One in four dental patients want to complain but don’t

A quarter of dental patients want to complain about their dental care but don’t, according to a survey by the Dental Complaints Service.

The survey by the Dental Complaints Service (DCS) found that a third had actually complained about some aspect of their dental care.

But when it came to complaints that patients wanted to make but didn’t, the most common reason was the cost of treatment (35 per cent), followed by ineffective treatment (14 per cent), inconvenient appointments (15 per cent) and unnecessary treatment (13 per cent).

Thirty-five per cent of patients didn’t complain because they thought it wouldn’t be ‘worth it’, while 17 per cent didn’t because they lacked confidence and 15 per cent because they feared ‘negative comeback’.

Nine per cent of those who failed to complain didn’t know where to take their complaint.

‘If you have a complaint about private dental care but don’t know where to go, call us. We’ll try to help resolve your complaint quickly and fairly,’ said Hazel Adams, head of the Dental Complaints Service.

The DCS can also advise on where to go with complaints about NHS dentistry.

The DCS is free to use and has helped to resolve more than 5,000 complaints about private dental care since its launch three years ago.

In the last three years, the DCS has received more than 20,000 calls to its local rate 08456 120540 complaints hotline. Two thirds of complaints logged are resolved within a fortnight.

The DCS was set up by, but is independent of, the General Dental Council, which regulates dental professionals in the UK. Complaints that raise issues about patient safety and whether a practitioner should be allowed to continue practising continue to be dealt with by the GDC.
BOS Radiology Guidelines ‘highly commended’

The British Orthodontic Society’s Radiology Guidelines has been ‘highly commended’ by the BMA Medical Book Awards.

The BMA (British Medical Association) Medical Book Awards are presented annually and this year there were more than 600 entries in a variety of categories.

Each section is judged and awarded Winner, Highly Commended and Commended certificates.

In the radiology section the BOS Radiology Guidelines was one of only four Highly Commended books out of 27 entries.

The BMA called it an “excellent, well written and concise write-up on the background of clinical dental radiographs and indication for radiographs in clinical orthodontics. It is a must for all clinical dentists especially those treating children”.

The guidelines were designed to assist the hospital practitioner, orthodontic specialist and the general dental practitioner on the choice and timing of radiographs in clinical orthodontic practice and reflect current best practice and selection criteria to comply with the BMER (Ionising Radiations (Medical Exposures) Regulations) requirements.

To emphasise the importance of the legislative requirements and to strengthen the sections of radiation safety, the guidelines were co-authored by experts in dental and maxillofacial radiology.

The guide contains invaluable step-by-step information to help with assessment and treatment planning including four ‘at a glance’ charts which graphically illustrate the indications of when patients should or should not be subjected to radiographs.

Copies of the guide can be obtained for £15.00 (inc p&p) online from the BOS – www.bos.org.uk or by calling 020 7555 8869.

Wales gets its first state-of-the-art dental training unit

A new state of the art dental teaching unit has been officially opened in Wales.

First Minister Rhodri Morgan officially unveiled the Dental Teaching Unit in Porth, the first of its kind to open in Wales.

Patients will be able to benefit from some of the best technology available in dentistry with treatment provided by foundation dentists based at the multi-purpose unit.

The Dental Teaching Unit, has been funded as a joint initiative by the Welsh Assembly Government, Rhondda Cynon Taff Teaching Local Health Board and the School of Postgraduate Medical and Dental Education at Cardiff University.

It will be home to 10 recently qualified dentists while they complete a two-year longitudinal Dental Foundation Training Scheme.

A Central Decontamination Unit has been installed in the building to improve infection control, which cutting-edge technology has been imported from America and used to fully equip eight dental surgeries.

The newly qualified dentists will work under the guidance of experienced dental surgeons and will benefit from versatile working stations, which allows the dentist to work ambi-dextrously with their equipment.

Electronic charting and digital imaging systems will also save valuable time for both dentists and patients, enabling more patients to receive comprehensive care in all aspects of NHS dentistry.

The Dental Teaching Unit also features an air-conditioned conference centre with 120 seating capacity.

A large screen linked to video-cameras located in one of the surgeries will allow members of the dental team to watch live procedures.

After viewing the procedures they can enhance and develop their own skills in a specialised dental training room fully equipped with 18 individual work stations.

First Minister Rhodri Morgan said: “This Dental Training Unit will be the first of its kind in Wales and it will make a significant difference to the quality of our dentistry.

Not only will it provide invaluable training for our future and current dentists it will improve access to dentistry in the area, so that every patient will have access to a dentist.

This is a real red letter day for dental patients and trainee dentists in Wales.”

The surgery is also equipped with a surgical operating microscope.

Jeremy Hayes, senior dental surgeon, will use the microscope to provide specialist endodontic treatment for patients of the Dental Teaching Unit along with referrals from local practitioners under the terms of the NHS Dental Services.

The Dental Postgraduate Section within the School of Postgraduate Medical and Dental Education has been instrumental in bringing these ambitious plans for dentistry in Wales to fruition.

Alan Griffiths, dental programme director, said: “This Dental Training Unit will provide our newly qualified dentists with an invaluable opportunity to begin their careers in dentistry. This is the start of a promising career pathway in an environment where they can gain practical experience and benefit from high-tech operating and learning tools.”

More and more adults opt for braces

More and more adults are choosing braces to fix their wonky teeth, according to orthodontist, Dr Farid Monibi.

The growing popularity of smile beauty procedures has seen cosmetic dentistry sales rise by 76 per cent between 2006 and 2008.

Despite the economic downturn, the industry continues to grow and Britons now spend around £550m a year on treatments with many parents seeking treatment at the same time as their children. The number of Britons who opted for braces to fix their crooked teeth was up by 545 per cent to 1,164 in 2007, according to the latest research figures.

Dr Monibi, principal specialist at Central London dental practice in Harley Street said he had seen an increase in adults looking brace fittings in the run up to Christmas.

He said: “Husbands are buying their wives braces for Christmas and vice versa. We have even had one teenager arrange for her mother to be fitted with them as a Christmas present. I think people are increasingly recognising the gift of a perfect smile. Our teeth are central to the way we feel about ourselves – they determine how much we smile and how others see us.”

He added: “Parents are seeing the benefits braces are bringing their children, and are asking themselves why they aren’t doing it as well. A beautiful smile is good for everyone’s self-confidence, young or old.”

Research from the industry’s governing body, the British Academy of Cosmetic Dentistry, found that a third of the population were concerned by the look of their teeth whilst only one in five would always smile in photographs.

Over a quarter of the population believe that cosmetic dentistry could improve their quality of life.
Editorial comment
A professional image

There seems to have been a recent spate of dental professionals behaving badly. From dealing Class A drugs (see news p8) to copping a feel of pretty patients or rude nurses (p24), it seems to be the season for these stories to be getting the public’s attention.

Whilst we may have a secret desire to read about a fellow professional colleagues’ misdeeds, there is a concern that these types of stories, especially when they all seem to arrive at once, can damage the image and integrity of the profession. I would really like to know Dental Tribune readers’ opinion on this – do you think that cases such as those recently seen in the news harm the reputation of the dental profession in the eyes of patients, or does the old adage of “Today’s news, tomorrow’s fish wrap” apply? Email me (lisa@dentaltribuneuk.com) and give me your views.

On an unrelated note – whilst walking to work today I glanced, as I do, at a certain well known corporate chain dental practice situated in the grounds of an 18th Century ruined church. Musing on the fact that the ground is reputedly haunted, I wondered if the team there had had any strange experiences. This led me to wondering if there were practices around the country who had residents who simply refused to leave, even in death? As a fan of all things paranormal I would love to hear your tales of ghostly patients, strange noises or anything which would make the hair stand up on the back of your neck! The best ones will have a chance to be printed in the October 26th-November 1st issue of Dental Tribune...
Gum disease linked to mouth cancer

Mouth cancer campaigners are urging people to get checked out by their dentist for gum disease - after researchers linked periodontitis with mouth cancer.

Research published in the American Association for Cancer Research journal ‘Cancer Epidemiology, Biomarkers and Prevention’ revealed that chronic gum disease may present a high risk for mouth cancer.

Chronic gum disease, periodontitis - caused by a build-up of plaque in the mouth and characterised by long-standing inflammation of the gums and eventual tooth loss - was linked to mouth cancers in both smokers and non-smokers.

The news could provide a clue to the rise in mouth cancers where none of the traditional risk factors - tobacco, excessive alcohol and the human papillomavirus (HPV) - were present.

The British Dental Health Foundation’s (BDHF) chief executive Dr Nigel Carter said: ‘This fascinating study underlines the importance of a good dental routine.’

Preventing gum disease is as simple as brushing twice a day with fluoride toothpaste and cleaning between the teeth with an interdental brush or floss.

Dental visits are absolutely vital. Check-ups look for potential problems, screen for mouth cancer and professionally clean to help control gum disease. As our campaign tagline goes – ‘If in doubt, get checked out.’

Research shows gum disease is a high risk factor for mouth cancer

‘Groping’ dentist faces retrial

A dentist accused of groping three female patients faces a retrial, after the jury hearing the case against him was discharged.

Dr Anthony Barton, who worked at Red Rose Dental Group in Wigan in Greater Manchester, told the nurse to get a leopard-print thong, a tribunal heard.

The 36-year-old had an affair with the dental nurse between June and August which were alleged to have taken place between June and August 2008.

It is alleged that Dr Barton would pull at her knickers as she bent over and try to undo her bra through her tunic.

