Fanfare for official nnGDS pilot launch

Health Secretary hails ‘commitment to promoting good oral health’ as pilots officially launch

The Department of Health has announced that 68 dental practices across England are to officially begin a trial of three new contractual models. The pilots are intended to lead to the development of a new, outcomes-focused contract that the government hopes will encourage a more preventative approach to care.

The pilots have come about after the wave of criticism against the current contract. The profession has consistently said that the current contract leaves dentists concentrating on activity with no specific rewards for high quality care or for delivering prevention; however, these new pilot practices will test changes that will see dentists paid for the number of patients they care for and the health results, rather than the number of courses of treatment dentists perform.

The new trials will look at ways of increasing patient access and promoting preventative dental treatments like fluoride varnish.

Health Secretary Andrew Lansley said: “The Government believes dentists should get paid for the quality of treatment they provide rather than simply for the number of treatments. This is not only better for patients, but also a better use of NHS resources.

“The pilot sites will test different ways of putting this approach into practice. What we learn from this process will inform the new contract.”

Professor Jimmy Steele, who is a member of the National Steering Group that developed the pilot proposals, said: “It is vital that any further changes to dental contracting are piloted prior to the introduction of a new dental contract. It is heartening to see the profession engaging so positively in the pilot process.

“Oral health has improved but the risks of decay and gum disease is still high for many people. It is now time to focus attention on achieving healthy mouths as our outcome and not just volumes of treatment provided.”

The BDA believe that the launch of pilots signals a positive step forward for dentists and patients. Dr John Milne, Chair of the BDA’s General Dental Practice Committee, said: “The dental contract introduced in England in 2006 has been bad for patients and dentists alike. Based on an untried and untested system of Units of Dental Activity, it has put targets ahead of health, when health should be the target. In taking that approach it has failed to promote the modern, preventative approach to care that dentists want to provide and which patients would benefit from.

“In the run-up to the 2010 General Election I made a plea for Professor Steele’s report not to become a political football and encouraged dentists to engage with politicians to encourage whoever won the election to see the reform process through. It is a tribute to the lobbying of the profession that Steele’s principles have transcended a change of Government and have now reached the stage where pilots are being officially launched.

“This announcement is a positive step and the pilots must now be given the time they need to produce meaningful results and a clear direction for any final arrangements. It is also important that Government continues to engage with the BDA as reform progresses and new NHS structures are developed. The General Dental Practice Committee will continue its policy of vigilant engagement as the process moves forward.”

Groupon ban

Groupon coupons have been banned by The Oregon Board of Dentistry. The Board has also given patients a number of steps they should follow if they do lose a tooth; the steps included visiting a dentist as soon as possible (within 50 minutes); not to touch the root as it can be easily damaged; rinse the tooth in milk if it is dirty and if you are unable to hold the tooth in its socket put it in a glass of milk to feed the tooth nutrients.

A mouthful

A publishing deal on a dental book has recently been signed by Dr John Lhota, DMD of Central Park West Dentistry in New York. The book, entitled, ‘A mouthful’, will be released under their CelebrityPress(TM) imprint. Billed as a modern, preventive dental book the authors have recently been featured on the Dr. Oz show, will be released under their CelebrityPress(TM) imprint.

Celebrating in style

The BDA will be releasing a new book titled, ‘A perfect purchase’, with its imprints, which will be released under their CelebrityPress(TM) imprint. Billed as a modern, preventive dental book the authors have recently been featured on the Dr. Oz show.
BDA Museum brings home The Dentist

New treatment could be a great relief for dentists and patients

The Dentist, (pictured), renowned portrait artist, Sir John Lavery, has been purchased by the British Dental Association’s (BDA) Museum, the UK’s only museum dedicated exclusively to dentistry. Painted in 1929, it features dentist Conrad Ackner in situ treating his patient, the artist’s wife, Lady Lavery.

The work is considered to be significant both in dental and art history terms, being the only known accurate depiction of the early 20th century dentist in a surgery, and by one of the leading portrait painters of the time. The painting is set in Ackner’s Welbeck Street practice in London and reveals aspects of the clinical environment including an early x-ray machine and headlamp, examples of which are already held by the BDA Museum.

An appeal for help in raising £60,000 required for the purchase saw donations flood in from individuals and BDA branches whilst both the MLAVA Purchase Grant Fund and the Art Fund, the national fund-raising charity for works of art, awarded grants. The painting itself will go on permanent display and is expected to be the highlight of guided tours, and will be featured during events and as part of the museum’s programme for schools.

To celebrate the purchase, the museum is staging a temporary exhibition telling the story behind the painting, the artist and the dentist. Featuring examples of objects depicted in the painting, it also includes a scrapbook compiled by Ackner’s staff, which records the King of Norway and Marlene Dietrich amongst his patients and gives a fascinating insight into everyday life of the surgery.

