Fluoride consultations take off

The first of a series of public consultations, that could lead to 40 per cent of England’s water being fluoridated, has begun.

Southampton is just one of a number of areas in the country earmarked for fluoridation after the government changed the law making it easier for strategic health authorities to demand that water companies fluoridate water supplies if there is strong local support for doing this. Before that, water companies had the power to decide.

South Central Strategic Health Authority (SHA) launched the consultation for a water fluoridation scheme on Monday 8 September.

Dr Jayanthi Lohan, consultant in dental public health, Southampton Primary Care Trust said: ‘We are very pleased that following research into the feasibility, safety and cost of water fluoridation, South Central SHA has decided to begin the public consultation on water fluoridation. Southampton City PCT believes water fluoridation is the most effective way of reducing the large numbers of tooth fillings and extractions currently needed by children. South Central SHA will also improve the oral health of everyone locally drinking fluoridated water.’

The PCT claims if the level is topped up to one part per million of fluoride per million parts of water (1ppm), studies from around the world suggest that the average child is likely to have two fewer decayed teeth and that about 15 per cent more children would be totally free from tooth decay.

It also cites evidence from countries where the water has been fluoridated for more than 40 years, such as the United States and the Irish Republic, that suggests that adults benefit as well as children.

‘Highly effective’ GDC

The General Dental Council is a ‘highly effective and well managed regulator’ with a consistent focus on public protection and a commitment to continuous improvement, according to the health care regulator watchdog.

The Council for Healthcare Regulatory Excellence, however, did express concern over the time it took to resolve fitness to practise cases.

Although the CHERE performance review of regulators did note that the GDC has put more resources into improving the 20 month average time between receipt of a complaint and final hearing.

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Oppose fluoridation!

People of England, your future health may depend on what will happen in Southampton in the next few months: A heavily subsidised (£180,000 of your taxpaying, as well as a full time ‘job’ worth more than £70,000 a year-see the Guardian) so-called public consultation is under way in Southampton. If the state is not met with enough public opposition, most of the Southampton water supply will be ‘fluoridated’ and the state will use this ‘victory’ to further its plan to do the same to many more poor people all over England.

Would you rather believe subsidised government propaganda or would you rather investigate for yourself and then decide?

Let’s start with a few quotes from more brilliant men than myself.

‘Government is an association of men who do violence to the rest of us.’

Les Tolstoy

‘Government is not reason, it is not eloquence, it is force. Like fire, it is a troublesome servant and a fearful master. Never for a moment should it be left to irresponsible action.’

George Washington

‘The ruling class has the schools and press under its thumb. This enables it to sway the emotions of the masses.’

Albert Einstein

‘Government is nothing but systematic coercion against the people, and coercion is a crime.’

Henry David Thoreau, in Civil Disobedience

‘What a great advantage for leaders that the people do not think!’

Adolf Hitler

‘The individual is handicapped by coming face-to-face with a conspiracy so monstrous he cannot believe it exists.’

J. Edgar Hoover, Former FBI director (1924-1972)

‘If people let government decide what foods they eat and what medicines they take, their bodies will soon be as sorry a state as are the souls of those who embrace fluoridation.’

The great American President Thomas Jefferson

You, the reader should investigate for yourself. The element fluor was part of all the weaponised gases in the first world war. Ongoing research immediately after the end of the war, both in Germany and the Soviet Union, showed how fluor was used to make water poisonous in camps. The element fluor was added to water in prisons and concentration camps. It was a deadly poison for the inmates. It was also used in wars.

Look up what the National Kidney Foundation in the USA thinks about fluorid and kidneys.

The solution used to fluoridate tap water is NOT natural Calcium fluoride, used in toothpaste and sunbeds, but a highly toxic heavy metal – silicon fluoride which HAS NEVER BEEN TESTED FOR SAFETY IN HUMAN BEINGS.

Also, the solution used comes from industrial scrubbers and contains heavy metals like lead.

It is illegal to medicate anyone against his will, so as long as there is one person in Southampton opposed to this fluoring, it is illegal. This shows you how arrogant and preposterous it is to hold a public consultation in order to make it look acceptable to the public.

Use your intuition. Everybody has at least some.

A dentist

Long-term vacancy rates for NHS dentists have fallen from 1.1 per cent to 0.9 per cent, according to statistics published by the NHS Information Centre.

The NHS Vacancy Survey 2008 reports on NHS vacancies that remained unfilled for three months or more on 51 March 2008.

The survey showed that the North East Strategic Health Authority had the highest long-term vacancy rate across medical and dental staff groups at 1.6 per cent (though this was a fall from 1.9 per cent in the previous year).

Chief executive of the NiHS Information Centre, Tim Straughan said: ‘Today’s figures show long-term vacancy rates are continuing to fall across nearly all staff groups. This is good news for patients because low vacancy rates are likely to contribute towards better continuity of care.’

The three month vacancy rates are calculated by dividing the number of vacancies by full-time equivalent staff in post plus the number of vacancies. This ratio is expressed as a percentage.

Colgate Oral Health Month

More than 85 per cent of UK dental practices have registered to take part in Colgate Oral Health Month.

Colgate Oral Health Month by Colgate and the British Dental Association aims to inform the public and promote the importance of oral health.

A spokesman for the campaign said: ‘The 2008 campaign is focusing on delivering consistent preventive messages.’

She added: ‘Colgate Oral Health Month provides the entire dental team with an opportunity to get involved in a nationwide campaign that will be supported by TV advertising.

A road show will travel around major UK cities throughout September. Dental professionals will be at mobile toothbrushing units to give advice on oral health and demonstrate appropriate brushing techniques. They will each receive a practice pack that contains educational materials, a patient competition, motivational stick- ers and patient samples.’

The continuous professional development (CPD) programme ‘Delivering Prevention in Practice – A Team Approach’ is available as part of Colgate Oral Health Month.

While working on the programme, the whole dental team will qualify for four hours verifiable CPD.

Visit www.colgatohm.co.uk to download this interactive programme.

Highly effective’ GDC

Mr Mathewson added: ‘We are not complacent; we take feedback report highlights some areas where we need to improve, and I’m pleased to say we have already started work on them. We have an ambitious work plan which includes launching a system for regularly ‘evaluating’ dental professionals (we’re on track to run pilots next year), continuing to drive down the time we take to deal with fitness to practise cases, and streamlining our registration processes.’

The GDC is particularly strong on standards and guidance, and according to the review which praised its Standards for Dental Professionals as prioritising dental practitioners’ interests, and having well-focused and clearly written standards and guidance documents.

Another area where the GDC excels is public protection.

‘The GDC audits a random sample of registrants’ (CP) records and additionally reviews those of all registrants who have been late in submitting fee pay- ment, for example, to ensure those who are poor at keeping on top of such things are not slack at keeping up with other require- ments the GDC places upon them,’ said the report.

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Editorial comment
To fluoride or not to fluoride...

Tony Lees, dental advisor to the UK Councils Against Fluoridation is one such man. He cites figures from the York Herald. ’It condemns one in eight people to a life-time of paying for cosmetic dentistry.’

The country has said time-and time again for over 40 years that it does not want dangerous toxic poisons pouring into our water supply. Solid facts are the only solution to this long-standing issue.

The prospect of the government using thousands of our pounds to add fluoride to our water raises more than a few crooked eyebrows. Some of you out there are genuinely delighted that the UK is finally making headway with reducing tooth decay through a pretty clear cut solution – both in adults and children. While others of you – dentists and members of the public - are fuming. So what to do?