Barton would pull at her knickers, make her sit down, spread her legs, put one thigh up on a table and began massaging her.

She said: ‘I was highly embarrassed, it was high enough up my leg to be very uncomfortable, I didn’t say much, I just tried to pull my leg away.’

Another nurse claimed Dr Barton would pull at her knickers as she bent over and try to undo her bra through her tunic.

Lydia Barnfather, for the GDC, said: ‘These allegations concern some inappropriate, unprofessional and indecent behaviour towards four dental nurses and over the period from 2000 to 2008.’

The court heard that he repeatedly groped her bottom and on one occasion grabbed her between the legs as she tried to work.

She also said he would tell her ‘vulgar’ details about his sex life and ask her about hers.

Research shows gum disease is a high risk factor for mouth cancer

Dentist struck off after sexual ‘thongdoing’

A married dentist took off his trousers and paraded in front of a dental nurse in a leopard-print thong, a tribunal told the nurse to ‘get a load of that’.

The 56-year-old had an affair with the dental nurse between 2002 and 2007.

Dr Barton is found guilty of ‘inappropriate, unprofessional and indecent’ behaviour with her and three other young professionals and indecent behaviour towards four dental nurses, the council said, shows a pattern of behaviour sexually motivated to transgress the boundaries and standards to be expected of an individual in his professional position.

Dr Barton faces being struck off if the GDC finds that his fitness to practise is impaired by his conduct.

Supermarket applies to open dental surgery

Sainsbury’s supermarket in Bolton has applied for planning permission to open a dental surgery in the store.

The Sainsbury’s dental surgery in Trinity Street in Bolton would be private.

The company has so far successfully set up dental surgeries in stores in Heath Park and Sale in Manchester.

Sainsbury’s professional services manager, David Gilder said: ‘There is a shortage of dental practices in the UK and the launch of this new service goes some way to providing local people with greater access to dental advice and a range of procedures.

We have a long history of providing health care services in our stores which have been enormously popular with customers wanting access to health care professionals at convenient locations and at flexible times.'

If the application is given the go-ahead, the surgery will be open from 8am to 8pm Monday to Friday, 10am to 6pm on Saturdays and 12pm to 4pm on Sundays and bank holidays.

A decision is expected to be made by Bolton Council next month.
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Free camera offer ends 24th December 2009
Dental nurses celebrate their success

A presentation and luncheon to celebrate the success of the first dental nurses to achieve the Certificate in Oral Health and Application of Fluoride Varnish was recently held in Rochdale.

This course is the result of an innovative partnership between North Western Deanery, The University of Central Lancashire (UCLan) and Colgate in producing a portable university accredited course for registered dental nurses to deliver evidence-based oral health advice and apply fluoride varnish. Heywood Middleton and Rochdale PCT commissioned this course as part of their workforce development initiative within their local PCT.

Leslie Mort, executive director for Primary and Community Care in Heywood Middleton and Rochdale, opened the proceedings, stating how pleased she was that this course, the first of its kind in England, had been delivered in partnership with NHS Heywood Middleton and Rochdale. She commented: “Following the success of this programme, our nurses will be able to positively contribute towards improving the oral health of patients in the borough with advice on oral health and the application of fluoride varnish.”

She acknowledged the hard work and dedication that the nurses had shown in being successful in achieving their certificate, adding: “It is a credit to them and to their trainers and dentist mentors that they are here to receive their certificate from Barry Cockcroft, Chief Dental Officer, England. The PCT is delighted to have participated in this project and looks forward to encouraging skill mix in our dental practices, and to further support around innovative projects of this kind.”

Rebecca Craven, Consultant in Dental Public Health for NHS Heywood, Middleton and Rochdale, gave a presentation on the background to the scheme, highlighting the need for prevention within the local population. Having been involved in delivering the course locally, she also outlined that this approach was aligned with Delivering Better Oral Health – An evidence-based toolkit for prevention launched by the DH 2007.

Dr Barry Cockcroft offered his congratulations to NHS Heywood, Middleton and Rochdale and to the Dental Nurses, in being the first to complete this course. The CDO went on to say that “The two main forms of dental disease, periodontal disease and caries, are almost 100 per cent preventable by patient action; this programme, which includes evidence-based oral health advice, delivered by dental nurses, will help patients along that path. The application of fluoride varnish is one of the most effective, evidence based measures of preventing decay; this additional training is allowing the competencies of dental nurses to grow into a much greater role of preventing dental disease.”

This course is open to registered dental nurses in current employment with the support of their employer and PCT. For further information within Cumbria and Lancashire contact UCLan Course Enquiries on 01772 892400. For all other areas outside Cumbria and Lancashire, please contact the Portable Training Team on 0161 605 2682.

GDC Chief Exec moves to pharmaceutical regulator

The General Dental Council (GDC) has announced the resignation of chief executive and registrar, Duncan Rudkin, who is moving to head up the new General Pharmaceutical Council.

Duncan Rudkin was appointed chief executive and registrar back in June 2006, Duncan’s tenure has seen him lead the GDC staff team through the opening of a new Dental Care Professionals Register, the implementation of significant changes to the GDC’s fitness to practise procedures and the introduction of CPD for the dental team.

He’s Mathewson, GDC president said: “Duncan was appointed as chief executive and registrar back in June 2006. I am very grateful for the strong staff leadership he has provided in this role through a period of significant change for the Council. I would like to add my personal thanks to him for his support during my presidency. I, on behalf of GDC Council members and staff, wish Duncan the very best in his new role as chief executive of the new General Pharmaceutical Council.”

Speaking of his decision, Duncan Rudkin, said: “I would like to thank the members and staff of the GDC for their encouragement and support during my time at the Council, particularly during the last three years as chief executive. This new post with a new regulatory body presents a new and exciting opportunity for me and I look forward to working to develop a positive role for the new regulator both as a champion for quality and standards in the professions and an organisation that puts patients and the public at the centre of its work.”

Duncan joined the GDC in 1998 as Director of Legal Services, and was tasked with setting up the GDC’s first in-house legal department. He has also held other senior management roles at the GDC prior to his appointment as chief executive, including director of Professional Standards, deputy chief executive and acting chief executive.

Duncan Rudkin will leave the GDC at the end of the year to take up the post of chief executive of the new General Pharmaceutical Council, the new independent regulator for pharmacists, pharmacy technicians and pharmacy premises from 2010.

Arrangements are now in hand to recruit Duncan’s successor.
News & Opinions

Dental professionals vote on research

Dental professionals can now vote online, on what research they would like commissioned, at the newly redeveloped Shirley Glasstone Hughes Trust Fund website.

The website www.dentistryresearch.org puts research commissioning into the hands of the primary dental care team and members of the site can vote online for the questions they need answers to, to help their practice.

The new voting system is designed so that dental teams can choose a ‘question of the month’.

Each month, the question with the most votes will form the subject of a critical appraisal of relevant literature and a short summary of conclusions drawn from existing published evidence will be posted on the website. If there is poor or little existing evidence, the question will be a priority for research funding from the Shirley Glasstone Hughes Trust Fund.

This mechanism allows members to ensure that the research funded by the Trust is focused on issues which are salient to practice.

Ultimately, it enables practice to be based on research evidence, which the website will present in an easy-to-access way.

Professor Liz Kay, chair of the trustees, said: “It’s important that dental practice is based on evidence.”

“This exciting new feature of the Shirley Glasstone Hughes Trust Fund site enables dentists and dental care professionals at the frontline of patient care to direct research activity by voting for the questions they’d like to see answered.”

“We look forward to seeing what really interests those in practice and doing our best to answer their questions, by either revealing what is already known or funding research which addresses practitioners’ real issues.”

The Primary Care Dentistry Research Forum will provide guidance for funding applications later this year when the first call for research tenders is anticipated.

For further information, please contact Beth Caines at b.caines@bda.org, or by phone at 02920 436 184, or log-on to www.dentistryresearch.org

Cornish town to join NHS access void – temporarily

A town in Cornwall is to lose its last NHS practice after the surgery decided to go private.

Saltash Dental Surgery in Saltash has told its patients it can no longer carry on with its NHS dental contract and is to go private in November.

The surgery has been operating as an NHS practice for about 14 years.

The former town mayor Bob Austin, who is still a Cornwall councillor, called the situation ‘crazy’.

He said: ‘We’re the sixth largest town in Cornwall and here we are, we haven’t got one NHS dentist left.

‘Ten years ago we had three or four that were NHS-supported, but they’ve gradually just dwindled to nothing.’

Julia Cory, associate director of the PCT said that in a few months the town will have a new NHS practice and that patients had other options in the meantime.

She said: “They have currently have the option of a dental practice in Torpoint and also the option of emergency NHS treatment at St Barnabas Hospital in Saltash.”

She added: “We have this under control and we have plans for a new dental practice for next spring, so the actual time that people would have to wait would be from November until next spring.”

Dental school gives free books to children

The Peninsula Dental School in Plymouth is giving away more than 600 books to encourage children to visit the dentist.

The Peninsula Dental School has launched the ‘Happy Reading: Healthy Smile’ campaign to encourage children aged between two and five years of age to visit the dentist.

The school’s Dental Education Facility has partnered with nearby primary schools, children’s centres and nurseries and will be giving away the books in bags containing leaflets on oral health and a voucher for a family oral health pack that can be redeemed at the Devonport Dental Education Facility.

The books have been bought from funding granted by the Devonport Regeneration Community Partnership (DRCP).