Head of BDA Museum Services, Jason Finch, said: “The opportunity to purchase this unique painting was too good to miss and we are grateful to all our supporters in helping us bring it to its rightful home, particularly in these financially challenging times. Not only is the work historically significant, it also provides us with an unique insight into the practice of dentistry in the 1920s. The portrait depicts a dentist who used the most up-to-date equipment of his time, and who also pioneered the use of x-rays in dentistry.”

Stephen Deuchar, Director of the Art Fund, said: “It is a great pleasure to have been able to assist with the purchase of this painting for the British Dental Association’s museum. It is a wonderful study with some fascinating detail about cutting edge dentistry at the time.”

Is this the cure for dental phobia?

People with severe dental phobia may be able to overcome their anxieties with a single session of Cognitive Behavioural Therapy (CBT), research published in the latest issue of the British Dental Journal (BDJ) suggests.

The authors of the study, based on an initial pilot of 60 patients who relied on having intravenous sedation before they could undergo dental treatment, concluded that the benefits were of such significance that they advise dental providers to implement this approach now rather than wait to pursue further research. They point out that patients benefit from not being exposed to the health risks associated with repeated intravenous sedation; and this approach saves money for the NHS.

The initial cohort of 60 patients had all attended a specialist dental clinic in Sheffield for people with severe dental phobia. Half the group were offered CBT, with 21 patients accepting the treatment. Twenty of these went on to have dental treatment without having to be sedated. An audit of these patients a decade later found that of the 19 patients located who had had CBT, none had returned to sedation in the intervening 10-year period.

The benefits of having CBT for severe dental phobia appear to endure over time, the authors of A joint approach to treating dental phobia: A re-evaluation of psychotherapy services 10 years on, conclude.

The latest 10-yearly survey on adult dental health published earlier this year by the NHS Information Centre suggests that as many as 12 per cent of people may experience extreme dental anxiety. Professor Damien Walmsley, the BDAs scientific adviser, said: “Dental phobia is a serious problem because it deters some people from ever going to the dentist, except when they are in severe pain. At this stage, they may require more invasive treatment than might be the case if they went to the dentist regularly. Sadly, this cycle of anxiety, non-attendance and pain is often repeated in the children of those with dental phobia, perpetuating the problem and feeding another generation of oral health problems. “CBT is one of a range of techniques than can be used to make the experience comfortable for patients who feel especially anxious about having dental treatment, and the results of this study look promising for those who experience severe dental phobia. “All dentists are highly-skilled, caring health professionals who are trained to put patients at ease. Many also undertake additional training in techniques, such as hypnosis, and acupuncture, and of course, CBT.”

Tony carries the torch for BDA

The BDA Benevolent Fund, a charity dedicated to helping dentists and their families in times of need, has an extra reason to be proud this year. 62 years after winning a bronze medal in the Empire Games, 91-year-old Vice President Tony Chivers, (pictured), hopes to take part in the 2012 Olympic Games! The Benevolent Fund has nominated Tony, who was its Chairman from 1988–95, as a Torchbearer for next year’s Olympics. He has been successful in making it through to the regional selection stage.

After serving his country as an RAF pilot during the War, he went on to have his own practice in Hampshire. In 1996 he was awarded the MBE for his services to dentistry. He is still actively involved in local athletics and continues to raise money for charity.

The Benevolent Fund believes that he embodies the positive spirit of the Olympics and wishes Tony every success in his Olympic bid.
Players kick prostate cancer

As the rugby season kicks off, premiership rugby players including Ugo Monye, Danny Care and Tim Payne are backing a new campaign to raise awareness of prostate cancer this season.

Prostate cancer will be one cause that’s close to the player’s mouths, as well as their hearts, when they don ‘The Blue’ – a custom fit mouthguard, which for the first time will display The Prostate Cancer Charity’s distinctive blue man logo, instead of the traditional white club mouthguards.

The initiative, launched in association with mouthguard manufacturer OPRO, was unveiled on 3 September, when the 2011/12 AVIVA Premiership season officially kicked off at Twickenham. The London double header saw Saracens take on Wasps and London Irish up against Harlequins.

Ugo Monye, who plays for Harlequins said: “Blokes spend so much time on going to the gym and looking good but we don’t always pay such close attention to our health. With an issue like prostate cancer, which if caught early can be treated successfully, it is really important that we do keep an eye on things.”

Ugo added: “I didn’t know that African Caribbean men are three times more likely to develop the disease than white men – it really is something that we need to think about.”

Custom fit and OPROshield self-fit versions are available for pre-order from http://www.prostate-cancer.org.uk/theblue The custom fit mouthguard will retail at between £51.45 and £59.95, the self-fit version costs £19.99, with £1 from every OPROshield and £6 from every custom fit mouthguard donated to The Prostate Cancer Charity.

