Inquiry reveals ‘shortcomings’ at Belfast Dental Hospital

Health Minister for Northern Ireland Edwin Poots has informed Members of the Legislative Assembly of the results of an inquiry that has uncovered evidence that shortcomings may have led to serious deficiencies in the oral medicine service at the Belfast Dental Hospital.

The inquiry was instigated in February 2011 by the then Health Minister and was led by Brian Fee QC, following a recall of 117 patients by the oral medicine service at the hospital. It has emerged that 22 of those patients were either diagnosed or referred far later than recommended and that they represented a ‘major concern’. It was found that difficulties in one department arose from excessive workloads and a lack of adequate administrative support and further problems uncovered included 1156 unfiled items, 93 missing charts, 161 ‘hospital concerns’ and problems with the appointment system. The inquiry made a total of 45 recommendations and the Belfast Trust maintains that it has learned ‘valuable lessons’ from the experience.

Both Poots and Chief Executive of the Belfast Trust Colm Donaghy have offered their apologies to the patients and have professed an understanding of the ‘serious deficiencies’ in the oral medicine department. Donaghy maintained that the Trust has always acted in the best interests of its patients and stated: “The extent of the impact that delay in diagnosis or referral had on the outcome...is unknown at this stage...according to the report a Serious Adverse Incident Complaint should have been raised earlier and we accept that. We also accept that in terms of communicating and escalating the issue we should have done that at an earlier stage in terms of the former processes, to keep others informed in terms of the progress that was being made. “What I would have to say is the people involved in this did not deliberately keep this issue secret or quiet, they were concerned about continuing to provide care for the patients involved and always acted in the interests of those patients.”

Poots declared the situation to represent an unacceptable failure on the part of the Trust and warned that such a situation “cannot be permitted to happen again”. The Chair of the Assembly Health Committee Michelle Gildernew also drew attention to the seriousness of the events and Conall McDevitt of the SDLP stated that he could not think of a more serious situation involving a single trust.

The results of the inquiry can be viewed at www.dhsspni.gov.uk/executive_summary_dental_inquiry.pdf

Generation game
Study shows generational Oil link

In the name of education
Elaine Halley on the life of an MSc student

Radio limits
Daniel Flynn talks radiography

Decontamination
A new way to discover infection control
Groupon offer ‘misled patients’

The Advertising Standards Agency (ASA) has upheld a series of complaints over an offer of dental treatment being ‘misleading’.

The offer, supplied by discount company Groupon, gave potential patients discounted Invisalign treatment at a Harley St dental clinic. The ASA received complaints that the offer was misleading in its wording, as the deal stated “£98 for £1650 towards Invisalign Teeth-Bracing Technology and Whitening. View now For £98.00 [sic] Discount 94 per cent Saving £1552.00 [sic]”. Underneath, below the heading “Highlights” text stated “£1650 discount on the full price (usually £3,500)” and text under the heading “Fine Print” stated “Holder must pay remaining balance”. The complainant challenged the wording, stating that once she had clicked through to the offer, she found there was a significant amount to pay in addition to the £98.

Despite Groupon’s claim that it believed that an average consumer would not be misled by the e-mail, because the significant conditions regarding price were included, the ASA upheld the complaint, stating it considered that it was not clear that a customer was simply buying a discount, albeit for more than they were paying, or that they would need to pay a significant additional amount in order to receive the advertised treatment.

We therefore concluded that, because the wording and nature of the offer was confusing and not made clearly to consumers, the e-mail was misleading.

Groupon was told that the email offer must not appear again in its current form, and that the company needed to ensure the nature of their offers are clearly made in future emails and that the advertised price is correct.

100,000 and counting

For the first time in its history, the General Dental Council (GDC), announced that it has more than 100,000 dental professionals on its registers.

As of 4 July 2011 the figure stood at 100,001.

Compulsory registration was introduced for dental nurses in 2008 and they now make up the biggest registrant group with more than 46,000 on the register.

The breakdown for registrant types is as follows:

- Dentist 58252
- Clinical Dental Technician 170
- Dental Hygienist 5900
- Dental Nurse 46793
- Dental Technicians 7011
- Dental Therapist 1709
- Orthodontic Therapist 166

TOTAL 100001
Editorial comment

Well what a furore! No, I’m not talking phone hacking, I’m talking about the recent opinion piece by Dr Martin Kelleher. The piece, published in the Faculty Dental Journal, emphasised Dr Kelleher’s position on the overuse of destructive treatments such as porcelain veneers.

What’s wrong with that, I hear you ask? Nothing. For me, it was the ludicrous way in which the story was handled in national press, clearly angling for another ‘dentists rip you off’ story.

In a letter to the Metro (which funny they didn’t print), I questioned the decision to claim dentists are actually diagnosing patients with ‘porcelain deficiency disease’ or ‘hyperenamelosis’.

As a working journalist, I understand the mantra of ‘don’t let the truth get in the way of a good story’, but this kind of propaganda and agenda setting should not be standard practice, and frankly, as a journalist, it’s embarrassing.

Role of CDO questioned in parliament

In the wake of the resignation of the General Dental Council (GDC) Chair Alison Lockyer, questions have been asked in Parliament about the participation in the GDC of the Chief Dental Officer (CDO).

Natascha Engel MP (North East Derbyshire, Labour) is one of the most active MPs in asking dental questions in the House of Commons. Many of them are related to issues affecting the dental technician industry, however on this occasion she asked the Secretary of State for Health:

“What assessment he has made of the participation in the General Dental Council of the Chief Dental Officer” for England, Barry Cockcroft.

Minister of State for Health Simon Burns MP (Chelmsford, Conservative) replied: “Meetings of the General Dental Council are undertaken in public and the Chief Dental Officer attends meetings as an observer.

“There are clear benefits in ensuring an effective dialogue between the Chief Dental Officer as head of the dental profession and the regulatory body for dentists.

The Council for Healthcare Regulatory Excellence (CHRE), which oversees the work of the regulatory bodies including the General Dental Council, has been asked to consider what constitutes good practice in terms of the process of making appointments to and the governance of the health professions’ regulatory bodies. In light of CHRE’s work, we will consider whether the existing arrangements continue to be appropriate.”

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Research investment to tackle sepsis threat

The Technology Strategy Board and the Department of Health are to invest up to £7.5m in new research and development that aims to improve the future diagnosis, detection and management of sepsis, a life-threatening illness caused by the body overreacting to an infection.

The funding will be made available through two new collaborative R&D funding competitions. The first, Multi-pathogen detection and/or simple discrimination, opens on 50 August and will see government investment in R&D of up to £5m in collaborative R&D projects to develop point-of-care diagnostic tools to assist clinicians and health workers in the management of sepsis.

The second competition, Enhancing biomarker use in sepsis management, opens on 26 September and up to £2.5m will be invested in collaborative R&D to advance the effective use of biomarkers in the management of the condition.

Commenting on the new competitions, Zahid Latif, the Technology Strategy Board’s Head of Healthcare, said: “Sepsis causes around 60,000 deaths in the UK every year and costs the NHS about £2.5 billion annually. The risk of death from severe sepsis increases six-to-ten per cent every hour from the onset of septic shock to the start of effective treatment. There is universal agreement that there is a need for new and improved diagnostic tools to help clinicians in the management of sepsis. The products developed will help to reduce the economic burden, death and illness from sepsis and infectious diseases and create opportunities for British companies in the huge global market for diagnostic devices.”

A third funding competition, Assessing the impact of near-patient testing, will also open on 26 September. Managed through the SBRI programme, the competition will result in investment of up to £1m in projects to produce new diagnostic clinical trials that are guaranteed for a value of up to £5m. A key aim is also to embed the new products in the NHS about £2.3 billion annually. The risk of death from severe sepsis increases six-to-ten per cent every hour from the onset of septic shock to the start of effective treatment. There is universal agreement that there is a need for new and improved diagnostic tools to help clinicians in the management of sepsis. The products developed will help to reduce the economic burden, death and illness from sepsis and infectious diseases and create opportunities for British companies in the huge global market for diagnostic devices.”

A new 27-year research project suggests that mothers with poor oral health are likely to have children who also have poor oral health when they reach adulthood.

The long-term study, of over a thousand children born in New Zealand in 1972 and 1973, provides strong evidence that the children of mothers with poor oral health are more likely to grow up with above average levels of tooth loss, tooth decay and fillings. The findings strengthen the notion from previous research that adult oral health is affected by a combination of genetic and environmental factors.

The research, published in the Journal of Dental Research in May 2011, compared the oral health of the children at the age of five in 1978, and again at the age of 52. The findings were compared with the mother’s own self-rated oral health measured in 1978. Analysis 27 years later indicated that approaching half of children (45.1 per cent), whose mothers rated their oral health as ‘very poor’ had severe tooth decay. About four in every ten children (30.6 per cent) experienced tooth loss in adulthood.

The research commented on the influence of environmental risk factors on oral health including social economic status (SES), attitudes, beliefs and oral health related knowledge persisting across generations, providing further evidence in how a mother’s view of her own oral health can affect that of her child’s.

