. DENTSPLY's quality, branded products fit each step of this procedure, making it quicker and easier to ensure an accurate, long lasting restoration and help you to "get it right first time".

Restorative Hand Instruments with Mr Artio™ "Tools for a True Artist"

For more information, please contact your local DENTSPLY Product Specialist on: +44 (0)800 672 5515 or visit our website: www.dentsply.co.uk

Perfect Grip from Bien-Air

Bien-Air's DIAMLINE instruments offer you excellent hand grip due to the patented, high tech diamond powder surface treatment.

DIAMLINE handpieces allow for precision treatments with reduced effort and tension on your part combined with less hand fatigue, allowing you to work more efficiently. Clinical tests have proved that the high tech coating increases the life of your instrument's surface by 5 times more than the coatings currently used. These investigations have shown that DIAMLINE instruments showed no wear after more than 50,000 friction cycles meaning that your instruments will last longer ultimately keeping costs down.

These contra-angle handpieces combine a maximum power at both high and low speeds, particularly when combined with the MX motor from Bien-Air. With 5 contra-angle handpieces and a straight handpiece in the range of DIAMLINE instruments, you will find that these instruments cover the full range of clinical applications.

For further information please contact Bien-Air on 01306 711 505 or visit www.bienair.com

A single use instrument at an affordable price

Decommission of instruments is a complex process that involves several stages, including cleaning, disinfection, inspection and sterilisation, as outlined in the Government de-contamination guidelines HTM 01-05. To provide peace of mind to your patients, DENTSPLY offers a range of single use, disposable plastic instruments.

Dentsply’s Indirect Restorative Team understand that crown & bridge restorations are amongst the most demanding procedures carried out by a dentist, with high expectations from their patients. DENTSPLY's quality, branded products fit each step of this procedure, making it quicker and easier to ensure an accurate, long lasting restoration and help you to "get it right first time".

Preparation with Mrs. Hi-Di® Diamond Burs

Mrs. Hi-Di® is well-received - with her years of experience, she is a key asset to the team. Her multiple layers of diamond grit mean that she is reliable & durable and always runs true. She ensures most clinical situations are met with various patterns and she’s always kind to your handpieces. Why buy other brands, when Mrs Hi-Di can offer you assurance with high quality – Diamonds are a Bur's best friend!

The new high performance LED polymerisation device from VOCO

The Celalux 2 is a high performance, light-curing device offering an especially high intensity of blue light. With an average light output of 1000 mW/cm², the Celalux 2 is ideally suited for use on restorations with all composite materials, bonds and light-curing cements.
Infected with common sense

CODE, the Association for Dental Practice has just launched an Infection Prevention Kit to make it easy as possible for all dentists to comply with the new decontamination guidance HTM 01-05 from the Department of Health.

The CODE Infection Prevention Kit is a collection of practical tools, which distil the new guidance and break it down into sections to make compliance with all aspects of cross infection control, sterilisation and decontamination manageable.

The kit is provide free to CODE members and is available to non-members as a stand-alone product for £50 (incl. VAT). Those who purchase the kit have the opportunity to discover the benefits of CODE membership at a reduced price by paying a further £195 to access all the other £50 CODE modules without having to find the usual joining fee.

Sponsored by the Dental Directory, the CODE Infection Prevention kit contains a companion catalogue with a useful range of equipment and products.

You can read more about the kit and watch videos at www.CODEdeak.com/preven-
n
Mem-Lok Resorbable Collagen Membrane: Easy Handling, Long Lasting

BioHorizons are pleased to introduce Mem-Lok, a new resorbable collagen membrane, to the UK Dental market. Mem-Lok is a Type 1 collagen matrix that hinders epithelium down growth and prevents connective tissue cell migration. Derived from bovine achilles tendon, this permeable membrane offers high mechanical strength. Mem-Lok has an optimized balance of flexibility and rigidity and a macromolecular pore size that allows nutrient transfer into the wound site.

Mem-Lok is easy to use and adaptable to various deficiencies, and it also demonstrates a predictable resorption rate of 26-28 weeks*. This illustrates a market leading resorbable collagen membrane, producing great results for dentist and patient.

BioHorizons are the exclusive UK distributors of Mem-Lok. For more information on Mem-Lok and the BioHorizons product range and courses please contact the office on 01544 752390, email info@biohorizons.com or visit our website at www.bio-

Mem-Lok and the BioHorizons website.

Building on a foundation of patient loyalty by providing reliable and demonstrable advice helps to develop good trusting relationships which are paramount to patients’ oral health. Committed to finding the evidence-based solutions for both dental professionals and their patients, Oral-B will continue to support the best in dental practice development.

For further information ask your local Minerva Representative or telephone 029 20 442808.

