The British Dental Association (BDA) has made the bizarre claim that the Department of Health’s (DH) chief dental officer has refused to publish documentation on contamination he has already committed to publishing in a letter to the British Dental Journal - to publishing if required.

In a letter to the DH, the BDA has renewed its 2007 request for a full review of the evidence-base for the HTM 01-05 guideline document on decontamination in dental surgeries.

The BDA claims that three areas of the guidance have been amended before printing the document, which includes permission to use potable water for the rinse stage of decontamination. The BDA claims this is a climb-down from the previously intended requirement for reverse osmosis and freshly distilled water.

The association also objects to an increase in the period during which instruments can be stored after processing in a validated vacuum sterilizer, from 50 to 60 days.

It also draws attention to the revision of the requirement for two sinks for decontamination, to allowing two bowls in a single unit.

The association also claims that concern about these changes has been heightened by a ‘consistent failure’ by the DH to publish references for the document’s evidence-base.

The British Dental Association calls for evidence to be examined by NICE

BDA executive board chairman, Dr Susie Sanderson, said: “It is telling that changes to the content of HTM 01-05 have had to be made already. The changes expose the uncertain evidence base on which the document is founded and will be a cause of great concern to dentists. These doubts can only be exacerbated by the failure of the DH to publish its evidence base for the document.

“To establish that evidence base the BDA believes the guidance must be looked at in detail by NICE.”

Dr Barry Cockcroft, chief dental officer for England, said: “Improving patient safety is a priority for the DH and we make no apology for updating our guidance to make sure dentists have much greater than the existing requirements defined in the BDA’s own guidance document. However the aim is to move towards best practice as defined in the new document.”

Over the last five years, the DH has introduced a Clean, Safe Care Strategy, resulting in cleaner hospitals and significant reductions in MRSA and C. difficile infections.
Gum Disease Linked with Diabetes

Clinical guidelines recently released by the International Diabetes Foundation (IDF) emphasise the importance of periodontal health for people with diabetes, which affects about 246 million people worldwide.

World Diabetes Day (WDD) on November 14 shine a spotlight on the condition, with iconic buildings such as the London Eye, lit up with the blue WDD circle logo.

Founded by the IDF and the World Health Organization (WHO) in 1991, WDD aims to raise awareness of diabetes. This year sees the first of a five-year campaign addressing the growing need for diabetes education and prevention programmes.

The new IDF oral health clinical guidelines support research which suggests that the management of periodontal disease - which affects the gums and other supporting tissues around the teeth - can help reduce the risk of a person developing diabetes and can also help those with diabetes control their blood sugar levels.

The IDF guideline contains clinical recommendations on periopathology, care written in collaboration with the World Dental Federation (FDI). These encourage health professionals look out for symptoms of periodontal disease such as swollen or red gums, or bleeding during tooth brushing and to educate patients with diabetes about the implications of the condition on oral health.

“Educating people about the risk factors of diabetes and promoting action to encourage early diagnosis, is vital in tackling the worldwide diabetes epidemic,” said Sir Michael Hirst, president-elect of the IDF.

Samuel Law, associate dean and professor of periodontology at the University of Florida College of Dentistry, also emphasised prevention.

He said: “Everyone should maintain healthy teeth and gums to avoid periodontal disease, but people with diabetes should pay extra attention.

“Periodontal disease triggers the body’s inflammatory responses, which can affect insulin sensitivity and ultimately lead to unhealthy blood sugar levels. Establishing routine periodontal care is one way to help keep diabetes under control.”

He added: “I know that these clinical recommendations will be helpful for those professionals who work with and treat people with diabetes. I also encourage the medical and dental communities to work together to provide the best possible care for our patients.”

In the UK alone, diabetic diagnosis has increased from 1.4 million in 1996, to 2.5 million in 2008. By 2025, there are predict to be more than four million people with diabetes in the UK. It also is estimated that there are around half a million people currently living with undiagnosed type 2 diabetes in the UK.

Viggo Mortensen is UK & Ireland vice-president of global healthcare company, Novo Nordisk, which helped sponsor WDD. He said: “As a world leader in diabetes care, we are truly committed to defeating this disease. Promoting greater awareness of the risk factors for diabetes and encouraging best-practice sharing in diabetes prevention and management is key to achieving this.”

BDTA prize winner

David Tomkins was the lucky winner of the holiday draw for two in the luxurious Caribbean Island of Barbados.

The official Showcase prize draw, provided with compliments of the BDTA, was designed to link in with the Showcase 2009 ‘Treasures of Dentistry’ theme and was open to everyone who registered in advance for tickets to the event and attended on one or more of the exhibition days.

David is a dentist at Prescot House Dental Surgery in Merseyside and was ‘gobsmacked’ when he received the news of his win.

Tony Reed, executive director at the BDTA, said: “Thousands of visitors entered the prize draw which proved popular with visitors. We originally developed the ‘Treasures of Dentistry’ theme to conjure up images of clear blue skies, white sandy beaches and bring a little sunshine into November at Dental Showcase. I’m sure David will experience all of this on the trip and thank you to everyone who entered the draw.”

Put the dates in your diary

BDTA Dental Showcase 2010 takes place at ExCel, London, 14-16 October 2010. For further information, visit www.dentalshowcase.com.

Podcast helps dentists under investigation

Dental Defence Union (DDU) members facing a General Dental Council (GDC) investigation now have extra help on hand in the form of a newly launched podcast.

Entitled, A letter from the General Dental Council, the podcast offers practical advice for members, during what could be one of the most stressful times of their professional lives.

DDU dento-legal adviser Leo Briggs, who is interviewed on the podcast, said: “This is particularly timely, because last year, there was a 20 per cent increase in the number of complaints about dental professionals considered by the GDC at Stage 1 of, Fitness to Practise, compared to 2007.

“We have taken a holistic approach to helping our members. This time, we have developed our first dento-legal podcast, as an additional resource. We have worked with a dento-legal adviser to develop what we believe is a very practical tool.”

“The good news is that 89 per cent of complaints considered by the GDC investigating committee in 2008 - in which DDU in-house lawyers assisted members - did not proceed to a Fitness to Practise hearing.”

The podcast covers important advice relevant to GDC complaints and investigations. This includes calling the DDU advice line soon after receiving a letter from the GDC and acknowledging it promptly. Dentists are also advised to contact the DDU if they are asked to give comment or answer criticisms during the investigation process, as the union has an expert team of dento-legal advisers and lawyers to support and advise members throughout.

If contacted by journalists, the DDU advises dentists to contact the union first before responding to media queries.

For a copy of the podcast, log onto: www.ddu.com.

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The podcast covers important advice relevant to GDC complaints and investigations.

Tony Reed draws the winning ticket
Edinburgh practice on OH mission

Edinburgh practice Stafford Street Dental Care has launched a dental health campaign by distributing 3,000 cards with top dental tips.

The brainchild of surgery owners, Yann and Gilly Maidment and their team, the campaign aims to reduce restorative treatment in the practice. The Maidments estimate that more than 100 people a year take advantage of their Relief and Rescue package for non-registered patients who need to see a dentist urgently.

Mrs Maidment said: “When we realised how many patients we were seeing who wished they had been better informed, we decided it was time to take pre-emptive action and reach out into Edinburgh homes and workplaces to get people thinking how they could improve their dental health.”

The Scottish 2008 health survey showed that 56 per cent of adults over 65 had no teeth, with 41 per cent of Scottish adults reporting dental pain in the previous ten months. It acknowledged that Scotland’s oral health is poor compared to other European countries, exacerbated by poor diet, poverty and tobacco use.

Tips include keeping sugary snacks and drinks to mealtimes. The advice is based on the Department of Health report, Delivering Better Oral Health - the evidence-based prevention toolkit of 2007.

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The new Department of Health’s (DH) template contracts for dental access funding are ‘unnecessarily complex’, which makes them ‘risky and inappropriate for dental practice’, according to the BDA’s General Dental Practice Committee. (GDPC)

The DH’s national dental access programme wants to ensure that by March 2011, anyone wanting NHS dentistry can access it in a reasonable time. Through the PCT procurement framework, the DH aims to support PCTs participating in the programme to commission NHS dental services to deliver ‘fair, robust and competitive procurements’. To this end, the DH has produced best practice guidance and template procurement documents, which will need PCTs’ input to make them appropriate for their requirements.

However, although taking up a ‘PDS Plus’ contract is not mandatory, John Milne, GDPC chairman, said dentists should exercise great caution before making a decision to do so, despite changes made by the DH.

He said: “Although it must be an individual business decision, we advise dentists to think very carefully and seek advice before taking on one of these contracts, as the dangers of breach are rife and the consequences of breach may be very damaging to practices.”

The GDPC is of the opinion that fundamental new provisions, such as the payment mechanism, the need to comply with new key performance indicators and the ‘dental care assessment’ of patients should have been developed and piloted in conjunction with the wider profession through the implementation of the Steele review.

Mr Milne added that the contract still incorporates too many controlling provisions, which could lead to intrusive micromanagement. He said: “Practices will need to devote considerable resources to managing the contract and ensuring that requirements are met. For most practices, this will require a dedicated contract manager and for the contract value to reflect the risks and extra work required.”

The final version of the, ‘PDS Plus’, template agreement for dental access procurement runs to approximately 50 pages and 17 schedules.