The article can be found on the Journal of Dental Research website (http://jdr.sagepub.com/content/59/5/loc)."}

Study shows OH generation game

The Dental Complaints Service (DCS) is encouraging patients to talk more to their dental professionals about their dental treatment.

The DCS helps dental patients and dental professionals in the UK resolve complaints about private dental services. They aim to do it fairly, efficiently, transparently and quickly by working with both parties.

Head of the DCS, Hazel Adams commented: “Patients should feel able to ask how much treatment will cost, when they will have to pay and what happens if they are unhappy with the results. The patient might also want to ask whether the work is guaranteed for a certain length of time and how long any particular course of treatment will take.

“We try to be imaginative and flexible in helping to resolve a complaint. But we always ask people to try to resolve things with their dental professional first. In my experience, the majority of complaints are caused by some form of breakdown in communication; if people can just keep talking to each other many situations can be avoided.”

To help people better understand the service and how to deal with problems when they arise, the DCS has produced a new leaflet Making a complaint about private dental care which is available through the DCS website at http://www.dcs-uk.org. The leaflet explains the role of the DCS in helping registrants to stay up to date and to practise in accordance with its Standards; as well as exploring the most effective forms of CPD activity, and the best way of monitoring and administering it. A key aim is also to ensure that the CPD requirements are woven into a proportion of the scheme of revalidation in due course.

The review process will include, among other steps, research and various forms of consultation with registrants and other stakeholders. A public consultation on any future proposals is planned for early 2012.

The GDC is keen to hear comments from registrants, CPD providers and other stakeholders about their CPD experiences. More information about the review can be found at www.gdc-uk.org, including how to respond to an open call for views. Any general comments can be emailed to CPDReview@gdc-uk.org.

The General Dental Council (GDC) has launched a review of its mandatory continuing professional development (CPD) scheme.

Evynne Gilvarry, Chief Executive and Registrar said: “A key aim is to ensure that our CPD requirements support registrants in meeting our Standards. We are therefore very keen to hear from registrants and other stakeholders about their CPD experiences and how the scheme might be improved.”

All registrants are reminded that the GDC’s current CPD requirements remain in force.

The DCS is encouraging patients to talk more
Does it have to be gold?

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NHS staff to lead NHS of the future

Health Secretary Andrew Lansley has announced plans to help all NHS staff lead the service to become truly world-class.

Speaking at ‘Change through Leadership,’ the Health Secretary revealed plans for a new national Leadership Academy. This means for the first time all NHS staff will have access to the same opportunities for developing their leadership skills, putting nurses, doctors and other clinicians on an equal footing with non-clinical managers.

Developing clinical leadership is crucial in guiding frontline staff the skills they need to take advantage of their role in taking the driving seat in shaping a modern NHS for the future. The Academy will give doctors, nurses, and other NHS carers the skills they need to transform the NHS into a genuinely patient-centred service, in which different services work together to provide integrated care.

Health Secretary Andrew Lansley said: “I was lucky enough to be born into a society with a National Health Service and I am committed to ensuring that it is protected for generations to come. Both as a patient and as Health Secretary I have seen the passion and dedication of staff across the NHS. I would like to join everyone else today in thanking them for their hard work as we celebrate the 65th birthday of our National Health Service.

“It is this passion and dedication of NHS staff which we want to embrace and support through the NHS Leadership Academy. In Cambridge we have already seen huge improvements for people with diabetes thanks to frontline staff taking the lead and helping people manage their condition. By establishing the Leadership Academy today I want to help all doctors and nurses develop the leadership skills they need to drive a truly world-class NHS.

“Frontline NHS staff have shown they can work smarter, be more responsive and give patients better health outcomes. The challenge now is to make this the rule, not the exception.”

Go-go-go karting!

Around fifty members of the dental trade gathered at the renowned Birmingham Wheels Karting Centre for an unforgettable and exhilarating racing experience. The event, organised by the British Dental Trade Association (BDTA), was attended by more than 900 trainees, including patient care, as a result of coaching and mentoring.

The day began with instructions and a qualifying practice, followed by a two-hour Le Mans style endurance race, which was certainly a challenge for the drivers, who wore full racing gear in the warm weather. Participants raced along the track with everyone showing their competitive side as they displayed some impressive moves and tried to gain position.

The fastest lap of the race was set by A-Dec at an impressive 48.397 seconds. A-Dec was also the winning team, with Takara Belmont in second and Septodont in third.

Tony Reed, Executive Director at the BDTA commented: "The event has proved to be popular in previous years and it is a great way to bring member companies together, this year was no exception. Well done to everyone who participated and helped to make the day enjoyable for all."
Anaphylactic guidelines published

NICE has published a draft guideline on the initial assessment and referral following emergency treatment for a suspected anaphylactic episode or a severe allergic reaction.

An anaphylactic episode is an allergic response that is severe, generalised or systemic hypersensitivity reaction that can lead to potentially life-threatening airway, breathing and/or circulation problems. Foods, such as peanuts, nuts, eggs, shellfish, milk, fish, and some seeds such as sesame, are a particularly common cause of anaphylactic reaction, especially in children. Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other drug or injection. Medicinal products are much more common triggers of anaphylactic reaction in older people. A significant proportion of anaphylaxis is classified as idiopathic, in which there are significant clinical effects but no known cause.

Because of inconsistencies in reporting anaphylaxis, and because it is often misdiagnosed, the frequency of anaphylaxis from all causes in the UK is unknown. Available UK estimates suggest that approximately 1 in 1,553 of the population of England has experienced anaphylaxis at some point in their lives. What is clear is that there has been a dramatic rise in the rate of hospital admissions for anaphylaxis. Between 1990 and 2004 they increased from 0.5 admissions per 100,000 to 5.6 per 100,000 - an increase of 700 per cent resulting in approximately 20 deaths each year in the UK (although this may be a substantial underestimate). In addition, there is considerable geographic variation in both practice and service provision, specifically in assessment after the event to confirm an anaphylactic episode or on the decision to refer after emergency treatment.

Draft recommendations include:

• Record the circumstances immediately before the onset of the reaction to help to identify the possible trigger.
• All children given emergency treatment for a first suspected anaphylactic episode should be admitted to hospital under the care of a paediatric specialist team.

Rachel Deans, Group Brand Director for Aquafresh, said: "The scheme provides a perfect fit for the family friendly Aquafresh brand – which markets both adult and children’s products – engaging primary school students (and their parents!) in a hands on way to get involved in protecting our planet by recycling and reusing. By encouraging good eco-habits at a young age, we can instil a lifelong drive to be more sustainable and responsible and by using familiar packaging like toothpaste tubes and toothbrushes, children can more easily understand the results of their actions.

We are delighted to be able to work with TerraCycle as partner in this environmental fundraising campaign. We hope that schools and groups will engage with the scheme to really make a difference to their local environment and raise money for their local communities as well as helping to educate in children’s oral health."

Chris Baker, General Manager of TerraCycle UK commented: "TerraCycle is fully committed to engaging children in learning how to protect their environment and help their local communities in this time of austerity. With the support of a familiar brand like Aquafresh, we are confident that we can reach thousands of schools and make a difference both locally and globally."

For more information about the TerraCycle scheme, go to www.terracycle.co.uk.

Aquafresh goes green!

G laxoSmithKline, makers of Aquafresh, have teamed up with upcycling company TerraCycle UK to launch the Aquafresh oral care Brigade, a recycling fundraiser which encourages schools to collect used toothbrushes and toothpaste tubes to be recycled and upcycled into everyday products.

For every product brought in for recycling, 2p will be donated to a charity of the school's choice. The scheme teaches children about resource conservation, whilst reinforcing good dental hygiene through educational materials on brushing for kids.

The Aquafresh oral care Brigade is open to primary schools, and youth groups such as scout and guiding across the UK who can get involved by signing up at www.terracycle.co.uk. A major PR campaign – focusing on some of the latest cosmetic and beauty advice on the second series of lifestyle show MyFaceMyBody.

Dr Biju Krishnan, co-founder of Lubiju’s cosmetic dental clinic, will appear on the MyTV show, offering advice to adults searching for the perfect smile, as well as providing expert opinion on some of the latest cosmetic dentistry treatments on the market.

The series launched with a special episode filmed at the Lubiju clinic, showcasing the treatments available at the clinic. One of these practices is NTI Splint treatment, which helps relieve the pain and discomfort caused by clenching, by combining a series of physiotherapy sessions with the traditional splint treatment to provide optimum results.

Dr Krishnan said: “At Lubiju we have some fantastic cosmetic dentistry treatments and the NTI splints are a perfect example of how we as a clinic are leading the way in creating new and innovative treatments.

The treatment combination, which uses NTI splints to stop the teeth from grinding as well as physiotherapy to help open up and strengthen the facial muscles, is the first of its kind in the UK and we are delighted to have been given the opportunity to showcase it on MyFaceMyBody.