The Instrument of Choice for You

Dentafix are proud to announce the addition of a new instrument range to their expanding portfolio. The Nova Resin Handle instruments are made and finished in the UK by skilled craftsmen to exceptionally high standards at economi

can our practice offer that a

Epiprem: Breaking down the barriers to softer hands

Epiprem is designed specifically to meet the hand care needs of dentists, hygienists and nurses in a day to day dental practice. Its non-greasy formula replenishes moisture lost through hand washing and provides a barrier to lock in moisture; also protecting against the irritation that may be caused by surgical gloves.

Hypoallergenic Epiprem leaves hands feeling soft and fresh and delicately perfumed. It can be economically supplied in a pack of 6 x 100g tubes for easy distribution into each surgery.

Friand puts fizzle into implant dentistry

Many of Britain’s most successful implant dentists joined DENTSPLY Friadent and DJ Frankie for a sparkling climax to this year’s Congress of the Association of Dental Implantology UK. Delegates were keen to get involved with the new dentists’ implants referral campaign and the acclaimed Dental Skills Development Programme. Product innovations which attracted a great deal of interest included ANKYLOS® C/X, with the unique indexing option and XiVE® 3.0, one of the world’s narrowest implants.

For more information on Epiprem and to order your FREE ANKYLOS® C/X Tissue Care Connection plus the option of indexing, please contact Septodont on 0800 455 155 or log onto www.septodont.co.uk
EAPD Agree on updated Fluoride Guidelines

The European Academy of Paediatric Dentistry (EAPD) convened in Athens in November 2008 to agree guidelines on the use of fluoride in children. Paediatric experts from 25 European countries attended the workshop that was generously sponsored by P&G.

The proposed guidelines were approved unanimously by the EAPD Board and Council during their annual meeting in Helsinki on May 14-16th, following a 6 months discussion in order to achieve the highest level of consensus. The updated guidelines will appear shortly at the Academy’s site (eapd.net) and will be published in the Academy’s official journal, European Archives of Paediatric Dentistry.

The advantages of composite and glass ionomer in one product

Ionolux – Simply twice as good

Ionolux is a light-curing, glass ionomer restorative that combines the advantages of glass ionomer cement and composite. Ionolux is available in the natural VITA® shades of A1, A2 and A3. Ionolux is characterised by a long working time, which can be individually controlled with a light-curing lamp. Ionolux permits quick application, has excellent modeling properties, does not stick to the instrument and allows outstanding adaptation to the cavity walls. Conditioning the tooth substance before placing a filling with Ionolux is just as necessary as the use of a varnish. The polymerization time of 20 seconds per layer is short and practical. Ionolux is simple to finish, comes in one kit and allows outstanding adaption to the cavity walls.

Outstanding alternative to Interdental Products

‘It’s quick, easy and effective to use’

The best benefits of using Waterpik® Dental Water Jet have been clinically documented, especially with children with dexterity impairment or suffering from Periodontitis.

Hygienist Alison Mackenzie of Nesbitt Dental Surgery, Inverness has seen the advantages that come from using the Waterpik®, “It is quick, easy and effective to use, it increases patient compliance and is reasonably priced.” Whereas dental floss can only reach into 2-5mm of the gingival margin, the Waterpik® Dental Water Jet can reach pockets of up to 6mm. Using the appliance also highlights the importance of cleaning all areas of the mouth, focusing not only on the teeth and gums but the tongue as well.

Waterpik® provides unparalleled cleaning with clinical studies revealing 95% reduction in plaque in comparison to flossing alone. Accessible to all patients, it is easy to use for children and those with dexterity problems.

For your professional courtesy discount on the Waterpik® Dental Water Jets speak to your wholesaler or visit www.waterpik.co.uk. The products are also readily available in Boots stores.

The NEW Answer to Superior Sterilisation

Yoyo, the leading provider of superior infection control equipment, is proud to launch the NEW Yoyo Steamer autoclave: SpectruM6.

Designed by experts who understand what it takes to satisfy the requirements of HTM 01-05, this autoclave is fitted with a cycle validation system to ensure reliable and accurate processes that achieve a consistent standard of performance. Full reports can be sent directly to PC with the option of a wireless connection.

Features include:
- Independent cycle validation
- Sensors identify areas requiring user attention
- Automatic readjusting over temperature and pressure cut-out systems
- Reservoir and waste water level sensors
- Automatic waste tank over flow shut-off and sensor
- Easily removable waste tank for easy disposal
- Innovative chamber-filling system for economic chamber filling
- Space saving stackable design

Trusted by dentists to deliver a superior standard of reliable technology, Yoyo creates outstanding results.