Chief Dental Officer for England, Dr Barry Cockcroft said: “The NHS has made a commitment that everyone who wants access to NHS dentistry can get it by March 2011. To support this, PCTs have had significant increases in resources with an additional £380m of funding over the last two years taking central dental funding to a record £2,257m.

To ensure we improve people’s access to NHS dentistry, we have developed a template agreement that PCTs can use to commission new services. The agreement will allow PCTs to count the number of new patients as well as the amount of work that dentists do, and enable them to reward dentists for the quality of the services they provide.

“This doesn’t replace the current NHS dental contract system, which is working well. But this special dental access template, will help us to move further and faster in improving access and quality of dental services.”
View of the Mouth – Oral Cancer

**Dental Tribune** talks to Professor Stephen Porter about the dangers of oral cancer and an innovative diagnostic technique, with the potential for speedy diagnosis and referral for patients.

In the UK, about 3,500 patients annually are diagnosed with oral cancer, of which 900 are fatalities. Elsewhere in Europe there has been a six-fold rise over the past 40 years among young adults with the most frequent tumour of the mouth - oral squamous cell carcinoma (OSCC) which numbers predicted to rise.

Prof Stephen Porter confirmed that although oral cancer had a fairly low public profile, it was increasingly common. He said: “OSCC is possibly the eighth most common cancer worldwide and thus more common than diseases such as cervical malignancy.”

Researchers from the UCL Eastman Dental Institute and the University of Surrey are conducting a study over the next year on the potential efficacy of dielectrophoresis, a non-invasive technique of diagnosing oral cancer. Prof Porter explained: “If successful, this new technique would provide a simple and quick means for a dentist or doctor to determine whether a lesion in the mouth was potentially cancerous.

“It could lead to a chairside test for potentially malignant disease, which would give an immediate result and lead to early referral.”

The technique’s methodology uses a brush placed over a suspicious oral lesion to collect cells, which are then examined in the laboratory to detect any malignant properties.

Prof Porter said studies were investigating ways of encouraging people to change behaviour that increases the risk of oral cancer. He said although the main risk groups are those who smoke and/or drink alcohol, there is increasing evidence that sexual lifestyles, but he said: “Lifestyle changes do not cause an immediate reduction in the risk of oral cancer. It may take 10-15 years for the influence of tobacco upon the mouth to diminish. So we would hope that the technique will detect the changes that precede the actual development of mouth cancer.”

In some cases it is hoped that the technique could prevent an oral lesion from developing further. Prof Porter explained: “If the lesion is potentially malignant then it could be removed and the patient regularly reviewed. But there is a 50 per cent risk that it could return. However, early detection and treatment would avoid the possibility of cancer developing. The exact influence of tobacco and/or alcohol upon the risk of future disease is unclear, but certainly if the patient continues with these activities, the risk of future disease is unlikely to fall.”

A final word of warning: “Even if the lesion is cancerous and is treated appropriately, there still remains a one in eight chance of the patient developing further potentially malignant or malignant disease.”

Although diagnosis of mouth cancer is generally based upon clinical detection by a dentist or doctor confirmed by biopsy of the lesion, Prof Porter said many patients presented with late and therefore extensive oral disease, so overall five-year survival rates could be as little as 50 per cent.

He added: “In addition, patients have a one in five chance of developing new tumours in the mouth or upper airways; hence lifelong clinical review is important.”

Prof Porter sees dielectrophoresis as a potential warning to at-risk groups to change their lifestyles, and thus more common than diseases such as cervical malignancy.”

“Education is difficult. Alcohol, drink and sexual lifestyle. “Education is difficult. Alcohol, drink and sexual lifestyle.”

He commented that poor oral hygiene is also a possible contributory factor, although the precise impact of alcohol-containing mouthwashes remains uncertain. Additional risk factors include a diet with a lack of fresh fruit and vegetables.

“The difficulty is that many who are in a risk group are also economically deprived and do not readily access health care, perhaps especially dentistry.”

Prof Porter said it is vital to run any oral cancer screening programme hand-in-hand with an education programme on risk factors. But he warned: “Any education programme must be targeted at the groups at greatest risk of mouth cancer. The difficulty is that many who are in a risk group are also economically deprived and do not readily access health care, perhaps especially dentistry.”

“Therefore, this group may well miss out on programmes centred around health care providers. It would therefore seem better to screen people in more public locations such as supermarkets.

“Education is difficult. Already cigarette packets have warnings about oral cancer risks, and in Scotland there was a national campaign on mouth cancer. Any educational package must be simple and target those at greatest risk. It would seem sensible and cost effective to ‘piggy back’ education on oral cancer into programmes allied to smoking, drink and sexual lifestyle.”

Prof Porter is the director of UCL Eastman Dental Institute and an honorary consultant in oral medicine, who is qualified in both medicine and dentistry.
Lingual orthodontics on Euro stage

This group of specialists has evolved from a select study club to a respected group, which is hosting a major European event in London next year.

BLOS chairman, Rob Slater, is an orthodontic specialist as well as a member of the organising committee for the European Society for Lingual Orthodontics meeting in July 2010. He regards lingual orthodontics as one of the most important dental developments of the century.

He said: “We had Edgewise at the start of the 20th century, Begg in the 1920s, Straightwire in the 1970s, aligner systems in the 1990s and now lingual today.”

He added that more and more general dental practitioners are recommending orthodontic treatment to patients who needed gaps closed or opened, prior to a course of restorative treatment.

He added: “Dentists have re-framed from suggesting orthodontics in the past because they knew their patients wouldn’t tolerate looking like a teenager. But when the appliances can be fitted behind the teeth, it’s a different story. BLOS members are already seeing more referrals from dentist colleagues.”

He said the newest systems on the market had overcome previous mechanical challenges.

“Overjet reduction is easier with lingual and overbite reduction can also be more effectively achieved.”

BLOS members have made links with orthodontists in Europe and further afield, which has led to joint meetings with the Italian counterpart to BLOS - Associazione Italiana Ortodonzia Linguale.

Mr Slater hopes that the transformation of BLOS from niche to national will be complete in 2010 and that lingual orthodontics will become established as part of the armamentarium of every ambitious orthodontic specialist.

For more information about BLOS, log onto: www.blos.co.uk or to find out more about the European meeting, go to www.eslos-congress.com

Compliance with decontamination rules

Dentists in Scotland must comply with new Scottish Government guidance on dental decontamination and ensure their validation is up to scratch, warns the UK-wide MDDUS.

All primary dental care practices received updated guidance from the chief dental officer for Scotland this month. These included information about the timescales for compliance with decontamination requirements, as well as other actions which need to be taken by December 2009.

Aubrey Craig, head of the dental division of the MDDUS, said: “It is welcome news that the other home countries are developing processes for decontamination in dental surgeries. Scotland has been the lead on this for a number of years.”

“It was reassuring to see that Dr Margie Taylor, upon taking up her post as chief dental officer for Scotland, wished to gather information prior to formulating the guidance.”

But he continued with a word of warning: “However, there is no way out for practitioners. They will have to comply with the guidance and ensure that their Health Board is fully aware of their plans.”

The situation in England is different in that all dental practices will have to meet essential requirements of the Department of Health’s guidance on dental decontamination by April 2010.

It is anticipated that the guidelines will be adopted in Wales as well as Northern Ireland, but amendments will be applied in the province.

MDDUS advises that HTM 01-05 does not apply in Scotland as dentists there are in receipt of guidance documents from various organisations that provide advice on such matters.

Age equality consultation launched

To prepare health and social care services for new anti-age discrimination laws, the Government is calling for people’s views on the likely implications.

The consultation asks for comments on the recommendations of a review into the implications for health and social care of new age requirements in theEquality Bill.

The Bill will ban age discrimination against adults in public services. This has particular implications for health and social care because age can be a factor in decisions about some treatments and services. The Health Secretary, Andy Burnham has already signalled his support for implementing the new laws in 2012 when other sectors will do the same.

Sir Ian Carruthers and Jan Ormondroyd were asked by the Government to lead a review of equality in the NHS and social care. They found that:

- health and social care services should implement the new requirements in the same time as other sectors - 2012;
- no areas within health and social care should have wholesale exemption from the legislation;
- where possible, age as a criterion for assessing care provision, should be replaced by more pertinent and individualised evidence;
- local authorities review their assessment procedures; and
- all professional regulatory organisations review and, if necessary, revise their standards, codes of conduct and education programmes.

The consultation will close on 15th February 2010. Responses can be made at: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_108887
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Maintaining good oral health could help keep thinking skills intact in the ageing population, according to an American study.

Researchers from Columbia College of Physicians and Surgeons in New York claim that gum disease can influence the functioning of the brain through causing inflammation in the body, which they claim can be a risk factor in the loss of good mental functioning.

The study, which was based on adults aged 60 and above, found that those with serious gum disease were three times more likely to have trouble recalling a three-word sequence after a specified period of time. The research project also found that adults with the highest levels of the pathogen which causes gum disease, were two times more likely to fail three-digit reverse subtraction tests. They were also nearly three times more likely to struggle with verbal memory tests and twice as likely to fail on verbal recall and subtraction tests.

The study, which was reported in the Journal of Neurology, Neurosurgery, and Psychiatry, was based on more than 2,350 men and women who were tested for periodontitis and completed numerous thinking skills tests as part of a national survey.