“The show is a great platform for UK clinics outside of the UK to show how they are helping shape the future of cosmetic dentistry and make the phobic stigma attached to dentistry a thing of the past!”
All in the name of education

Elaine Halley gives us an insight into the blood, sweat and tears in the life of an MSc student

Next installment has involved lecture after lecture along the subject of complex cases – multi-disciplinary. I have been on an intense catch-up (déjà- vu?) in preparation for the residential which takes place in Manchester from Thursday to Monday. I must say that the current batch of webinars has been excellent. Anthony Laurie gave an excellent lecture along the subject of systematic error-reducing techniques are still evident in Tony’s teaching, together with beautiful photography and presentation. Dr E. Mizrahi gave an upbeat orthodontic lecture; Stephen Davies has given us more to think about in the decision about confirmative or prescribing a re-organised conclusion. We’ve had endo from Richard Kahan with really interesting diagnostic scans to reveal how limited our general practice radiographs are at diagnosis. I learnt things I did not know about the presentation of endo-lesions – very interesting. There is a lecture from Paul Tipton sitting on my learning plan but I missed it and can’t access it for some reason – so I have been warned I am not allowed near her crowns until at least August – but I am itching to get started!

In preparation for the residential, we have had to submit a complex case to present to the class and possibly to the whole dental faculty Rosswen, who has been through nearly two years of fixed-ortho – probably coming up!! I did want to check with swollen glands’ what comes up!! I did want to check it wasn’t risking my life!... Even in the face of unbelievable winds – I kept running and made it!!

For any of you considering this MSc – I must warn you that it becomes all-consuming. I recently went to the BACD road show in Belfast and was looking forward to a night away from home and the chance of some decent sleep without shouting at children bed-time fifty times before 9 o’clock, which is my usual evening routine! However, I found myself mostly looking forward to being able to catch up on my webinars! Imagine my delight when I discovered there was free Wi-Fi in the rooms! Even returning to Edinburgh, I planned my route home via a hotel where I could have lunch and webinar at the same time. Headphones, notebook and laptop are now glued to my side... I have to remember to take a silicone imp of myself today to take to the residential – although yesterday I had a frantic text from one of my classmates explaining how his nurse had walked in to find him slobbering whilst trying to take an imp of himself and had been laughing at him all day! Thanks for the warning Richard, I will avoid that particular humiliation!! All in the name of education.

‘I have been warned I am not allowed near her crowns until at least August – but I am itching to get started!’

whilst I have got up at this ungodly hour, it must be fate that I have time to catch up with this blog!

In preparation for the residential, we have had to submit a complex case to present to the whole dental faculty Rosswen, who has been through nearly two years of fixed-ortho – probably completely against her will (only joking of course – full informed consent has been obtained – phew!) but because she doesn’t have the heart to quash my enthusiasm for ‘improving’ her smile. I have been warned I am not allowed near her crowns until at least August – but I am itching to get started!

In case you were wondering, I did manage the Edinburgh marathon – just! I had been all the week of it with some undetermined viral something; my glands were all up and it wasn’t until the day before that I started to feel I could run it. My poor family and team were all warning me gravely not to do it – but of course, being a stubborn so and so, I listened politely but knew I was at least going to try. No way was I going to let all those hours of training go to waste!! It’s amazing if you Google ‘running a marathon with swollen glands’ what comes up!! I did want to check if I wasn’t risking my life!!... Even in the face of unbelievable winds – I kept running and made it!!

Edinburgh, I planned my route home via a hotel where I could have lunch and webinar at the same time. Headphones, notebook and laptop are now glued to my side... I have to remember to take a silicone imp of myself today to take to the residential – although yesterday I had a frantic text from one of my classmates explaining how his nurse had walked in to find him slobbering whilst trying to take an imp of himself and had been laughing at him all day! Thanks for the warning Richard, I will avoid that particular humiliation!! All in the name of education.

About the author

Elaine Halley BDS

Elaine Halley BDS (Hons UK) is the BACD Immediate Past President and the principal of Cherrybank Dental Spas, a private practice in Perth. She is an active member of the AACD and has studied extensively in the United States, Europe and the UK.
Celebrating the Life of Dr John Zamet

Dr John Zamet, pictured, was one of the foremost names in periodontology during his time in the profession and his legacy of teaching and research is being remembered in a grant now offered to postgraduate students studying aspects of the subject.

Born in London in 1932, Dr Zamet was a dedicated student, who graduated in 1955 from the Royal Dental Hospital. Dr Zamet had always had strong leanings toward periodontology, and between 1956 and 1962 he worked in the Departments of Periodontology at the Eastman, Guy’s Hospital and the Royal Dental Hospital, obtaining a Fellowship of the Royal College of Surgeons in 1958. He was then granted a postgraduate Fellowship to the University of Philadelphia Department of Periodontics, where he studied under D. Walter Cohen, himself a legend in periodontology.

Returning from his studies in America, Dr Zamet became Senior Lecturer at the Royal Dental Hospital, where he was able to establish himself as a firm favourite with students, and then Consultant in Periodontology at University College Hospital Dental School. After the closure of the UCH Dental School, Dr Zamet moved to The Eastman Dental Institute, where he was appointed Honorary Consultant in the Department of Periodontology and remained there until he retired, albeit reluctantly, in 2001.

An illustrious career
During his time at UCH and Eastman, Dr Zamet continued to advance his own knowledge and career, as well as those of his students. In 1974 he was awarded an MPhil for his research A Comparative Clinical Study of Three Periodontal Surgical Techniques and he played an instrumental role in the establishment of the GDC Specialist Register in Periodontology. In addition to this, Dr Zamet was a Past President, Honorary Vice-President and Life Member of the British Society of Periodontology, a Member of the American Academy of Periodontology and a Fellow of the International College of Dentists as well as of many other professional organisations.

Among his many notable achievements, Dr Zamet was the founder of the first exclusively periodontal practice in London and was also the first UK periodontist to participate in the Birnenmark Ossesintegration Programme in Göthenburg. He also approached Ambassador Walter Annenberg to fund the Annenberg Lecture and Traveling Scholarship, which sponsored the postgraduate education of three students and endowed the Annenberg Lecture for years to come. As part of his dedication to the advancement of periodontology and his work with charities, Dr Zamet served as both the first and twenty-fifth Chairman of the London Chapter of the Alpha Omega Dental Fraternity and as Secretary of its London Charitable Trust which, in the 25 years during which he was involved, sponsored a wide range of projects both in the UK and in Israel, raising a sum that would have done credit to a major national charity.

John Zamet Memorial Prize
It is in memory of Dr Zamet's passion for, and dedication to, periodontology that The John Zamet Memorial Prize was established in association with the Alpha Omega London Chapter and Charitable Trust. The prize provides an enviable opportunity for postgraduate students in the field of periodontology to gain recognition and financial help in the pursuit of their studies, with a £1,000 prize being awarded annually. Applications for the award are open to all UK-based postgraduate dental students studying for a Masters degree or PhD who are undertaking or who have recently completed original research associated with clinical periodontology.

Applicants are invited to submit a covering letter, a letter of support from their research supervisor confirming their supervision of the project, and an abstract not exceeding 1,000 words to the Alpha Omega Trust. The abstract should give brief notes on the following:

- Background to project
- Aims
- Methods
- Relevance to clinical periodontology
- Start and completion dates (estimated completion date will suffice if ongoing)

Application is by three paper copies and an electronic copy, submitted by 31st December 2011 to:

Professor Andrew Eder
Chairman, The Alpha Omega London Charitable Trust
2nd floor, 57a Wimpole Street,
London W1G 8YP

andreweder@restorative-dentistry.co.uk

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The man who was the first UK dentist to introduce the practice of porcelain veneers almost 30 years ago has been recognised by his peers and presented with a lifetime achievement award from Linda Greenwall Chairman of the British Dental Bleaching Society.

Dr Mervyn Druian is known as a leader, lecturer and innovator in cosmetic and preventive dentistry and was the first UK dentist to complete the Advanced Cosmetic Dentistry Programme at the Advanced level with Dr Larry Rosenthal in New York. Once Mervyn had completed the programme, he was then instrumental in setting up the programme with Dr Larry Rosenthal in the UK, running courses for dentists in Advanced Cosmetic Dentistry and Mervyn is the UK arm of Larry’s elite team of instructors.

In 1985 Mervyn caused a phenomenon in UK dentistry when he introduced porcelain veneers to the British public. Since then, he has become one of the world’s leading experts in cosmetic and aesthetic work and is in great demand as a teacher and lecturer around the globe. Often dubbed “the leading expert in cosmetic dentistry” by beauty editors, Mervyn was the principle dentist on the successful reality TV show, Extreme Makeovers UK and he is the dentist behind many recognisable, famous and beautiful smiles. In 1990 Mervyn introduced the first power whitening system into the UK and has become a leading exponent of in-surgery tooth whitening.

Born and educated in South Africa, Mervyn is the co-founder, with Dr Ken Spektor of The London Centre for Cosmetic Dentistry, a multifaceted dental practice that specialises in cosmetic and restorative dentistry. A member of the British Academy of Cosmetic Dentistry (BACD), Mervyn is currently on the editorial board of Private Dentistry and Dental Aesthetics and is also on a number of advisory committees of the British Dental Association (BDA). In 2007 Dr Mervyn Druian’s work received one of the highest accolades when he was placed on the distinguished American Academy of Cosmetic Dentistry’s (AACD) Presidents Honour Roll.