Wendy Smith, community development officer at the Peninsula Dental School, said: “We aim to encourage more people to read to their children, feel more positive about going to the dentist and help them to access the wide range of services available at our Devonport Dental Education Facility – which is already a popular resource in the area and which has seen a great number of patients since it opened in April. We are grateful to DRCP for its support and the funding which has helped us to achieve this initiative.”

The scheme was launched at the Green Ark Children’s Centre in Devonport.
A woman who turned into a cocaine drug dealer after losing her job as a dental nurse has been jailed.

Laura Davies, of Lincoln Drive, Watford was jailed for 21 months after she was stopped in her Vauxhall Tigra and police found 29 wraps of cocaine stuffed inside one of her boots and £600 cash in her bra.

The 23-year-old started dealing class A drugs after losing her job as a dental nurse. St Albans Crown Court heard that Davies, who had worked as a dental nurse for seven years, was sacked after a row with her boss over being late.

She pleaded guilty to possession of class A drugs with intent to supply and possession of criminal property at the magistrates court and was committed to the crown court for sentence.

Judge John Plumstead said: "I am afraid you are going to prison for 21 months."

"Half of that will be served in custody."

"I have sympathy for your family and some sympathy for you. It is never a pleasure to send someone to prison that has otherwise led a useful life, but it cannot be dealt with in any other way."

He added: "You lost your job and got in debt."

"Is no coincidence that you had been using cocaine as a recreational drug and that is no doubt why you stopped being the reliable and helpful dental nurse you were and turned up late for work and had an argument and lost your job."

You will go to the ball!

Dental professionals attending this year’s British Dental Trade Association Showcase can dance the night away at the Bridge2Aid Charity Ball.

The Bridge2Aid Ball is on 15 November at the Hilton Metropole Hotel in Birmingham.

The evening begins at 7pm with the British Dental Trade Association’s (BDTA) traditional Exhibitors’ Drinks Reception.

This will be followed by a three-course meal, a charity auction, and music provided by the Deloreans.

The evening will be compered by comedian Tim Vine.

A spokeswoman for the BDTA said: “After being on your feet all day, the Bridge2Aid Charity Ball is a perfect opportunity to relax and have some well-earned fun whilst also raising money for this extremely good cause.”

“This event is sure to be a night to remember and offers a perfect substitute to organising your own staff event and has the added benefit of knowing that you’re helping to build a sustainable future for one of the world’s poorest communities.”

“The dress code for the evening will be smart/glam, and although it’s not a black tie event, there will be a no jeans policy.”

Tickets to the Bridge2Aid Charity Ball cost £42 each.

Further information on Bridge2Aid is available at www.bridge2aid.org

All profits from ticket sales and fundraising activities will be donated to Bridge2Aid.
Touting your wares

It's in your interest to advertise the cosmetic procedures you offer at your practice, says Tracy Stuart

It is perhaps a testament to the professionalism of UK dental practitioners that they balk at opportunities to 'sell' cosmetic treatments to patients who might benefit from them. In truth, it is a mixture of a concern to preserve the image of the profession and a lack of confidence when it comes to marketing their services.

These days, everyone in the public eye has a nice smile. Usually this is the result of very expensive dental work that is out of the reach of most people. However, significant leaps in technology and the use of affordable cost, to meet the rising demand for cosmetic treatments at an affordable cost, has enabled dentists to offer treatments to patients who might benefit from them.

The treatment plan contains useful advice to help staff communicate more effectively and with greater confidence. This is achieved by looking at greeting strategies, and phrases that are useful and ones that should be avoided. The role of body language is also examined. By mastering verbal skills and tone of voice, using methods including role-play to sharpen those skills and provide experience, and repeated practice using scripts, the dental team will be better equipped to deal with patient queries.

Of course, armed with these improved communication skills, the dentist will be able to introduce other items on the treatment list confidently and competently, without being pushy or aggressive, retaining a strong sense of professionalism.

There is more that dental professionals can do besides implementing proven communication methods. A regular report on patient flow can provide crucial information that can be used to market particular treatments more effectively.

Improving efficiency

In the current competitive climate, with the credit crunch threatening everyone, it is strange that many dentists do not examine the statistics of their practice more often. How else will they know how to improve the efficiency of their business?

For instance, how many dentists know how many patients contact the practice per month? How many of those decide to attend? How many still go on to accept treatment? How many come back in the future, and become loyal patients? It is impossible to reap the full rewards of training and marketing without knowing this information.

Wouldn’t you like to know how that patient who just accepted an expensive cosmetic treatment found out about it, and why they chose you and not your main competitor? You can use this information to reach out to more patients, making the most of your skills, meeting their needs, and of course boosting sales!

Find out what your conversion rate of new inquiries is, and then look to improve it. If the rate is lower than 80 per cent, you might need to think about investing in training.

With first-rate communication, you can keep your patients informed, and by examining data about your patients, you will be able to market your treatment list more effectively, leading to greater success.

About the author

Tracy Stuart
of Frank Taylor & Associates Consulting, with her experience of practice development, helps dentists achieve their full potential and make the most of their skills and resources. For more information, call Frank Taylor and Associates Consulting on 08456 125454, fax 01707 643276 or email team80@associates.com

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Practice Management

Big business

Chris Hindle discusses the benefits of selling your practice to a large dental corporation and answers a reader’s question on the subject

Most dental solicitors have seen the market for practice acquisitions remain reasonably buoyant this year despite the recession. Undoubtedly prices, driven higher by the interest of large corporates in recent years, have now peaked.

We have noticed continued acquisition activity involving the purchase of NHS practices by IDL, the owner of the Whitecross chain of surgeries. James Hull, the smaller, niche practice provider have reportedly raised funds and are now actively looking to purchase private practices. We also understand that ADP is expected to shortly re-enter the market.

Reasons for selling

We are seeing dental clients selling their practices for various reasons: not just retirement but also people who are still relatively youthful, in their late 50s or early 40s, who wish to realise their asset and either have a career break or simply work as an associate free from the day-to-day pressures of running a practice. Unfortunately, there are also a good number of clients selling for health reasons.

So what issues should practitioners be both aware of and thinking about if considering selling to one of the large corporate bodies? Here are a few pointers, although this is by no means intended to be a comprehensive list:

1. Liase with your accountants and one of the specialist dental practice sales agents to establish how much your practice is worth. You should also seek advice on apportioning the value of the business between goodwill, equipment and the property. You should try and ensure that the value of stock is not lost in the goodwill price but paid for, at cost price, on completion.

2. Seek the advice of specialist “dentally aware” solicitors on the mechanics of getting the business transferred to the buyer – this is especially true if you have an NHS practice. Be aware that if you are behind with your UDA’s then the value of any shortfall on completion will be deducted from the purchase monies. You should also expect retention on completion in respect of patient charges that have been collected by you in advance – somewhere in the region of £5,000 per chair. The buyer should take on any PCT practice grant and/or Quality Outcome Framework (QOF) repayments as liabilities.

3. Be aware that the buyer’s solicitors will have extensive due diligence enquiries; all elements of the practice will be looked at with a fine tooth-comb. For example it is a good idea to ensure that the practice’s clinical governance is up to date, i.e. equipment has been tested when it should have been and inspection certificates are available. Also ensure that Hepatitis B vaccinations are in date for those working at the practice. One of the factors that can cause a delay in the sale of a practice is where the client underestimates the importance of these enquiries to the Buyer and does not deal with the due diligence both thoroughly and quickly.

4. Consider what you want to do after the sale. Most corporate buyers are happy for the former principals to stay on as associates. If you want to move on then be aware that the buyer will want to bind you out from practicing in the locality for at least a two-year period; the extent of the area is open to negotiation.

5. Consider your staff and associates. You should ensure that all have properly documented contracts of employment or self-employed agreements. Associates and self-employed persons can be a concern – the buyer will want them to sign their own form of self-employed contract to be entered into on completion. Sometimes there is very little time in between exchange of contracts and completion and if the self-employed persons do not know what is happening then there is room for them to sign new paperwork. There may also be concerns that self-employed persons may decide to leave on hearing of the sale – this could adversely affect the nature, running and value of the business.

6. If you own your premises then consider whether you want to sell the freehold or lease it to the buyer. Some dentists like to keep the premises as an income producing asset and others prefer to make a clean break. If you want to lease the premises to the buyer then get an idea of how much rent you can charge from a qualified chartered surveyor. Sometimes the buyer should want them to sign new paperwork and at the relevant stage as the lender will need to consent to the transaction and approve the form of the lease.
Consider whether local authority planning issues may be relevant. Are there any planning decisions affecting the premises? If so, it is a good idea to have the planning permissions available and to check that any conditions, which may be attached, are being complied with. If you consider the practice has scope for expansion by adding surgeries, thereby making it more marketable, it may be sensible to check that the local authority will permit this. If you have a lease then be aware that the Buyer is likely to want a term of up to 15 years to satisfy its own bank lending requirements. If you only have a short number of years left to run then it may be sensible to make tentative enquiries of the landlord about agreeing an extension.

Have you got a query?
Each month, Cohen Cramer will aim to answer your questions on any legal issues that are bothering you. Here's this month’s question.

Question: I have recently acquired a dental practice and discovered that a number of patients have received very poor treatment from my predecessor. I am receiving complaints from patients who are expecting me to put right work that was not done properly. They seem to think that this is at my expense and while my predecessor has offered to put right work that was not done properly, I am not comfortable with him going down this route. Please advise.