A New Zealand study has revealed that people with a negative view of the world could be more likely to suffer from poor oral health, including decayed or missing teeth.

The findings came after the anxiety levels of 1,037 people were compared with their dental records. Experts at the University of Otago, discovered that a quarter of participants could be classed as having anxious personalities, which included a fear of the dentist.

"These people tended to be the glass-half-empty personality type" Some were so scared that they would avoid the dentist altogether until the problem became so serious that treatment could no longer be avoided.

As a result, people who developed "dental anxiety" tended to have more tooth decay than those who were not concerned or worried about treatment.

Statistics showed that, compared to the average population, people who were very nervous about visiting a dentist, had double the average number of rotten or missing teeth and fillings by the time they were 32.

Professor Murray Thomson, who led the study, said: "These people tended to be the glass-half-empty personality type - people who, as a rule, would be anxious about other things, such as heights.

"Some in this group were also anxious due to had dental experiences in the past. Usually, these people become more and more anxious through a vicious cycle of avoiding the dentist, to the point where their dental condition becomes much worse. They then require more unpleasant treatment options such as lancing an abscess, root canal treatment or a tooth extraction. This reinforces their dental anxiety and makes it even less likely that they will attend the dentist next time they have a problem."

He said the study, published in the journal of, Community Dentistry and Oral Epidemiology, showed that if people avoided dental care, then in the long run they would be worse off, not only dentally but also in terms of their appearance, social interactions and quality of life.
Home from home
In part two of this three-part series, Dr Solanki asks you to consider your practice image and what message it’s giving to your patients

Many factors contribute to a successful marketing plan, but if we were to start at the very beginning there are a few things that firstly need to be addressed in order to establish that you are ready to start marketing and pushing your services. Remember that you only have one chance to make a good impression.

How do you feel when you walk into your practice? Have you taken the time to sit in your waiting room and just look around? Possibly one of the most important things to consider is not only getting new patients, but also keeping them.

You won’t be judged on your dental expertise, patients do not know about this; instead they judge you on the presentation of your practice. A significant sum of money will need to be spent so that your practice décor matches up to your aspirations. It is also worth noting that due to the Department of Health’s HTM 01-05 Decontamination guidelines, infection control must also be considered. Compliance will soon be mandatory and a disorganised, cramped and cluttered practice will no longer pass muster.

The extra mile
Either mandatory or self motivated, going the extra mile and putting on the fine touches will have patients feeling like a trip to your practice is a visit to the health spa. Is the carpet new or old and grim? Is the seating comfortable and what year do the magazines date back to? Can patients get a cup of tea or a cold drink, and what about their other half? Do they have to sit in the car? The list goes on.

Your practice environment is what will have the most impact in the eyes of your patients and this does not only include the aesthetic appearance, this also includes how your patients are treated by your staff. Training your staff and spending time with all of the team will help you to ensure that they are working toward the same goal as you. Without one vision and one common goal that you and your team share, it is likely that it will fail.

How do your team currently answer the telephone? Do they listen attentively to all patient enquiries? Do they know enough about the treatments on offer to answer a patient’s question?

Once you have invested your time and money in making your practice the kind of place that potential patients wish to visit, it is then the perfect time to investigate a marketing strategy and explore your future possibilities by encouraging growth for your practice and the steady flow of business for you and your team.

In the next part of this series, we will look at what kind of marketing options you have available, highlight the pros and cons of marketing and how to ensure that your budget is used as an investment back into your practice.

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About the author
Dr Solanki studied medicine at the University of Oxford followed by a PhD, having come from a business-oriented family he followed his passion of starting up a dental marketing company with its strength in online search marketing in early 2007. Since then, he has undertaken extensive search engine optimization (SEO) training from some of the world’s leading experts in this field and continues to do so. He offers advice on SEO, business consultancy and strategic marketing campaigns for his clients. He is also the founder of the world’s most visited dedicated cosmetic dentistry website www.cosmeticdentistryguide.co.uk. Dr Solanki now offers dedicated marketing strategies for dental practices on a referral only basis.
State-of-the-Art Dental Machining Demonstrated by Sescoi and Partners

Sescoi, DentalWings, Agie Charmilles and Seco recently came together to run a free seminar demonstrating the latest advances in dental machining. More than a hundred participants, including delegates from many of France’s dental companies and prosthetic manufacturers attended the seminar hosted by the ENSAM School (Ecole Nationale Superieure d’Arts et Metiers) based in Cluny, France.

Sescoi works regularly with ENSAM’s major R&D Centre, and the latter’s support for the seminar is a significant endorsement of the state-of-the-art technology presented. Delegates were able to follow every stage of prosthetics manufacturing, starting with scanning and manipulating a model in DentalWings software, and automatic programming of the high speed toolpath in WorkNC Dental using Seco tooling.

By using the techniques proposed in the seminar, the machining of a dental framework in difficult to machine materials such as cobalt, titanium or zirconia can be completed in a few minutes, making it possible to produce between 150 and 260 parts per day while maintaining full traceability.

WorkNC Dental has been designed for ease of use. Tailored to the needs of dental professionals, the software enables the scanned information to be imported, ori-ented and nested ready for manufacture. Machining wizards guide the user through the programming, making it simple to produce collision free 5-axis toolpaths optimised for the special materials used in dentistry. The reliability of the software gives complete confidence in the results, while the wizards enable technicians not familiar with CNC machining to produce dental part easily and right first time.

Sescoi developed WorkNC Dental in close collaboration with dental technicians, adapting its ‘One Button’ CAM software to suit the needs of dental laboratories. Intelligent technology within the system selects tools and cutting strategies that have been specially adapted to high speed 5-axis machining, while considering the kinematics and limits of the machine tool to automatically produce highly accurate implants with an extremely fine surface finish. Further information and machining videos can be viewed on the Sescoi site.

Sescoi is also the software partner in the ambitious ‘Pro- dentic’ dental prosthesis ‘open manufacturing’ project. This 50-month, French government-funded project is lead by the French UNFPD (Union Nationale Patronale des Prothesistes Dentaires) and AFNET, an association that promotes common standards in data exchange.

Lab link with new system

A HI-TECH link between an expanding dental supplier and dental practices across the UK and Ireland has been created by Sheffield IT specialist Richlyn Systems.

Richlyn was called in by Crown & Bridge to help it meet the needs of a growing number of private and NHS practices by providing a new website and web-based order processing, accounting and logistics systems.

“An increasing number of UK dental practices are realising the benefits of our products in terms of both quality and cost,” said Crown & Bridge managing director Marcus Rickard.

“An effective website is critical to our growth and Richlyn have provided a superb bespoke solution – there is nothing else like it on the market!”

Marcus added: “We have received great feedback from dentists, practice managers and the financial directors of our corporate group members, who have found that our system enables to keep better control of their laboratory bills.”

“In addition to running our own administration, the website allows our dental clients’ to view prices and products, track orders, product passports and print statements.”

In the future, the site (www.crownandbridge.co.uk) will also allow the company’s clients to order direct online, sending scanned dental impressions rather than the traditional moulds. The Crown & Bridge package marks a further expansion into the UK dental sector for Richlyn.

The company has also developed a tailor-made website solution which is being used by practices in Sheffield, Leeds, Manchester, Nottingham, Wakefield and Mansfield.

“More dentists are seeking to market their practices effectively as they enter the private sector and they realise that a stylish, informative website is essential,” commented Richlyn director Rick Cusimano.

“Where required, we can also provide bespoke software solutions, tailored to a client’s individual needs – as was the case with Crown & Bridge.”

New GDC Council confirmed

The Appointments Commission has confirmed the names of the members it has appointed to the re-structured Council of the Gener-al Dental Council (GDC), which took office in October.

The GDC works to protect patients and promote confidence in dental professionals by:

• registering qualified professionals
• setting high standards of dental practice and behaviour
• quality-assuring dental education
• making sure dentists and DCPs keep up to date
• helping patients make a complaint about a dentist or dental care professional.

GDC chief executive and reg-istrar Duncan Rudkin said: “The General Dental Council is moving into a new era and I look for-ward to the challenges ahead as we continue to strive for excel-lence in patient protection and healthcare regulation.

I would like to thank all the current Council members for their hard work and dedication. With their help we have come through an exciting period of change with the statutory regis-tration of all dental nurses and dental technicians. We couldn’t have done it without them. I look forward to working with the new-ly appointed Council.”

In making the structural changes, the Council was keen to ensure the GDC of the future could continue to command the confidence of the profession whilst fulfilling its public protec-tion role.
All-ceramic restorations
Dr Stephen Ball presents a clinical case showing the replacement of aesthetically failing bonded porcelain crown and bridgework with all-ceramic restorations

ABSTRACT
As we face increasing demands from our patients for highly conservative restorations that are true reproductions of natural tooth structure, traditional porcelain bonded to metal systems have competition from newer all-ceramic materials. These materials combine natural aesthetics with adequate compressive and flexural strengths to allow their use in bridgework and also in posterior areas of the mouth. This article will showcase a clinical application of the Ivoclar Vivadent IPS e.max system to replace aesthetically failing anterior bonded porcelain crown and bridgework.

During the initial cosmetic consultation appointment, this 48-year-old male patient’s chief complaint was the poor appearance of his existing anterior crown and bridgework. (Figures 1, 2, 5 and 4.)