Well the easy get-out clause for the government is to roll out any ‘controversial’ issue to a ‘public consultation’. It certainly sounds good doesn’t it – even has over-tones of the right kind of public etiquette, and genuinely sounds like it includes the views from the very rich and the very poor. Maybe it does, but I really can’t imagine we’ll receive a phone call asking whether we are ‘for’ or ‘against’ fluoridation. But if we do, what will they say? Will they say: Hello, how do you like the idea of ingesting a substance which is used as a pesticide and has been suspected of causing cancer, hip fractures, mental impairment, fertility problems, thyroid conditions, brittle bones, anaemia, chronic fatigue, excessive thirst, headaches, skin rashes and dental deformities? Probably not.

Added vitamins
Chatting to Dr Cockcroft last week his reasons to back fluoridation are set in stone. When asked why everyone else should drink fluoridated water for the benefit of the more decayed, he said: ‘I don’t have the right to impose fluoridation, but would you stop treating hung cancer in people just because they smoke?’

‘We add fluoride to bread and cereal, more vitamins and minerals to biscuits and confectionary so what’s the difference? If you lose your teeth at ten years old you are stuck with that for the rest of your life.’

For the ‘evidence’ for fluoridation is pretty weighted isn’t it. Studies from around the world claim that the average child is likely to have two fewer decayed teeth and that about 15 per cent more children would be totally free from tooth decay. The government will also add that ‘fluoridation is an effective and relatively easy way to address health inequalities’ - giving children from poorer backgrounds a dental health boost that can last a lifetime, reducing tooth decay and the dental work they need in the future’. In response to this, plenty of highly valuable, expert and experienced doubt-ers - used to winning fluoridation arguments, rather than being brow-beaten and bullied by the medico-political establishment will point rather angrily at the evidence on the other side of the fence.

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BDTA DENTAL SHOWCASE

A Recipe for Success
More funding for Scottish dentists

The British Dental Association has called a £75m funding package for dental services in Scotland an ‘encouraging development’.

The funding – which is split £55m for 2009-10 and £40m for 2010-11 – represents an increase of more than 17 per cent over the two years on 2008-9’s baseline target funding of £52m.

Priorities for the Scottish Government’s funding programme include new dental centres for independent general dental practitioners (IGPs) working in the NHS, upgrading of decontamination facilities in GDP premises plus community health centre projects particularly in rural and remote areas.

Andrew Lamb, director of Scotland’s British Dental Association, said: ‘Specifically targeting this funding at supporting dentists to meet the challenges of upgrading decontamination infrastructure is an encouraging development and recognises the representations made by the BDA regarding the need to look at decontamination requirements in the light of existing premises.

Given the wide ranging implications that today’s announcement has on high street dentists, the BDA calls on the NHS Boards to take their steer from the Health Secretary and prioritise support for independent dental practices.’

NHS boards across Scotland have until October to prepare detailed proposals for ministerial approval on how they wish to spend their allocations.

Mr Lamb is concerned about ‘the ability of the Boards to meet this timescale’.

Health Secretary Nicola Sturgeon, who announced the funding package said the investment in primary care facilities and upgrades would help modernise healthcare services and give Scotland ‘a dental service to be proud of’.

She added: ‘Too many people in Scotland still don’t have access to an NHS dentist and we are determined to reverse the years of neglect and bring NHS dentistry within reach of those who currently don’t have access.

Already, we have seen the green shoots of recovery, with more registrations of adults and children across Scotland. We will build on recent increases in the number of dentists working in the NHS with a new £2m dental school in Aberdeen due to start training dentists in October.’

There will also be a newsletter available online.

‘This will provide a method of answering online the different enquiries we get from members of the dental team – because if one person actually asks the question there are probably dozens who thought about it but who didn’t contact us. These items will be totally anonymous of course,’ said a spokesman for Dental Protection.

Inflatable Hungarian dental surgery tour

An inflatable dental surgery staffed by Hungarian dentists is travelling around the UK promoting cheap dental treatment in Hungary.

The £25,000 mobile surgery complete with dentist chair, X-ray machines and hi-tech equipment is treating patients in London, Liverpool, Manchester and Glasgow.

The tour is designed to encourage people to travel to Eastern Europe for treatment where major dental work, such as dental implants, costs on average £700 in Hungary – between half and one third of the price in the UK.

The company behind the inflatable dental surgery is Hungarian Dental Travel, which arranges travel for Britons wishing to go to Hungary for treatment.

It deals with more than 20 patients a month.

Cecilia Varga, the company’s marketing director, said the tour is in response to the growing demand for consultations in the UK as well as overseas treatment.

The PVC structure took a year to develop and the equipment has had to be adjusted to cope with being inside an inflatable tent.

Normal dental surgeries have lead in the walls to stop radiation from the X-ray machine.

To get around the problem, the company is using lead perspex imported from Japan and a portable shield to stop the radiation beam.

Hungarian dentists are offering cheap treatments

New magazine for DCPs

Dental Protection, which provides advice and legal representation to dentists, has launched a magazine packed full of risk management information.

The new publication is called Team and will be distributed free to all practices employing dental care professionals (DCPs) indemnified by Dental Protection.

Kevin Lewis, Dental Protection’s dental director said: ‘Dental Protection is very pleased to introduce a new publication that will assist DCPs in their role as part of the overall team and very much as healthcare professionals in their own right.

We cannot work effectively and support others without being supported ourselves, which is why Team deliberately includes articles for practice managers and receptionists as well as GDC-registered DCPs.’

GDC assessors

The General Dental Council is looking for 10 new assessors for its Registration Assessment Panels.

The Panels assess applicants for registration from dentists in the European Economic Area (EEA) where their qualification is not automatically recognised in the UK. They also consider applications from dental care professionals from within the EEA and abroad.

Dentists from outside the EEA are required to sit an Overseas Registration Examination (ORE) and are not assessed by the Panels.

The Panels are made up of a mixture of dentists, dental care professionals and lay people.

They provide advice and recommendations to the GDC Registrar as to whether an applicant’s name should be added to the GDC’s registers.

Panel members also consider applications for entry onto the GDC’s Specialist Lists from dentists who either qualified outside the EEA, or are applying on the basis of knowledge and experience gained from academic or research work.

Applications are for three years and assessors have the opportunity to reapply for a further term.

Application packs and more information are available at www.gdc-uk.org or from Patrick Kavanagh at pkavanagh@gdc-uk.org. Applications close on Friday 26 September 2008.
The Chief Dental Officer for England returned to his hometown to officially open a new dental practice.

Barry Cockcroft, who used to run his own dental practice in Rugby, officially opened Rugby Dental Practice which is run by Rodericks Ltd.

The service has been contracted by NHS Warwickshire in order to offer improved access to dental services for people in Rugby. The practice has two dentists who are accepting NHS patients, as well as a dental therapist.

Dr Cockcroft, said: ‘I am currently spending a lot of time opening new NHS dental practices around the country. It is a real pleasure to be opening this new practice in my own hometown.

We are making unprecedented investment in NHS dental services and we are now turning the corner across the country.

This year alone we have increased spending on dentistry by £209m.’

Dr Cockcroft also paid a visit to his old practice in the high street where he worked for over 20 years.

Shalin Mehra, managing director of the new practice, said: ‘There was a shortage of dental provision in the area and we are extremely proud to have been chosen by NHS Warwickshire to provide general dental services to people in Rugby.’

David Pulford, chairman of Warwickshire’s Local Dental Committee, called it an ‘exciting new development in Rugby’ and added it ‘will ensure more NHS dental care in the local area’.  

Patients choose comfort

Patients choose a dentist who makes them feel most comfortable, according to business speaker Phillip Khan-Panni.

Mr Khan-Panni, who will be speaking at this year’s annual study day hosted by the Faculty of General Dental Practice (FGDP), believes dentists need to learn how to communicate with their patients better.

He will be giving advice on how to connect with patients, suppliers and staff and how to establish a rapport in those vital first few seconds when decisions of trust are made.