Answer: Ask your solicitor to check the business sale agreement to establish whether this situation was considered and if so how it was covered. Generally speaking, you would not expect to be liable for the shortcomings of your predecessor and there may be an indemnity from the seller to you in the business sale contract, which will allow you to claim back the cost of any remedial works from the seller. Contracts sometimes provide, particularly if there is a private patient base, for there to be a monetary retention from the sale proceeds. This money is held, for a fixed period, by one of the parties’ solicitors and released to the buyer if required to cover the cost of such works.

The contract should also be checked to establish whether provision was made for the seller to be able to examine any patients and/or treat them. Any contractual provision relating to treatment by the seller after completion is usually resisted by the purchaser’s solicitors, but it is of course only fair to allow the seller the opportunity of checking out any alleged problems – if practicalities permit.

A lot will depend on the relationship the former principal had with the patient as to whether the latter is happy for him to do any remedial works. The patient may not want this and of course you may not want the former principal associating with your patients.
A soft approach
Neil Sanderson discusses how to release your practice's potential using management software

Innovative technology is considered a logical course to improving a practice, but what about your practice management software? Often neglected, investing in a software system designed to increase efficiency and productivity could transform the dental team’s working environment.

Using software specifically designed by experts in dental practice management will assist a practitioner in achieving a sought-after working environment, and enable practice staff to perform at their optimum with all finances, appointments and treatment schedules competently administered and maintained.

Do your research
Before deciding upon which software to employ, it is advantageous to research which areas of your practice can be improved and ensure that any new equipment will be compatible with your current system to maximise use. Purchasing all solutions from the same software provider ensures a consistent level of customer care and reduces the risk of incompatibility with present systems, which could cause a delay in installation.

The leading practice management software providers offer a product portfolio that includes organisation of patient information, appointment scheduling, online patient booking and customisable reports, devised to be user friendly and easy to access. Dentists also gain from providers assisting with software integration for the practice and the supply of product demonstrations on request for a beneficial insight.

Instant access
Software such as the Kodak R4 includes the ‘Patient Central’ feature enabling instant access to patient details, including previous treatments and clinical notes in one convenient place. Containing all relevant information necessary for every patient, time spent searching for files and notes can be greatly reduced, giving staff the opportunity to confidently focus on other tasks. The practice appointment calendar can also be accessed, for cancelling, rescheduling or making new appointments, all viewed on one easy to navigate screen to quickly see who is running late or for noting schedule gaps.

Integrated with a surgery’s current Kodak equipment, the practice management software’s ‘Launcher’ feature enables easy access to any Kodak imaging device without the need for a Kodak R4 licence. Any operator can use the feature; by selecting the right patient, the ‘Launcher’ will immediately take the image and automatically provide all the required patient information to the user. Employing such time-saving features will allow for improved time management, enabling more freedom to focus on patient satisfaction and reducing the risk of errors.

Improved environment
An investment in cutting-edge software that can be integrated with other practice technology such as digital imaging systems creates a working environment to be proud of, saving you time you never thought you had. Intuitive features work to enhance patient and staff communication through simple yet powerful tools created by dental industry experts, meaning calm confident staff, well-informed patients and an organised practitioner.

A fully integrated practice ensures that staff has access to reliable software, aiding them to work with and not against technology while providing patients with an outstanding level of service.

About the author
Neil Sanderson is UK sales and marketing manager for PracticeWorks. For further information, call PracticeWorks on 0800 169 9692 or visit www.practiceworks.co.uk.

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The 10th Dimension... the power of 10

Ed Bonner and Adrianne Morris look at how best to reach your target market

In the early nineties, I opened a new practice. I placed an
advertorial in a local freebie magazine telling readers what
my practice was about. It cost me £1,000 but it brought me more
than 100 new patients, so as a mar-
keting tool it was nothing short of
amazing.

When I started my next prac-
tice, I found advertorials a little less
successful, because by then every
dentist and his dog was doing the
same thing and the idea had run its
course. Truth is, if you can see the
bandwagon, no point in trying to
gain on - you’ve missed it!

What to do? The Internet, of
course! So, I built the new practice
with an innovative and beautiful
website, and that did very nicely
for me.

But it’s nearly 10 years later,
I’ve sold the practice and begun
expanding my already burgeoning
dental practice/healthcare consul-
tancy as well as my alternate pro-
fession as an expert witness in
prosthodontics. My main market-
ing tool? Still the internet, but the
other guys are doing the same
thing. So I look around and come to
the conclusion that I need a new,
higher-tech more adaptable web-
site. Plenty people out there willing
to do it all myself. He will take only
one day over it, and at the end of the
time and pesetas carefully.

And then, my life/success coach and business associate
Adrianne Morris sends me an
email from someone she met at a
network meeting. Tony Sephton of
Hype London will do exactly what
I want and will do it in my presence
so I can see how he does it and learn
to do it all myself. He will take not
one day over it, and at the end of the
day, I will have a perfectly-formed
website. There is still time for
me to arrange to get together.
A few days later, I meet Tony at his
home, takes me to his home, and
the day begins. He gets me a
new website for the consultancy
(www.thepoweroften.co.uk).

Then he gives me a choice of design;
minimal/detailed, simple/com-
plex, bright/dark, modern/classic.
I make my selection and a font
like. He writes a background pictures,
which he allows me to test first be-
fore purchasing my choice whole-
sale. He copies and pastes the text
which I have sent him by email, and
by 5pm I have a brilliant, function-
ing website. There is still time for
Tony to attend to the other require-
ment I have, for my dento-legal ex-
pert witness activities. We have al-
ready discussed issues of style, so
by 5.30pm I have not one, but two
functional websites, (www.bonner
dentalexpertwitness.com).

Offer for DTUK readers
I am delighted to inform you that
Tony has extended the special offer
to readers of Dental Tribune UK, so if
you want to reach him directly, email
him on tony@hypelondon.co.uk and
see his site – www.hypelondon.co.uk.
– you won’t be disappointed.

About the authors

Adrienne Morris
is a highly-trained success coach
whose aim is to get people from
where they are now to where they
want to be, in clear measured steps.

Ed Bonner
has owned many practices, and now
consults with and coaches dentists
and their staff to achieve their poten-
tial. Contact Ed at bonner.edwin@
googlemail.com, call 07776 660 1338 or
email Adrienne at alpif@coaching@
yahoo.com.

References

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 the increase in plaque removal with brushing time](image)

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

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

Significantly increases fluoride uptake and enamel strengthening

![Graph showing the increase in enamel strengthening with brushing time](image)

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

** p<0.05

AQUAFRESH is a registered trade mark of the GlaxoSmithKline group of companies
The Dental Directory is a national, full service dental dealer, providing today’s dentists with everything from a paper cup to a full surgery refit, all at the most competitive price and with the best service possible.

So whether your equipment requirement concerns a small handpiece, a large equipment unit or a complete surgery refurbishment, The Dental Directory can help you. You may need your equipment repaired, serviced or a new alternative sourced, whatever the issue – no matter how large or small – the equipment team are here to assist you.

The equipment division forms a major part of The Dental Directory operation, spanning across the headquarters in Witham and two office facilities with showrooms in Perth and Liverpool. A national team of experienced engineers, equipment specialists, surgery design consultants and customer service members ensure every dentist receives the very best service from start to finish.

Mark Wheatstone, Technical Sales Director at The Dental Directory, comments, “When purchasing equipment, Dentists are making a considerable investment in the practice, and they need to know that the supplying company supports this commitment. We firmly believe that it’s about a long term partnership and in turn we invest in our people, products and services to ensure that we are always there when needed and with the right solution. We completely tailor our equipment service to the client and their needs, providing a professional product that’s on time and within budget”.

Quality Guaranteed
The Dental Directory works with the world's leading equipment suppliers and, although all products meet today's regulations and their own strict quality programmes, The Dental Directory still performs its own quality control checks. Every piece of equipment installed is tested and demonstrated by our own manufacturer-trained engineers to ensure correct performance.

Equipment new to the market is reviewed by a new product board and selected for supply based on suitability, functionality, reliability, quality and innovation.

Beginning to End
We support you through the complete buying process from guidance on design, equipment selection, supply and installation, right through to aftercare. The Dental Directory offers you complete piece-of-mind that you are making the right decisions for your practice.

Our national team of engineers provide an excellent aftercare service for repair and maintenance. Manufacturer accredited, our engineers are on hand so you can continue your work confidently, knowing that assistance is only ever a phone call away.

Bespoke Surgery Planning
Every Dentist has their own way of working and that’s why The Dental Directory offers a bespoke surgery planning and design service.

Your surgery created just the way you want it. Our design experts will visit your practice for a full, free of charge, consultation, where full measurements are taken and then a detailed specification produced. A schedule of work can then be agreed, planning works and contractors around your timetable to minimise disruption and surgery downtime. The Dental Directory provides the full turnkey solution to
We understand it is not simply about the supply of equipment products. We have the expertise to help you through the whole process with informed advice on current regulations and guidelines, including the recent HTM 01-05 decontamination memorandum, and project management to develop a long term partnership.

**Digital Imaging**

Our range of digital imaging products includes Panoramic, Cephalometric, and CT digital imaging systems. We supply products from Soredex, Dürr, Schick, Gendex and, more recently, Vatech (E-WOO), so ensuring that we can provide the most up-to-date digital diagnostic solution. The Dental Directory is able to provide expert advice in all areas; from single user, stand alone systems to fully networked solutions, from intra-oral cameras to 3D CT, and from direct sensor systems (wired or wireless) to phosphor plate technology.