Although the restorations were approximately 12 years old and clinically satisfactory in terms of marginal fit and periapical health, they were aesthetically poor due to:

- Unnatural opaque shade
- Lack of interdental papilla between central incisors – “black triangle”
- Poor adaptation to ideal smile line.

The probable reason for the opaque appearance was under-preparation of the tooth structure leading to inadequate clearance for a satisfactory porcelain thickness. After a long discussion with the patient, he was adamant that he did not want any metal in the new restorations and he was also keen to avoid any further tooth reduction.

Appropriate informed consent was obtained and the decision was made to replace the anterior restorations with an all-ceramic alternative – in this case IPS e.max. The UR1 is a single unit crown and UL1 is a retainer for a cantilevered pontic replacing UL2.

Introduction
Preparing for treatment
After numbing the patient thoroughly and taking a pre-operative impression of the upper arch, the old restorations were cut off and the preparations refined to proper requirements for this type of restoration, namely:

- 1.5mm to 2mm incisal reduction
- 1.0mm to 1.5mm labial reduction
- 1.5mm occlusal clearance in intercuspal position (ICP) and lateral excursions
- 1.0mm reduction at gingival margin
- Shoulder margin
- Rounded internal line angles.

(Figure 5.) Fortunately following removal of the old restorations, there was a well-proportioned ovate pontic site at the UL2 region already. The red appearance here was not due to the presence of inflammation but rather that of hypokeratinised tissue.

Final preparations were completed, tissue retracted, and final master impressions made with an addition cured silicone impression material (Take1 – Kerr). Care was taken to provide the laboratory with an accurate impression with detailed crisp marginal definition. A silicone bite registration was made over the preparations only at ICP.

To assist with accurate shade determination, photos were taken with two shade tabs thought to be closest to the correct shade in the frame and these were sent to Dr Stephen Ball presents a clinical case showing the replacement of aesthetically failing bonded porcelain crown and bridgework with all-ceramic restorations

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the laboratory along with the impressions. The shade in this case, despite having been improved by home whitening, was rather challenging as the patient had suffered from tetracycline staining. (Figure 6.)

Custom-fit temporary restorations were fabricated from a dual cured bis-acryl composite temporary crown and bridge material (Quicktemp2 – Schottlander) using the upper preoperative impression as a template and these were then cemented with a non-eugenol containing temporary cement. Homecare instructions were given and the patient was seen two weeks later for the fitting appointment.

Approval before cementation

Following removal of the temporary restorations, the preparations were cleaned with a slurry of pumice and water with a prophylaxis brush in a slow speed hand-piece. The restorations were then tried in and assessed for marginal fit, shade and occlusion. The patient was then asked to look at the restorations in-situ and approve them before cementation. Following approval from the patient, the restorations were cleaned internally with alcohol soaked cotton wool pledgets, dried with oil-free compressed air and silanated (MonobondS – Ivoclar Vivadent) as per manufacturers instructions.

Following isolation of the teeth using rubber dam, the preparations were dried with oil-free compressed air and the restorations were cleaned internally with alcohol soaked cotton wool pledgets, dried with oil-free compressed air and silanated (MonobondS – Ivoclar Vivadent) as per manufacturers instructions.

The emergence profile and gingival condition associated with the new restorations was highly satisfactory. The incisal edges also follow the curve of the lips for a cover-up in a much more aesthetically pleasing way. Unfortunately, it was not possible to completely eradicate the black triangle effect between the central incisors. If we examine the periapical radiograph taken following cementation, we can see that due to loss of alveolar crest height caused by previous periodontal disease, the distance from the bone level to the contact point is approximately 6.5mm. The maximum distance between the alveolar crest level and contact point between adjacent natural teeth to guarantee 1.00mm per papilla infill is 5.00mm (Tarnow 1992). (Figure 11.)

Fortunately in this case the patient has a low lip line, which means that this problem is relatively unnoticeable on a full smile and the patient was extremely pleased with the appearance and function of his new restorations.

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trol due to the translucent nature of the glass. The blocks or ingots are produced in one batch depending on the shade and size of the materials. Overall, this composition yields a highly thermal shock-resistant glass ceramic due to the low thermal expansion that results when it is manufactured. The glass ingots or blocks are then processed using the lost-wax hot pressing techniques (IPS e.max Press) or CAD/CAM milling procedures (IPS e.max CAD).

The restorations shown here were fabricated using the press technique with IPS e.max Press ingots.

The pressable lithium disilicate is produced according to a bulk casting production method, which involves a continuous manufacturing process based on glass technology (melting, cooling, simultaneous nucleation of two different crystals, and growth of crystals) that is constantly optimized in order to prevent the formation of defects. The microstructure of the pressable lithium disilicate material consists of approximately 70 per cent volume of needle-like lithium disilicate crystals that are crystallised in a glassy matrix. These crystals measure approximately three µm to six µm in length.

The basic physical properties for IPS e.max Press are displayed in Table 1.

This means that a restoration fabricated to full contour using the pressing technique delivers 400MPa of strength throughout creating a monolithic structure. Overall, these materials demonstrate specific advantages including higher edge strength vs. traditional glass ceramic materials (i.e., can be finished thinner without chipping). Additionally, the low viscosity of heated ingots enables pressing to very thin dimension (i.e., enabling minimal prep or no-prep veneers) and creation of the chameleon effect, due to their higher translucency.

Conclusion

There are several clinical advantages to the use of all ceramic systems compared with porcelain bonded to metal alternatives.

These are:
- Less tooth reduction required and thus lower level of pulpal insult during tooth preparation,
- Improved aesthetics due to the lack of opaque porcelain needed to mask out metal substructures,
- Chemical bonding capabilities between porcelain and enamel/dentine substrates,
- Improved biocompatibility to allow their use in patients with metal allergies.

From a clinical standpoint, the restorations demonstrate excellent aesthetics, are easy to cement using standard procedures and materials, and are durable enough to provide an excellent and conservative alternative to metal-ceramic restorations.

Thanks to Mr Andrew Taylor of Pacor Dental Ceramics for his excellent technical work in this case.

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Table 1: Basic physical properties of IPS e.max Press

<table>
<thead>
<tr>
<th>Property</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexural strength [biaxial] [MPa]</td>
<td>400</td>
</tr>
<tr>
<td>Fracture toughness [MPa m0.5]</td>
<td>2.75</td>
</tr>
<tr>
<td>Modulus of elasticity [GPa]</td>
<td>95</td>
</tr>
<tr>
<td>Vickers hardness [MPa]</td>
<td>5800</td>
</tr>
<tr>
<td>Chemical solubility [µg/cm2]</td>
<td>40</td>
</tr>
<tr>
<td>Press temperature [°C]</td>
<td>915-920</td>
</tr>
</tbody>
</table>

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Mr Stephen D Ball BDS is a general dental practitioner with a special interest in cosmetic dentistry and aesthetic restorative dentistry. To contact him, call 01709 364404, visit www.pdental.co.uk or email pdfaltd@gmail.com.
Advantages of CAD/CAM technology – a laboratory and a clinical perspective

By Hans Geiselhöringer and Stefan Holst

Abstract
CAD/CAM technology has had a considerable impact in dentistry in the past years and will continue to expand in the years to come. While initially CAD/CAM technology was commonly associated with zirconia-based restorations, modern systems offer an extensive range of materials and solutions for both natural teeth and implants. The benefit is not only limited to a more cost-efficient manufacture of dental restorations in the laboratory, but the benefit for both the patient and the practitioner from the technology. A selection of eminent advantages from a laboratory and clinical perspective is provided below.

The laboratory perspective
CAD/CAM (Computer-Aided Design/Computer-Aided Manufacturing) technology has revolutionised dental laboratory techniques and protocols significantly. Advantages related to material and manufacturing processes will promote the continuous adoption of CAD/CAM systems over conventional casting techniques as the technology offers several benefits compared to conventional framework fabrication. This is not an unfavourable development, but provides true benefits for the dental laboratory, the practitioner and above all, the patient. The benefits of the technology and the new NobelProcera system from a laboratory perspective are obvious. Cost-efficient and time saving workflows with only one CAD/CAM system in the dental laboratory, high-quality products with unrivalled precision and free-virtual design options, and centralised production. And there are many benefits to the laboratory.

Cost-efficient workflows
In the competitive market of dentistry, cost efficiency is a very important aspect of a CAD/CAM system. There are several aspects that should be considered. One is the versatility a system offers. As implant dentistry is currently offered in most dental practices, a CAD/CAM system must allow a broader application than simply the fabrication of conventional crowns and bridges. Customised implant abutments, multi-unit screw-retained implant superstructures and a broad variety of removable solutions on implants is a mandatory requirement. Basis for all CAD/CAM manufactured restorations however is the most precise scan technology and a easy to use and intuitive software to design the restorations.

Product design and material selection
A wide range of materials can be selected and manufactured with CAD/CAM technology today. While zirconia-based restorations have often exclusively been associated with CAD/CAM technology, advanced systems such as the NobelProcera system offer a broad range of materials rang-
ing from aluminum and zirconia based oxide ceramics, titanium, acrylics and non-precious alloys (Figs.1-3).