Editorial comment

As I write I am gearing up for the highlight of the sporting calendar this year... The Rugby World Cup! As this arrives the first round of matches will already have been completed, with England facing Argentina in their first game; Scotland take on Romania; Ireland v USA and finally Wales take on World Champions South Africa.

Whether or not I arrive into work on the Monday having had a good weekend or a bad one will rest on the shoulders of Messrs Johnson, Tindall, Wilkinson et al; and with a slight nod to dentistry, I hope the interest generated by the competition (ending on October 25) sees more people going to their dentists to enquire about custom fit mouthguards as they take up arguably the best sport in the world (OK, I know I’m biased...)... And for the record, my heart says England, my head says Australia...

Speaking of mouthguards, it is good to see such high profile players such as Ugo Monye and Danny Care lending their support to the Prostate Cancer Charity by modelling mouthguards promoting awareness of the condition. This form of cancer is the most common for men, with 37,000 men diagnosed in the UK every year. For more information, read the story on this page or go to www.prostate-cancer.org.uk.

Two of the UK’s most respected education and academic organisations have joined forces to provide an innovative, technology driven MSc in Restorative and Aesthetic Dentistry. Smile-on, the UK’s pre-eminent healthcare education provider and the University of Manchester, one of the top twenty-five universities in the world, have had the prescience to collaborate in providing students with the best of everything – lecturers, online technology, live sessions and support.

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3News
September 12-18, 2011
United Kingdom Edition

News
Bolton dentist to climb Kilimanjaro for charity

Bolton dentist Jatin Gupta, 32, (pictured), who works at Inshore Dental’s Bolton practice is climbing the highest mountain in Africa next month to raise money for charity. Jatin hopes to raise £2,000 for the National Society for Phenylketonuria (PKU) as he climbs the 5,895-metre or 19,540foot Mount Kilimanjaro in Tanzania over a six-day trek starting on 8th September.

PKU is a rare inherited disorder where sufferers struggle to absorb protein in their bodies and have to follow a special, low protein diet; otherwise they can face serious health issues including brain damage.

Said Jatin: “I was initially un-sure about which charity to adopt for the trek, but during a conversation with my colleague Dr Lance Knight, he mentioned that his son, Will aged two, had PKU.

“After looking into PKU, I saw the severity and lifelong implications of the disorder for its sufferers, and coupled with a lack of awareness about PKU amongst the public, I decided to choose the NSPKU for my charity.”

Jatin, who is also currently studying for a master’s degree in dental implantology at Salford University, in his spare time, went on: “I have been preparing for the trek over the last few months by climbing the Three Peaks; Scafell, Snowden and Ben Nevis.

“I am told that the biggest challenge on the trek will be altitude sickness which most people struggle with on day 5 or 4 and then on the final day when we climb the last 1,200 metres to the summit.

“We are scheduled to reach the summit on 12th September and then climb back down to base camp on 15th September. Despite the possibility of altitude sickness, I am viewing the trek as a personal challenge and I hope that I can reach the summit and hit the target I have set for the charity.”

People can donate online at http://www.justgiving.com/Jatin-Gupta1

Case presentation success

Rabeel Malik, 2010 graduate dental student and Senior Health Officer in the Department of Oral Surgery and Restorative at the Dental Institute, has won the London Deanery’s Ruby Austin Prize for the best case presentation by a VT student.

The Ruby Austin Prize is a prestigious award given to a graduate dentist completing their vocational training year within the London Deanery. Competitions were held within local schemes and the winners of these were entered into the final. This year’s final was held at Charing Cross Hospital on 1 July and took place in front of more than 160 dentists.

Sona Bavisha, Sally El-boghdadly, Nadia Jubbahy, Nick Cooper, Bhansdeep Sehra and Sunil Kaura, also former students of the Dental Institute graduating in 2010, were among the nine finalists. Sunil Kaura was awarded the third prize.

The finalists presented a case they had undertaken in their respective practices during the VT year and was followed by a questions and answers session. Judged by Mr Raj Rajajianan OBE, Associate Dean for Primary Care at the Dental Deanship, and Dr Lyndon Gabot, Director of Admissions at the Dental Institute, marks were given for complexity of case, dental knowledge and its clinical application, treatment planning and its implementation, patient management and presentation skills.

Rabeel’s case presentation was titled The rehabilitation and restoration of a dentally naive patient. The patient was a 25-year-old male who had neglected his dentition for several years and had little dental awareness and knowledge.

As Rabeel explained: “He attended with poor oral hygiene, several broken down teeth and caries affecting most of his dentition. The causation of caries was four litres of Coca-Cola daily as well as four

ESCD Predicts Best Meeting Ever!