**Handpiece Express**

Handpiece Express is the dedicated handpiece servicing and repair service from The Dental Directory. Suggested in the name, you can be assured of a fast turnaround repair of your handpieces and motors. We are so confident of this that if the work is not completed within 24 hours of your approval of the quotation then you will not be charged.* Not only is Handpiece Express fast, but the quality of work is exemplary. Only experienced, manufacturer-trained and accredited engineers will work on your equipment. Regularly servicing handpieces, motors, couplings and scalers will prolong the life of your equipment. Inevitably handpieces will always fail at the most inconvenient times, causing maximum disruption. Planned maintenance and scheduled servicing can prevent this. Servicing also ensures reduced running costs, smoother operation, and efficiency which leads ultimately to improved treatment standards and comfort for patients.

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**Manufacturer Support**

All of this great service would be meaningless if we did not have the support of leading manufacturers. The Dental Directory has a range of products from the most renowned and respected manufacturers within Dentistry. These include Belmont, Anthos, KaVo, Stern Webber, Modwood, W&H, Satelec, Tridec, Schick, E-woo.

**5 Reasons to choose, The Dental Directory**

1. A dedicated team of in-house specialists. We have a team of specialists in digital imaging equipment and surgery refit and design to explain what is available and which will suit your needs best.

2. The Widest possible choice. We offer a range of products from leading manufacturers ensuring you can find the right equipment for you.

3. Unbiased, impartial advice. As we are not tied to any particular manufacturer, we can give you completely impartial advice.

4. A complete service. We don’t just sell you a box and walk away. The Dental Directory will plan, deliver and install your new equipment with the minimum disruption to your surgery.

5. Attractive finance packages. In partnership with leading financial institutions, we can offer very competitive finance packages, including lease, lease purchase and payment holiday options.

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*Terms and conditions apply.

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Why not visit us at Dental Showcase. Stands P12, P13 & Q19
In order to meet new challenges, it’s important that you continue learning, says Dr Riz Syed

Implants are becoming an increasingly popular option as a stable long-term therapy for missing teeth with both patients and dentists. In the 1980s, implant therapy was function driven, while in the 1990s the main focus was on the prosthetic element. Today implant therapy is driven by oral health, function and aesthetics.

There are many factors to consider when seeing a patient, with treatment planning the key to success of treatment. Bone and soft tissue considerations, respecting the biology and translating the initial treatment plan will ultimately decide whether the treatment is deemed a success or failure.

It is therefore important to deliver not only a long-term option, but also a highly aesthetic result. After completing implant training, the next hurdle is treating patients in your own practice. It is very important to treat patients either during or at the end of training or straight afterwards to maintain the confidence and knowledge gained during the course. I have seen many surgeons on my re-fresher courses due to this very reason and a majority of them have not carried out any implant treatment following their training.

Using a mentor

The use of a mentor is a very popular way to translate the therapy of implants into a real practical notion. Mentors are highly experienced surgeons in your local area and can be found either through friends or through implant companies who produce mentor lists in the UK.

Following my own training in implants I was supervised during my initial cases and although I performed the treatment, having a mentor to guide me increased my knowledge and confidence.

As a listed mentor I have trained many surgeons in the UK. The service I provide can range from simple phone advice, radiographic evaluation, treatment planning or dealing with complications. Mentees are then welcome to either bring patients to my clinic or for me to travel with my team to their clinics. This allows the surgeon to perform the operation with confidence under supervision, with one-to-one practical training.

Continuing professional development

As the level of skill and knowledge increases, new challenges and cases will present themselves early on in implant therapy. In order to meet these challenges, it is important to continue learning. Implant therapy is continually evolving following some excellent research undertaken by some clinical teams across the world. The knowledge gained on specific courses will help to offer different solutions to the patients and therefore give a more comprehensive treatment plan.

For further information, call 01923 23479 (Mulberry Dental Care) or 01923 430 650, email info.uk@nobelbiocare.com or visit www.nobelbiocare.com.

About the author

Dr Riz Syed qualified at the Royal London Hospital in 1999 and runs a referral clinic in Basingstoke and Walton-on-Thames, and was one of the first surgeons in the country to use NobelGuide. He is a mentor for Nobel Biocare, helping to train UK implant surgeons. Regularly consulted for complex treatment planning cases, Dr Syed lectures on guided implant surgery. He is a member of the Association of Dental Implantology, the International Congress of Oral Implantologists and Fellow of the Royal Society of Medicine. To contact Dr Syed, email rizsyed@hotmail.co.uk, call 01923 23479 (Mulberry Dental Care) or 020 7226 9797 (AG Dentistry).
Completing your tax returns online? You still need to think about protection.

Frank Pons of PFP offers some practical advice

Are you the kind of person who, when a new opportunity arises, throws caution to the wind and says ‘I’ll have a stab at that’, or are you more likely to hang back, and check the lay of the land first?

The internet has affected the way we all do business, and now that the Self Assessment Tax Return can be completed online, we have seen many forward-thinking dental professionals enjoy the benefits of what is a more expedient process.

If you do decide to complete the forms online, you do need to make sure that your entries are complete and accurate. Your information will still be subject to the same checks, and you may still be selected at random for investigation. So, you could benefit from insurance to protect you from investigation by the tax authorities, even if you are taking the electronic route.

It goes without saying that the challenges and enquiries made by HM Revenue & Customs require a great deal of time and expertise to deal with. An accountant or investigation specialist can offer the right expertise and experience to enable you to face the tax authorities on a more equal field, but as with all things, you get what you pay for. You might very well find yourself avoiding any penalties as far as the tax authorities are concerned, but facing an enormous bill from your expert.

Facing a full enquiry

You could end up facing a full enquiry, considering all aspects of the Self Assessment Tax Return, a VAT Dispute as to the accuracy or completeness of submitted returns, a PAYE or NIC Dispute or an Aspect Enquiry into one or more facets of the return. The tax authorities have adopted a more zealous approach, and have increased the tax yield accordingly; if your name is picked out of the hat for a random investigation, you could be contributing to that tax yield!

With policies from a leading provider of Tax Investigation Cost Protection, you can complete your online forms with confidence. Insurance of up to £75,000 towards accountant’s fees in the event of a tax investigation means that, if you do need to defend yourself, you can afford the very best help.

With the internet there is always a certain naivety. Hopefully, those of us using the internet to complete our tax returns won’t do so with a false sense of security; you still need to be just as accurate as before, and can still be subject to random investigations.

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 507 1177, email info@pfp.uk.com or visit www.pfp-online.com. PFP also offers unlimited human resources and employment advice with the HR Plus service.

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Three years’ warranty: parts and Labour

Could Jimmy Steele’s recommendations push dentists into treatment planning around predictability for the dentist, rather than the best solutions for their patients, asks Neel Kothari

A
fter years of turmoil we have arrived once again at a turning point in history where the calls for change echo in the halls of the DH. Professor Steele and his team must surely be commended for providing the profession with a brave and honest review into NHS dental services, but as yet we still have no notion of what currency will replace the UDA. Professor Steele’s review suggests a new payment system where dentists are paid in part based on how many patients they have registered on their books and in part by the work they provide.

As with all reviews, very few have a firm and clear way through the recommendations. But often good suggestions are let down by poor implementation, leading many to question: Are we better off with the devil we know? While I agree with many of the points raised by the review, I do question the review team’s recommendation on free replacements, which states: ‘As dentists are paid as professionals to perform high-quality services, neither the patient nor the taxpayer should bear the cost of unnecessary premature failure of restorative care. We recommend that the free replacement period for restorations should be extended to three years and that the provider should bear the full cost of replacement rather than the PCT or the patient.’

Theory vs practice

Of course patients should have the right to expect good quality restorative care, as, and the review also points out, for much of NHS dentistry patients are getting this, but how will this all play out in practice?

Thinking about this issue at work today, with each patient I found myself questioning whether I could guarantee my work for three years and whether this would have an impact on my treatment planning. By lunchtime, I had four cases where I really couldn’t be certain. One of these cases was for adhesive bridges on a young lady with missing upper laterals. Could you guarantee this type of restoration for three years? If dentists were to bear the full cost of replacement, my fear is that this may directly affect treatment planning and as such push dentists too far within their comfort zone, rather than trying to provide the best solution for their patients.

Another example was where a patient could not afford £98 for a NHS crown, so instead I provided her with a very large filling to save her money and give her the chance to reconsider this in the future if needed. Again I pose the question: If you were in this situation would you guarantee this restoration for three years?

Now of course shoddy workmanship and poor-quality issues need to be addressed and for this I have no tangible solutions, but my fear with this recommendation is that it will push dentists into treatment planning around predictability for the dentist, rather than the best solutions for their patients.

Cause for worry?

Why this is such a worry for me is because the most predictable treatment tends to be extractions. From my own practical experience I often find myself in situations where I am explaining to patients that there are chances that their filling, root treatment or crown may fail, but I am happy to try and save the tooth if the patient is willing to accept it may have a reduced chance of success. This may not be a perfect solution, but it is one which I am comfortable with and I feel most of my patients benefit from this approach, rather than jumping straight to extraction.

At present it’s too early to judge the general body of opinion towards this recommendation, but should it make its way into the new contract, how would one judge a three-year guarantee can or would be piloted. What I would really like to know is how the DH would judge ‘unnecessary premature failure of restorative care’ and why anyone feels a filling robust enough to last over a year (as per the current free replacement period) but not up to three has failed due to inadequacies of the dentist.

