The first joint meeting of the BAO (British Association of Orthodontists) and BSSO (British Society for the Study of Orthodontics) took place in Bournemouth 26 years ago, and it is to the very same sandy shores that 2012’s conference returns. Whilst much has changed in clinical and academic practice, there is no doubt that the ascent of the British Orthodontic Conference to become the UK’s most prestigious specialist conference – attracting in excess of 1,000 delegates to hear a unique blend of homegrown and international speakers.

One of the main attractions for this year’s conference is sure to be Dr Ben Goldacre. Known to many as a best-selling author, broadcaster and journalist as well as a psychiatrist and statistician, Ben is to address the Conference on the Sunday afternoon and by all measures should not be missed as he gives his unique take on the relationship between medicine and the media as well as the darker side of research and its relationship with business-objectives and big pharma.

For the main programme, the emphasis at BOC has always been to schedule presenters with a keen eye on the scientific basis for sound clinical decisions. With this in mind international speakers such as Sebastian Baumgärtel will present on mini-screw anchorage solutions, Prof CH Kau will discuss the integration of cutting edge technology into clinical practice and Dr Sunil Chudasama discusses the Inman Aligner.

luxator extraction instruments were invented by a swedish dentist to make extractions as trauma free as possible. he developed subtleties in the design only a practising dentist would appreciate with an acclaimed and ergonomic handle design. For this reason our luxator instruments are discernably different.
Weaver on eating disorders. Further highlights with particular clinical appeal might include Dr Ewa Czochrowska on treating patients with periodontal breakdown and Ama Johal and Shakeel Shahdad on the orthodontic-restorative interface.

Sunday morning features a session coordinated by the University 'Teachers' Group of the BOS for new researchers and is the perfect place to spot the next big thing in academic orthodontics. In parallel with this, the political session will see BOC focus on high-quality, evidence-based presentations which will appeal to the whole team, whatever their field of practice. With this in mind, as in previous years, there are a number of parallel sessions to broaden appeal. The popular and relevant programmes for nurses and orthodontic therapists continue in 2012, the line-up of speakers including such luminaries as Jonathan Sandler, Rye Mattick, John Scholey and Simon Littlewood.

In these uncertain political and economic times we can be certain of little. Now more than ever it is paramount that the BOS continues to provide up-to-date, clinically relevant and independent professional guidance to every orthodontist, ensuring the specialty presents a strong and united front to promote the unity and focus of orthodontics in the United Kingdom. It is without doubt that the bringing together of the whole team to share ideas and knowledge at BOC has a vital part to play in maintaining the unity and focus of the specialty. It goes without saying, of course, that is also great to mix learning with socialising...
Attracting innovation to BOC

Three pioneering innovations showcased for the first time at the British Orthodontic Conference by Philips

Philips believes technological advances will bring about the clinical effectiveness which is key to improving the future of oral health. It is this guiding principle which drives the Company to perpetually innovate.

Three of its latest innovations will be on show when the Company makes its debut at the British Orthodontic Society Conference in Bournemouth this September. Sonicare Air-Floss is an electronic hand held device which dispenses rapid bursts of air laden with microdroplets of water to flush out debris around fixed brackets and permeate the interproximal spaces. The water is propelled between the teeth at 45 miles per hour, dislodging plaque biofilm, while leaving the gums unscathed. What’s more, it requires only a teaspoon of water per hour, dislodging plaque and permeate the interproximal debris around fixed brackets in as little as two weeks. It also sports astonishingly effective than oral irrigation systems and encourages greater patient compliance than string floss.1

For patients at the conclusion of their treatment the Company has also just launched Zoom WhiteSpeed, its most advanced tooth whitening system which is proven to whiten teeth up to eight shades in just 45 minutes and delivers 40 per cent better results than a comparable non-light-enhanced whitening system. Of the 55 dental professionals who participated in testing the new system, 85 per cent indicated that the results were equal to or greater than previous Zoom models but technological advances meant that patients experienced less tooth sensitivity.2

A list of references is available from the publisher.

Contact info

For more information on Philips’ Sonicare Air-Floss, Zoom WhiteSpeed and the WhiteSpeed 5 Light-Enhanced Whitening System please visit the Phillips Oral Health Care website at www.philipsoralhealthcare.com. Please call 0800 032 3005 or 0800 0567 222 for more information on the Zoom Whitening systems. For more information contact the Philips Oral Health Care public relations team on 0800 132 373 or 0800 195 755.