Important aspects to consider include long-term stability in the oral cavity, biocompatibility, and post-processing options (for example, the type of veneering material). A true and unique benefit of the system is the anatomical tooth library, which does not only eliminate the need for a wax up in partial edentulous situations, but allows for automatic and homogenous framework reduction to allow for a uniform layer of veneering material. This mere “click-on-a-button” results in a reduction of clinical complications such as chipping of the veneering material in zirconia-based restorations, and the potential for fracture due to continuous control of adequate framework dimension (Fig.4).

Centralised production
Another aspect of cost effectiveness and safety is the feasibility of centralised manufacturing of products. Centralised milling clearly outclasses in-house systems: all workflows are permanently monitored, industrialised fabrication guarantees consistent quality, materials can be ordered as needed for any particular situation which eliminates the need for stock components, and time and money consuming adjustments, updates, or repairs do not accumulate (Fig.5). From a cost-savings perspective the fact that all metal frameworks are delivered highly polished and “ready-to-use” adds to the true benefits of centralised manufacturing (Fig.6). The additional five-year warranty on all products cannot be met by conventional fabrication techniques. The warranty ensures that if complications occur during clinical function, a new product can be delivered free of charge. Here again the uniqueness of virtual planning comes into play, as all data is always available even after years and merely require a click on a button to reorder.

The clinical perspective
From a clinical perspective CAD/
CAM technology offers significant advantages compared to conventional manufacturing techniques. Fabricating high quality prosthetic restorations was always associated with time-consuming laboratory processes requiring meticulous care and experience in the dental laboratory. The application of CAD/CAM technology offers, amongst others, three significant benefits. The availability of biocompatible materials such as oxide ceramics, homogenous materials and a standardised precision as well as reasonably low costs paired with clinical versatility. There are several clinical benefits.

Oxide ceramics
OXIDE ceramics were introduced to the dental market in conjunction with advancements in CAD/CAM technology, since they cannot be manufactured by conventional means. While initially the esthetic potential was in the focus of applying high-strength all ceramic restorations, the true benefit of e.g. Y-TZP/ZrO2 (yttria stabilised polycrystalline tetragonal zirconia) is its excellent biocompatibility paired with flexural strength values that allow for application in any area of the oral cavity for both natural teeth and dental implants. When in close contact with the surrounding tissues, the reduced plaque and bacterial accumulation as well as the development of currently undefined pseudo-attachments leads to long-term tissue stability around these components (Fig.7).

Homogenous materials and standardised precision
Casting a multi-unit framework requires a dental technician with considerable knowledge and skills, and is often associated with time consuming adjustments that the dentist and technician must perform in order to achieve an adequate fit. There are several steps that are prone to potential error. In many clinical situations, cast bars or frameworks must be sectioned and splinted intraorally during a try-in examination, followed by soldering the sections together in the laboratory to improve the fit. Soldering and resoldering can result in weakened inhomogeneous material quality at the solder joints. With the application of CAD/CAM technology restorations are not only milled About the author
Hans Geiselhöringer, first trained to become a dental technician in Germany. In 1991 and 1992, he embarked on further training in New York, USA focusing mainly on anaplastology/epithetics, followed by further education to become a technical business administrator, completing his studies in 1994. After this, he took up the position of business manager and laboratory manager, concentrating on implantology and ceramics until 1998. Since 1998, he has worked on an independent basis with the company he founded in Munich – a laboratory specialising in CAD/CAM technology, implantology, anaplastology as well as functional and aesthetic reconstructions. His expertise is reckoned by multinational enterprises who he advises as a consultant. Besides being a member of multiple professional organisations he is a distinguished and highly respected lecturer throughout the world, and since 2008, Hans Geiselhöringer is Global Head of the new NobelProcera and Guided Surgery business unit at Nobel Biocare, Zurich.

Fig.4: Intuitive and user-friendly software (NobelProcera system software) supports the user in fast and efficient framework design. Providing custom design components for the specific clinical situation does not only support the veneering material or surrounding soft tissue but ensures clinical long-term success through adequate design and material thickness.

Fig.4a: Fig.4b:
Material homogeneity and sta-
guarantee maximum precision,
frameworks and bars always
components such as copings,
va-colored composite, the base
teeth and individualised gingi-
sished with custom all ceramic
removable restoration is fin-
ture bar or an implant retained
whether a conventional denture
ramic material or a high-end all-
non-precious alloy substructure
can be met. Whether a low-cost
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cial versatility, not only the
of CAD/CAM technology is its
One of the greatest advantages
Versatility and low cost
One of the greatest advantages
of CAD/CAM technology is its
clinical versatility, not only the
critical situation, but also pa-
tients’ expectations and means
can be met. Whether a low-cost
non-precious alloy substructure
is veneered with resin or ce-
amic material or a high-end all-
ceramic solution is requested,
whether a conventional denture
set-up is retained by an overden-
ture bar or an implant retained
removable restoration is fin-
sished with custom all ceramic
teeth and individualised gingi-
va-colored composite, the base
components such as copings,
frameworks and bars always
guarantee maximum precision,
material homogeneity and sta-
ility for all patients. 

**Fig. 1:** Only established and industrial manufacturing processes can ensure a constant product quality and precision of fit (here: NobelProcera, frameworks milling unit).

**Fig. 4:** Zirconuescore is ideally suited for restorations in close contact with the surrounding tissues (NobelProcera, Anterior Shaded Zirconia).

**Fig. 7a:**

**Fig. 7b:**

**Fig. 7:** Removable implant-retained overdentures have been quite cost-intensive in the past, as manufacturing required time, skills
and large quantities of materials such as gold-alloys and available burn-out copings. The new CAD/CAM software system allows for
complete virtual design of any type of bar structured needed following a mere scan of the master model/impression and a wax-up
(a,b). Industrial manufacture will provide highly polished frameworks with excellent precision of fit and a broad range of addi-
tional attachments to be selected (c,d) – here NobelProcera Overdenture bar with Locator attachments on XiV, Friadent, implants.

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**About the author**

Dr Stefan Holst studied dentistry at the Medical University, Friedrich-Alexander University Erlangen-Nuremberg, Germany in 2001. In 2008 he completed his habilitation thesis and obtained his doc-
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The challenge of aesthetics

Markus Jedlinski explains how the HeraCeram Matrix system from Heraeus can help to create perfect aesthetic restorations

It’s a constant challenge for dental technicians to fabricate natural, aesthetic restorations.

The ability to carry out aesthetics does not require a creative spirit, but the ability to copy to produce the perfect imitation. Success, however, also depends on which materials can most perfectly imitate the optical properties of the natural tooth structure. The HeraCeram Matrix system from Heraeus has been used in the following case history.

Case study

First assessment of the initial situation indicated a highly abraded dentition (Figure 1). The patient wanted the natural tooth shape and length restored. A slight diastema was also to be closed. The purpose of treatment was to restore the anterior/canine guidance as well as to correct premature contact of the occlusion.

The aim was to fabricate a perfect restoration taking aesthetic and functional aspects into consideration. In consultation...
First wax-up
With more extensive restorations, as in this case, it is helpful to fabricate a wax-up first. This is particularly practical when correcting malocclusions in order to identify and remedy any faults at the beginning of treatment. The wax-up gives an idea of the planned restoration.

Before pouring the model, the impression was degreased using a silicone wetting agent to ensure a porous-free model. The dental arch was then trimmed, pinned, based and provided with a split cast.

The upper model was then mounted on an articulator according to the cranial relationship and the lower model was articulated using a myocentric bite registration. A removable gingival mask is recommended to integrate the gingival situation into the subsequent working stages. A silicone index is fabricated on the unsectioned working model and the mask silicone can then be syringed into the index after the model has been sawn and prepared.

Preparation under the microscope
The preparation margins were carefully exposed and marked under a microscope. The die segments were prepared for the gingival mask. The intention was to reproduce the anatomical root shape of the teeth to about the middle of the proximal area. This created an adequate thickness for the gingival mask. The remaining dies were trimmed on a die trimmer, hardened with superglaue and replaced in the model base. It is important to ensure accurate repositioning of the silicone index.

Mandibular excursions should be taken into account when fabricating a diagnostic wax-up. The anterior teeth were waxed up to the premolar region using thin wax veneers of natural anterior teeth, which corresponded approximately to the correct shape and size (Figure 02).

Focus on the occlusal and proximal contacts
The next stage was to wax up the upper posterior teeth. When waxing up the posterior teeth particular focus should be placed on the anterior/canine guidance and contour of the occlusal and proximal contacts. Only the fine details of the form and function of the teeth still had to be completed – with constant monitoring of the excision movements of the mandible (Figure 5 and 4).

The advantage of such a detailed, contoured wax-up is that virtually any region can be the starting point for fabricating the restoration. Try-in of the diagnostic wax-up provided information relating to the axis alignment, midline and final tooth length. A silicone index of the wax-up was then used to fabricate a veneer framework with an anatomically scaled down tooth contour (Figure 5).

The first stage after pressing was usually to devest the veneer frameworks using two-bar pressure and 50 mp glass beads. The next stage was then to sandblast the frameworks using approximately 0.7-1.0 bar. This removed any remaining investment from the frameworks (Figure 7).

The frameworks were also prepared under a microscope. High spots on the inside of the framework and any overextend ed margins were removed. The gingival mask fabricated earlier was used to check the available space (Figure 9).

The build-up concept
There was a certain amount of flexibility, as full rehabilitation of the upper was planned. The patient wanted the shade to match the lower teeth. The shade of the lower teeth was between A5 and A5.5. The natural teeth also had staining. This allowed characterisation to be slightly more pronounced.