Currently Mervyn serving a second term as International Director for Alpha Omega and is also a Governor of the Tel Aviv University. Since June 2004 has been Clinical Director Aesthetic Advantage Programme at the Eastman Dental Hospital in London.
If you wanted an example of “cats among pigeons” in dentistry, the recent Channel 4 Dispatches documentary, The Truth about Your Dentist, has certainly got feathers flying. Undercover reporters were sent to identify problems facing both dentists and patients, particularly in NHS dentistry where the pressures of time, money and contracts are enormous and according to the programme’s presenter, Sam Lister, “the fundamentals of good NHS care and full disclosure are being badly compromised.”

One of the undercover reporters needed a root canal treatment for an infected molar tooth and although an NHS patient, he was encouraged to go privately. By all the dentists he saw he was advised that the only option for safe and successful care was to pay far more than the NHS rate.

Focus on failure
The programme raised many issues – and more than a few hackles too – but a TV documentary such as this will inevitably focus on professionals failing patients and patients being exploited. However, the inference that viewers might have taken that referral to a specialist endodontist is because the GDP is too lazy, insufficiently skilled or fee-focused, is simply wrong. Endodontics is difficult, time consuming and poorly remunerated. Successful outcomes may involve multiple visits and hours in the chair and the equipment we use for greater efficiency - rotary NiTi instruments, new obturation materials and clamps for instance really add to the cost of a procedure so I have every sympathy with very conscientious NHS dentists doing a good job within financial constraints.

Extension
Endodontic specialists act as an extension of the referring dental team to provide quick and precise treatment. Patients presenting with severe pain from pulpitism often need urgent attention and the skills and knowledge of a specialist will usually be the most rapid route to returning patients to dentists free of pain, comfortable and confident they have received quality treatment.

It is entirely at the dentist’s discretion as to when a case is suitable for referral and can range from diagnosis to checking the endodontic status of teeth prior to crown and bridgework. A specialist endodontist will be familiar with anxious patients who may find the very thought of a root canal treatment terrifying. In my experience, despite understandable apprehension, patients are invariably pleased to be referred to a professional who can efficiently sort out the problem.

Similarly, most referring dentists are delighted to have a resource that specialises in root canal treatments, as procedures can hugely disrupt the daily schedule and are often stressful, slow and laborious.

Endo Tribune

The fallout from Channel 4’s Dispatches
Michael Sultan talks television

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Building a good relationship between the referring dentist and specialist is absolutely key to providing the best patient care.

An openness in discussing patients and relaying endodontic advice with colleagues will enable your specialist to give you the relevant information about each individual case and your patient’s progress. Sharing information about a patient's medical and social history and restorative treatment will ensure that correct treatment decisions, such as the need for sedation, the timing of treatment and the referring dentist’s actual preferences for restoration are not overlooked.

Most specialists will send a follow-up report, including pre-and post-treatment information to the referring dentist, which would normally include prognosis of treatment and additional treatment recommendations; for example, immediate restoration to lower the risk of fracture.

Access

Working with a specialist offers you access to:

- The most up-to-date equipment, allowing a great technical and biological result
- Excellent patient care with treatment delivered promptly and in a reassuring manner
- A detailed report of your patient's case and treatment received
- Easily contactable information (should patient or dentist require it)
- After care and advice
- A quick response for emergency cases and referrals

Referring to an endodontic specialist will ultimately give you the confidence of knowing that your patients will be returned to you pain free and satisfied with the treatment they received from your practice and it makes sense that if a specialist member of the dental team is prioritising a patient’s complaint, they can return to normal life much more quickly.

Reassurance

So, when the discussion turns to the Dispatches TV programme, you can confidently reassure your patient and rapidly move on to the pleasures of Come Dine with me?

Dr Michael Sultan BDS MSc DFO FICD is a specialist in Endodontics and the Clinical Director of EndoCare.

Michael qualified at Bristol University in 1984. He worked as a general dental practitioner for two years before commencing specialist studies at Gay’s Hospital, London. He completed his MSc and in Endodontics in 1993 and worked as a house endodontist in various practices before setting up in Harley St, London in 2000. He was admitted onto the specialist register in Endodontics in 1999 and has lectured extensively to postgraduate dental groups as well as lecturing on Endodontic courses at Eschmann CPD, University of London. He has been involved with numerous dental groups and has been chairman of the London Omega dental interests. In 2008 he became clinical director of Endocare a group of specialist practices. To talk to a member of the Endocare team call 020 7224 4999 or email reception@endocare.co.uk or for more information please visit www.endocare.co.uk.

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The new WaveOne NiTi file system from DENTSPLY Maillefer is a single-use, single-file system to shape the root canal completely from start to finish. Drs Julian Webber, Pierre Machtou, Wilhelm Pertot, Sergio Kuttler, Clifford Ruddle and John West were involved in the development, field testing and research associated with WaveOne. Roots had the opportunity to speak to Dr Webber, The Harley Street Centre for Endodontics, about the benefits of the system and the responses it received from visitors during IDS 2011.

Roots: Would you briefly describe the benefits of WaveOne to our readers?

Dr Julian Webber: WaveOne should initially benefit the many general dental practitioners who while desiring to move away from hand preparation of root canals to a simplified mechanical preparation technique have been reluctant to do so in the past. Dentists who have been reluctant to embrace rotary NiTi for fear of instrument breakage, as well as the excessive number of instruments and costs, will find WaveOne to be the perfect solution.

In most cases, the technique only requires one hand file followed by one single WaveOne file to shape the canal to length. The specially designed NiTi files work in a similar but reverse “balanced force” action, using a pre-programmed motor to move the files back and forth (“reciprocating motion”). The files are manufactured using M-Wire technology, improving strength and resistance to cyclic fatigue by up to nearly four times compared with other brands of rotary NiTi files.

There are many dentists who are reluctant to use NiTi rotary instruments to prepare canals, despite the recognised advantages of flexibility, less debris extrusion and improved maintenance of canal shape, amongst other advantages. For them, the use of a single reciprocating file will be very attractive both in terms of time and cost saving.

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Roots: A general practitioner might get the impression that the WaveOne system makes root canals easy. Do you think encouraging this view might be cause for concern amongst endodontists?

Well, I have read this argument about making root canal treatment simple. Many colleagues struggle with the complexities of root-canal treatments and I do not see why we can’t make it simpler. Any competent dentist has good manual skills. If we can simplify the treatment procedure for general dentists and thereby improve their skills in completing more root canal treatments to a higher standard, our patients will surely benefit. If you look at the majority of root canal instruments and the many preparation systems available in today’s market, as many as three to five files may be needed to produce a perfectly shaped canal. However, with WaveOne, one file is needed to get to that shape. It’s so simple! It’s simple to understand, it’s simple to use and it’s simple to teach.

Roots: What sort of response to the system have you had this far?

People have been very excited by the concept of a single-file system. Yes, root canal treatment is difficult for many and causes much anxiety, but the majority of people who tried out the technique at the stand during IDS were able to appreciate the simplicity and the benefits of WaveOne for themselves. There was a big buzz around the stand.

Roots: Is the WaveOne system already available in Europe and North America?

Yes, it was launched on 10 February in Europe and in North America at the April meeting of the American Association of Endodontists in San Antonio.

Roots: Will there be courses offered so dentists can learn how to use the WaveOne system?

DENTSPLY Maillefer has a great continuing education programme, and they work with all their dealers in the countries in which their products are for sale by holding events. In Europe, I will be travelling extensively, with some courses coming up in Bulgaria, the Czech Republic, Poland, Slovakia and Spain, which are organised by the local DENTSPLY dealers.

DENTSPLY is also very involved with dental schools, so there will be some great teaching going on in different venues. We have a team of six involved in WaveOne. There are Pierre Machtou and Wilhelm Pertot from Paris and me in London. In the USA, there are Sergio Kuttler from Fort Lauderdale, John West from Seattle and Clifford Ruddle from Santa Barbara. So hopefully, amongst the six of us, we should be able to get this exciting message out to our dental colleagues.
Biodentine™: Acknowledged by endodontic experts as the next big thing in dentistry

Septodont’s newest innovation, Biodentine™ has been receiving outstanding praise from endodontic experts up and down the country since its launch in September 2010.

Biodentine™ is a material that is set to revolutionise the world of dentistry. What makes Biodentine™ so unique is the fact that it is the first all-in-one, biocompatible and bioactive material that can be used wherever dentine is damaged, whether in the crown or root, making it literally ‘dentine in a capsule’. The product has already received rave reviews from some of the leading lights in dentistry and represents the cutting edge of technology, which, for the first time, offers a bioactive substitute to dentine.

Renowned endodontist Dr Julian Webber commented, “So sophisticated biosilicate technology and 100 per cent biocompatibility makes Biodentine™ the perfect root canal repair material. With its improved handling ability and quick setting time, Biodentine™ offers considerable advantages over other similar materials. I cannot recommend it more highly.”