Members of the European Society of Cosmetic Dentistry are getting very excited! With only weeks to go before the 2011 Annual Meeting in Dubrovnik they’re excited about seeing stars of international dentistry such as Nasser Barghi as well as stars of UK dentistry such as Tif Qreshi and Bob Khanna,

Yes, they’re also excited about
cans of red bull. The challenge was to increase his dental awareness and motivate him to change his oral hygiene and dietary habits. The treatment was phased and initially the aim was to address the acute symptoms, followed by a strict preventative regime. The aim was then to control primary disease within a stabilisation phase. Once stabilisation had been achieved, oral hygiene and diet improved the definitive stage was undertaken. This involved extensive composite work especially in the anterior regions and eventually replacement of his missing teeth.

“The overall quality of life for this young patient was improved. He is now able to eat comfortably and no longer embarrassed to smile thus achieving, preventing, functional and aesthetic outcomes.”

Last year Rabeel won first prize in the ESCD’s Case Contest 2009/10 for the UK.

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DENTAL TRIBUNE United Kingdom Edition - September 12-18, 2011

Query your clawback!

Some dentists may be tempted to return the exact amount of clawback demanded by their Primary Care Trust (PCT). Clawback is the process undertaken by PCTs when dentists have not performed the number of Units of Dental Activity in their contract. But NASDAL member Johnny Minford strongly advises all dentists to check before they pay.

Johnny estimates that clawback will have affected many dentists who have underperformed against their NHS contracts over the last few years, often for reasons outside their control. Very often, he explains, amounts of money owed will accumulate from one year to another, the running balance being carried forward over several years.

He said: “We are experiencing a number of cases where these rolling clawbacks are being miscalculated this year – and not generally in the dentist’s favour.

“It seems that the problems are arising due to the re-forming of the PCT areas, and occur when individual files are not transferred in their entirety from one location to another. Clawback payments which you may already have made, or not, therefore being left out of the equation, with the result that the total clawback now being requested may be more than it should be.”

He continued: “Many dentists still have blind faith in the data produced by the PCT and pay up, but in some cases such as this, this faith is not always well-founded. There’s nothing sinister going on – just incomplete information – but it will be you, the dentist, who will pay!”

Bizarre stripping case

A bizarre case that had mystified has finally been uncovered by a group of specialists and faculty members from the New York University (NYU) College of Dentistry.

The case concerns a 52-year-old male patient, who, during the course of five months had lost nearly all the enamel on his teeth. According to reports the patient rapidly had lost the enamel on his teeth, and had dark staining and severe tooth sensitivity.

In 2010, after consultations with dentists and physicians had failed to bring answers, he was referred to the faculty practice at NYU. After being seen by an oral pathologist, the patient was seen by Dr Leila Jahangiri, who along with her team, not only observed the lack of enamel, but also the loss of tooth structure, which had resulted in diastema. However, what baffled the specialists was that the patient was not suffering from any form of dental decay and there were no changes in the periodontal ligament.

The source of the erosion reportedly sparked a series of debates; dentists pointed to the idea that the patient was half way through veneer treatment, whilst some suggested he was suffering from bulimia. Every possible angle was investigated, however the cause could not be found.

Dr Leila Jahangiri and her team were baffled, and eventually she recorded the patient's history and it was discovered that he had developed an infection in his early maintained swimming pool.

After a series of questions and testing, it was discovered that the patient's pool was the problem; the lack of professional maintenance had resulted in the pool's acidity level reading at well below the recommended pH level of between 7.2 and 7.8. The bizarre case is to be published in the September 2011 Journal of Prosthetic Dentistry.

Appy days for toothbrushing

Apps on tooth brushing have been springing up all over the App store; many of them are simply two minute timers, whilst others are more elaborate, with tips on brushing techniques. However, a new app has upped the stakes and seems several steps ahead of the rest.

Ryan Newsome has created the Toothbrush Timer, an app that claims to be an aid in proper teeth brushing practices. Unlike the other tooth brushing apps, which tend to concentrate on the two minute detail of teeth cleaning, this app is different; the built-in timer counts down the 12 phases of brushing your teeth and sounds a signal when the user should change phase. There are also graphics displaying which area of teeth the user should be brushing!

Another unique feature was the inclusion of a calendar function that allows the user to enter the last time they had a dental appointment and when they purchased their toothbrush; at the end of each tooth brushing session a reminder is given to the user, informing them of how long it’s been since they changed their toothbrush and when they last visited their dentist.

The app also provides the user with toothbrush tips, such as how to brush, when it's best to replace a toothbrush and how to achieve better breath!

With its friendly to use layout and fun, easy to distinguish graphics, it is a great app it's not surprising that the app has received a 4+ rating on the App store so far!

Tooth infection kills single dad

The relationship between oral health and the rest of the body was put into perspective recently after 24-year-old single dad Kyle Willis died after developing a tooth infection.

Reports stated that Kyle suffered from an infected wisdom tooth and the course of treatment was to have the tooth extracted; however, for the procedure to be carried out Kyle had to buy antibiotics and pain medication and according to reports he could only afford the pain medication.