For more information, or for a FREE compliance survey, please call Yoyo on 0845 241 5276 or email info@yoyoden-tal.com

www.yoyoden-tal.com

Page 28 Industry News

denistsimplants.com

Implant case referral partners

Dental Implantology Skills Development Programme

Training for every level of previous experience and the whole implant team

Many of Britain’s most successful implant dentists joined DENTSPLY Friadent for a very special celebration during this year’s ADI Congress.

Reader enquiries and further information:

DENTSPLY Friadent UK & Ireland, Case Referrals: www.denistsimplants.com Education Freephone: 0800 077 8656, Email: courses@friadent.net

Orders Freephone: 0800 085 1540, General Enquiries: 01295 867788 Email: info@friadent.net www.dentsply-friadent.com

Spring Forward

Céad mile failte go millaire Atha Cliath!

Literally ‘a hundred thousand welcomes to Dublin’ for an historic event in an historic city. The British Orthodontic Society’s Spring Meeting was the first joint-meeting between the BOS and the Orthodontic Society of Ireland. It was a resounding success, with over 300 delegates attending the two day meeting, which was held in the capital city of Ireland - Dublin.

Unfortunately, the weather was not as welcoming as the medical city of Ireland - Dublin.

The EAPD also advocated the following recommendations to prevent the onset of Early Childhood Caries (ECC) as seen at www.eapd.com/Guidelines/in dex.htm.

Firstly, an oral health assessment should take place in the first year of a child’s life. Secondly, an infant’s teeth should be brushed daily with a smear of fluoride toothpaste from the moment they erupt. Thirdly, professionals should apply fluoride varnish is recommended on primary dentition for those at high risk of Early Childhood Caries (ECC).

Proven Long-Term Clinical Efficacy!

TiUnite®

Nobel Biocare’s proprietary titanium oxide implant surface TiUnite® is the best-documented commercially available implant surface on the market and is supported by long-term clinical data.

The market leader for dental innovations based on clinical research, Nobel Biocare is celebrating the success of TiUnite®, now in it’s tenth year. The moderately rough surface of TiUnite® enhances the speed at which implants osseointegrate and as a result, the time at risk for implant failure is dramatically reduced during the critical first three months of healing.

At the 2009 Academy of Osseointegration Annual Meeting in San Diego, Dr. Roland Glauser presented long-term clinical data confirming the success of TiUnite®.

Manufactured from commercially pure (CP) titanium, TiUnite®. In spite of evidence that titanium-zirconium alloy provides strength than other CP4 titanium implants, Nobel Biocare’s cold worked products remain the strongest option and preclude the need to add potentially toxic materials.

For more information visit www.nobelbiocare.com or call: +44 (0) 1895 452 921

Golf Match 2009

DDS Golf Champs Annual Brüggen Tri-Service

The 24th Annual DDS Annu-al Tri-Service Golf Match – Brüggen took place on April 17th at the West Rhine Golf Club, Javelin Barracks.

Teams comprising of dentists from the Royal Naval Dental Service (RNAS), the Royal Air Force Dental Branch (RAFB), and Civilian Dental Practitioners (CDPs) made the journey from the UK, Germany and the Netherlands, with the Tri-Service, to play in and win the competition.

For more information about the DDS Golf Champs, please visit page 27.
“I just got back from LVI and my world has changed. I can't possibly look at dentistry the same way again!”
– Dr. Balaji Srinivasan

“My LVI education has enabled me to not only survive, but to thrive.”
– Dr. James R. Harold

“There is nothing out there that even comes close to the LVI experience. The amount of enthusiasm I am bringing home with me is unbelievable. What an experience and a treat!”
– Dr. Robert S. Maupin

REGISTRATION IS JUST A CLICK AWAY!

www.lviglobal.com
888.584.3237
Climb Mount Kilimanjaro

If you are in need of a challenge, why not attempt to climb Mount Kilimanjaro? Not only will you be raising money for Bridge2Aid, it might just change your life.

Climbing Kilimanjaro is one of life’s true achievements. Soaring above the vast plains below, the ‘Roof of Africa’ rises to a giddy 5,895m (19,550ft).

The climb at altitude, as well as the lunar landscape and stunning views makes it one of the mountains every trekker and mountaineer in the world wants to conquer.

From August 20 to 30 2009, Bridge2Aid is running a bespoke trip for up to 20 intrepid supporters. Half these places have already been filled by individuals wanting to undertake the challenge of a lifetime. Will you be joining them, and watching dawn break over the Rift Valley?

As you conquer Mount Kilimanjaro, the highest mountain in Africa, you will marvel at the diverse ecosystem – from cultivated farmlands on the lower levels, through lush rainforest and alpine meadow to a barren lunar landscape at the top. Catching the sunrise from the summit is a breathtaking moment. Intrepid individuals only need apply – this is our most challenging event and is not for the faint hearted.