The event, which is being held at The Royal College of Surgeons of England, in London on 12 September, promises to explore the interaction between dentists and the patient and provide in-depth insights into the narrative nature of clinical cases, the pitfalls of poor communication, and the art of ‘speaking without words’.

Speakers Mike Clarke, Raj Rattan and Brian Hurwitz will also be at the event. 

Mr Khan-Panni says: ‘Patients choose a dentist who makes them feel most comfortable. This means being approachable, friendly and a good listener. I believe that every dentist can improve the way they communicate with their patients. It is not just about technique and skill, it is about how you present yourself and the way you interact with your patients.’

He will be one of the speakers at the annual event, which is run by the University of Cambridge and the FGDP(UK), and will be discussing the importance of communication in patient care.

The event is open to all dental professionals and will provide an opportunity for dental professionals to meet and network with colleagues from across the country. 

The event is open to all dental professionals and will provide an opportunity for dental professionals to meet and network with colleagues from across the country.

For more information, please visit the FGDP(UK) website or contact the FGDP(UK) office on 020 7869 6760 or find them on Twitter @FGDPUK.
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News & Opinions

How will the recent reforms affect you?

The patients’ safety charity AvMA is holding a conference exploring the changes in regulation affecting dentistry.

The event organised by Action Against Medical Accidents and run in association with the General Dental Council will also tackle the medico-legal issues facing dentistry and examine how to improve patient safety and learn from mistakes to ensure a safer workplace.

Speakers at the conference include Duncan Radkin, chief executive and registrar of the GDC, exploring the regulation of the dental team and Dr Janice Fiske, senior lecturer of sedation and special care dentistry at King’s Dental Institute, discussing special care dentistry and dealing with patients with additional needs.

Carol Varlaam, a lay member of the GDC, will be focusing on revalidation for the dental team.

The event is designed for all members of the dental team, as well as those concerned with clinical governance, risk management, patient safety and complaint management in dentistry, both in the NHS and in private practice.

The event will take place on 9 October at Woburn House in London.

For further information on the conference and details on how to register, please visit www.avma.org.uk or email conference@avma.org.uk or phone 020 8688 9555.

Walk the Great Wall of China

On health charity Dentaid is planning to walk the Great Wall of China for its next fundraising trek.

The 10-day trip along sections of the wall will be physically demanding. Highlights of the trip also include the Black Dragon Paw Park, Tiananmen Square and the Forbidden City.

Dentaid’s communications and fundraising manager Jenni Phillips said: ‘This trek is all about beauty, culture, people and above all a real physical and mental challenge, which will earn every penny of sponsorship raised.’

To take part in trekking the Great Wall of China from 19–28 September 2009, participants need to raise sponsorship of £2500 (plus a deposit of £150 and airport taxes.)

Denplan, one of Dentaid’s key corporate partners, is championing the trek by publicising it to its members and any trekkers recruited by Denplan will go towards its commitment of raising money for Dentaid over the next 5 years.

For more information on the Great Wall of China trek contact Felicity for an application pack on 01794 324249 or email felicity@dental.org.

GDPs to declare involvement

Dental professionals registered with the General Dental Council will have to tell their patients if they are employed by, or belong to, a dental body corporate, under new proposals.

The General Dental Council is currently consulting on ‘Declaration of involvement with a Dental Body Corporate’.

Following amendments to the Dentists Act in 2005, any corporate body can carry out the business of dentistry provided it satisfies certain conditions. However, the GDC believes that in order to protect patients, those involved in Dental Body Corporates should declare that involvement.

Subject to consultation, the GDC wants to insert a requirement into its Standards Guidance to ensure GDC registrants disclose they are a member of, or involved with or employed by, a body corporate, particularly as part of any complaints process.

The aim is to ensure a patient has the information they need to make an informed choice and are able to pursue a complaint fully and appropriately.

The consultation period closes at 5pm on Tuesday, 14 November 2008.

For more information and a copy of the consultation document, please visit our website www.gdc-uk.org. Responses to the proposals should be sent to dbcconsultation@gdc-uk.org.

Charity at Christmas

Dentists can support two dental charities this Christmas by buying their cards from Admor. For every card purchased ten pence will be donated to charity.

Five pence will go to the Benevolent Fund, a registered charity supporting dentists who are in need of financial assistance through gifts and interest free loans.

A further five pence will be donated to Dentaid, a UK based charity dedicated to improving the world’s oral health.

For more information or to purchase your cards, call 01245 554 978 or visit www.admor.co.uk.
Curb cancellations and no-shows from back to front

Doctor, Mr. Jackson just canceled his two-hour crown and bridge appointment. In one single sentence there goes your production for the day, swallowed into that now gaping hole in your schedule. Every dentist in every practice experiences the seemingly endless frustrations associated with patient cancellations and no-shows. The cash outlay is significant as broken appointments cost practices some £20,000–£50,000 every year.

And that doesn’t begin to count the thousands of pounds lost in production that the doctor never has the opportunity to diagnose, much less deliver.

While dental offices typically point the finger at the front desk to maintain a full schedule, clinical teams often overlook their indispensable role in ensuring patients keep appointments. In actuality, curbing cancellations and no-shows begins chairside.

It is essential that clinical teams emphasize the value of the dental care provided during even the most regular dental visit as well as clearly explain to patients the importance of keeping their appointments.

Ironically, dentists frequently overlook the significant influence that they have on the patient’s perception of routine dental care. In a rush to return to their own patient, they often unwittingly minimize the value of the professional hygiene appointment.

Consider this common scenario: The hygienist spends time explaining to Mrs. Patient that she is now showing signs of periodontal disease and may require more frequent oral hygiene appointments. The patient is concerned and is prepared to schedule oral hygiene visits once every four months. Then the doctor walks in to check Mrs. Patient. He greets her and marvels at the great job she is doing with her oral healthcare. The doctor has unintentionally given Mrs. Patient justification for skipping her next oral hygiene appointment.

First and foremost, the clinical team has to be on the same page. This situation is easily addressed if the hygienist takes just a moment to explain to the doctor what has been found and subsequently discussed with that patient. It is a simple solution, but it underscores the importance of the clinical team’s role in emphasising the value of ongoing dental care.

Make it personal

Confirmation calls are a must for every appointment scheduled. They should be made to patients 48 hours in advance of their appointments. Practices that achieve the greatest success in curtailing cancellations and no-shows are willing to adjust the scheduling coordinator’s work hours somewhat so that she can make the necessary calls during times that patients are most likely to be reached, such as in the evenings.

The objective of the confirmation call is to speak directly to the patient. This requires far more effort than just leaving a message on someone’s machine or with another household member.

Use a positive and pleasant tone when confirming appointments. Keep notes in the patient’s personal record regarding a particular area of concern, and reinforce the need for the treatment, based on the patient information in the chart. For example, ‘Mrs. Smith, I know Dr. Jones wants to keep an eye on that tooth on the upper left side.’ This will personalise the call for the patient, and it impresses upon them both the need for the appointment as well as the fact that your practice is truly attentive.

Fill cancellations fast

A computerised scheduling system is essential if the practice seeks to fill cancellations quickly and efficiently as well as competence manage the schedule as a whole. The computer enables practices to maintain a list of those patients interested in coming in sooner for their appointments. When a patient cancels, the scheduling program re-allocates the appointment information and scans the available patient data base to fill unexpected openings.

About the author

Sally McKenzie, Certified Management Consultant, is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management services to dentistry and has since 1980. McKenzie Management offers a full line of educational and management products, which are available on its website, www.mckenziemgmt.com. In addition, the company offers a vast array of Practice Enrichment Programs and team training. Ms. McKenzie is the editor of the e-Management newsletter and The Dentist’s Network newsletter sent complimentary to practices nationwide. To subscribe visit www.mckenziemgmt.com and www.thedentistsnetwork.net. Ms. McKenzie welcomes specific practice questions and can be reached at sallymck@mckenziemgmt.com.