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Fourteen questions about Invisalign for teens

Dr Peter Ilori discusses patient preference

In this interview Orthodontic Specialist Dr Peter Ilori explains why his teenage patients are expressing a preference for invisible aligners rather than metal brackets.

1. Align Technology launched Invisalign Teen with features which are specifically designed for teenagers (such as the compliance indicators, eruptions tabs and compensators as well as free replacement aligners). As a practitioner, which of these features do you appreciate the most?

Dr Ilori: It is undoubtedly the combination of these features which makes this product well supported and effective in tackling most malocclusions. However it is also the free replacement aligners which give confidence to parents who might worry about additional costs.

2. How long have you been treating teenagers with Invisalign?

Since the day Invisalign Teen was launched in 2008, so I have four years of experience using this system with my younger patients.

3. What is the benefit of Invisalign compared with traditional fixed brace treatment?

The advantages of Invisalign can be seen from both a patient and clinical perspective. Teenage patients are very appearance conscious and they report that it is truly invisible, easy to wear and is generally more comfortable (and less painful) than traditional fixed braces. Teenagers tend to cope better with oral care instructions and there is less interference with their dietary habits (so no need to abandon pizza habits). For patients who have confidence or social problems, the product has been very successful in reducing teasing and bullying in school and social environments. Parents find it easier and feel more confident to monitor and supervise their children’s treatment because the system has built in compliance indicators.

4. What are the clinical benefits of Invisalign compared with traditional fixed brace treatment?

From a clinical perspective it is easy to start a case and there are additional benefits of reduced clinical time and no emergencies. There is a high level of patient acceptance of this product so it sells itself. The Clincheck feature helps me plan, visualise and explain clearly what the end result is likely to be. I have received a lot of positive comments from parents and children who feelalign with them part of a new wave of cutting-edge technology in orthodontics.

5. Which Invisalign products do you use for the treatment of teenagers?

We mainly use Invisalign Teen but in a few instances we will use Invisalign Lite or even the adult version depending on the complexity of the case.

6. As it is not always possible to predict the eruption path of the canines, 2nd premolars and 2nd molars, an orthodontist might need to change the final position or stage of these teeth. This change is not regarded a mid-course correction by Align Technology and will not be charged. How valuable is this to you?

This is very valuable because ectopic teeth are common and any practitioner will need to capture and align these teeth as they come through. Also, from a cost perspective, patients would not be happy if additional charges were applied during the treatment.

7. According to your experience, what is the most crucial benefit for parents who are considering Invisalign for their children?

Most parents would do anything to prevent their children being unhappy about wearing braces. Traditional braces tend to trigger battles relating to eating as well as the frequency of toothbrushing and regular visits to repair broken braces.

8. What is the most crucial benefit for the teenagers?

The crucial benefit is that teenagers get their teeth straightened without compromising their self-image, confidence or appearance.

9. How commercially interesting is it for you as an Orthodontist to offer Invisalign to your teenage patients?

Selecting the right cases and completing and achieving treatment goals is rewarding. Invisalign Teen is also profitable because we make savings on materials, chairside or clinical time and repairs.

10. What kind of marketing activity do you use when promoting Invisalign to your teenage patients?

We use our website and social media as well as internal marketing using posters and brochures. We also get a lot of our referrals involved by sharing the benefits of the teen products.

11. What role do you think Invisalign plays in your practice when it comes to teenage patients?

The most valuable and virulent driver is Invisalign Teen. This is because of its high acceptability within this age group.

12. What is your top tip to other Orthodontists who are considering treating teenagers with Invisalign?

If you share the benefits and advantages of this treatment you can expect an increased uptake. Invisalign Teen treatments require detailed knowledge of dental eruption patterns, jaw growth and experience in planning, treating and managing young children and teenagers which Orthodontists are ideally placed to manage.

13. What is your orthodontic experience?

I am a Specialist in Orthodontics with 27-years of experience in dentistry. In 2001, I was awarded the MBA with distinction from Brunel University in Uxbridge. I am the founder/owner of Octagon Orthodontics with branches in London, High Wycombe, Denham and Beaconsfield. I am actively involved in the development of orthodontic, aesthetic and cosmetic enhancement protocols for clients of all ages using Invisalign, Invisalign Lite and Invisalign Teen. I am also a Platinum Elite Practitioner and Clinical Speaker/Trainer.