There are a number of options and techniques for fabricating all-porcelain restorations. HeraCeram porcelain from Heraeus was selected in this case.
The excellent light optical results and high stability attained with HeraCeram are very beneficial for the patient – not only with respect to the aesthetics but also in terms of reliability.

**Top marks for optimum aesthetics**

High aesthetic standards are attained using the opalescent and fluorescent porcelains of the HeraCeram Matrix range (Figures 10 – 15 + 18). Opal incisal and opal transparent porcelains are used for final adjustments to the shape of the teeth (Figure 19).

After the second dentine firing, all the crowns were subject to spot grinding and the fine details of the shape were adjusted. The interdental spaces were contoured to ensure that the interdental brush could be inserted by applying only light pressure to the gingiva (Figure 20).

The occlusal contact points were placed on plateaus (Figure 22) and the proximal contacts contoured spherically in order not to disrupt mandibular immediate side shift. This simplifies subsequent oral hygiene measures.

After glaze firing, the buccal surfaces were polished with pumice powder. This produces a natural abrasion effect on the ridges and a satin glaze finish.

The result: The all-porcelain restoration is impressive and not simply because of its optimal aesthetics (Figure 27 and 28).
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Henry Schein Minerva have some of the most experienced field sales consultants in the industry and all have been expertly trained to offer practices help and advice in all kinds of ways and on all kinds of topics including the 'business of dentistry.'

As a field sales consultant in Yorkshire, Steve Coustol has worked for Henry Schein Minerva since 2004, although his experience in dentistry actually spans over 20 years. During this time, Steve has seen a considerable change in the way practices operate – and the demands they place on their suppliers – and has come to realise that a dentist's main concern is not which dental products to choose, but the day-to-day running of their business and how they could make more profit.

Steve has a rounded professional background and a wealth of experience perfect to help practices in all kinds of ways. He originally trained as a teacher graduating with a BEd Hons Degree and has held several teaching roles in the industry. Whilst working in financial services, Steve held the Chartered Institute of Insurers’ Financial Planning Certificates 1, 2 and 3 and, although no longer authorised to give financial advice, the knowledge has proved invaluable, giving him a solid grounding in this increasingly complex climate, Steve is finding this service is an increasingly valuable resource.

For Steve, the relationships he builds with his customers is vital and, obviously, to get the most from his experience, it is necessary for the practitioner to fully embrace the proposition and have confidence in him as a person. Steve's relaxed and approachable manner allows dentists to easily express their concerns and they fully understand that he wants to look after their best interests.

For Steve, his consultancy work with a large number and variety of practices is testament to the success of this approach.

Henry Schein Minerva's mission is to do everything possible to help dentists deliver quality patient care, Steve and his colleagues are able to help them do this in a practical sense, not only by discovering the individual's goals and objectives but also providing the practical means by which such plans can be put in place. So, next time you're thinking about how to run your business more efficiently, think about the bigger picture and give Steve or your local Henry Schein Minerva field sales consultant a call. The chances are they can help increase your profits and develop your business, giving you a return many times more than the value of the average practice’s sundries bill.

For more information email: me@henryschein.co.uk

‘Once a dentist tries some of our business ideas and is successful they want to continue. If I can help my customers become more successful then I can be more successful and they want to work with me and so it goes on. We all gain experience and knowledge and that helps us in the future. It’s a real partnership.’
"The Business Discovery Meeting, subsequent plan and ideas for change, open the minds of my customers so that they stop concentrating on very small, individual matters and understand that real cost savings can be made by better time management, the use of new technology and a ‘team’ mentality."

Steve Coustol – Henry Schein Minerva Field Sales Consultant

Partnership in Practice

To develop your partnership
email: me@henryschein.co.uk
www.henryschein.co.uk
Incorporating incorporation into your practice

You too could become the next Gordon Gecko, says James Shedlow, if you consider converting your dental practice into a limited company.

In recent years, the concept of ‘incorporation’ has enjoyed a meteoric rise in its profile within dental circles to the point that it is now a de rigueur consideration for any modern-day practitioner.

Its innovative application and accompanying advantages against the traditional sole practitioner/partnership backdrop has gained the concept considerable support in some corners as a modern alternative, and solicitors are receiving increasing numbers of instructions from dental practitioners in this regard.

In such a climate, this article is aimed at the dental practitioner flirting with the idea of trading his whites for the kind of braces favoured by Gordon Geoko, Wall Street’s infamous anti-hero, and sets out some of the issues that such a practitioner might expect to encounter both during and following incorporation.

**The Pros:**

**Sale of the practice**

Besides the fact that there may be significant tax advantages associated with incorporating a dental practice, incorporation can also be extremely helpful when it comes to selling the practice.

Ultimately, a company is owned by its shareholders and not, as a sole practitioner is, the practitioner himself. Furthermore, the sale of the shares of the company is separate from the sale of the contract, which continues for three months with full payment. In such circumstances, the regulations provide for the contract to continue for three months with provision for extension by a further six months.

While this might potentially allow nine months to arrange the sale of the practice, ultimately there is no obligation on the PCT to transfer the NHS contract to a prospective buyer. Furthermore, there is no guarantee that the sale of the practice will be concluded within this nine-month window.

Incorporation can help in this scenario on the basis that the NHS contract would continue to be held by the company despite the death of an individual director of the company.

**In the event of death**

Incorporation may serve to protect a dental practitioner’s NHS contract or a Personal Dental Services (PDS) agreement. It is possible to transfer an NHS contract held in the name of a limited company because when the shares of the company are sold the contract held should simply transfer to the new owners as part of the assets of the company. In such a scenario there is no change of contractor from the perspective of the primary care trust (PCT), and the company remains the legal holder of the contract.

**Facilitating investment**

There is no requirement for the shareholders of the limited company to be dentists or GDPs, or for the shareholders and directors of such a company to be the same people.

Accordingly, this facilitates financial investment in the practice by non-dentist family members or third party investors who, in return, would acquire a significant interest in the practice. Unfortunately, these types of contract tend to be populated with endless tax war- ranties, necessitating far greater input from your accountant than would be the case if the individual assets of the practice were being sold.

Furthermore, it should be noted that the NHS rules in England and Wales do not include a right to assign or transfer either a General Dental Services (GDS) contract or a Personal Dental Services (PDS) agreement. It is possible to transfer an NHS contract held in the name of a limited company because when the shares of the company are sold the contract held should simply transfer to the new owners as part of the assets of the company. In such a scenario there is no change of contractor from the perspective of the primary care trust (PCT), and the company remains the legal holder of the contract.

However, please be aware that the PCT can terminate an NHS contract held by a company where the majority of the directors cease to be dentists or dental care professionals (DCPs) registered with the General Dental Council (GDC). To ensure that the contract would continue in the event of such a death, it would be necessary to make sure that there were sufficient dentists or registered DCPs on the board of the company to maintain such a majority.

Are you looking to be like Wall Street’s Gordon Geoko?
shareholding within the relevant limited company.

However, such a transfer of any substantial shareholding in the limited company, and potentially result in disputes arising in the long term in connection with the direction and management of the limited company.

The Cons:

Issues of NHS contracting

If you hold an NHS contract as a sole practitioner or partnership and want to incorporate, please be aware that there is no right obliging the NHS to contract with the incorporated practice. Accordingly, it would be necessary to have the PCT’s agreement in advance that they would be willing to issue a new contract in the name of the limited company.

It is fundamentally important that a new contract is issued to the limited company and signed by both parties before trading commences, as failure to do so could result in tax and accounting confusion as well as issues relating to the validity of NHS claims.

Issues arising upon a change of control

In the event that an NHS contract is issued to the limited company set up, whilst the standard GDS and PDS terms permit the sale of a company and therefore the effective transfer of an NHS contract held by the company, many PCTs now require ‘change of control’ clauses to be inserted into GDS contracts or PDS agreements granted to limited companies. Such clauses can potentially prevent the transfer of the NHS contract.

The drafting of such clauses varies depending on the PCT involved. Some clauses provide for the contract to automatically terminate if there is a change in the ownership of the company, whilst others require the PCT to give prior consent to a change of control. This is clearly problematic and such clauses would need to be negotiated with great care with the PCT.

An informed choice

In conclusion, it is clear that the concept of incorporation offers a number of advantages and will be of particular interest to practitioners in certain circumstances, but that at the same time there are clearly a number of pitfalls that need to be carefully considered before the decision is made.

Any practitioner considering incorporation should seek legal and accountancy advice before taking any steps forward and, in the context of the acquisition/disposal of a practice, advise its legal representatives at the first opportunity of any intention to incorporate as this could have important ramifications in terms of concluding the transaction in a manner that fulfils the intentions of the respective parties.

James Shedlow joined Cohen Cramer in 2008 and is a key member of the dental team working on practice sale and acquisition transactions. His particular area of expertise is in the corporate field, specialising in the preparation of expense share agreements and the incorporation of dental practices. To contact Cohen Cramer solicitors, call 0113 2440597, email dental.team@cohen-cramer.co.uk or visit www.cohen-cramer.co.uk.

About the author

‘If you hold an NHS contract as a sole practitioner or partnership and want to incorporate, please be aware that there is no right obliging the NHS to contract with the incorporated practice.’