Professor Callum Youngson BDS, DDSc, FDS, DRD, MRD, FDS(Rest Dent) RCS (Edin), FDS RCS (Eng) RCS (Edin) added, “Biodentine finally provides us with a material that closely resembles lost dentine and has the potential to promote, rather than just allow, healing of the pulptic tooth resulting from caries or leaking composites. Biodentine, unlike other sedative dressing materials, is also compatible with the final composite restoration, making it an important addition to the clinician’s armamentarium.”

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- Apexification
- Apical surgery

With such a broad range of indications, endodontic specialists are now realising the benefits of Biodentine™ in their practices. N.G.A. Wright BDS FDSRCS, Specialist in Endodontics, said of the product, “As an endodontist, I have used Biodentine™ for repair of perforations and as a retro grade material. I have found it a very easy material to handle and clinically successful. I have no qualms in recommending it to my colleagues.”

Highly biocompatible, thanks to its Tricalcium Silicate core, Biodentine™ makes the risk of adverse tissue response a thing of the past. It also helps preserve pulp vitality by promoting reactionary dentine genesis and has outstanding sealing properties to reduce the risk of clinical failures through bacterial percolation, thus ensuring the absence of post-operative sensitivity.

Biodentine™ needs no surface conditioning or bonding to dentine and sets quickly, making it simple and easy to use for the busy clinician.

To order Biodentine™ please contact your dental dealer directly. Alternatively, for more information contact Septodont on 01622 695 520, email information@septodont.co.uk or visit www.septodont.co.uk.
Retreatment of a lower molar

Dr Konstantinos Kalogeropoulos presents a retreatment case

Fig 1

Fig 2

Fig 3

Fig 4

Fig 5

Fig 6

Fig 7

Fig 8

E ndodontics is all about preserving the natural dentition. There is no better implant than the natural tooth, given the fact that it can be treated and restored effectively and predictably. Many factors, such as root perforation, affect the prognosis of endodontic treatment. Today, perforations can be managed predictably with the use of MTA cement as sealing material.

The purpose of this article is to illustrate the endodontic retreatment of a mandibular first molar with perforation in the coronal third of the mesiodistal root canal, aided by the use of magnification provided by the dental operating microscope (OM).

Case report

A 61-year-old male patient, with a non-contributory medical history, was referred by a general dentist for retreatment of a mandibular first molar. The tooth was tender on percussion. Periapical radiolucency was evident in both roots and the furcation area.

A previous root canal treatment had been performed more than ten years ago. The canal filling was short in length and the remains of a screw post were present in the mesiobuccal canal (Figs 1 & 2). The treatment plan was to restore the tooth with a cast dowel and porcelain-fused-to-metal (PFM) crown.

After local anesthesia had been administered, a rubber dam was placed and the temporary filling removed. The fragmented post was removed by means of ultrasonic tips under magnification (G6, Global Surgical). Owing to the vicinity of the post to the furcation, care was taken not to remove dentine distal to the post. The root-filling material apical of the post and from the orifices of the other root canals was also removed with ultrasonic tips. Observation under high magnification revealed a small perforation of the root-canal wall where the post was placed (Fig 5).

The patient and the referring dentist were informed that the tooth was to be retreated and the perforation defect sealed with MTA cement (DENTSPLY Maillefer).

A copious amount of irrigation (2.5 per cent NaClO) was used throughout the treatment. The root canals were flared with a combination of Gates-Glidden burs and rotary NiTi instruments. Under high magnification, an additional root-canal space was found in the distal root (Fig 4). Remnants of the previous root-canal filling material were removed with a combination of hand files and rotary instruments, and patency was achieved with small stainless-steel hand files. Working length was calculated with an apex locator (Root ZX mini, J. Morita) and PathFile (DENTSPLY Maillefer) rotary instruments were used for pre-flaring.

The mesial root canals were instrumented to 40/04 and the distal to 50/04 with rotary instruments (BioRace, FKG). The smear layer was removed through one-minute irrigation with 17 per cent EDTA (Ultracare). Passive ultrasonic irrigation was performed with 2.5 per cent NaClO and ES1 needles (EMS), three times for one minute each in every canal. The canals were dried and Ca(OH)2 was placed with a Lentulo spiral (DENTSPLY Maillefer) as an intra-canal medicament. Cavit-G (SM ESPE) was used as temporary filling material. The patient was given oral and written post-operative instructions and was told to return after 15 days.

At the second appointment, the anti-microbial irrigation regimen was repeated and the canals were dried with sterile paper points. Gutta-percha points were placed in the canals and a master-cone radiograph was taken. The post was removed by means of ultrasonic tips under magnification (DENTSPLY DeTrey). The continuous wave of condensation technique was applied during obturation with System B (SybronEndo) at 4 mm from the apical terminus of the canal, and back-filling was done with thermoplasticized gutta-percha using the Obtura II Max (Ohura Spartan). Care was taken not to accidentally push sealer into the perforation site. The mesiodistal root canal was back-filled to a level apical of the perforation (Fig 6). After obturation, while MTA, delivered with the MTA gun (both DENTSPLY Maillefer), was used to seal the perforation site. As requested by the referring dentist, no post space was left in the distal root canal, as he wished to create his own space to place an intra-radicular post (Fig 7). Cavit-G was used as temporary filling material. The patient was referred back to the dentist for the final restoration and was told to return after a six-month period for a recall examination.

At the recall appointment seven months later, the radiograph showed no evident radioluency in the peri-radicular tissues of the tooth (Fig 8). However, it also revealed that the new post had not been placed at the adequate length. The general dentist was contacted and reassured me that a new dowel and PFM crown would be placed.

Conclusion

Advances in technology and bio-materials have not yet been proven to enhance overall success rates in endodontics. Root perforations can affect prognosis in a negative way. Nevertheless, the OM allows clinicians to work with great precision even under the most demanding circumstances and MTA greatly enhances success when treating perforations in the furcal area. In addition, the use of ultrasonic under magnification facilitated the removal of the post despite its small size. Passive ultrasonic irrigation removed debris and necrotic tissue effectively from the mesial isthmus area, allowing obturation material to fill it, as can be observed in the final X-ray (Fig 8).

About the author

Dr Konstantinos Kalogeropoulos is a postgraduate Endodontics resident at the University of Athens Dental School. He has published in national and international scientific journals and presented a large number of oral presentations and posters at endodontic congresses. info@athensendo.gr www.athensendo.gr

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Do periapical radiographs tell the whole tale: a case report
Daniel Flynn discusses the limitations in radiography

As clinicians, radiography provides us with a wonderful tool to “see through” external oral structures, giving us an insight into what’s happening beneath the skin, muscle and bones. Ionising radiation is transmitted through the structures. Dense materials absorb more radiation resulting in an image produced on a film or digital receptor. The image is then interpreted and in conjunction with a thorough history and extensive oral examination aids in the diagnosis, treatment or prevention of disease. The decision making process of when and how often to take radiographs is a challenging one. The periapical radiograph has been the gold standard for assessing the presence of endodontic pathology for years. A periapical radiograph should be taken when:

1. There is a history of pain with a tooth
2. Caries, cracks or a deep restoration are present
3. There is a negative response to sensitivity tests

Teeth with extensive restorations and/or that are compromised periodontally.

It is well understood that periapical radiographs underestimate the presence of apical pathology. On studies from cadavers, periapical lesions were simulated in the bone and were gradually increased in size until they became apparent on radiographs. It was found that until the lesion was in contact or perforated the cortical bone the lesion was not detected radiographically. With the advent of small volume cone-beam CT we now have a tool which is much more accurate at correctly diagnosing apical pathology. A recent study (1) suggests that periapical radiographs can detect the presence of apical periodontitis 55% of the time while a DPT detects the disease 28% of the time. This explains a common clinical finding of obvious pathology associated with a tooth following clinical examination for example a tooth is tender to percussion and has negative sensitivity responses however the radiograph appears to be within normal limits.

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A diagnosis of incomplete root canal treatment and an acute exacerbation of chronic apical periodontitis was made and the proposed treatment was to complete the root canal treatment. There are many factors that have an influence on the success of endodontic treatment. The objective is to eliminate the bacterial infection and create conditions conducive to biological healing.

In this case four canals were found. There was no evidence of cracks along the walls or in the pulp chamber. Patency was achieved as confirmed by the electronic apex locator. The canals were prepared with nickel-titanium instruments following creation of a glide path. The canals were irrigated with sodium hypochlorite 2.5per cent and 17per cent EDTA. Ultrasonics were utilised in order for the disinfectants to access as much as the non-instrumented areas of the canals as possible. An intra-appointment dressing of calcium hydroxide was placed. At the following appointment the symptoms had resolved and the canals were obturated with gutta percha and pulp canal sealer using a warm vertical condensation technique. An IRM plug was placed over the canals to act as an antibacterial layer and to prevent coronal leakage and a resin modified temporary core was placed and the patient was referred back to the GDP for placement of a cuspal coverage restoration. (Fig. 2).