Of course I do not advocate or support those who choose to put profits above patients’ interests and I fully support the review’s recommendation to start looking at measures to assess quality within the health service rather than focus on quantity. However, if quality assessment measures are finally put in place, let us hope we raise standards from the bottom up, rather than unduly affecting those at the top of the pyramid already providing sound ethical treatments within the NHS.

Much of Professor Steele’s future recommendations have focused on how dentists and the profession must change to meet the needs of the public, but at present there are no systems in place to encourage patients to make the best of all bargains. We all know the NHS is a budgeted system, so where is the financial penalty for those patients who frequently miss appointments or cancel at short notice?

Missed appointments in the NHS cost the taxpayer money within secondary care and directly affect dentists within primary care, but more importantly have resulted in me putting in £5.50 (for the NHS to talk, shop with Anya) within the last month. In Germany, a co-payment of 50 per cent applies to crowns, bridges and dentures, but this percentage can be lowered if a patient has participated in regular checkups. Currently our system, as we see it, financially penalises those patients who attend for regular checkups and require a single filling or crown while rewarding ill health by providing an unlimited mass of restorative care all under the auspices of one single band... and on a completely unrelated matter, dictionary.com defines crazy as “senseless; impractical; totally unsound, i.e. a crazy scheme.”

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• SAME reliable flat panel detector and all the

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by the work they provide.

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An alternative therapy?

Have you ever heard of oil pulling? Neither had Alison Lowe until one of her patients extolled its virtues. She decided to find out more.

Oil pulling traces its roots to oil gargling practiced in Ayurvedic medicine in India (mainly the south) more than 2,000 years ago, but it has recently come back into the limelight in India with widespread marketing aimed at both the public and the dental profession.

Literature review

An extensive literature review revealed very little in British journals relating to the practice, but a few papers have been published in Indian dental journals. One such study compared the effect of oil pulling using sesame oil with chlorhexidine on plaque-induced gingivitis. Twenty aged-matched adolescent boys with plaque-induced gingivitis were randomly divided into two groups. Plaque index and modified gingival index scores were recorded and baseline plaque samples were collected which were used to identify and measure total colony count of aerobic microorganisms. The boys rinsed with either oil or chlorhexidine every morning before eating or brushing. On completion of the trial both groups showed a reduction in plaque index, modified gingivitis scores and total colony count of aerobic bacteria.

In another randomly controlled double blind study there was found to be a statistically significant reduction in the Streptococcus mutans count in the plaque and saliva samples of both the study and control group using a Dentocult SM Strept. mutans test. The researchers concluded: ‘Our study has shown that sesame oil has an antibacterial effect. The reduction in bacterial count ranged from 10 to 34 percent and the average reduction in bacterial count was 20 percent after 40 days of oil pulling. Therefore the sesame oil is found to be effective in reducing Streptococcus and adhesion.’

The journal of Oral Health and Community Dentistry published a research paper, which found that:

- Oil pulling resulted in a significant reduction in plaque and gingivitis and although it can’t be considered as a replacement for tooth brushing, there were no adverse reactions and it could definitely be used to supplement a patient’s oral hygiene routine.

The oil-pulling procedure

Oil pulling is an easy (although somewhat time consuming) process that should be repeated every day. The patient rinses their mouth with approximately one tablespoon of oil (sesame and sunflower are the most recommended) for 15 to 20 minutes. Once the oil is still yellow after twenty minutes then it hasn’t changed in colour. The oil is put into the mouth with the chin tilted up and then slowly swished and pulled through the teeth, from left to right, back to front and vice versa.

I’m told that it helps if you can close your eyes, concentrate and imagine the liquid moving in your mouth. Throughout the process the oil changes from a thick, yellow and oily consistency to a thin, clear liquid. The used oil is then discarded (spat out) and the mouth rinsed with water.

The theory is that the oil acts like a cleanser. When you put it in your mouth and work it around your teeth and gums, it ‘pulls’ out bacteria and plaque debris. It is thought to act much like the oil you put in your car engine, the oil picks up dirt and grime which forms a sediment and then when you drain it, the sediment is removed leaving the engine relatively clean.

The main disadvantage of oil pulling is that it is time consuming—how many of us can spare 15 to 20 minutes every morning? However, there is a similar procedure known as ‘Simacharya’ where you just swish for four minutes, but I’m guessing that’s still three minutes too long for many people. On the plus side it is easy, inexpensive and relatively harmless.

Conclusion

I am a firm believer in evidence-based dentistry (EBD) and therefore must confess that I find myself slightly sceptical about the practice of oil pulling (I prefer to get my essential oils from Listerine mouthwash). Still, you shouldn’t knock it until you’ve tried it and although there is limited scientific evidence or proof of its efficacy, it is possible that oil pulling can be used as an effective, preventive adjunct in both maintaining and improving oral health.

References


About the author

Alison Lowe

is a dental hygienist based in Cardiff, at ‘The Orthodontic Centre’, a private practice specialising in implants, cosmetic work and periodontics and Cardiff Dental School. She has won several awards including Hygienist of the Year 2008 and is a columnist for the Western Mail. She thoroughly enjoys what she does and is delighted to be contributing to Dental Tribune UK.
The dates and locations of the BDPMA Autumn Management Development seminar have been released. This one-day seminar, which is open to BDPMA members and non-members, is entitled Strategic Marketing – Closing the income gap. Presenter, Andy McDougall, will show participants how to apply marketing principles in their practices to close the gap between current incomes levels and where they aspire to be. Andy says: ‘Whether you and your principal are trying to turn an under-performing business around, take the business to the next level or prepare the business for exit, this seminar will prove invaluable.’

Amelia Bray, BDPMA Chairman, says: ‘This seminar follows the ‘Managing change and projects successfully’ seminar held in the summer which proved popular and most beneficial. Our aim is to take practice managers and principals through a journey of management development without taking a lot of their time or requiring a large financial outlay.’

Special early bird rates applying to bookings before 1 September: BDPMA member £75, their team members £85, non-members £155. Bookings on or after 1 September, add £20. These costs include refreshments and lunch.

There are three more venues for the seminar:
- Thursday 5 November 2009 – The North
- Thursday 19 November 2009 – The North West
- Friday 27 November 2009 – The South East

The seminar entitles participants to five hours of verifiable CPD.

Go to www.bdpma.org.uk to download more information and a booking form. Alternatively, telephone Denise Simpson at the BDPMA on 01452 886364.
Surgery can never replace solid endodontic principles and should always be a last resort. Apical microsurgery consists of nine basic steps that must be completely performed in their proper order, so the desired result can be achieved:

1. Instruments, supplies and equipment (including the operating microscope) ready;
2. Patient, doctor and assistants positioned ergonomically;
3. Anaesthetic and haemostasis staging completed;
4. Incision and atraumatic flap elevation;
5. Atraumatic tissue retraction;
6. Access, root-end level (RER and REB) and crypt management;
7. Root-end procedures: root-end preparation (REP);
8. Root-end fill (REF) techniques and materials; and
9. Sutures, healing and post-operative care.

Predictable microsurgery requires the use of an operating microscope (OM) and a team committed to operating at the highest level. The six-handed team approach optimises the instruments, equipment, techniques and materials that today’s level of technology presents for the benefit of all, especially the patient (Fig. 1).

Dr Berman, an old retired general surgeon, one of my senior-year dental school instructors, would begin each general surgery lecture by tapping the lectern with his pencil, and when he got our attention, he would say: “Treat the tissues with tender loving kindness and they will respond in a like manner.” I have heard those very words many times while performing apical microsurgery; it is truly a gentle technique when...
the steps are followed in the proper order.

A thorough past medical history and dental examination, using as many diagnostic aids as possible, is as important for a predictable microsurgical event. Throughness can help one avoid unfavourable experiences. For example, if the patient, or their physician, states they are sensitive or allergic to epinephrine to any degree apical microsurgery should not be performed. One of my golden rules of thumb is: No Epi, No Surgery ...

Period! Should the doctor choose to proceed with the microsurgical procedure, it will be exceptionally more difficult for both the doctor, and the patient.

Today’s technology presents us with much more pre-surgical information than was available even a few years ago; thus, recent advances should be included in the diagnostic process whenever possible. A good example of current technology is cone-beam computed tomography (CBCT). The radiological images we used for many years were the best we had but were very limited. Now CBCT enables the microsurgeon a view of all angles of areas of concern in the maxillofacial region and supplies much of what was missing in the field of dentistry.¹

The preparation of the patient takes not only the patient into consideration, but also the entire surgical team. The microsurgical protocol we teach involves four people: the doctor (pilot), the ‘scope’ assistant with the co-observer oculars (co-pilot), the surgical assistant using the monitor as a visual reference (Fig. 2). After the patient is seated, they are again asked to rinse with PeriDEX.

The dental chair should allow the patient to recline comfortably and even allow the patient to turn to one side or another. Small Tempur pillows placed beneath the patient’s neck, small of the back or knees make a big difference when used (Fig. 3). After the patient is completely comfortable in the chair, they are coached on making slow and small movements of their head, if necessary during surgery. The patient is appropriately draped for the surgery. It is especially important to wrap a sterile surgical towel around the head and over the patient’s eyes for protection from the bright light of the microscope and any debris from the surgical procedure.

An important psychological point is not to tell the patient that they may not move. To an already tense patient, telling them they may not move would probably cause unnecessary apprehension, stress or panic. In more than 500 surgeries, I’ve only had one patient who didn’t hold still during the procedure once they were relaxed and had profound anesthesia.