Welcome to the home of dentistry

and win up to £2000

Register at Dentalghar for the chance to win a bursary towards your studies

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Dentalghar is proud to have launched an Educational Bursary Award in association with leading providers of interactive teaching and online courses for healthcare professionals, Smile-on Ltd and the worldwide protection organisation Dental Protection Ltd. The bursary is available to help students and clinicians fund their education, maximizing their potential to deliver better oral care.

How to enter

To win, register at www.dentalghar.com and submit a piece of work that highlights the difficulties of communicating as a dental health professional across barriers of language, culture, faith and other aspects of diversity. The entry can take the form of articles, projects, research reports and other written work over 2000 words.

Finally, visit Dentalghar to hear Prof. Damle, Vice Chancellor of the Maharishi Markandeshwar University’s latest thoughts on dentistry, in his interview filmed at the FDI World Dental Congress, 2009.

To find out more go to www.dentalghar.com

20Money Matters November 30-December 6, 2009 United Kingdom Edition

[Image of Dentalghar and Smile-on banners]
For more information please visit www.kerrhawe.com or email paul.byfleet@kerrhawe.com

For more information about the charity visit For Kids.

Thousands of visitors crested the impressive water-themed stand during the three-day show and watched demonstrations of smartseal. Joshi at the conclusion of the show. “We are delighted to present a donation of £1,276 to the Mouth Cancer Foundation’s Dr Vinod Joshi at the conclusion of the show.”

In order to celebrate its 100th Anniversary at Dental Showcase this year with an extremely successful show.

CaviCide does the job of three products – it is a cleaner, disinfectant and preservative. Kerr reinforced its commitment to protect people the visitors of the Dental Sky team. They picked up the new 500 page catalogue and demonstrations of smartseal.

KaVo works with the Dental Profession to develop products that are ergonomically designed to improve the efficiency, aesthetics and working environment of dental surgeries.

Visitors were attracted to the Company’s high-tech stand which changed to present a donation of £1,276 to the Mouth Cancer Foundation’s Dr Vinod Joshi at the conclusion of the show.”

A total of 1,276 people brushed on our stand during the event, and we were delighted to present a donation of £1,276 to the Mouth Cancer Foundation’s Dr Vinod Joshi at the conclusion of the show.”

Munroe Sutton are also delighted to sponsor the 2009 BDA Benevolent Fund Christmas Draw. For more information please call 0800 234 3550 or visit www.munroesutton.co.uk/dentist

For Kids.

Evident...It's All About Quality

At this year’s Dental Showcase Evident won over dentists not only with their magnificently new stand but with their beautifully designed lenses and lights.

Evident’s dedicated and experienced team of consultants, including dispensing opticians, were kept busy demonstrating the custom-made lenses of leading supplier Exsiview.” Considering their superior design and craftsmanship it’s close to see why these Exsiview lenses proved to be so popular.

Evident also demonstrated their highly desirable consumable products, most of which are from leading US dental company Danville. Danville developed their range of Adhesive Dentistry’ products with the help of leading US dentist Dr Raymond Bertolotti. These include: Prelude; the ONLY system you need for dentists and enamel bonding, Magni-Lite; Cavity Prep; Triflora; Restorative, Flowable composites and the Accolade PV-Vuner placement system.

All of the products in the Danville range are designed to enhance daily working practice, helping to offer patients the very best in modern clinical dentistry. If you would like more information about Evident’s range of quality products simply FreeCall 0500 321111, Email enquiries@evident.co.uk or visit www. evident.co.uk

Reach for the Sky!

The annual Gala Dinner proved to be a great success. Many great Shayne offers were available and there is still time to place an order.

Special Guest Launches New Hogies Range at BDTA 2009

The Vicarage took place at 2:00 pm on the Saturday afternoon when the lucky winner was picked out by a Captain Jack Sparrow lookalike. The winner, Darren Fenton from Middleton, Manchester, was picked from the treasure chest from the hundreds of entrants to the website we were dental.com and from cards completed on the stand.

Many top branded products as well as Dental Sky’s own exclusive branded products were on offer at Showcase this year. The newly exclusive Chenkie Authentic Scrubs and Toffeln Footwear ranges attracted a lot of attention from the visitors.

If you have not already received Dental Sky’s new 10 catalogue please call Dental Sky directly on 0800 204 4970 for your copy.

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If you have not already received Dental Sky’s new 10 catalogue please call Dental Sky directly on 0800 204 4970 for your copy.
A Successful Showcase for the Team from Naveen

Delegates visiting stand U30 at this year’s BDTA Dental Showcase, held on the 12th-14th November at the Birmingham NEC, were clearly impressed with the products and service provided by Naveen.

There was a great deal of interest in the range of bases available from Naveen, with the Eyepal and Eyepal Smart both attracting a great deal of attention, thanks to the superb image quality and magnification levels. The lightweight materials ensure maximum comfort for the wearer during procedures.

Dental professionals were also impressed with the quality of service offered by Naveen, both pre and post purchase, with in-depth equipment surveys and ongoing aftercare to guarantee optimum usage.

The team from Naveen was also pleased to see the new products in their catalogue being of interest, most notably the Contura range of alcohol-free antimicrobial clumping products. With their powerful Bacterial Formulation to inhibit in-contamination of treated areas, even several days after application, the Contura range offer powerful decontamination on virtually all surfaces.

For more information please call Naveen on 0141 753 6859, email info@naveen.co.uk or visit www.naveen.co.uk

BDA 2009 Review

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For more information please call Naveen on 0141 753 6859, email info@naveen.co.uk or visit www.naveen.co.uk

From Dental Innovations to Charitable Donations

Everyone loves a ‘try before you buy’ opportunity and Naveen was more than happy to oblige, by demonstrating their latest and most innovative dental products from a range of the industry’s leading brands.

This new and exciting offering for dentists includes a variety of clinical and experience for those interested in the state-of-the-art CAD/CAM system CEREC. Boasting shorter milling times, one of the Naveen team members was able to provide a visual demonstration of the predicted movements of teeth, achieved by the treatman; a fantastic tool to show the possible outcome of treatment.

For more information call the OPL Laboratory & Diagnostic Facility on 01342 329701 or email info@clearview.co.uk or visit www.clearview.co.uk

Clearview’s Complete-Orthodontic System brings a Smile to the BDTA 2009 Dental Showcase

Clearview have enjoyed a busy and productive time at the BDTA 2009 Dental Showcase exhibition, with delegates keen to find out how the Clearview System works, to get the door to greater patient numbers.

Stand 115 at the exhibition was a hive of activity with the Clearview Team explaining how their system (Pre-Alignment, Space Closure, Alignment, Finishing / Detailing, Exilex), when combined, offered a solution to a varied range of malocclusions without specialist referral, but with specialist support.

Visitors were fascinated to see new appliances such as the CODA and Clearing Spring were easy to help treat patients within the GDP practices, and many visitors were left feeling confident their patients could benefit from the Clearview System.

The exhibition also saw the launch of Clearview, which offers patients a computer generated video of the predicted movements of teeth, achieved by the treatment; a fantastic tool to show the possible outcome of treatment.

For more information call Charity Manager at Dental Air on FREEPHONE 0800 542 7575 and ask for a FREE Practice Manager’s Guide, or visit www.dentalair.co.uk

Breathe safe, dry air into your practice

Dental Professionals can revolutionise their practice by entering into a new relationship with Dental Air. Practices may be plagued by the wet and humid air compressor, but without the most up to date air compressor system in place, the working environment can be made more comfortable.

Dental Air provides a no obligation survey for all UK mainland practices, allowing them to see how their systems can be improved by converting to oil-free compressor systems. Too many practices still use oil-laden systems to power their compressor systems, unaware of the dangers. Particles and high levels of moisture could leave damaged instruments at risk of damage if not maintained correctly.

Dentists wishing to provide the best possible care for their patients and clients in all elements of their treatments must understand the importance of clean, infection free compressed air in all dental instruments. By entering into a relationship with Dental Air, dentists will receive updated relevant information on an ongoing basis to ensure a trouble free breakdown service for their Compressed Air System.

Call Dental Air on FREEPHONE 0800 542 7575 and ask for a FREE Practice Manager’s Guide, or visit www.dentalair.co.uk

Delivering Superior Design and Bold Solutions Shines at another successful year at the 2009 BDA Dental Showcase, held on the 12th in Birmingham on the 12th-14th of November.

A sizable crowd of over 1,000 dentists gathered round the Genus team as they were demonstrating their expertise in CAD and 3D rendering, giving practitioners a clear idea of how their dream practice could look.

Delegates were also able to speak to the team about how they are experienced in overseeing the entire project, with wraparound services including site assessment and move management to ensure a seamless transition to the new practice.

The fact that Genus are an independent interior construction company meant that whatever equipment practitioners chose at the show, the Genus team were happy to discuss and advise on ways to work these into the interior designs of new practices, something which was of great interest to many of the visitors.

The result is a refurbished practice that looks stunning.

For more information please call the Genus Group on 01522 942 494 or email info@genusgroup.co.uk or visit www.genusinteriors.co.uk

BDTA Dental Show Review

2009:

The BDA Dental Showcase 2009 was held at the NEC in Birmingham on the 12th to the 14th of November. The show proved a resounding success being quoted by one visitor as “products that can be recommended to all, but without the most up to date air compressor system in place, the working environment can be made more comfortable.”