At the six month review appointment a periapical radiograph was taken. The patient had no symptoms in the intervening period and the clinical examination was within normal limits.

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On examination of the periapical radiograph it appeared that the radiolucency associated with the mesial root had reduced in size and the radiolucency associated with the distal root had reduced in size and another review appointment was scheduled for a year’s time (Figure 3). The treatment was deemed to be a success.

Embarrassingly, a couple of weeks later the patient presented with a swelling associated with llti. The tooth was tender to percussion and the associated buccal mucosa was tender to palpation. The 117 test was still positive to sensitivity tests. This time we took a CBCT scan. There was a large periapical radiolucency associated with the distal and mesial roots (Fig 4a, 4b).

On examination of the periapical radiograph appeared to have reduced in size and the case was deemed to be successful. The mesial root was judged to be complete healed while the distal root was deemed to be healing. The fact the patient had symptoms shortly after the review confirmed that there was pathology still present. The bone loss evident on the CBCT scan pre-operatively and executed to specialist standard occasional failures occur. However, I think it is important to examine our failures closely to see what we can learn.

CBCT is proving to be a very useful tool for modern day endodontics. I am not advocating and do not use CBCT for every case. I find it is an excellent adjunct to our traditional methods of diagnosing and treating endodontics conditions when I have a patient in the chair and I’m unsure what is the best course of action. Following on from this case the CBCT scan can be used to help plan the future treatment needs if the patient wishes to proceed with endodontic microsurgery or implant placement. In the future as radiation doses reduce small volume CBCT will become the gold standard in endodontic imaging.

Reasons for endodontic failure include:

1. Persistent intra-radicular infection in missed canals, lateral canals or apical deltas
2. Extra-radicular infection including the presence of cracks
3. Cyst formation
4. Foreign body reaction

In order to truly assess healing in 3 dimensions, one would need a CBCT scan pre-operatively and at review. At this juncture root canal treatment is so successful I feel it is not necessary to do this routinely. However we do need to keep in mind the limitations of the imaging tools we use to make decisions.

Traditionally we have used evidence of a J-shaped lesion on a periapical radiograph as evidence that a root may have a vertical crack. Vertical cracks can be extremely difficult to diagnose if it is not possible to visualise it microscopically when the tooth is stained with methyl blue. I have many examples of j-shaped lesion visualized on CBCT images where the roots are not fractured. It should be remembered that lateral canal resolution can produce a similar effect.

This case is an exception to the day to day cases we treat. When root canal treatment is completed to a technically excellent level success rates up to 96 per cent can be expected. However, even when the most stringent protocols are used and executed to specialist standard occasional failures occur. However, traditionally we have used evidence of a J-shaped lesion on a periapical radiograph as evidence that a root may have a vertical crack. Vertical cracks can be extremely difficult to diagnose if it is not possible to visualise it microscopically when the tooth is stained with methyl blue. I have many examples of J-shaped lesion visualized on CBCT images where the roots are not fractured. It should be remembered that lateral canal resolution can produce a similar effect.
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The legalities of incorporation
Ray Goodman discusses things to consider before deciding whether or not to incorporate your dental practice

Since 2006 dentists have been able to enjoy the benefits of becoming a limited company. In short, this means that the dentist will no longer have to be personally liable for debts incurred by their practice and can protect their assets from business risks. It also allows greater flexibility in raising funds for the practice through outside investment such as share schemes to act as a financial incentive for key members of staff and provides opportunity for non-dentists to invest in dental practices.

The process of incorporation involves two stages. The first is to formally register the new company at Companies House. Often this can be short circuited by purchasing a company “off the shelf.” This will normally dealt with by your solicitor or accountant and can be done very quickly.

The second stage is the transfer of the existing business to the new company via an incorporation agreement. This transfers the contracts, property and business from the dentist to the new company or LLP. Employees are automatically transferred with the business. The document should be tailored to reflect the nature of the practice and the consequences of the transfer. It is important that you have a properly drafted agreement transferring the assets and that you consult a specialist dental solicitor with experience of such matters as the drafting of the agreement and the proper vesting of the assets in the new company can have major tax consequences.

Restrictions
Consideration will also have to be given to tasks such as the naming of the new entity as restrictions exist on the use of words such as ‘dental’, ‘dental practice’, ‘dentist’, ‘dental surgeon’ or ‘dentists’. If you want to use a protected word in the name of your company, first you will need to obtain permission from the General Dental Council. Dentists will also need to take out professional indemnity insurance for the Limited company which may be vicariously liable for the acts of the dentists working for it or under its name and consider any stamp duty that may be incurred by transferring leases or property.

Agreements
A shareholders’ agreement will clarify the obligations of all members of a company in a similar way to a partnership or expense sharing agreement where there are two or more shareholders at the practice. A solicitor will be able to draft a shareholders’ agreement, as well as advise in other areas.
including:

- Service contracts with directors – A solicitor will be able to tell whether service contracts are required and, where necessary, will draft a contract tailored to your individual needs.
- Advice on relevant regulations – Full compliance with the Transfer of Undertakings (Protection of Employment) Regulations 2006 is vital. A solicitor will be able to offer advice on this and other regulations such as the Employment Rights Act 1996.
- Sale of assets – Assets such as goodwill which were previously owned by the principals will not automatically be transferred on incorporation. In terms of taxation, it is vital there is an agreement setting out the terms of the transfer and the apportionment of the purchase price. A solicitor will be able to provide reliable advice on the transfer of contracts including equipment leases and software licenses as well as the preparation of the necessary documentation.
- Goodwill – In case HM Revenue and Customs is determined on a lower figure, the solicitor will prepare documentation to include a goodwill valuation accompanied by provisions to prevent the document failing in the event of a successful challenge by HMRC.
- Freehold or leasehold – Depending on whether the property is freehold or leasehold, the solicitor will be able to offer advice on the transfer of the property or lease to the new company and decide whether or not this is the best option for them. Where the property is mortgaged and freehold, the solicitor will communicate with the lender to obtain any necessary consents and deal with stamp duty, land tax and registration. If the property is leasehold, the solicitor will be able to liaise and handle the lease arrangements with the landlord whose consent will be required.
- Get it right Each dental professional will require bespoke advice that is tailored to their individual needs. The solicitor will also be able to advise on many other aspects regarding the incorporation of the practice. Due to the various legal issues inherent in the incorporation process, it is advisable to use the help of a solicitor experienced in dental matters right from the start.
- In dental matters right from the start

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Buying a Practice? You need to impress the seller...

David Brewer provides a few common sense steps to improve their chances

The doom-mongers out there would have us all believe that the banks have simply shut up shop and are not lending - indeed anyone having read most Saturday editions of the Mail or the Express would normally then be running for the hills!

This is simply not true though; the banks now have an active edict from the Government to lend and with the dental industry being one of very few so called 'Green Light' sectors, we are finding that as long as you have carefully prepared your proposal in advance (ideally in conjunction with a Dental Business Advisor who knows what the banks are looking for), then most clients CAN secure funding for practice purchase.

With a lot of associates unhappy with their 'lot' and only seeing tougher times ahead with further reductions in their income, it is no wonder that the past nine to 12 months have seen a sizable rise in the number of associates looking to purchase - especially in the most popular areas. Demand to purchase dental practices is vastly out-stripping supply with the net result being increased competition to purchase the practices in question.

In these popular areas it is very much a sellers’ market. So... as a prospective purchaser, how do you ensure that you stand out from the crowd and ensure the vendor WANTS to sell to you?

There are a few common sense steps that a purchaser can take to improve their chances:

• Turn up for your viewing appointment on time! Seems obvious but so often not the case!
• Prepare a verbal CV in readiness to talk about your past business and clinical experience
• Ask questions of the vendor to establish if you share a similar approach to dentistry (important as the vendor will quite be keen to ensure that a buyer cares for his/her patients in a similar way)
• Relate to the vendor - Look for a personal connection - try to find common areas of interest or common business experiences (eg you both studied at Liverpool)
• At the initial viewing do not ask too many in-depth questions (there will be plenty of time for that later!). Remember you may be one of many viewing the practice that particular day and will only have a finite amount of time with the vendor. You do not want to be remembered as the awkward one...
• Do not be pushy as this will probably unsettle the vendor
• Be positive to the vendor (Remember this is their pride and joy they are selling and even if you feel the decor leaves a lot to be desired – make sure you bite your tongue - you can always re-decorate once you have purchased)
• Highlight your intention to use a specialist dental solicitor (tends to lead to a quicker and smoother transaction compared to using a non-specialist)
• Outline that you do already have funding available or 'agreement in principle' for the purchase (And in advance, I would suggest that you speak with specialist Independent Dental Business Advisors, rather than simply your own bank, who from their knowledge of the WHOLE banking market could detail the preferential terms which could be secured as well as proving outline approval)
• Assuming viewing arranged via specialist sales agent do not discuss price direct with the vendor - always best to communicate any offers via the agent

Many of you may think that the above list is a little over the top - bearing in mind you may be purchasing for a sizable sum. However, in this competitive market you really do need to sell yourself to the vendor and to make sure they pick YOU above everyone else. It is not always the person who provides the highest offer who secures the practice - quite often it comes down to personality and who the vendor feels will look after their practice and patients best.