The surgical team must now become comfortable with the position of the patient, the microscope, endoscope and associated equipment. The modern OM has many features to enhance comfort and proficiency during its use. Accessories such as beam splitters, inclinable optics, extenders, power focus and zoom, variable lighting and focal length all contribute to ease of use, ergonomics and proficiency for the entire surgical team. The mutual comfort of the patient, the surgical assistants and the doctor is of the utmost importance. The microsurgical procedure may take an hour or more, so unnecessary movements or adjustments for comfort’s sake during the operation may cause considerable inconvenience.

The doctor’s surgical stool must have adjustable arms to allow the elbows to support the back and serve as a reference point, or fulcrum, if the doctor has to reach for an instrument during the procedure. Ideally, neither the doctor nor the ‘scope’ assistant are to remove their eyes from the oculars of the OM during the entire operation. The task of directing the whole operation belongs to the surgical assistant. The surgical assistant is the choreographer for the procedures viewed through the OM. He or she is in a position to observe, coach and/or pass instruments to either the doctor or the ‘scope’ assistant. The surgical assistant can see the entire surgical environment and is the only one on the team that has an overview, to keep track of everyone’s needs. It is important that all possible surgical instruments be organised for ease of access during the operation.

While the anesthesia is becoming profound, the needles that will be placed into the tips of the Stropko Irrigators for use during the surgery can be modified. The notched ends of 25- gauge Monocryl Endodontic irrigating needles (Ultradent/Vista) are removed by bending with Rowe Piers and placed into the end of the Stropko Irrigators. One tip is used with an air/water syringe, and the other tip is used with the dedicated air-only syringe (DCI). The endodontic irrigating needles are then bent in the same configuration as the ultrasonic tip that is used for the root-end procedures (Fig. 4a). After the needle has been bent, the ergonomics of the bend can be verified quickly and easily because the palpatory sense is in the proper position and so is the doctor.

Optimally, three Stropko Irrigators should be available for any surgical procedure; one three-way syringe fitted with a larger tip (Ultradent/Vista), for more general flushing of the surgical area (we call it the Big John); another three-way syringe fitted with a modified 25-gauge needle, for more precise cleaning and drying (Little John); and one with an air-only syringe also fitted with a modified 25-gauge needle, for precise and dependable drying of the area without worry of moistening the surgical field due to the syringe system.

Also, as the lumens of the high-speed evacuation tips (Young’s) are so small, extra tips must be available if one should become clogged. A 25-gauge needle is available, so the ‘scope’ assistant can occasionally clear the evacuation system of blood and tissue debris from the evacuator tip.

After topical anaesthetic has been placed, local anaesthesia is begun using less than one carapule of warmed two per cent lidocaine containing 1,500,000 epinephrine. This small amount is used to anaesthetize the injection sites that will be used next for the blocks and infiltrations. The 1,500,000 lidocaine is used for the patient who is a “Marcaine” (Marcaine) because the Marcaine tends to cause a burning sensation upon injection, whereas the lidocaine is more comfortable to the patient. This is then followed with one or two 1.6cc carapules of warmed Marcaine for nerve blocks and/or infiltrations. All anaesthetics are warmed very slowly to avoid any unnecessary trauma to the tissue and to create much less discomfort for the patient.

After administering the local anaesthesia, haemostasis staging is performed using two per cent lidocaine containing 1:50,000 epinephrine. It has been shown that two per cent lidocaine containing 1:50,000 epinephrine produces more than a 50 per cent improvement in haemostasis compared with two per cent lidocaine containing 1:100,000 epinephrine.² While keeping the tip of the evacuator system of blood and tissue debris from the evacuator tip.

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After administering the local anaesthesi...
sue in two or three sites to the buccal of each tooth (MB, B, DB), approximately three mm apical to the muco-gingival line. Slow injection of just a few drops of the anaesthetic causes a slight ballooning and blanching of the tissue in the immediate area.

This is an important step as it causes the mucogingival line to become more pronounced, allowing the doctor to have better vision, which results in more accuracy with the following haemostasis injections (Fig. 5a).

As the anatomy of the tissue unfolds during the injections, the doctor should continue visualising and planning the incision (Fig. 5b). The amount and nature of the attached gingiva is an important consideration whether a full sulcular or a muco-gingival (Leubke–Oschenbein) flap is used. In general, a full thickness sulcular flap is routinely used unless aesthetics is a concern and there is an adequate zone of attached gingiva present.

In order to ensure haemostasis, the lingual tissues should also be infiltrated to reduce blood flow during the surgical procedure more completely. When performing surgery on the posterior quadrant of the mandible, special attention should be given to the apical region of the mandibular second molar. On occasion, a small foramen, called the foramen coli, may be present. The f. coli contains an ascending branch of the mylohyoid nerve. Lingual haemostasis staging can contribute to more profound anaesthesia, will enhance crypt management and will contribute to a more predictable event with less stress for the entire team as a result.

If the surgery is to be performed on the maxillary, the patient is instructed to close on approximately eight layers of sterile gauze, (four 2 x 2s folded over once) for stability of the jaws and keeping any debris from inadvertently entering the oral cavity. A single piece of a sterile 2 x 2 is also gently placed distal of the tooth/teeth to be operated on. If the surgical procedure is to be performed on the mandible, especially if a full sulcular flap is to be used, the doctor may want to make the incision with the mouth slightly open before placing the gauze.

In either case, with the aid of the OM and using a pre-filled 3 ml syringe fitted with a 20-gauge needle, the surgical site is rinsed with Peridex, to ensure the area is free of debris and plaque before the incision is made (Fig. 6). The surgical site is now ready for the next important step in the procedure: Flap design, the incision and atraumatic flap elevation. Stropko Irrigators are available from SybronEndo or Obtura Spartan in the United States, from Clinicians Choice in Canada, or directly from www.stropko.com.

References

Dental holidays in the UK? Can Britain really compete with Europe for dental implants?

Dr John J. Stropko
received his DDS from Indiana University in 1964 and for 24 years practised restorative dentistry. In 1989, he received a certificate for endodontics from Indiana University. He recently retired from the private practice of endodontics in Scottsdale in Arizona. Dr Stropko is an internationally recognised authority on micro-endodontics. He has been a visiting clinical instructor at the Pacific Endodontic Research Foundation (PERF), an Adjunct Assistant Professor at Boston University and a co-supervisor of graduate Clinical Endodontics at Loma Linda University. His research on in vivo root canal morphology has been published in the Journal of Endodontics. He is the inventor of the Stropko Irrigator, has published in several journals and textbooks, and is an internationally known speaker. Dr Stropko has performed numerous micro-endodontic and micro-surgical procedures and is the co-founder of Clinical Endodontic Seminars and is currently an instructor of Microsurgery at the Endodontic Faculty at the Scottsdale Center for Dentistry. He can be contacted at topendo@aol.com.

About the author
Clinical

Global Ceram • X Case Contest 2008/2009

In the Dentsply Global Ceram•X Case Contest three UK students came out on top and were put forward to the global final. In this issue we take a look at University of Birmingham, School of Dentistry student Gregory Souster’s presentation.

A 19-year-old female patient attended complaining she was unhappy with an amalgam filling on her lower right first molar. The filling was visible when she smiled and laughed, making her feel self-conscious.

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Material and method
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Discussion and conclusion
Patient was very happy with the result. The material provided a restoration that was contoured nicely to the shape of the cusps and gave an excellent aesthetic result. The use of a translucent enamel shade resulted in a far more natural appearance.
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For additional information and to review data, contact your local representative.

Reference: 1. Data on file, P&G.
Colgate Introduces A New Solution for Dentine Hypersensitivities

Colgate introduces Colgate® Sensitive Pro-Relief™ toothpaste, a major advance in the treatment of dentine hypersensitivity. With its Pro-Argin™ technology, this global breakthrough offers relief to patients who experience dentine hypersensitivity.

New Colgate® Sensitive Pro-Relief™ is the first toothpaste clinically proven to deliver instant and lasting dentine hypersensitivty relief. While most of the sensitive toothpastes currently marketed primarily numb dentine hypersensitivity pain, Colgate® Sensitive Pro-Relief™ with Pro-Argin™ technology effectively plugs the channels that lead to nerves of dentine hypersensitive teeth, thereby blocking the transmission of heat, cold, air and pressure that stimulate pain receptors within teeth.

“Sensitivity is more than just an inconvenience, it’s a common condition that can cause considerable pain,” said Dr. William Devizio, VP, Global Technology, Colgate-Palmolive. “Colgate® Sensitive Pro-Relief™ can be directly applied to a sensitive tooth, using your finger tip to gently massage for 1 minute, to deliver instant relief from sensitivity. And regular brushing with Colgate® Sensitive Pro-Relief™ toothpaste builds a long-lasting protective barrier that acts like a seal against sensitivity.”

Colgate® Sensitive Pro-Relief™ with Pro-Argin™ technology is currently available at your preferred dental wholesaler, major retailers and pharmacy. For more information about Colgate® Sensitive Pro-Relief™ toothpaste, please visit www.colgateprofessional.co.uk.

Radiating glory – BMA publication acclaimed in the BMA Medical Book Awards

The BMA Medical Book Awards are presented annually and this year there were over 600 entries in a variety of categories. Each section is judged and awarded Winner, Highly Commended and Commended certificates. In the radiology section the BOS Radiology Guidelines was one of only four Highly Commended books out of 27 entries and the other three were published by major publishing houses each costing well over £100 a copy, compared with the BOS publication which sells for £15.

