Smartseal in practice

In the last issue, Sandra Watson outlined how she uses Smartseal for successful endo treatment. This week in part two, we ask Sandra why she prefers it to her old method of treatment and why she would recommend it to her colleagues.

About the speaker:
Jerry Watson is a general dental practitioner training for dental teams; he is particularly interested in Easton on the Hill. Jerry is a well respected trainer and based near Stamford. He works in two locations - Peterborough and Slough.

1. What product/s and brands have you used in the past?
I used to use hand files and then fill with GP using lateral condensation. More recently I have used K files with Pro Fit GP.

2. What prompted you to consider new kinds of products?
I was interested to use a product which expanded laterally because of the obvious potential benefits. I had heard that Smart-point swelled laterally, adapting to the shape of the canal and that once a seal was created, the point would stop swelling and its controlled hoop strength prevented root fracture. I recognised that these inherent characteristics could improve the outcome of root canal treatments and so decided to investigate further.

3. What decision-making process do you use to purchase new products?
From personal experience dentists are naturally creatures of habit and although I believe we’re reticent to try new technologies and products, I do think we have a responsibility to be aware of and investigate new products that may help us to deliver an improved service and/or outcome for our patients. I form purchasing decisions by keeping abreast of information presented in literature sent to me and featured in the dental press, and I listen to what my colleagues have to say about products they have tried.

4. When did you become aware of Smartseal and what interested you most about it?
I have been aware of Smart-seal’s development for some time and have been watching the outcome of the trials with great interest. GP has been used for over 100 years and while it has served a purpose, we are all aware of its limitations. It makes sense that new, 21st-century technologies should be pulling teeth out rather than anything new we would still only use the product does take us out of our comfort zone to discover new things. Using a different habit and reticence to try something new. Using a different product does take us out of our comfort zone but if we never tried anything new we would still only be pulling teeth out rather than discussing the merits of different root canal treatments.

5. Did you use Smartseal as soon as you had purchased it and if not, why not?
I must admit that it had sat in the cupboard for a couple of weeks before my nurse persuaded me to use it. Again it’s just habit and that reticence to try something new. Using a different product does take us out of our comfort zone but if we never tried anything new we would still only be pulling teeth out rather than discussing the merits of different root canal treatments.

6. Even though you had purchased Smartseal, what...
prompted you to actually use it? Was it a particular kind of case, the time of day…?

My nurse prepared a trial mix of the paste. We thought it mixed well, it looked more than satisfactory and we decided to use it for the next root treatment.

7. Did you have any apprehension about using a new product and if so, why and how did you overcome it?

There is always a slight apprehension when using a new product and that inevitably makes using it for the first time more demanding. For instance I think you need to run through the process and discuss it with your nurse in advance of using it so you both feel confident. You should also ensure no mention of new products is made in front of the patient.

8. What limitations or dissatisfaction did you have with the product?/s you had been using? Did Smartseal overcome these issues and if so, how?

I had experienced a couple of failed endo cases where I had used GP and wanted to give Smartseal a try; especially on molars. I had experienced difficulties with molars in locating the canals when the pulp chamber was full of sealer, bending GP point after GP point. Smartpoints are much more rigid and easier to place than GP. Smartpoints are easier to push into curved canals and they are trimmed off easily using a high-speed drill with the water running. So much easier and nicer for the patient than sending up smoke signals when trimming GP using a hot instrument. I like the singly packed points, much cleaner than rummaging through a pack of mixed GP points. If using a constant taper file system only 04 and 06 points are required, these being trimmed to size using the gauge enclosed in the kit.

9. How did your nurse take to using Smartseal?

She found it easy to use and was the one who pushed me into my first Smartseal endodontic treatment!

10. Were there aspects of using Smartseal that you would like to see changed/improved?

No. The initial anxiety associated with performing a known treatment in a new way was soon overcome because of the simplicity and ease of use of the Smartseal system. I couldn’t find any fault at all.

11. Why do you think other practitioners may be reticent to try new products and what would you say to them now that you have tried it?

I guess most practitioners would be worried about handling a new product in front of a patient. I would suggest they try a test mix of sealer with their nurse first because other than that, the technique is the same: just pick up a Smartpoint instead of a GP point. Of course in hindsight I wonder why I hadn’t used it sooner but isn’t that always the case? The Smartseal team provides help in practices with lunch and learns and evening seminars for the dental team are also available. I would highly recommend either. I found them extremely helpful and informative. They helped me to learn more about the technology and encouraged me to purchase and then try it which in hindsight I am delighted I did.

12. How do you currently evaluate ongoing success of your endo treatments?

I review the results radiographically and check if the patient is symptom free.

A SMART POINT

All products were new once – even GP but as people try them and advocate their benefits, they move into the mainstream. At some point they become commonplace and no one ever gives the fact that they were once new a second thought. New products are successful when they fulfill a need or overcome an existing problem and that’s exactly what the Smartseal system purports to do.

Did Smartseal overcome these issues and if so, why and how did you overcome it?

Sandra Watson
LDS RGCS 1980, BDS Lond 1980 is a general dental practitioner based in Easton-on-the-Hill, Lincolnshire.
Dr Philip Preshaw from the University of Newcastle’s School of Dentistry was awarded the Young Investigator’s Award at the 86th General Session and Exhibition of the International Association for Dental Research (IADR) held in Toronto, Canada. The IADR Young Investigator Award, supported by Crest Oral-B, P&G Professional Health, is designed to stimulate basic research in all dental disciplines. The recipient must not have reached their 40th birthday at the time the award is presented and the award consists of a cash prize and a plaque.

MK: What factors contributed to you being awarded this honour by the IADR?

Philip Preshaw: I was recognised for my research focusing on clinical periodontology and applied laboratory research, specifically periodontal immunobiology, risk factors for periodontal disease (such as smoking and diabetes), and clinical trials design and execution. One study in particular that I conducted focussed on the effect of quitting smoking on periodontal treatment outcomes. This study was the first longitudinal project of its kind to confirm the benefits of quitting smoking in smokers with periodontal disease, and attracted significant international media attention.

I have also conducted research that has identified a hugely increased risk for aggressive periodontitis in young adults with Type-1 diabetes mellitus. In addition to this, I was involved in research that led to the development of a new systemic drug therapy (subantimicrobial dose doxycycline) for the management of periodontitis that is now available in the UK and other countries throughout the world. I have been able to conduct all of this research due to the support I have received from colleagues at Newcastle University and because I received a five-year Clinician Scientist Award from the MRC (Medical Research Council) and Department of Health that has enabled me to focus on research over the last few years.