So be pleasant in that first viewing - and remember the tips..... they really do work.

About the author

David Brewer has worked with the dental profession for more than 15 years helping more than a 1000 clients secure funding for practice purchase. With his banking background and friendly pro-active approach, he is ideally placed to provide advice and guidance to clients who are looking to purchase a practice or simply review their existing arrangements. David works with Frank Taylor and Associates and can be contacted on 08456 121454 or david.brewer@ft-associates.com
Mrs Thatcher once famously remarked that the environment was a humdrum issue compared with the Falklands War, but it’s the everyday issues which, by their very definition, have the strongest impact on most people’s quality of life.

It’s widely acknowledged throughout industry that staff who enjoy superior working conditions and visually attractive surroundings are more productive, happier, and less likely to have itchy feet. This is especially true of the dental arena, where working in a familiar, confined space is a routine requirement of practice life for the entire dental team.

The quality of the practice environment also has an impact on the patients and any other visitors to the premises, and now that the element of competition has become a factor in retail dentistry so practice design, image and ambience have assumed even greater importance. The widespread publicity afforded to the many recent clinical advances has created a more discriminating and demanding clientele, and today’s practice environment must not only be efficient and hygiene-friendly but also reflect the standards of care which a more informed public now expects. Whenever a replacement or refurbishment is due, investing in the best, whether it’s a single product or a complete practice makeover, is the only sound policy.

Whatever the nature of the investment, it must represent value for money whilst also adding value to the business. While furniture and décor should be visually appealing and reflect contemporary taste and design, both must be fit for purpose and sufficiently durable to withstand intensive use. The rapidly expanding market for cosmetic treatments has resulted in a corresponding increase in specialist and referral practices, whose patient lists often reflect a more sophisticated demographic with more demanding ancillary expectations.

Practice principals are usually practicing clinicians, whether specialists or GDPs, whose expertise and time are dedicated to generating revenue within the surgery and for whom it is neither cost effective nor practical to commit time to the consideration of peripheral matters such as the colour of the waiting room furniture!

Delegating the responsibility of a practice overhaul to a reputable partner company which

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specialises in the refurbishment or refitting of healthcare premises and is an exercise few clinicians would willingly embrace. From the design point of view, while a talented general architect may produce an outstanding aesthetic result, it could ultimately prove to be totally impractical for clinical purposes; only a specialist company will be aware of the alternatives while at the same time understanding the essential parameters which define a workable solution. Mistakes can be expensive!

A pre-requisite to entering such a partnership is clarity of vision in respect of the desired outcome. Practices are defined by their differences, in terms of both types of treatment offered, financial structure, and most importantly for refurbishment purposes, their physical size and characteristics. Products and designs must be selected which enhance the working space as well as maximising potential profitability. To achieve these goals specialist expertise is vital.

A common concern is infection control. Many traditional high street dental practices are housed in converted domestic premises with limited space and irregular room shapes and sizes not easily adapted to accommodate modern decontamination equipment. A skilled designer is often able to ‘create’ additional space, and so avoid potentially compromising staff and patient safety while at the same time easing stress for the dental team members responsible for adhering to infection control regulations. Specialist supply companies have access to customised cabinetry solutions which can exploit even the most unlikely corners for storage or archiving.

Initial discussions with the partner company should focus on a clear definition of the objectives, with quality and value for money paramount considerations. The end result must meet the current needs of the business while taking into account possible future expansion or policy changes; staff must be provided with a congenial working environment which enables all statutory requirements to be met or exceeded; disruption while work is in progress must be kept to a minimum and a dedicated site manager appointed to coordinate the different tradesmen and assume responsibility for adherence to a strict timetable; last but not least, the project must be completed within the agreed budget.

The best refurbishment companies pay careful attention to the individual client’s specific tastes and requirements, take account of the practice’s discrete logistics and avoid preconceptions which could potentially distort the outcome; they offer a comprehensive service, which includes preliminary advice and pre-project consultations to acknowledge the client’s personal preferences in terms of equipment, working methods, image and atmosphere. Their knowledge the client’s personal experience, working methods, image and atmosphere. Their knowledge of the industry ensures that equipment, working methods, image and atmosphere. Their knowledge the client’s personal preferences in terms of equipment, working methods, image and atmosphere. Their knowledge the client’s personal preferences in terms of equipment, working methods, image and atmosphere. Their knowledge the client’s personal preferences in terms of equipment, working methods, image and atmosphere. Their knowledge the client’s personal preferences in terms of equipment, working methods, image and atmosphere. Their knowledge the client’s personal preferences in terms of equipment, working methods, image and atmosphere. Their knowledge the client’s personal preferences in terms of equipment, working methods, image and atmosphere. Their knowledge the client’s personal preferences in terms of equipment, working methods, image and atmosphere. Their knowledge the client’s personal preferences in terms of equipment, working methods, image and atmosphere. Their knowledge the client’s personal preferences in terms of equipment, working methods, image and atmosphere. Their knowledge the client’s personal preferences in terms of equipment, working methods, image and atmosphere. Their knowledge the client’s personal preferences in terms of equipment, working methods, image and atmosphere. Their knowledge the client’s personal preferences in terms of equipment, working methods, image and atmosphere. 

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About the author

Pete Higson has been in the dental industry for 15 years. Age 40 and Married to Sue, who is a Financial Director within the Dental Industry, he has  two Children and Lives on Farm in Cheshire. Having previously worked in Capital Equipment Sales and S flynn’s design, Pete has been the Sales Director for Tavom UK, for the last 4 years. To comment: To discover how Tavom can help you to improve your office’s logistics and financial structure, improve the quality of life at work, for you and your team, maximise your practice’s earning potential or simply to bring some or all of your existing facilities up to date, call Tavom UK on 0870 7521121.
BADN – what exactly is it?

Pam Swain reveals what is behind the acronym

BADN is the professional association for dental nurses. It’s the only one in the UK and has been in existence for 70 years; it was founded in 1940 by dental nurse Bunty Lee and dentist Philip Grundy in Leyland in Lancashire.

BADN is run by its Council, which is composed of dental nurses who give up their free time to do this and who do not get paid for doing it. The Council consists of a Chairman (who is elected by Council members), a President, a Finance Officer, several Regional Coordinators who represent dental nurses in specific geographical areas of the UK, and Seconded Members, who represent specialist areas of dental nursing. The President, Finance Officer and Regional Coordinators are elected – any full member who fits the criteria may nominate themselves for these posts whenever nominations are invited. If there is more than one nomination, BADN holds an election where members are asked to vote. Seconded Members are appointed by Council and any full member working in that area may nominate themselves and applications are considered by Council.

BADN offers information, advice and support to all dental nurses – both Registered Dental Nurses and student dental nurses – working in all areas of dentistry. Members receive a membership badge, a CD Rom of useful information, four issues each year of the ‘British Dental Nurses’ Journal’ – which includes up to eight hours of verifiable CPD, access to the members only area of the BADN website www.badn.org.uk, free legal advice from our legal helpline, and access to “BADN Benefits” – a range of discounts and special offers on everything from home and car insurance to health clubs, shopping, holidays and healthcare. It is estimated that a BADN member can, with judicious use of the benefits offered, save up to £500 a year.

In addition to the eight hours verifiable CPD provided in the Journal, BADN offers an additional eight hours verifiable CPD at the National Dental Nursing Conference. Although Conference is open to non-members as well, BADN members receive a £70 discount on conference registration fees. The 2011 Conference will cover topics such as Decontamination, Radiography, Forensic Dentistry, Law & Ethics, Special Care, Tobacco Control and Work/Life Balance. A BADN member booking for the whole Conference (including the Presidential Dinner) before the end of August would pay £120. This includes the eight hours of verifiable CPD presentations from top class speakers, CPD certificate, Conference Handbook, Civic Reception, Presidential Dinner, lunch and refreshments on both Friday and Saturday … not a bad investment to get the bulk of your annual CPD requirement!

In addition, BADN members can ring not only our legal helpline for legal advice on employment and other issues, but also our staff for advice on other matters. If we don’t know the answer – we usually know someone who does! We also have a tax refund service which will investigate whether you have been paying too much tax and, if so, claim it back for you – to date £103,000 has been reclaimed back from HMRC for BADN members. (Incidentally, all dental nurses can claim tax relief on the laundering of their uniforms and their GDC registration fee – but only because BADN negotiated with HMRC to get it! The BADN membership fee is also tax allowable.)

We are also about to launch our Tax Credits service which will allow members to find out exactly what tax credits they are entitled to and do the necessary paperwork to claim them if required.

One of the best known benefits of BADN membership is the indemnity cover provided as part of the membership package for full members. This cover is specifically designed for dental nurses and not just an add-on to a dentist’s cover. It covers the member themselves so it not only does it get carried on if they change jobs, but it includes cover for potential damages awarded to a patient and also legal costs for appearing before the GDC (which many other kinds of cover don’t).