Freephone 0800 542 7575 to book a survey or to receive your FREE Practice Managers’ Guide.
The Wrigley Oral Healthcare Programme from ORBIT Complete® is specially designed for oral health professionals. It offers a complete range of free information, including CPD compliant professional publications on plaque, edited by well known names in the dental industry, plus patient leaflets, samples of ORBIT Complete, online factsheets for you and your patients and a newly refreshed website.

Around-the-clock advice

A website isn’t just a way of listing the treatments you offer, but a way of providing post-treatment support to patients, says Amy Rose

In the 21st century, everybody wants convenient access to information. People do not want to wait. In the era of mobile phones and electronic mail, life is moving faster, and everyone expects instant satisfaction. The Internet has become the perfect resource to satisfy these expectations – if we want to hear a particular song, we can download it from the web in seconds. If we want to listen to a specific radio show that we might have missed, we can listen to it at a more convenient time through the station’s website.

In dentistry, the website has become a necessary facet of the service. Not just a marketing tool that lists the treatments you offer, not just a method of communicating to prospective patients your whereabouts and contact details, the site can also provide assistance with post-treatment support.

Of course, dentists will always tell their patients what to do when they get home, and what precautions they need to take in the near future. However, to ensure patients do not forget any of this information, it is a good idea to make it available 24 hours a day, seven days a week.

A helpful resource

With a comprehensive list of post-treatment advice, patients will be able to use your website as a resource to find out what to do after local anaesthetic, or root canal treatment. Your site can also warn patients to avoid certain foods in the case of temporary crowns, and so on.

As your list of available treatments grows, so will your body of post treatment advice. Your web service provider should assist you with regular updates to keep your site current, so that if new findings mean that existing advice needs to be amended, you can have changes made.

A patient favourite?

With the right support from your web solution provider to develop your site with unique HD (High Definition) animations to describe treatments and unlimited pages of helpful advice and information, your site will find its way onto your patient’s ‘favourites’ list on their internet browser. Then, when they need treatment in the future, or want to discuss possible cosmetic dental procedures for example, you will be their first port of call.

The potential of your website is enormous, and there are many facets to the comprehensive solution. By making post-treatment advice a priority, you will show your patients that you care as much about them after they have left your practice as you did when they were in surgery.
The perfect storm?
Although the US property market is quiet, Paul Hanks insists that lower property prices are opening up opportunities for UK investors.

You might have read some disparaging comments about the US real estate and mortgage markets lately. Yes, America’s property boom is over and the worldwide credit crisis has been fueled by the US sub-prime crisis. Forecasts suggest the UK is in for a period of unsettled real estate prices similar to that in the US.

In previous articles, I’ve spoken of the need to develop a real estate aspect to your investment portfolio. Diversification is key to success and I do not intend to talk here about the pros and cons to real estate investing. What I want to focus on is why now is the time for you to invest in the US.

US boom over
While the downturn in the US real estate market is bad news for domestic buyers, tumbling prices are opening up opportunities for UK investors. For British buyers interested in a second home in the US, however, conditions are highly favourable; the dollar is weak and it’s a buyer’s market.

Across the US, annual property prices dropped this year for the first time in decades. Initially, sales of new homes rose against the trend by 16.2 per cent, but this was achieved only because developers lured buyers with huge discounts and incentives. In a growing number of areas, owners can’t shift their properties, even after steep price cuts. Meanwhile, more and more homes are coming on to the market and reducing prices further.

But before you think you can throw a dart at a map and hit a profitable real estate investment, think again. Some markets are down 50 per cent, but some are up 50 per cent. The most problematic are those that had lots of speculators. But there is great disparity across the country.

You need to study the markets to know which areas have fallen to the lowest point and will show the best medium to long-term growth. For example, Miami has a surplus of condos and many buyers of off-plan condos are walking away. Others are selling at rock-bottom prices. But while prices are falling, Miami is no basket case and investors will be buying into a city with stable prospects in the long term.

The weak dollar
The euro has also enjoyed considerable gains against the dollar, and Irish investors in particular have been active in New York City, keeping prices buoyant. Twelve months ago, 1 EURO = US$1.19. Today 1 EURO = US$1.47.

Even the pound is at a 26-year high. Looking at the 26-year average, £1 = US$1.65. Now the pound is US$2.08. At US$2, the pound is about 20 per cent above its average. Remember that the last time the pound traded consistently above US$2 was in 1975. At two dollars to the pound, a house selling for US$500,000 costs £250,000. The same house at US$1.65 is £335,000 – an additional £35,000. At parity – one dollar to the pound – it would be £500,000.

Can the pound drop that much? Sterling traded at nearly parity in January 1985 when it reached a low of US$1.0520.

With UK house prices heading for a period of instability, wise investment in US real estate can reap rewards. Properties can be bought that cash flow and the UK investor can benefit from a double whammy… appreciation and profit from the dollar gaining strength. Though prices generally will continue to fall, you don’t want to wait forever. British buyers also have to consider the rate of exchange and the fact that movements in one can cancel out gains – or losses – in the other. If sterling falls against the dollar during the time you have been purchasing, prices to drop, you may end up with no net gain – and lose your gift horse of a house in the process.

About the author
Dr Paul Hanks, president of Portfolio Development Services (PDS), began his professional career as an orthodontic specialist in the UK. He became a property market professional and has relocated to California where he continues to have an active role in the local orthodontic and dental community. Paul strengthened his knowledge and experience in property by becoming a California and Washington estate agent and developed PDS, a company tailored for clinicians. PDS offers clinicians both in the US and UK a trustworthy and safe way to invest in US real estate. He is available in the UK two weeks a month. Contact: Cattaniesam.co.uk 01527 877997 or email info@cattaniesam.co.uk. Web: www.cattaniesam.co.uk
A simplified, minimally invasive sinus lift technique using autogenous bone

By Drs. Samuel Lee and Grace Lee, DDS

Implant dentistry in posterior maxilla has often been challenging due to pneumatised sinus. Bone grafting in sinus cavity is known to be very predictable with good long-term success.

There have been several surgical techniques suggested for sinus lift such as lateral window (Cald-Well Luc), osteotome (Summer’s) technique, Hydrolic sinus lift, etc. However, lateral window techniques some what invasive with many complications and postoperative pain involved. In contrast, Summer’s and Hydrolic sinus procedures are less invasive, but more technique sensitive.

This author developed a very simple and predictable way to lift Schneiderian membrane and at the same time collect autogenous bone. This procedure can be done with or without flap.

With conventional osteotomy technique at high speed, the surgeon can’t feel anatomical structure of bone as well as in slow WaterLESS technique. Utilisation of WaterLESS technique allows clinician to feel the cortical layer of bone. This is helpful in determining angulation of implant to avoid perforating lingual plate of posterior mandible (Fig. 2a), buccal plate of anterior maxilla (Fig. 2b), avoiding hitting distally angulated roots (Fig. 2c), and by passing 1A nerve (Fig. 2d and e). Due to slow speed of this technique, even direct contact with artery, nerve and Schneiderian membrane are more forgiving.

WaterLESS technique allows dental surgeons to differentiate sinus floor, which is more highly dense cortical bone, by tactile sensitivity. With aid of radiograph, approximate length to the floor is calculated and implant drill is used to

Simplification - pages 13-15

Invasive techniques Surgical techniques for sinus lift are varied, but Summer’s and Hydrolic Sinus procedures are less invasive, but more technique sensitive.