After finding himself unable to pay for the antibiotics treatment, the single unemployed father from the US developed a brain infection. After suffering from severe headaches and a swollen face, Kyle reportedly went to an emergency room, where it discovered that he had an infection in his brain. Kyle leaves behind his six year-old daughter.

The tragic story highlights the vital importance of maintaining oral health. The report, which comes from WJRT, Cincinnati, stated Willis was out of work and had no health insurance.
A scientific study, conducted at the Leeds Dental Institute, has shown there to be no significant difference in the enamel demineralising effects of intrinsic sugars (those contained within foods) and ‘free’ or extrinsic sugars (those added in food manufacturing and found in fruit juice and honey).

The study, by A I Issa, K J Toumba, A J Preston, M S Duggal, was performed using an Intra-oral Cariogenicity Test - a device placed in the mouth to test how conducive substances are to promoting dental caries - to compare the effect on enamel demineralisation of fruits and vegetables, consumed either whole or in a juiced form.

The findings contradict a long-held belief in the UK that intrinsic sugars contained in whole fruits, for example, are ‘safer for teeth’ than extrinsic sugars found in fruit juices.

Earlier reports from both the Committee on Medical Aspects of Foods Policy (COMA) 1991, and the World Health Organisation (WHO) 2004, have recommended limiting the consumption of extrinsic sugars in favour of intrinsic sugars, which were seen to present less of a risk to dental health. However, in 2007 a joint report from the Food and Agriculture Organisation (FAO) and WHO, provided a scientific update on carbohydrates in human nutrition and referred to ‘total sugars’ as the most useful term when describing dietary sugars, suggesting a change in direction from previous thinking.

The study was conducted among ten healthy adults, who had normal salivary function. Each subject wore a removable appliance attached to the teeth of their lower jaw, which carried pre-demineralised human enamel slabs. They each consumed one of the test foods, seven times each day, for ten days. They were instructed to brush their teeth twice a day, using fluoride-free toothpaste, while the appliances were out of the mouth.

Test foods were whole or juiced apples, oranges, grapes, carrots, and tomatoes – juices were extracted from the same batch of fresh produce consumed as whole fruits. Raisins were also included in the study. The study showed significant net demineralisation when the subjects consumed each of the test foods, containing either extrinsic or intrinsic sugars: tomato, tomato juice, apple, apple juice, orange, orange juice, carrot, carrot juice, grape, grape juice, and raisins.

Professor Monty Duggal, co-author of the study, said: “The results of the research show that eating fruits and vegetables as ‘whole’ foodstuffs may cause similar demineralisation in enamel to when they are consumed as a juice, when frequently consumed by people who are not using fluoride toothpaste.”

“The results will be extremely useful in helping to provide evidence for accurate health advice for patients. The findings are particularly significant for ‘at risk’ patients, usually those not brushing regularly with fluoride toothpaste, and especially children who can be less than diligent in this regard.”

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Trust The Dental Directory for Surgery Planning

It seems that these days the old adage ‘the customer is always right’ is becoming obsolete, as many businesses sacrifice customer service for the sake of budget cuts. However, at The Dental Directory customer service is still the number one priority and it is this attitude to personalised care that has earned the company a reputation for excellence and over 50% of the current market share in Dental Supplies.

It is not just this area that the company excels in, for The Dental Directory also provides a first class equipment service for surgery planning and supply. Here Shilpa Chitnis, of Dental Concepts in Hampshire tells us about her experiences of working with The Dental Directory on their recent surgery project.

“During the time I was an associate, the practice I was at used The Dental Directory so I have been dealing with the company for over six years. I now own Dental Concepts and, after my previous experiences, was only too pleased to continue the association. I have worked with The Dental Directory as a practice owner for around ten months now.”

Shilpa recently undertook a refurbishment of the practice after taking over as owner and utilised the services of The Dental Directory in both an advisory and supply capacity. After extensive consultation, The Dental Directory supplied Shilpa with a new state-of-the-art Anthos surgery and the latest equipment and Modwood cabinetry for her decontamination room. When making such large purchases, it was important to Shilpa that she dealt with a reputable and efficient company.

“I was dealing with three or four companies at once during the refurbishment so the whole thing was rather complicated, but throughout it all my Dental Directory Equipment Consultant, Martin Gregory, was fantastic and made the process so much easier. The Dental Directory offered good prices on all the items I needed but to be perfectly honest I have stayed with this company not for the prices, but for the service. The customer care I receive is outstanding and that alone is worth its weight in gold! If ever I need something or have a question, my phone calls are answered within three rings, my messages receive an immediate response and any information or brochures requested are received within 24 hours by email, fax or post. The response time is exemplary, which is of particular benefit to me as a practice owner as I have dealt with companies in the past that take three days to get back on my queries and often don’t have any answers when they do. The Dental Directory has obviously realised that going the extra mile for its clients makes good business sense as it ensures customer loyalty.”