It gives me real optimism for the year ahead”.

The company is proud of the progress made within the past years and the outstanding results. It is pleased that the 2009 BDA Dental Showcase would be even more improved and would like to invite the members to visit them.

If you missed the 2009 BDA Dental Showcase but would like to talk to a member of the Henry Schein Minerva team, please call 0707 10 20 43 or visit www.henryschein.co.uk

Suffering from xerostomia can be a significant detractor from patients’ quality of life, with the lack of saliva often causing serious oral health conditions. Available from Curaprox, Xerostem is a new oral hygiene product line especially formulated to be used by saliva deficient patients. The combination of xerostem with saliva can have a positive effect in controlling caries and infections in the mouth from harmful bacteria.

For more information please call 01440 828204 or email curapox@curapox.co.uk or visit www.curapox.co.uk

Simply, our most successful Showcases to date.

This year the Kodak Visi;ard stand generated great interest at the BDTA Show at the NEC in Birmingham with the company’s latest software innovations and technical developments, making great strides forward.

With over 15 new products on display including Adhesive One F bonding system, Phonares Denture Teeth and the innovative Bluewave Carving Light for companies vice: the new Empress Direct Composite and recent additions to the IPS E Max system will continue to provide solutions being recognised by Office; or products with the right solutions to help move practices and laboratories forward.

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The company is proud of the progress made within the past years and the innovative solutions offered by the whole dental team.

Darryn Mull, General Manager commented, "Simply, this was our most successful Showcase to date. It gave me real optimism for the year ahead!"
Courses on Implants, Occlusion, Smile design and Aesthetics are held in multimedia-supported facilities, including cameras to show live cases and an environment to learn professional skills, with facilities including phantom heads.

The Academy is purpose-built for dental education and is the perfect venue for both local and national dental consultancies. It organises events that offer continuing education and networking opportunities.

If you feel your dental practice is ready to take aesthetic perfection to the next level, now is the time to give your practice a financial health check.

Whether you are planning to maintain your current situation or make lasting changes to the structure of your business, the starting point is a no-nonsense, realistic assessment of your financial position.

Our extensive experience of working with the dental industry means that DPCS is ideally placed to provide an in-depth financial evaluation from which the future can be planned.

From guidance on arranging Practice Contractual Agreements between partners, advisors or PCTs to undertaking evaluations for both solo practitioners and practices, the aim of DPCS is to give a full range of financial and business related advice specifically for the dental profession.

As one of the leading UK dental practice consultancy agencies, DPCS has the expertise to support you through to achieving your goals from your business.

For more information, contact the Dental Practice Consultancy Service on 0700 444 3742, email info@dentalconsultancy.co.uk or visit www.dentalconsultancy.co.uk.

Support Chairs Ergonomically designed for optimum comfort!

It is universally accepted that maintaining a correct posture whilst at the chairside is essential for operator efficiency, comfort and health. This in particular important during procedures, where the clinician spends long periods bent over a patient, staying with the procedure until it is complete.

Manufacturered to order, they meet all the incumbent’s needs including specific requirements on materials and colours. Support Chairs also offer a wide range of accessories including new Swing and Swivel Air Armets.

Easy to fit and convert between left and right handed operators, the Swing Armet offers a number of options for varied seating positions and is easy to use with Support Chair’s complete range. It gives the incumbent’s upper body a comfort and stability not available with the standard chair.

In addition, the Full-Range in the same material and colour as the Support Stool or Perfect Saddle Stool. It gives the incumbent’s upper body an additional support.

For further information contact your regular Dental Dealer or Support Chairs on 01296 581764, fax 01296 585855, email sales@supportstool.co.uk or visit www.supportstool.co.uk.
Endodontic re-treatment or implants?

Endodontic treatment is a growing field of dentistry but it is not an infallible science. What to do when endodontic treatment fails...

Why does endodontic treatment fail?

There are a number of factors that could result in endodontic failure, including:

• An unexpected number of or unusually shaped root canals with branches or forks that are difficult to detect and therefore overlooked during treatment
• Undetected cracks in the root of the tooth
• Defective or inadequate dental restoration allowing bacteria to cause re-contamination
• Unstable tooth structure, which may break as a result of the treatment and require restorative work
• New tooth decay or gum disease

Implants – the way forward?

A natural reaction to endodontic failure is extraction, which often leads to the use of implants.

Implants have been available for years and are commonly used with high success rates. However, they are not immune to complications or even failure; for example, success rates have been seen to be notably lower in smokers, patients with diabetes or type IV bones.

Furthermore, successful implants can still present the patient with problems such as pain, paraesthesia, hematomas or even loose/fractured screws. It is therefore important to consider endodontic re-treatment as well as implants.

What about endodontic re-treatment?

Endodontic treatment is naturally more complicated when being carried out on already treated teeth. This is because the treatment was never meant to be reversed; not only do you need to remove the solid root material from the root canal but you may also be faced with additional obstacles such as posts or crowns. However, although implants may be a worthy alternative, preserving the original tooth is often the best option for your patient.

A new MSc in Endodontics

The University of Warwick will launch a new MSc in Endodontics in January 2010. The programme will be delivered by leading professionals, academics and researchers in the field of endodontic dentistry, and supported by respected academics from the field of continuing professional development.

As a part-time course, it has been designed to offer a flexible training pathway tailored to individual requirements and circumstances. The programme will allow students to improve and increase the scope of endodontic treatment in their practices through the study of a wide range of topics, such as tooth morphology, mechanical shaping, chemical disinfection and pain management in endodontics.

Learning will take place through traditional seminars and practical work, performed in labs and at regional training centres. Students will gain a thorough understanding of modern technologies, using materials and instruments such as surgical microscopes and cone beam CT.

Applications are being accepted now and further information about the course can be found at www.warwick.ac.uk/go/dentistry.

Postgraduate Dental Education

New Course

MSc in Endodontics

Endodontic treatment is one of the most technically demanding procedures in general dental practice. Growing demand from patients for teeth to be saved rather than extracted has presented a need for further training in this area. The Postgraduate Dental Education Unit at Warwick Medical School has developed a new MSc in Endodontics to deliver comprehensive and flexible endodontic education.

Our new MSc in Endodontics will develop your knowledge and confidence in this complex discipline, enabling you to deliver a high quality service.

As a part-time course spread over 3-5 years, it offers you the flexibility to continue working in clinical practice while studying. You will study a wide range of topics from sterilisation and disinfection procedures to tissue regeneration and preventing cross infections.

Applicants should be registered with the General Dental Council and have full professional indemnity insurance.

Contact us for further information, quoting reference code GO9115

+44 (0) 24 7557 4640
dentists@warwick.ac.uk
www.warwick.ac.uk/go/dentistry

Also available: MSc Orthodontics, MSc Lingual Orthodontics, MSc implant Dentistry and a range of short courses.
The British Orthodontic Society has announced that the first-ever National Orthodontic Week will be launched on 22 March, 2010. The aim of the week is to create a cohesive vehicle for all providers of orthodontic treatment to come together and communicate a strong and well-informed message about orthodontics to the public and to the wider dental profession. This will be an annual event, which it is hoped will encourage enquiries and dialogue about orthodontics; will highlight the expertise of the orthodontic profession; will educate patients about the various types of treatment and will clarify what can be expected from treatment.

The launch of NOW will take place at The National Portrait Gallery on 22 March, 2010, when the NOW initiatives will be announced during a private viewing of the Irving Penn celebrity portrait exhibition. Penn was famous for taking the photos of the most glamorous faces in Hollywood; working for many years for Vogue magazine creating some of the most iconic images of the 20th Century.

Do it NOW
The BOS is making the announcement NOW to give the profession plenty of time to gear up for the event and make preparations for local and practice initiatives which will benefit them and their patients. A new website, www.nowsmile.org, has been created and dental professionals are being encouraged to log on NOW to find out how they can get involved with the campaign; download free material for their practices and even read the blog being written by an orthodontist to describe how his practice will be gearing up for NOW. A visit to the site will also give dental professionals the chance to win one of 50 places to attend the private viewing at the National Portrait Gallery on launch day.

A colourful image
Visitors to the site will see at a glance the bold and colourful brand image, which has been created to draw attention to the profession and the possibilities offered by orthodontic treatment. Orthodontists will be able to download a flyer they can use to promote the week and each BOS member will be sent free posters to display in their waiting rooms. They will also be able to download templates for press releases they can use to promote NOW and their practices in their local press. Also available will be an expanding menu of suggestions about ways in which practices might want to run NOW promotions in their area.

To participate in NOW or to find out more, please visit www.nowsmile.org.
All you need to know is we’re the dental legal experts.

And here is how to get in contact with us.
For a FIXED FEE quotation please call FREEPHONE 0800 542 9408
dental.team@cohencramer.co.uk
www.cohencramer.co.uk/services-to-dentists-services.html
Beverly Hills Formula

Helps to prevent Plaque Tartar and Sensitivity

SENSITIVE MAXIMUM STRENGTH

Beverly Hills Formula

HIGHEST STAIN REMOVAL - LOWEST ABRASION

✓ Whitening ✓ Fight Cavities
✓ Extra Gentle ✓ Stronger Teeth
✓ Maximum Strength ✓ Fresher Breath

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www.beverlyhillsformula.com