The BMA citation stated “This is an excellent, well written and concise write-up on the background of clinical dental radiographs and indications for radiographs in clinical orthodontics. It is a must read for all clinical dentists especially those treating children.”

The Award certificate is to be hung in the Museum at the Head Office of the British Dental Society for all to see.

The guidelines were designed to assist the hospital practitioner, orthodontic specialist and the general dental practitioner on the choice and timing of radiographs in clinical orthodontic practice and reflect current best practice and selection criteria to comply with the IRMER requirements.

As the award citation suggests the guide should be required reading for every practitioner undertaking radiography. Copies can be obtained for £15.00 (inc p&p) online from the BOS – www.bos.org.uk or by telephoning 020 7555 8680.

Top Model

Sonicare fans will know that the launch of Sonicare For Kids was marked with the creation of a giant Lego model of the new brush which was undertaken by two of the members of the Brickish Association. The model will next be on show at the BSDHT and BDTA Exhibitions this autumn; however before then its presence has been requested at a top modelling exhibition.

For the unofficed The Brickish Association is a UK-based community of adult fans of Lego. The Association mounts an annual Lego show at the Steam Museum in Swindon and the model makers have requested that the Sonicare For Kids commissioned by Philips is displayed during the event which runs between 5 and 4 October 2009.

No kidding

The new brush aimed at 4–10 year olds features oodles of innovative elements which makes it particularly child-friendly, so much so that Sonicare for Kids removes more plaque than a child’s manual toothbrush – up to 75% more in hard-to-reach areas.

For more information about the Association and the event visit www.brickish.org

For more information about Sonicare For Kids visit www.sonicare.co.uk/dp or call 0800 0567 222.

The next generation of Apex Locators

The next generation of Apex Locators at the BDTA showcase in November. The new Apex Dal and Blue is a digital Apex locator built with proven proprietary technology designed to identify the exact working length of the root canal.

The Apex Dal advanced digital technology decodes the Canal Apex as a result of the electric signals returning from the root canal. While the NRG Blue displays the reading via a PC Screen graphic through a wireless Bluetooth® connection in addition to the more traditional on board light display.

Additional features include higher sensitivity and complete control of the measuring process with a tolerance of 0.1 mm in the appliance. The Apex Dal is more precise in use and the display enables the user to view results easily and conveniently from any angle.

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Your time is money. Don’t waste it! Visit www.inventorycircle.com and join the thousands of other dental professionals who are saving money on:

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And, your practice can make money out of equipment or supplies that are just going to be thrown away, Recycling in its truest sense! And, unlike advertising, you pay nothing to list your equipment or supplies for sale on Inventory Circle – you only pay a small commission once the items are sold.

It is absolutely free to register on www.inventorycircle.com. So, what have you got to lose?

Can You Benefit from Incorporation?

The move from Sole Trader/Partnership to a Limited Company can be an exciting, if somewhat apprehensive, time. Incorporation can be a far more sensible, durable and long-term plan to reduce tax than risky ventures such as closing down, yet few practices can prove to be disastrous for many dentists.

Lansdell & Rose can help you with the complexities of Incorporation and offer you a personal, bespoke service that suits you and your practice.

A Limited Company can hold many benefits including:

• Limited Liability – shareholders are limited to the capital they introduce
• Enhanced commercial and patient credibility – Often seen as more credible than sole traders
• Taxation benefits -Taxation rules often be reduced by up to 50%, depending on personal and business circumstances!

By offering you expert advice at every step and providing you with a bespoke, reliable service, you can be assured that the team at Lansdell & Rose is delivering correct, suitable advice that will help you and the future of your business

For more information about Incorporation and the services available from Lansdell & Rose please call on 020 7576 9555.
Good for Patients, Good for Practices

The demand for dental work is growing at an unprecedented rate due to an ageing population, living longer; younger generations who continue to need preventive services and maintenance of existing dental work. In the meantime, the UK faces high unemployment and the NHS is struggling to meet demands.

Munroe Sutton has developed an innovative referral plan that is affordable and effective. Unlike insurance, discount plans have no annual limits and no health restrictions. Referral Plan members are granted access to a large network of participating dental care providers that have agreed to offer their services at a discounted fee.

Some of the many benefits Dentists receive from the Munroe Sutton plan are:

- Access to many potential new patients
- Support with marketing their practice through the scheme, which encourages patients to visit the dentist regularly and helps them afford desirable treatments such as aesthetic dentistry.
- No long term commitment. Dentists can cancel their participation with a simple 30-day notice period.
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Simple, effective and tried and tested by millions of Americans, Munroe Sutton offers increased profitability for UK dentists with no extra outlay.

For more information call 020 7887 6044 or visit www.munroesutton.co.uk/dentist.

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For further information on any of the new Nobel Biocare products please call: +41 0185 452 912, visit www.nobel-biocare.com.

New Aseptico Chair for Children

The Velopex team are delighted to launch a brand new paediatric portable dental chair – from Aseptico. The chair, developed with extensive input from the Childsmile project in Fife, Scotland is now available.

Simple and practical, the Aseptico Childsmile is the ideal solution for dental chairing in the most demanding environments.

The Velopex team are delighted to launch a brand new paediatric portable dental chair – from Aseptico. The chair, developed with extensive input from the Childsmile project in Fife, Scotland is now available.

Germ Check was appointed by the renowned University of Manchester to develop the innovative Aseptico Childsmile.

The Aseptico range provides the ability to create a ‘dental surgery’ in any room anywhere – all you will need is power. The equipment combines comfort for dental chairs (now both Adult and Child) with operators stools, convenient lights as well as delivery systems. The delivery systems include high and low volume powerful suction as well as a 3-in-1 syringe and an electric motor (with 5.1 increase this can achieve 150.00 rpm) or with high/low speed turbines – as required.

Mark Chapman further enthused about the products: “It’s amazing to have the portable dental equipment, the portable x-ray equipment and our digital system all available in the same package, all in the same supplier – one call for service. This range of products is also available through our trade partners and I’m excited about forthcoming promotions.”

You can see the chair for yourself at the Velopex stand, L22, at the BDTA Dental Showcase 12–14 November at the NEC.

For more information or to ask any questions, please contact: Mark Chapman, Tel 07754 044877.

Vizilite Plus™ Screening Test for Oral Cancer

Vizilite Plus™ is a simple technique to assist in the early detection of oral abnormalities including premalignant lesions and oral cancer.

Vizilite Plus™ comprises of a chemiluminescent light source (Vizilite) to improve the identification of lesions and a blue phenothiazine dye (TBlue) to mark those lesions identified by Vizilite. Carried out as part of a general check up, Vizilite Plus™ is a simple, low cost, pain free and 100 % sensitive test that can help save lives or give Patients peace of mind.

For further information on the new Vizilite Plus™ Kit please call: 01689 88 17 88 or visit www.panadent.net.

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Considering the age factor

A patient’s age can affect how you carry out endo treatment.

Dr Michael Sultan looks at some of the problem areas

The growing proportion of adult patients living longer is driving a change within the profession. Patients no longer expect or desire dentures, they want their own teeth and are more inclined to keep up a good oral healthcare regime to ensure this happens.

The importance of retaining natural teeth cannot be over emphasised. The improved science and techniques within Root Canal Therapy/Treatment (RCT) and the advancement in equipment can normally avoid extraction and help patients to keep their teeth. There are however several problems when treating ageing patients, including:

- Reduction of space in the pulp
- Sclerosis of canals.

As the pulp and canals reduce in dimensions, it is firstly difficult to actually locate the canal and sclerosis and difficult to actually enlarge them. This means that there may well be untreated proportions of the tooth harbouring bacteria and this can lead to persistent problems.

Difficult Treatment areas

The endodontist may have to work through crowns and bridges, and this may make it difficult to see adequately what is going on and in addition, many of these teeth may have been root treated before and the original root filling may have to be removed and the canal renegotiated as part of the treatment.

Reduced saliva flow and dry mouth

The lack of saliva encourages caries and increases decay. This may be due to either ageing or even medication being taken.

A reduction in tooth sensitivity and pain

As age increases, decay and root caries incidence rise. There can also be problems with the patient’s mobility and early diagnosis. This may mean that they postpone treatments until the complaint is quite advanced.

Check for medication

The patient’s age and health status are of course considered before dental treatment, but another factor that must be explored is the medications they are taking.

Decay around previous crowns and restorations is a familiar theme in ageing patients who need RCT and these treatments can become more difficult and may also be more time consuming. This poses a problem in people who require shorter appointments for health reasons and also comfort.

Often people are nervous following a lifetime of poor experiences at the dentist and the reputation that surrounds treatments such as root canal therapies. Understanding a patient’s reservations and helping them work through their concerns will in turn help you complete treatment fast and efficiently.

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BDS MSc DFO

is a specialist in Endodontics and the clinical director of EndoCare. Michael qualified at Bristol University in 1986. He worked as a general dental practitioner for five years before commencing specialist studies at Guy’s Hospital, London. To talk to a member of the EndoCare team call 020 7224 0999 or email reception@endocare.co.uk or for more information please visit www.endocare.co.uk.

About the author

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1 in 3 people suffer from dentine hypersensitivity and over 50% of sufferers don’t mention it to their dental professional.¹ This may be because they fear it requires major dental work, the pain may be variable so they don’t report it or because they may be using techniques to try and avoid the pain.

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¹ Addy M. Int Dental J 2002; 52: 367-75