Soft tissue

Surgical interface Having a functional implant is no longer regarded as a success, unless it fits in with the rest of the dentition such as position, and aesthetics.

Reduced intervals

Immediate implants Implants inserted into extraction sockets will heal predictably with clinically significant bone quantities and preserving the soft tissue structures.

Fig. 1a: Collection of autogenous bone from osteotomy site.

Fig. 1b: Approximately 1 cc of autogenous bone collected from two 1X10 mm/I3 bone osteotomy sites.

Fig. 2a: WaterLESS technique allows surgeon to feel the lingual plate, therefore preventing perforation at lingual of posterior mandible.

Fig. 2b: WaterLESS technique allows surgeon to feel the buccal plate, therefore preventing perforation of facial plate at anterior maxilla or mandible.

Fig. 2c: WaterLESS technique allows surgeon to feel resistance when roots are touched, so that the surgeon can reangulate the implant to avoid complications.

Figs. 2d and e: 1A nerve at #18 area is located buccally and superioiy. With careful planning 3X10mm implant placed lingually by passing 1A nerve.

Fig. 3a and b: (Pre-op panoramic and cross section, note only about 3 mm of bone height available.)
reach just before the sinus floor with WaterLESS technique. While making the osteotomy, autogenous bone is collected for later use (Fig. 1).

Use series of tapping drill to condense the bone laterally if the bone is too soft (Fig. 4a), then elevate the floor with larger tapping drill going just 1mm deeper (Fig. 4b).

Sinus membrane has some flexibility, so often it allows 1 mm of elevation without perforation. Once floor is fractured, this author packs gauze into the sinus to elevate the Schneiderian membrane, then remove the gauze and adds resorbable membrane. This author also invented ‘roll technique’ to introduce resorbable membrane into the sinus cavity to better maintain grafts (Figs. 5a, b).

After membrane placement, bone graft is added slowly using a non-end cutting bur in reverse direction. This pack technique packs bone laterally (Fig. 6).

Wide diameter or implant with larger platform than body is ideal for internal sinus lift, since larger platform will resist the implant adequately going into the sinus in case of low primary stability. The author
prefers palatal incision when doing this procedure. However, in severely resorbed ridge, greater palatine artery can be quite close to incision line, so caution is recommended.

The reason for palatal incision is that if the perforation of sinus membrane is occurred, simply we can close up the flap and avoid chances of getting oral antral fistula. Placement of non-resorbable membrane is recommended for thin gingival type and thin sinus floor. Then simply reattempt the same procedure in 2-3 months depending on the size of perforation.

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*Posture problems: Risk or Choice! DPR Medical, October 2007. Author: Professor Ove Holmveda

About the authors

Samuel Lee, DDS,

is a UCLA graduate in both Dentistry and Microbiology. He is in private practice in Buena Park, Calif., with his wife, Grace Kang Lee, DDS, who is also a UCLA graduate in Dentistry and Psychology. He lectures nationally about dental implants, orthodontics using implants and practice management. This case study was originally presented at the American Academy of Implant Dentistry’s 2007 Annual Meeting. Dr. Lee is the recipient of 2007 American Orthodontic Society Annual Meeting’s Rest Table Clinic Award, and also the 2007 American Academy of Implant Dentistry’s Annual Meeting’s Table Clinic Award. For more detailed description on the Waterless technique, please contact Dr. Samuel Lee’s office for future educational events. For more information, call (714) 759-7173 or check out his Web site online at www.first-choiceentalgroup.com
Planning for success: the restorative/surgical interface

By Dr David R Bloom, Dr Jay Padayachy and Dr Guy McLellan

Historically, the surgical placement of dental implants (especially in the anterior maxilla) has relied solely on where the surgeon felt he or she was able to place them, depending on the location of the bone itself, rather than on where the restoring dentist would ideally like them to go. The longevity of implants is now so assured that just having an implant in function is no longer regarded as a success, unless it fits in with the rest of the dentition, both in terms of position, soft-tissue health and aesthetics. The management of the soft tissue has become crucial to the overall success or otherwise of a case.

Preparing for treatment

It doesn’t matter whether the dentist is placing and restoring or just restoring and referring for placement. What is paramount is correct diagnosis and treatment planning. This all begins with a comprehensive examination, digital radiographs and digital photography, study models, and understanding or managing the patient’s expectations.

If we look at the placement of a single implant in the anterior region (this is demonstrated in the case studies), we need to consider:

1. When was the tooth lost? This is relevant to whether there is enough bone in both the vertical and horizontal planes. Whilst vertical defects may require a bone graft a horizontal (bucco-lingual) defect may be amenable to a connective tissue graft as long as the ridge is not too knife-edged thus contraindicating ridge expansion. Thus bone sounding and a sectional CT scan may be appropriate.

2. If the tooth is present, is there infection and how much bone has been lost? This could necessitate a period of healing prior to implant placement and thus require temporisation. Immediate placement (at time of extraction) and immediate loading (using an abutment, temporary or permanent, to connect a temporary crown at implant placement) are becoming more commonplace, which we shall discuss below. There are even prefabricated permanent abutments available and some of these actively encourage tissue maturation – Nobel Curvy.

Consider final positioning

When planning, it’s important to consider the final positioning of the restored implant itself. For example, work backwards from positioning to placement, rather than placement to positioning. Thus, a wax-up may be required as you would do for a smile-design case or a large class-four composite build-up. This will demonstrate where the abutment needs to emerge from the soft tissue and hence where the implant requires to be placed and if there is a need for an angled abutment fixture head. From this, a surgical stent is made to allow accurate placement of the implant.
Immediate placement can be contra indicated if infection is present, but some authors advocate thoroughly currying the socket and using tetracycline paste to limit post-operative infection, allowing immediate placement even in cases with peri-apical granulomas. It is the author’s preference, however, to delay placement in these cases by six to eight weeks.

If good insertion torque (55Ncm+) can be achieved, one can consider immediate loading. Some palatal inclination of the apical one-third of the implant can make this more easily achieved and some newer implant systems, such as the Nobel Active, also facilitate good insertion torque.

If it is possible to immediately load, one can use a laboratory-constructed provisional cemented on to a temporary metal abutment post and temporary coping, but ensuring that the provisional is not in occlusion. Alternatively, if required, temporaryisation can be achieved with a Roche bridge if the implant is not to be immediately loaded. Roche bridge is favoured over a Maryland as this is easier to remove and re-cement as necessary.

Some authors will only make this lab-made temporary crown and use it as above if it immediately loading OR convert this crown into a pontic and use fibre technology to cement it as a temporary bridge if the correct insertion torque cannot be achieved. This allows a ‘get out of jail card’ if the implant cannot be immediately loaded. One of the stated advantages of not repeatedly unscrewing healing caps or temporary abutments is that there is less disturbance of the bony desmosome soft tissue attachment.

Bulkling soft tissue
At the time of implant placement the soft tissue can be bulked out if required with a connective tissue graft (free or pedicled) or using guided bone regeneration. A more simple technique is to pack Bio-oss particles into the buccal tissues without a membrane. Although it is unlikely that much functional bone will be formed, the particles are stable over the long term and act as a ‘filler’. Larger defects are treated with bis-oss and double layer Bio-gide technique. The importance here is to achieve tension free closure with advancement techniques and periosteal release. This will require a two-stage approach.

If the implant is left for three to six months to integrate, a further appointment will be required to expose the fixture head and to place a healing cap. At this stage, a further graft or taking a roll of palatal tissue can be used. This enables the surgeon to refine the soft tissue contour and give a root form appearance to the soft tissues. The surface is de-epithelialised and a reverse ‘D’

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incision made. A pouch is made in the buccal tissues and the connective tissue is reflected back on itself. A narrow healing abutment is then placed to hold the graft in place and suturing is rarely required.