14. Where can I get more information about Invisalign – Teen and otherwise?

You can find out more about Invisalign by visiting: www.aligntechinstitute.com/international/pages/english.html

‘Most parents would do anything to prevent their children being unhappy about wearing braces. Traditional braces tend to trigger battles relating to eating as well as the frequency of toothbrushing and regular visits to repair broken braces.’
After successfully treating patients with clear aligner systems, veneers or bonding to improve my patients’ smiles, I was attracted to the Inman Aligner due to it being a very simple, cost-effective solution for patients. I found it very easy getting my first case and quickly completed the user-friendly online training by Straight Talk Seminars.

My first case with the Inman Aligner was on a 28-year old male, who I will refer to as JB. His main aesthetic concern was his anterior crowding, primarily with his lower teeth. After in-depth discussion with JB about his priorities, it became clear that he was mainly concerned with his lower incisors and would consider some improvement to his upper incisors. He was happy with the shape and shade of his teeth.

The options we talked about were veneers (direct/indirect) and adult orthodontics via clear aligners (Invisalign or Clearstep) or a removable device (Inman Aligner). As JB was happy with the shape and shade of his teeth we agreed that the healthiest and best option long term would be to orthodontically improve his smile. JB had mild crowding with his upper anterior, and mild-moderate crowding with his lower anterior teeth, so I felt it was important to raise the issue about the rotated lower canines, as it would not be possible to predictably align these teeth without the use of fixed orthodontics.

The choice between the options became clearer after discussing the advantages of the Inman Aligner. Firstly, it is a cheaper treatment option in comparison to clear aligners; and secondly, it works much faster – this proved useful, as we had limited time, as JB was planning a year of travelling in the near future. Fixed orthodontics would not be a suitable option due to aesthetic concerns.

On agreement that the Inman Aligner was the best product to use for his case, we then planned the logistics. Initially JB was only concerned with his lower teeth. However, after identifying that he had limited space to move the teeth around between the upper and lower teeth, we planned to align and open up the upper anterior teeth with slight proclination, which would then give us plenty...
The patient was medically fit and well. An examination revealed that he was dentally healthy and maintained excellent oral hygiene.

On the first appointment we:
- took the necessary photos
- got him to read and sign the consent form
- took upper and lower impressions (two-stage)
- obtained a bite registration

I then designed the appliance and sent off the impressions to Nimro Dental for case analysis, and construction of the upper aligner. I informed the lab that up to 0.25mm of IPR could be performed between contacts.

On receipt of the aligner from Nimro Dental I confirmed the design and mock up model, as well as accepted their diagnosis that 0.2mm IPR was needed to achieve the final result.

At the second appointment we:
- checked the fit of the aligner
- confirmed the patient was happy with the proposed final result
- activated the aligner and placed the necessary composite buttons
- performed the first stage of IPR (0.1mm), polished the interdental spaces and applied duraphat
- discussed post operative instructions, demonstrated insertions/removal of the aligner, aftercare, oral hygiene and provided the patient with a written document, explaining what had been discussed

At the 1st review appointment (four weeks later) we:
- checked progress: things were moving along as planned
- ensured the appliance was still engaging the teeth and ‘tight’
- repeated the final IPR stage (0.1mm), polished the interdental spaces and applied duraphat

At the 2nd review appointment (four weeks later) we:
- checked progress: we were 95 per cent of the way there, but the upper central incisors were still not ideally aligned
- ensured the appliance was active: the appliance was still engaging the teeth and ‘tight’

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still active: the aligner was not as ‘tight’

- the decision was made to increase the activeness of the springs by adding a flowable composite to the appliance.

At the 3rd review appointment (two weeks later) we:

- checked treatment progress, the teeth were nicely aligned and the patient was extremely happy with the improvement.
- we took a final impression (two-stage) of the upper arch for construction of an upper bonded retainer.

At the final appointment (two weeks later) we:

- fitted the bonded retainer with a flowable composite.
- removed the composite buttons.
- took final pictures.

JB was very impressed with his result, as you can see in the photos and we are currently mid-treatment on his lower arch, which I am pleased to say is progressing well.

Conclusion
Overall the Inman Aligner is a safe and easy appliance for any GDP to confidently use. It needs to be used wisely and appropriately, but I can safely say it has completely changed the way I treat my patients – I would much rather offer an aligner and place direct composites to improve a smile, as opposed to cutting into perfectly healthy teeth for veneers. In cases where veneers are required, the invasiveness of the procedure can be greatly reduced by some quick pre-alignment.