BADN Council researched the various kinds of cover available and invited different providers to submit proposals, choosing current providers to submit proposals to offer members as part of the membership package – thereby relieving members of the need to trawl through all the humb on this subject themselves!

In short, those dental nurses who regard themselves as professionals and who take their profession and professionalism seriously, join their profession and reap the benefits.

One of the best known benefits of BADN membership is the indemnity cover provided as part of the membership package for full members

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A new way to train in decontamination

Decontamination and infection control is a vital issue for dental practices, and one innovative training facility has just opened to ensure top class training for future dental professionals. Dental Tribune was at the official opening ceremony.

The new decon training suite

The Health and Social Care Act 2008, issued by the Department of Health and effective from 1st April 2009, requires all healthcare professionals, including dentists, to implement a ‘Code of Practice to help reduce health care associated infections’. The Act describes a number of Compliance Criteria and provides advice on how to implement procedures to ensure compliance. Compliance to the Act by dental practices is now monitored and assessed by the Care Quality Commission (CQC).

One of the ways to ensure this happens going forward is to ensure all dental professionals are trained to understand their duties in the areas of sterilisation and decontamination from the outset.

This is now becoming a reality at Guy’s Dental School, as it unveiled its new decontamination training suite, developed in association with Prestige Medical, in June 2011.

Located on Floor 20 of Guy’s Tower, the new suite features the latest in equipment and furniture needed to become compliant to the ‘best practice’ standard of the HTM 01-05 guidelines.

The official opening was conducted by Martin Fulford at an evening reception held at Guy’s then handed over to Nairn Wilson, Dean of Guy’s Dental School.

Speaking at the event, Prestige Medical’s Commercial Director David Robinson said that this was a great example of trade and education working together to provide an approach to a challenge that faces both the dental profession and the manufacturers that serve them. He said: “It’s fabulous to be here at Guy’s to be able to present the culmination of a year-long project. A huge thank you to Nairn Wilson for the opportunity to do this.

“I have been in the dental industry for almost four years, and the changes I’ve seen in that time are incredible. HTM 01-05 has thrown up some interesting challenges for both manufacturers and dental professionals, and change is never easy.

“At Prestige Medical, we found that an increasing number of dentists, as well as distributors, were coming to us with questions about HTM 01-05. We needed to respond to these questions, to become providers of the answers. This has seen our communication department double in size as we became experts in the HTM standards and developed a solution for our customers and partners.”

Martin Fulford addressed the assembled guests, emphasising the necessity for training future generations of dental students in decontamination issues to ensure that patients receive high quality care in a safe environment. He said: “What you’ve got here is a fantastic facility.

“We need to train the dental workforce from day one; it needs to be hands-on and integrated into a dental student’s training. No dental professional can hide from the requirements of HTM 01-05, and we must make students aware of their duties with regards to infection control.

He added: “To provide a facility such as this you need to have support from both educational institutions and the trade. Congratulations to both Guy’s and Prestige Medical for getting this project off the ground.”

Dean of Guy’s Dental School, Prof Nairn Wilson, also said a few words: “We are delighted that people recognise what we are trying to achieve here at the dental school.

"Dental professionals need to get it right from the outset; they need a good start in all aspects of working practice”

“Dental professionals need to get it right from the outset; they need a good start in all aspects of working practice.

“The issue of decontamination has come a long way in just a short space of time, thanks to the forging of strong partnerships to make things possible. The academic/industry relationship is the way of the future; a win-win situation for companies, institutions, students and ultimately, patients.”

Guests were then treated to a tour of the facility and informed about how students will be trained about how students will be trained on future generations of dental students in decontamination issues to ensure that patients receive high quality care in a safe environment. He said: “What you’ve got here is a fantastic facility.

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Guests were then treated to a tour of the facility and informed about how students will be trained in all aspects of decontamination and infection control, from instrument cleaning to testing and validation.

The new Prestige Medical Decontamination Suite is now being used in the training of Year 2 dental students at Guy’s to show how these exacting standards can be met in the future. The room will also be made available to interested parties looking to ensure best practice in their procedures.
Finally, a Simple Rotatory Patented Every Day Endodontic!

The latest addition to the Qudent Sky endodontic range is the new C Root Sky endodontic rotary file system. The C Root Sky system was designed to simplify endodontic treatments by minimising the number of instruments necessary and providing one uncomplicated sequence for both treatment and retreatments.

CMA stands for Conical, Medial and Apical and provides a simple sequence with only 3 instruments in the range: Conical C to flare out the coronal portion of the canal, Medial M to enlarge the middle part of the canal and Apical A1 and Apical A2 to enlarge the apical portion of the canal. CMA provides safe, secure and reliable rotary instruments with several unique design features including a shorter handle to improve ease of access to molars and a helical shape to aid removal of debris from the canal. CMA instruments also have a cross section with 3 cutting angles for excellent cutting efficiency and feature a non-cutting tip to ensure the instruments respect the trajectory of the root canal. CMA files are available in starter kits in 2.1mm or 2.5mm or in nickel-plated sets of instruments.

To download the full CMA product brochure and view a demonstration video please visit www.dentalsky.com or for further information please contact Dental Sky on 0800 214 4170.

Wave one gaining plaudits

With World Health Day 2010 fast approaching and in line with its commitment to the M.A.G.I.L.L.I.F.I.R. (re)evolutionary single file endodontic system Qudent has swept away all previous issues with rotary root treatments. The company offers support and training for new Qudent users which Dr William says was helpful. “They provided a full demonstration, and got me working on a plastic block and I thought I could work on that, then it would be straightforward!”

Dr Williams brought his Wave One through the Dental21’s Rewards website, and although he would have had to replace equipment anyway, the rewards system was “an eco bonus.” The Qudent/21s sales specialist was on hand to help and Dr Williams says it was easy and he will definitely use the rewards site again.

For more information, call: 0800 072 3133 or visit www.dental21.co.uk

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In the surgery.

The One Year Restorative Dentistry course, designed to help dentists acquire the skills necessary to take a professional approach to restorative dentistry, is being held at Tipton Training, private dental training firm with academies across the UK. The course is for dentists with a special interest in prosthodontics, implants and surgery, or for anyone new to the field of restorative dentistry who wants to enhance their skills.

Confirmed speakers include Acclaimed restorative dentist, Dr Paul Tipton and Dr. Tim Hoppett from the University of Manchester who will discuss the latest developments in cementation.

For more information on Lunch and Learn or DentalAir.com’s range of packages contact 01793 770090 or visit www.dentalair.com
The rapid pace of change in dentistry offers a host of challenges and opportunities for the whole practice team. The 2011 James Hull Clinical conference in June brought together expert speakers who covered both clinical and management topics in a series of parallel sessions running throughout the day.

Dr Simon Hocken of Breathe Business offered his assessment of what he called, the “avalanche of change” in dental practice, pointing to:

- Rules and regulation, compliance, CQC and the threat of Revalidation
- The oversupply of newly qualified, inexperienced dental graduates
- Increased competition
- Significant costs in acquiring complex new skills and equipment
- Fees not rising quickly enough to keep pace

Andrew Hyatt, former president of the British Endodontic Society who voiced some thought provoking questions about root canal failure and concluded that the main reason is ineffective control of infection, which is much easier to prevent than to treat successfully. He argued that chronic dental infection might be very much more important than has commonly been recognised.

Leading USA implant expert, Dr Rainer Urdaneta, presented his clinical and research experience with Bicon’s short implants, in particular his latest research in crestal bone gain and survival of ultra short locking taper implants.

On the non clinical side, Alan Cohen, Head of Dental Services, DPL shared his “Ten Top Ways to Reduce Your Risk” which left delegates in no doubt that the single most important factor in risk management is record keeping while Surinder Lall, Head of ICT for James Hull Associates, spoke about significant changes in IT which will benefit practices.

JHA’s longest serving dentist, Anil Shrestha, who has been with the company since 1993, talked about some of the experiences that have helped shape his long and illustrious career, both as a respected academic mentor and tutor and within the corporate environment.

Dr Richard Lee shared the techniques, materials and instrumentation he uses; whether it be diastema closures, composite veneers or that large class IV, and left his audience with some useful tips, hints and tricks to help make placing composite more predictable, more enjoyable and more profitable.

Orthodontic specialist Rebecca Wilson’s presentation was aimed at helping the general dental practitioner, who is usually the first point of contact, to examine children from an orthodontic point of view. Dr Wilson explained how to assess patients at different stages of dental development and outlined some of the interceptive procedures available to deal with most common malocclusions.

Delegates also enjoyed networking at the champagne reception and Gala Dinner held at the Royal Garden Hotel, Kensington, during which awards were presented to Dr Ameed Abdul-Hamid and Saud Bin Majed Al-Duwaish in recognition of their work and support for the Arabic Centre for Oral health, which will open in the autumn at Eastman ICED in London.
Still paying cash for your tax bill?

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In the current financial climate making the most of your cash flow is nothing short of essential, but with bank lending approvals at an all time low and access to the HMRC’s ‘Time to pay’ facility becoming increasingly scarce, many are now under pressure to evaluate their practice resources in order to achieve better cash flow management.

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