Zinc or titanium?
Usually two weeks is left between exposing the fixture head and taking impressions. The decision needs to be made as to whether to use a zirconium or titanium abutment. Titanium has been around for a long time and is known to work. However, zirconium appears to give a better soft tissue response as anecdotally it has been noted that tissue appears to be attracted towards it. Gold abutments should be avoided as the catalytic action between the titanium implant and the gold abutment can result in bone loss. Gold abutments appear to be ‘tissue tolerant’ rather than showing ‘tissue integration’.

Either way, the abutment can be torqued down onto the fixture head and a laboratory provisional made if further tissue maturation is required. This provisional crown can be totally fabricated in the lab or the lab can make a temporary coping that allows chair-side fabrication from the wax-up. If the soft tissue has healed, the final crown can be manufactured. If allowing for tissue maturation, this can take anything from three to six months, depending on the degree of maturation required. It is important not to compress the tissues too much as this can cause shrinkage and recession of the soft tissue. In fact the temporary crown is deliberately left under-contoured so that alveolar bone can be allowed to grow down onto the temporary crown, and so appearing to grow more. A cement vent is also easily incorporated (see below).

Choosing crown material
The final impressions can be taken as for conventional crown and bridge. Again choices need to be made between what materials to use for the crown, be it porcelain bonded to metal crown or an all porcelain crown. Our preferred method is to have the laboratory make the permanent coping on the final abutment made previously. For pick up in the master impression when the time is right for this (depending on tissue maturation).

The final crown can be cemented with permanent cement or provisional cement depending on your preferred choice, but ensure that no excess is left around the margins which will induce an inflammatory reaction and cause gingival irritation and recession. For this reason many authors now advocate a cement vent within the palatal surface of the crown to allow excess cement to vent away and not be forced.

Novabone Dental Putty is a calcium phosphosilicate, synthetic bone graft indicated for periodontal and maxillofacial defects. It is designed to deliver unprecedented ease of handling without compromising on the quality of the outcome. It is not just a bone void filler, it is composed of minerals found naturally in the body that allow for rapid bone regeneration.

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into the sulcus. Some authors prefer a single screw retained abutment and crown in one piece but this can be harder to use in the aesthetic anterior zone.

Case study 1
This case demonstrates an immediate placement and immediate loading scenario. See Figures 1 to 11. The final restorations involved a single implant retained crown and three porcelain laminate veneers to allow even size distribution or symmetrical and correctly sized centrals would not have been possible without a midline diastema.

Case study 2
This case illustrates a delayed placement and delayed loading protocols. A single implant supported crown and a separate crown were placed as both units required restoring... One as it was a space and the other to allow and aesthetic improvement in the previous crown. See Figures 12 to 22.

Conclusion
Implant dentistry and our understanding of what can be predictably achieved have moved forward enormously over the last few years and technology is helping us achieve some wonderful results. However, it must be remembered that there are no short cuts if the ideal result is to be achieved.

Acknowledgments
Luke Barnett Ceramics for the laboratory work.

About the authors
Dr David Bloom, a graduate of the Newcastle-upon-Tyne Dental School, has been a principle at Senova Dental Studios since 1990, focusing on comprehensive restorative and cosmetic dentistry. A full member of the British Academy of Cosmetic Dentistry, David is also the President of the BACD and began his appointment in November 2007. He is a member of The British Society of Occlusal Studies, The British Society of Restorative Dentistry, The British Dental Association and is a sustaining member of The American Academy of Cosmetic Dentistry (AADC). He is also a fellow of the International Academy of Dental Facial Aesthetics. David is on the editorial board of The journal of Cosmetic Dentistry... the official journal of the American Academy of Cosmetic Dentistry, and clinical director of CO-OP8 seminars and instructs and lectures on all aspects of cosmetic dentistry in the UK and the US.

Dr Jay Padayachay, a graduate of the Newcastle-upon-Tyne Dental school, has been a principle at Senova Dental Studios since 1998 focusing on comprehensive restorative and cosmetic dentistry. He is a full member of the British Academy of Cosmetic Dentistry and is on the board of directors. He is a member of The British Society for Occlusal Studies, The British Society of Restorative Dentistry, The Pankey Association, The British Society of Periodontology and the American Academy of Cosmetic Dentistry of which he is a sustaining member. He is also a director of COOP8 Seminars and lectures in all aspects of cosmetic dentistry in the UK.

Dr Guy McLellan is dental implant surgeon at Senova Studios. He is doubly qualified in dentistry and medicine and a Fellow of the Royal College of Surgeons of England. He has over 10 years hospital experience including training in ENT and plastic surgery and currently holds a teaching position at Charing Cross Hospital where he runs the dental implant clinic. His experience in implant dentistry dates back to 1994 and includes extra-oral implants to retain facial prosthesis/reconstruction following facial cancer surgery as well as intra-oral cancer rehabilitation and facial deformities such as cleft lip and palate. He continues to work as a member of the Croom Facial team at Chelsea and Westminster Hospital. In private practice he limits his practice to surgical implantology and augmentation procedures including complex intra-oral and extra-oral grafting. He is a mentor for Nobel Biocare and is actively involved in Implant education. He is a member of the Association of Dental Implantology, the European Association of Osseointegration and a Fellow of the International Congress of Oral Implantologists.

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Enhanced effectiveness of aesthetic anterior restorations by immediate implant placement

By Frank C. Lazar & Alexandra Steup, Germany

Anterior tooth restoration remains a sophisticated aim in prosthodontics and oral implantology. Scientifically it is highly evident that early loss of alveolar bone results in a progressive loss of the surrounding soft tissues. Whilst conventional implant treatment dictates an overall treatment time of sometimes one to one and a half years, immediate implant placement will determine a reduced interval of as little as about three months. Criteria for immediate implant placement reduce their indication, but evidently there are additional benefits like diminished alveolar resorption, patient morbidity and reduced expenses.

However, vestibular bone defects of the extraction sockets, as a result of the surgical extraction process itself and/or periodontitis, will exclude patients from the therapy of immediate implants.

Well grounded rules for an immediate protocol and transmucosal healing dictate careful extractions and no flap elevations as well as precise plaque control and, if necessary, careful tissue management.

A non-congruent socket-to-implant relationship, however, will require further barrier techniques like membranes or direct augmentation of harvested bone particles.

Concerning the crown design, occlusal contacts as well as lateral contact during chewing must be strictly avoided (immediate implant placement without immediate loading). After three months the definitive prosthetic work with correct occlusion and aesthetics can be incorporated.

Even by choosing a therapy of delayed immediate implant placement (six weeks following extraction) hard and soft tissue loss is not avoidable. Hartmann and Steup structured the various options for a successful implant treatment in the anterior region in the following way:

1. Single-stage immediate implants with a. customised tissue contouring abutments b. definitive crowns.
2. Delayed immediate implants placed six to eight weeks post extraction with a. immediate impression taking and insertion of the definitive crown after implant exposure b. soft tissue contouring with provisional crowns/abutments followed by definitive crown placement.

The following case report, based on the first option (single-stage immediate implants) represents a procedure which has been used widely and whenever possible in our unit. The customisation of the surround-
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ing soft tissue structure was decisive in most cases.

Case report

A 56-year-old female patient was referred with a history of a persisting deciduous upper canine and suffering from periodontitis and apical root resorption. Subsequently to radiological evaluation, probing revealed only a minimal circumferential pocket depth of 5 mm and no exudation of pus. Vitality of the tooth on testing was negative and the tooth was slightly movable. An abnormal lateral position with a slight movability had also been recognised.