The trip comprises

DAY 2: Fly Nairobi – Kilimanjaro.
DAY 3: Start ascent from Marangu Gate to Mandara Hut. 4.5 hrs
DAY 4: Long trek uphill through the cloud level to Horombo Hut. 7-8 hrs
DAY 5: Acclimatisation day. Trek to Mawenzi Pass and back. 5 hrs
DAY 6: Follow lower route to Kibo Hut through spectacular flora and fauna. 7-8 hrs
DAY 7: Trek halfway to summit to acclimatise. 5 hrs
DAY 8: Trek to the summit for sunrise. Return to Horombo Hut. 15-17 hrs
DAY 9: Descend to Marangu Park Gate. Celebratory meal.
DAY 10: Fly Kilimanjaro – Nairobi – London (option to extend trip in Tanzania is available).
DAY 11: Arrive London…

Why do supporters climb Mount Kilimanjaro for Bridge2Aid?

• Because we rely on the generosity and commitment of our supporters to carry on our work.
• Because with every step you take on Kili, the funds you raise will be changing lives in Tanzania.
• Who knows? Tanzania may even repay the compliment, and change your life too...

To be a part of this amazing challenge, you will need to register and send a deposit for £250. Participants agree to fundraise £2,950. Please contact kerry@bridge2aid.org, call her on 07881 912060 or visit our website www.bridge2aid.org.

The Clearstep System

The Clearstep System is a fully comprehensive, invisible orthodontic system, able to treat patients as young as 7.

Based around 5 key elements, including expansion, space closure/creation, alignment, final detailing and extra treatment options such as function jaw correction. The Clearstep System is designed to treat any malocclusion efficiently and invisibly, no matter how severe.

GDP friendly, with our specialist orthodontic faculty providing full diagnostic input and treatment planning, no orthodontic experience is necessary. As your complete orthodontic toolbox, Clearstep empowers the General Practitioner to step into the world of orthodontics and benefit not only their patients, but their practice too.

Accreditation Seminar

This accreditation seminar is aimed at General Practitioners, providing you with all the knowledge and skills required to begin using The Clearstep System right away.

Introductory Course dates for 2009

14th July London
8th October London

Personal Accreditation

Receive a visit from a Clearstep Account Manager, providing a personal accreditation in your practice at a time convenient to you.

Further Courses

Once accredited, further your orthodontic expertise with our hands on course, where you will learn sectional fixed skills and other methods to reduce your costs and treatment times.

Clearstep Advanced Techniques Hands-On Course dates for 2009

29th June - 1st July London
1st - 3rd December London

To find out what Clearstep can do for you contact us today.
01342 337910
info@clearstep.co.uk
www.clearstep.co.uk

The Clearstep System

Comprehensive invisible orthodontics made easy

The Clearstep System is designed to treat any malocclusion efficiently and invisibly, no matter how severe.

GDP friendly, with our specialist orthodontic faculty providing full diagnostic input and treatment planning, no orthodontic experience is necessary. As your complete orthodontic toolbox, Clearstep empowers the General Practitioner to step into the world of orthodontics and benefit not only their patients, but their practice too.

Accreditation Seminar

This accreditation seminar is aimed at General Practitioners, providing you with all the knowledge and skills required to begin using The Clearstep System right away.

Introductory Course dates for 2009

14th July London
8th October London

Personal Accreditation

Receive a visit from a Clearstep Account Manager, providing a personal accreditation in your practice at a time convenient to you.

Further Courses

Once accredited, further your orthodontic expertise with our hands on course, where you will learn sectional fixed skills and other methods to reduce your costs and treatment times.

Clearstep Advanced Techniques Hands-On Course dates for 2009

29th June - 1st July London
1st - 3rd December London

To find out what Clearstep can do for you contact us today.
01342 337910
info@clearstep.co.uk
www.clearstep.co.uk
Acid Erosion. A way forward.

Sensodyne Pronamel helps reharden enamel.

From Sensodyne: a toothpaste that helps protect at-risk patients from the damaging effects of erosive tooth wear, an emerging issue, as diets high in acid increase in popularity.

Sensodyne Pronamel helps remineralise and reharden acid-softened enamel, with its high fluoride availability and low abrasivity. Sensodyne Pronamel is also specially formulated for sensitive teeth, while offering effective cleaning and freshening. Use twice a day, every day.

So when you identify the signs of acid erosion, you can recommend Pronamel from Sensodyne.

Visit www.gsk-dentalprofessionals.co.uk


SENSODYNE and PRONAMEL are registered trade marks of the GlaxoSmithKline group of companies.