Even if Shilpa requires something outside of The Dental Directory’s remit, she can still rely on her Equipment Consultant to help her with this and any other queries.
“...The refurbishment was a big job and the equipment was a massive investment but I really came to trust Martin as he was always honest and always on the end of the phone when I needed him.”

“The refurbishment was a big job and the equipment was a massive investment but I really came to trust Martin as he was always honest and always on the end of the phone when I needed him. I know that The Dental Directory team will continue to provide top notch aftercare on all the equipment I’ve purchased from them.”

The Dental Directory only ever offers impartial and honest advice on the vast equipment range they offer – and not being tied to any one manufacturer means customers are advised on the solution that’s right for them – as Shilpa experienced first hand.

“When I was choosing equipment for the surgery the most important thing The Dental Directory did for me was listen. Martin really listened to everything I had to say and took note of all my requirements. He even spent two hours discussing the project with me one evening after practice hours, when many of the companies I had previously spoken to refused to come out after 5pm. It was a great relief knowing The Dental Directory was willing to work to my schedule and that there was someone there to guide me every step of the way.”

The Dental Directory offers a full equipment service from installation to aftercare with in house specialists on hand to answer any questions. Mohammed Latif, the resident digital imaging expert with over 15 years in this field, Shilpa was extremely happy with every aspect of the service she received and to know expert help was always on hand.

“Martin went through the specifications of every piece of equipment I ordered with me before it arrived and then made sure I had the contact details for the company’s digital imaging expert, Mohammed Latif, in case I had any more questions. Everything was delivered and installed on time with absolutely no problems. In fact, The Dental Directory was the only company that managed to keep to schedule! I would recommend The Dental Directory to my colleagues for so many reasons but the main thing I would like to emphasise is the company’s attitude to customer care. The service provided by The Dental Directory as a whole, and by Martin Gregory in particular, has been outstanding. The refurbishment was very recent but already the aftercare I’ve received has been excellent. Ask me again in six months time and I’m certain the answer will be the same. I spoke to Martin over thirty times before making any decisions about the equipment I wanted and he was endlessly patient! He never pushed me to buy anything and he never had any guarantee that I would even go through with the purchase, yet was still there for me at every turn. I will continue to work with The Dental Directory on both large and small orders because I firmly believe that they will endeavour to do their best for me and my practice.”

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Alternatively please call free on 0800 585 585 or visit www.dental-directory.co.uk
Interviewing for success
Mhari Coxon provides some top tips for interviews

We have been interviewing for a hygienist to join our team as our clinic is so busy just now. We don’t want our patients to have to wait weeks for an appointment and we need someone to build up a list with the new patients that come in as well. Hopefully we will have our new team member by the time you read this.

What I have noticed is how inconsistent we have been at interviewing and how seemingly unprepared a lot of the interviewees were when they came to visit. It has made choosing difficult as a team and we are doing a round of second interviews this week.

I believe that first impressions last and how we handle ourselves when conducting and attending interviews can make a real difference.

For the interviewer

Do your homework - As an interviewee, it is so easy now to do some homework on the company you are going to visit. Google is most definitely your friend. Look at the website, what services they provide, what their opening hours are, and who is working with them just now.

Do a dry run - Visualise yourself in the interview and either use a friend or talk it through to yourself, using the questions you believe most likely to be asked.

Have questions for them - Remember, this is an interview for both parties and you want to ask things that can help you decide if this is the right environment for you too. Have a prepared list and note the answers.

Stay calm - Try not to get nervous or flustered and if you need a moment to think, take one. Try to show your personality as being yourself is important too.

If you get a job offer - In some cases, you may be offered a job on the spot. You don’t have to say yes, or no, immediately. It actually makes sense not to say yes right away, unless you are 110 per cent sure that you want the job.

Everything may seem perfect while you’re there, but,
For the interviewer:
There is no cut and paste set of questions that suit every job. But, as most of our job is service providing, communication and personal style are equally important to someone’s qualifications.

You can get someone highly academically qualified with poor people skills, and equally a fantastic communicator that struggles with academic development. Finding a good balance is tricky.

Have a question list
It makes sense to have a set of questions and ask each interviewee the same set. This gives an opportunity for comparison. Below are some examples of good general questions to ask.

• What is your greatest weakness?
• What is your greatest strength?
• How will your greatest strength help you perform here?
• How would you describe yourself?
• Describe a typical work week for you just now.
• Describe your work style.
• How many hours do you normally work?
• How do you handle stress and pressure?
• What motivates you?
• Are you a self motivator?
• What are your salary expectations?
• Tell me about yourself.
• What are you passionate about?
• What are your pet peeves?
• If the person who know you were asked why you should be hired, what would they say?
• Do you prefer to work independently or on a team?
• Give some examples of teamwork.
• What type of work environment do you prefer?
• If you know your boss is 100 per cent wrong about something how would you handle it?
• Describe a difficult work situation / project and how you overcame it.
• Describe a time when your workload was heavy and how you handled it.