A decision was made for an immediate implant protocol assuming bone structure to be unaffected. Under local anaesthetics the tooth was extracted atraumatically, buccal and palatal plate were intact with sufficient bone thickness (Fig. 2). Subsequently, the extraction socket with a little amount of apical inflammatory tissue had been curedt

However, the implant socket gap was closed using bone material that was collected with an Astra Tech Bone trap bone collector. A provisional crown (plastic-coated, highly polished, composite) with screw retention was fabricated and integrated on the same day (Figs. 5, 6). During the fabrication period a healing abutment was attached for three to four hours to maintain stable mucosal condition and prevent mucosal collapse (Fig. 4). When integrated, contacts of the crown were carefully removed during maximal intercuspidation, protrusion and lateral shift. A strict weekly recall of the patient followed, instructions were given to ensure perfect oral hygiene and a
stringent protocol was set up to avoid bite contacts and chewing with contact to the provisional crown.

X-rays were taken directly after surgery and prior to definitive restoration (Fig. 7) and stability of the implant-crown system was checked clinically throughout the healing time. Three months later the provisional crown was removed. At this time the surrounding soft tissue structures appeared to be within normal limits and unaffected (Fig. 8). Impressions were taken to fabricate a definitive crown (Fig. 9). By the time of definitive management, the muco gingival junction was on the same level as the area around the natural contralateral tooth. Papilla contour and surrounding tissue structure were preserved as predicted before (Figs. 10–12). During follow-up (six months and 12 months) no signs of inflammatory lesion, loss of stability or soft tissue attachment were noted and the papillae remained stable.

Discussion

Various options are available for functional and aesthetic restoration of anterior teeth. Their choice is dictated by factors like severity of infection of the teeth to be extracted, the pocket depth and related bone defects. Immediate single-stage implant placement proved to be the least traumatic option, which best preserved both the soft tissue and post extraction socket.

A different use of surgical and prosthodontic techniques is indispensable to account for conditions in the individual case. Given an adequate amount of hard tissue, soft tissue contours can be expected to return to normal as presented in this case report.

It was demonstrated that implants inserted immediately into fresh extraction sockets will heal predictably with clinically significant quantities of bone and preserving the surrounding soft tissue structures. Detractive alveolar bone structures, especially a defective vestibular wall, that become visible during extraction, require additional measures that will have to be discussed soon.
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Place your dental implants with confidence! Visit NSK at the 2008 BDTA Showcase in London - Stand J05, or if you’re unable to attend please call Jane White at NSK on 0800 6514909 to find out more.

An Exciting New Product Joins BioHorizons’ range

As a result of BioHorizons’ exclusive distribution agreement with Osteotech, Ladderc® is a new product joining the extensive range from BioHorizons. Ladderc is the process canvellous bone of bovine origin with structure and chemical composition similar to that of the human bone.

The innovative product is a safe biocompatible bone graft, which provides an excellent osteoconductive scaffold that assists with the rapid regeneration of bone and remodelling the bone graft into host bone. Its available in a variety of forms such as particulate (jar or syringe), a cube or a block.

Ladderc has an advantage over its competitors as no other product includes the preservation of collagen in the production process. The processing element preserves the natural mineral and collagen framework unlike similar competitive products.

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For hands on demonstrations of all their equipment in The Courtyard Clinic, their newest purpose built Cheetsey show-room and training facility, or for a representative to visit your practice please call Sident Dental Systems on 01952 582000 or email j.colville@sident.co.uk

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ITI Congress Returns

Following the extraordinary success of the 2006 ITI Congress, the UK & Ireland Section is de-lighted to be hosting this fascinating and stimulating event once again. Covering a wide range of topics around the theme “From Biological Principle to Clinical Practice”, the ITI continues to promote and disseminate evidence-based knowledge and research.

Commencing on 6th November with a full day Masterclass, delegates are guaranteed an interesting and diverse programme. A host of world renowned speakers from the UK and abroad will gather together to deliver interesting and thought-provoking presentations, case studies and research findings.

Don’t miss out on the UK & Ireland ITI Congress Edinburgh 2008, simply contact Straumann on 01295 651270 or email events.uk@straumann.com

Implants

Cutting Edge Laser-Lok® Microchannels Attract Big Attention in the Dental Implant World

Laser-Lok microchannels are attracting big attention from UK GDP’s working in dental implants. This cutting edge technology is a series of precision-engineered cell-sized channels laser-etched onto the collar of BioHorizons’ dental implants.

Clinical evidence on Laser-Lok microchannels includes a series of human histologic case studies and prospective controlled studies. It was shown that at 57 months post-op the mean crestal bone loss for implants with Laser-Lok microchannels was only 0.59mm versus 1.94mm for the control implant. The Laser-Lok treated implants formed a stable, soft-tissue seal above the crestal bone.

A series of evenings held in locations throughout the UK have attracted large numbers of dental professionals, eager to find out more about Laser-Lok microchannels. The evenings included a presentation by Professor John Raci, Professor in the Department of Biomaterials and Biomimetics at New York University. Professor Raci is one of the developers of the Laser-Lok microchannel surface.

To find out more about Laser-Lok microchannels, please call BioHorizons on 08700 620 550, email infouk@biohorizons.com or visit the website at www.biohorizons.com

Industry News

BEAUTIFUL Composites from Shofu

New from Shofu is Beautiful II Tissueon. This state of the art composite restorative material is based on Pre-Reacted Glass Ionomer technology. This clever PRL technology combines the benefits of glass ionomers with those of composite resins to produce a biocompatible, fluoride releasing, high strength, beautifuly aesthetic material.

Due to the on-going release and recharging of the fluoride particles within Beautiful II, secondary caries are no longer a concern; with the added benefit that plaque will not adhere to the surface of a Beautiful II restoration.

The chameleon effect makes Beautiful II the material of choice for all restorations as the material takes on the colour of the surrounding tooth tissue.

Make your patients’ Beautiful today!

To claim your free Beautiful II sample (without obligation), which contains 1 x shade A2, 5 x single dose A3 and instructions for use or for further information please contact Shofu on 01922 783000 - Hurry stocks are limited!

For more information please contact your local Ceracon Representative, visit www.ceracon.com or phone 0114 284 7880.
strikes us about life in sub-marines but the oral health of the men whose working lives are below the waves is the prime concern of Julie Nealson and the team at HMS Neptune Dental Department in Faslane, Scotland.

This year, with the theme being 'Brush for Health' and raising the awareness of the systemic links between oral health and overall health, Julie decided to focus on mouth cancer, particularly as there is an increasing incidence amongst young men, who form the majority of the population at the base.

In keeping with the NSM theme, Julie also highlighted the growing relationship between gum disease and chronic health conditions such as heart disease, stroke, renal disease and diabetes.

On hand to help reinforce the message of good plaque control were P&G Professional Oral Health, official sponsors of National Smile Month, who donated educational literature and Motivator Packs containing demonstration materials including mouth models; much appreciated by the servicemen as they began their tour of duty beneath the seas around our coasts and beyond.

What's New in Big Bite?

Big Bite, The Dental Directory's oral hygiene catalogue, has recently expanded in size to accommodate all the great new deals and offers. New to the current issue is Curaprox 5 in 1 Floss which contains 100 individual lengths of floss. Each 70cm strand has a soft filament 'brush' section for mimicking an interdental brush and a stiff thread for inserting with precision between teeth and a section of smooth floss for general use.

Special offer: Buy 1 Snappy pack and receive 2 free Practicesafe wipes free.

Diamond Snappy GIC is easy to pack and place, genuinely releases fluoride, leaves no bitter after taste and sets in less than 5 minutes from a starting mix of 25± C. It offers resistance to saliva as soon as the cavity is filled, target large cavities in deciduous teeth. It comes in a natural white shade with translucency continuing to improve with time.

The perfect solution for lively children visiting the dentist this summer.