The Straight Talk online course was a fantastic and convenient way for me to gain my accreditation as I already had a good idea of techniques and approaches with regards to adult orthodontics and I have been recommending the product to patients and dentists since!

Author info
Sunil Chudasama
BDS (Lon) qualified at King’s College London in 2008 and currently work as an associate dental surgeon in two practices based in Essex. He provides a variety of treatments and has an interest in cosmetic and restorative dentistry. He strongly believes in postgraduate training and since qualifying has successfully completed the Chris Orr Cosmetic Dentistry & Aesthetic Restorative Dentistry course, trained in several orthodontic systems and completed MJDF parts I & II. He will soon commence the Restorative Dentistry MSc at the renowned Eastman Dental Institute. Sunil’s vision and aim has always been to provide quality and ethical dental care for his patients.
A digital orthodontic solution

The Clearstep System is a comprehensive invisible orthodontic system designed to provide bespoke orthodontic solutions that are “invisible” and efficient. At the core of the system are clear positioner braces which are designed to align your teeth in incremental steps and offered to patients as an alternative to traditional metal wires and brackets.

The most obvious benefit to patients is the discretion that the System offers. This makes the System particularly popular with adult patients who want a naturally beautiful smile without anyone realising they are undergoing orthodontic treatment, unlike the alternative of fixed train track braces.

The clear positioners at the heart of the system are removable, which allows the patient to fit their orthodontic treatment around the needs of their daily routine. They are removed to eat, drink and clean your teeth, but otherwise are worn all of the time. After a two week period the patient progresses onto the next positioner in their sequence. This sequence of positioners will gently guide the patient’s teeth into their desired position.

Positioners are provided to the patient in sequences of eight positioners. Once this sequence is completed, the patient returns to their Clearstep practitioner for a new impression of their teeth. This impression is then sent to Clearstep for assessment and the next sequence of eight positioners is produced. This approach ensures that the treatment progresses according to plan and allows Clearstep to continually capture new data as the teeth are moving providing the patient with the most accurate and efficient treatment possible.

The Solution
A practitioner begins by gathering the patient’s records to assess their case. A General Dental Practitioner sends them to Clearstep and will receive a diagnosis and treatment plan devised by a specialist orthodontist detailing the options that are available, which is then discussed with the patient. A specialist orthodontist will devise their own treatment plan and have a similar discussion with the patient regarding their options. Once the patient’s decision has been made, the practitioner will instruct Clearstep to produce the first sequence of eight positioners.

The impressions of the patient are turned into plaster models of the patient’s teeth which are then digitally scanned so that a 3D model can be created. Specialist orthodontic technicians then plan out each individual movement of the teeth according to the treatment plan as prescribed by the orthodontist.

A 3D model is then printed by Objet’s Eden 500V for each of the eight steps in the sequence from which the clear positioner brace is then manufactured. The sequence is then sent to the Clearstep practitioner who will guide the patient through the treatment.

The Results
Treatment with clear positioner

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‘Our digital solution has resolved many day to day issues. It provides us with a scalable, cost effective production model which meets our stringent demands for accuracy’
braces is planned, manufactured and guided by Clearstep. The use of Objet Eden500V 3D printing solution has enabled Clearstep to manufacture the clear positioned braces in a more efficient and timely manner than the traditionally employed manual approach. Once the individual movements for a patient’s sequence have been completed by the technicians, the production of the models is initiated by the Objet Eden500V, allowing the technician to proceed to the next patient’s case. Consequently the daily production yield per technician has increased within a short time frame and further time savings are forecast.

The switch to a digital production process has provided the company with a scalable solution needed for continued growth.

The Objet Eden500V is also pivotal to Clearstep’s digital study model storage strategy, as they can quickly and easily print any stored files. Clearstep could additionally provide orthodontists with tools for virtual treatment planning and assessment without the need for a physical model. This has opened a potential new market whilst crucially solving storage issues.

Digital storage made it easier to streamline their appliance replacement services, reduce administration costs and store models in a safe, controlled environment. With the system’s intuitive search functions, rapid case retrieval could be handled by the front line staff, leaving Clearstep’s technicians free to focus on the core manufacturing.

Clearstep’s approach to incorporating CAD/CAM technology is expected to show a return through the faster more streamlined manufacturing process, giving them the ability to improve the service to their clients and drive forward the company’s continued growth and development.

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