Using a crib sheet of questions will give you some order to the interview. It can be a good idea to split up the interview and share questions between the team to make it less intimidating for the interviewee and get more people’s opinion on the potential new team member.

The second interview stage
You should discuss the candidates as a team and narrow down the field for the second interview. At this stage you will both have more questions and be looking to have the whole team together for these. Unless you work in a huge corporate, it is important that everyone has a voice so you can see interaction in action.

As an interviewee, the second interview gives you a chance to show how you and your personality and work type will fit in with the practice.

It is never easy but everyone has to do it so chin up, deep breath and smile.

About the author
Mhari Coxon is a dental hygienist practising in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (BDSHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CPD for DCP, which provides CPD courses for all DCPs. To contact her, email mhari.coxon@cpdfordcp.co.uk.
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The embarrassment of public humiliation

James Goolnik argues that there’s no such thing as a born public speaker

The very idea of standing up to address your peers offers very little appeal to most sensible people; why would anyone want to risk the embarrassment of public humiliation? Well, there are several reasons actually, all of which will help you and your practice but as with most things in life, preparation and practice are the keys to making it seem natural. As Mark Twain famously noted: “There are two types of public speakers: those who are nervous before they start, and the liars.”

Speaking in public should mean you have something you want to share with others, be that a clinical case study, a point of view or a call to action. There is clearly no point in addressing a room full of people unless you have something to say, although unfortunately there are many people – not just in dentistry – who have chosen to ignore that rule and seem to enjoy the sound of their own voices.

Start small
Start with a small audience such as a local BACD study club or networking meeting where you can give a ten-minute presentation on a topic that you really know and are passionate about. For example: a case you treated where you can show before and after images and discuss why you made certain treatment decisions. That will draw the audience in as they weigh up your course of action against what theirs might have been presented with a similar case.

Personal experience is always useful when speaking in public; people like to hear stories and you will usually get a response out of sharing your mistakes or something that you have recently learned, such as a new technique in veneers.

Helpful
There is a comprehensive range of books, DVDs, online and face to face courses available to improve your public speaking and presentation skills.

As Mark Twain famously noted: “There are two types of public speakers: those who are nervous before they start, and the liars.”
skills and those are very much a matter of personal choice but for what it's worth, I found these tips particularly helpful;

a. Plan the entire lecture and rehearse it. The skill is to make it look like you are ad-libbing and it just flows but this only comes from rehearsing over and over again. I remember watching Chris Rock on tour and thinking how spontaneous he looked. Then watching him on Youtube and seeing the exact same performance in three other countries - the only thing that changed was the background. Even his stage position and gestures were identical and that only comes from practice.

b. You will get nervous, so speak to a few members of the audience before your talk so you see some friendly faces when you get up to speak. Make eye contact from time to time to deliver certain points.

c. Write down your introduction and learn it. It will help make your thoughts clearer and help the audience understand what to expect. Also you are much less likely to be nervous as you know exactly what you are going to say.

d. Don’t have too many slides or too much text on each slide. Your audience will end up reading the slides and not engaging with you. Only put on a slide what you want people to remember, ideally an image that will resonate with them and act as an aide-mémoire for you. Their attention should be on you, not your slides.

e. You need to strike a balance between entertainment and education.

Try comedy!
I've always loved watching stand-up comedy and thought standing up in front of a room full of strangers and trying to make them laugh would be absolutely terrifying. But never one to resist a challenge, I enrolled at the Comedy School in London under the directorship of Keith Palmer where once a week for seven weeks I sprayed on triple deodorant, spent most of the morning beforehand on the toilet and at last found a use for my Christmas funny socks. The socks were no use but the course was fabulous.

The more you put your self out there the more confident you will become and you will be amazed at the impact public speaking can have on your dentistry and your business by raising your profile. And, once you get over the initial nerves, you might be pleasantly surprised by how much you enjoy public speaking - I love it!

About the author
James Goolnik is talking at the BDTA Showcase on Friday 21st October.
He is the immediate past-president of the British Academy of Cosmetic Dentistry and a member of the American Academy of Cosmetic Dentistry (AACD), Association of Dental Implantology, British Society Of Occlusal Studies and the British Dental Association. His book ‘Brush’ about having an outstanding career in Dentistry, whilst having a life, is a bestseller on Amazon with all the profits going to Dentaid. He has just been voted the most influential person in Dentistry in the UK.

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Cost effective tools to boost your online marketing efforts
Rita Zamora discusses strategies for online marketing

Are you looking for cost effective ways to expand your online presence? You are not alone: Every day, greater portions of marketing budgets are being dedicated to online efforts because that is where patients are spending more and more of their time. However, the greatest challenge with online marketing is how fiercely dynamic it is. Some common concerns I often hear are:

1. How will we know if someone is saying something negative about us online?
2. How can we increase online positive reviews, testimonials, word of mouth and referrals?
3. What online marketing can we do that won’t cost a fortune?
4. How do we track what’s working?