Introducing the SkyView 3D Panoramic Imager

The SkyView 3D Panoramic Imager featuring Cone Beam Computed Tomography provides the modern dental profession with the very best 3D radiography, integrating easily into practices large or small. SkyView lets you start achieving 3D reconstruction of dentition and jaw straight away.

Using a ‘wizard’ system for guided acquisition procedures, SkyView reduces user error and brushes with detachable or standard handles are available. The cost-effective, practical sets themselves can be purchased in sets of 12.

For more information please call 01480 862804, email sales@oraldent.co.uk or visit www.curaprox.info

The World Dental Hygienists Awards 2010

Could you win international recognition for your work?

As a forward thinking company, Sunstar and its Sunstar Foundation recognised that periodontal disease and dental caries are the two main oral care problems faced by people worldwide. With the ageing population projected to increase, periodontal disease will pose an even greater threat to the overall health of global population.

To commemorate the 25th anniversary of the Sunstar Foundation's education and aid organisation of the world's seventh largest oral health company, decided to establish an award to recognise the contribution of researchers in the field of periodontal health and systemic health research. In 2005, at EuroPerio 4 in Berlin, Germany, the first set of awards were given. A further set of awards were given at EuroPerio 5 in Madrid, Spain in 2006.

SUNSTAR also realised a need to recognise and to encourage dental hygienists and dental hygiene students who demonstrate innovative contributions to the dental community, their profession or to the general public. The next competition is in collaboration with International Federation of Dental Hygienists (IFDH) and International Journal of Dental Hygiene (IJDH), the first set of awards were presented at the International Symposium on Dental Hygiene (ISDH) in Toronto, Canada in 2007.

The next awards will be presented at the 2010 ISDH, which our society is hosting, in Glasgow, Scotland.

It will be well worth entering the awards as the winner of the Research category will be awarded $5,000 (£2,500); the Project Category award is worth $3,000 (£1,500), whilst the Student Award is to the value of $2,000 (£1,000). In addition to the financial reward, the award will confer Internation's recognition for your work and your standing will be raised considerably amongst your peers worldwide – just think what that can do for your career prospects!
As the 2010 awards will be held in the UK under the auspices of the British Society of Dental Hygiene & Therapy (BS-DHT), it would be great to see British hygienists on the winners’ rostrum. Will you be one of them?

For more information about the award, Sunstar and its GUM brand, visit www.sunstar.com or www.sunstar-gum.com where you will find full details of the award including details of how to enter.

Alternatively please call Catherine on 07738 287764.

Are you covered?

Sick pay arrangements for dentists vary considerably and although expenses like mortgag e and credit card repayments may be covered by specific insurances, these plans offer only short-term protection.

Income protection insurance gives peace of mind that you and your family are financially secure. If you’re too ill to work, Dentists’ Provident pays up to 60% of your gross income, tree of income tax, up to a maximum initial benefit of £1,200 per week.

There’s no limit on the number of claims you can make and you can decide exactly when you want your benefit payments to start. You can choose to have them payable from the first day of your illness or deferred for anything between 1 week and 52 weeks or even deferred for two years, whatever fits in with any existing arrangements you might have.

As Dentists’ Provident is a mutual organisation, members also participate in the profits, with annual bonuses accumulating to a tax-free cash lump sum paid on retirement.

Website Gets a Makeover

The Med-fx training website has been given a complete makeover to make it easier and faster for practitioners to access. Med-fx has increased the number of training courses in the use of Botulinum Toxin, Dermal Fillers, Chemical Peels and other facial aesthetic techniques from basic to advanced levels.

BACD members benefit from a multitude of online offers

Log onto the British Academy of Cosmetic Dentistry (BACD) website www.bacd.com and you will find a section designed to help you promote your practice through local press, which includes some practice press release templates. All you have to do is fill in the gaps that apply to your practice and forward to the press. Other helpful areas you’ll find in the login area include up to date details, renew membership, advertise situations vacant and wanted, plus much more.

For more information, call 020 7222 2311 or visit www.dentist-provident.co.uk.

Warmister’s First Velopex Dental Laser

Weymouth Street, in Warmister, has now got it’s first Velopex Diode Laser which has been installed at the Dental Practice at Number 5, which can now offer all patients the availability of laser Whitening treatments as well as the high quality dentistry previously offered.

It is particularly indicated for both periodontal work – where it can sterilise the pocket killing the bacteria – also for endodontic work where it can sterilise the root canal. The laser energy is fi��bre delivered - the smallest available ﬁbre being 200 microns.

Dr Mitchell, who is no stranger to lasers said of the Velopex Diode Laser “This is a super unit, neat compact and easy to use.”

Perhaps the greatest benefit is the 5% discount off all courses for those who book on-line. This is in addition to two other promotions currently running. Firstly, all delegates who subscribe to Aesthetic Medicine for a year will receive five issues free.

In order to perform facial aesthetic treatment, all dentists, hygienists and dental therapists need to undertake the appropriate training courses. Med-fx is The Dental Directory’s preferred supplier of training and provides all the guidance and skills needed to practice.

Visit www.medfxtraining.co.uk for more information.

Carly Zeiss is a name directly associated with a commitment to excellence. The OPMI Pico has been designed specifically for use in dental profession, and has a range of innovative features that really do make it the expert’s choice.

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For more information on the Carly Zeiss OPMI Pico dental microscope call 44(0) 1455 759653 or email info@nuview- ltd.com www.carlyzeiss.com
Dress Up 4 Dentaid Day a success!

Oral health charity Dentaid has once again held its annual Dress Up Day to raise funds for its overseas work. As with previous years, the day was popular among many dental practices, with people dressing up in a variety of themed costumes, ranging from the glamour of Hollywood actors and actresses at Yeovil Dental Access Centre, to the rough and ready Cowboys and Indians at Patchway Dental Practice. Dentaid staff even spent their day in a number of brightly coloured and unusual wigs!

Even more money!
Many of the practices that took part also held raffles and other various additional activities on the day. Extra events involved and encourage interaction with patients and enable practices to raise further funds for Dentaid’s work.

The annual competitions were also held on the day to acknowledge the best theme and the best fundraiser.

Smile Style Dental Practice in Stafford won the Best Theme award for their circus-style costumes. Members of staff from the practice dressed up as a clown, a circus master, a bald eagle along with its assistant, a lion tamer and not forgetting, a lion. However, the best Fundraiser title went to Dentith and Dentith which raised over £500 on their pirate-themed day.

Every penny counts
A big thank you to everyone who took part in this year’s Dress Up 4 Dentaid Day. The money you have raised will contribute towards improving the oral health of developing communities worldwide. Dentaid has recently sent surgeries to Burkina Faso, Cameroon, Azerbaijan, Liberia and Malawi amongst others. Dentaid is also currently in the process of expanding the schools oral health programme, which was piloted in Uganda, to five new schools in the Cameroon.

Next year Dentaid will be holding Dress Up 4 Dentaid Day on 10 July 2009. If you would like to hold your own Dress Up Day during the year or would like to participate in next years event please contact the fundraising team on 01794 524249 or email info@dentaid.org.

Dentaid is one of the leading oral health charities in the world, having supported almost 200 oral health programmes in over 50 countries. In recent years, the charity has expanded its work from supplying refurbished dental surgeries for charitable projects, to playing vital roles in oral health promotion such as establishing innovative school prevention programmes, and initiating various training schemes encompassing disciplines from equipping rural health workers to carry out basic dental care in remote communities to teaching governments on fluoride advocacy and writing national oral health strategies. Dentaid is also working hard to lobby governments, companies and health organisations to adopt more oral health friendly policies and practices.

For further information visit www.dentaid.org, email info@dentaid.org or call 01794 524249.

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