Finding the negative and positive
Let’s begin by addressing negative reviews... To help monitor if someone has said something negative about you online, you can use the free tool Google Alerts. Many dental practices encourage patients to post testimonials or comments on public review sites. Meanwhile, one of the most common concerns doctors share is; “How will I know if a patient says something bad about me online?” Let’s face it. Even the best practice is susceptible to an occasional rant.

Google Alerts is a terrific solution (visit www.google.com/alerts). Enter a variety of search terms, including your name, and simply provide your email address to receive updates. These alerts are a cyberspace monitor who is watching out for your best interests. This solution won’t cost anything, yet it can prove invaluable.

In addition, make a note in your calendar to have a staff member do thorough searches for you each quarter on the major search engines. Searches of the doctor’s name, and practice name, should be performed regularly on Google, Bing, and Yahoo for example. Often practices will run across something during a manual search that they would have otherwise been unaware of. It makes a difficult situation even stickier when you attempt to respond to a complaint that is months or years old. You must keep up number one best way to skyrocket your positive reviews and testimonials has remained the same year after year – surprise and delight your patients.

Asking for testimonials is one thing, however igniting raving reviews organisationaly is entirely another. Rather than setting your focus on how you can get people to post reviews, how about setting your primary intentions on how you can delight patients? For some of you this may seem obvious. However, I think many practices – even the most successful ones – can almost always find at least one new thing to enhance.

Some of you may be thinking that you provide good service and that should be enough to motivate reviews. Yet, as Gary Vaynerchuk, author of The Thank You Economy said: “Marketing is about to get really big#$%&! hard.” Service needs to be exceptional if you want to motivate positive word of mouth today.

There are several proven tactics you can utilise to help increase your positive reviews, including asking patients via word of mouth, tangible reminders, or digital tools (like surveys or emails that push to review sites). However, the

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appointment. Fred Joyal, author of the book Everything is Marketing: The Ultimate Strategy for Dental Practice Growth said: “Offer limousine transportation to patients having extra special treatments.” Think about things that wowed you at your last impressive restaurant visit or resort stay and brainstorm with your team. Once you’ve wowed your patients and given them something to rave about, it’s a lot easier to ask for referrals and patients are much more motivated to talk up.

Read more about the business of dentistry as a “relationship business” in James Goodlak’s book called Brush - Proven Strategies to Make Your Dental Business Shine. You’ll learn from James how to offer “what patients really want”… Most importantly reference the section about teams and how nurturing and developing your team can help to motivate them. Remember a happy team is more likely to spread happiness to your patients.

Today, digital reputations mean everything. So certainly spend some time taking action to grow your positive reviews. However, spend the greatest effort and energy on what’s even more important—showering your patients with pleasant surprises, thank you’s, and genuine appreciation. Set your intentions everyday on delighting patients and saying thank you. The positive word of mouth, referrals and reviews will then naturally follow.

Online marketing that won’t cost a fortune
For online marketing that won’t cost a fortune, consider social marketing. While it is free to open a Facebook or Twitter account, it’s important to note that your accounts will require time and effort to maintain them. Time is money and therefore you’ll need to have a plan in place before implementing these “free” tools.

The most important thing to keep in mind with both Facebook and Twitter are systems, (although social media may seem like a task that can be done “whenever you have time”, it will only prove cost effective if you are organised). Here are a few tips to keep in mind for Facebook:

1. Determine who in your office will be responsible for asking patients for Facebook “likes”
2. Determine if you will offer incentives or hold a special promotion
3. Determine how much time you want to dedicate to these tasks each week
4. Schedule in specific days / times to handle this marketing
5. Repeat, repeat, repeat. If asking for patient “likes” does not become a habit in your practice, your Facebook community will perish

Marketing on Facebook can provide your practice with amplified exposure. For example, a patient who shares your practice with their Facebook friends could potentially share hundreds of links that lead to your practice in a single day.

Likewise, when and if you decide to use Twitter, be sure to follow these tips:

1. Utilise a good profile photo

Information / Registration

Veronica Zamora
BioHorizons UK
17 Wellington Business Park
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Berkshire, RG4 6LS
Tel: +44 1344 752560
Fax: +44 1344 777022
Email: cnettercliff@biohorizons.com

Chris Netherclift
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to. Photos work better than logos in attracting people’s attention

2. Complete your entire biography section on your profile – this is your free ongoing opportunity to share information about your practice with others.

3. Be genuine and honest about who’s doing the tweeting for your practice. If it’s the receptionist, then say so.

4. Get off on Twitter with the intention of meeting people. If you attempt only to go out and “get” followers, you will miss the point of networking.

5. Don’t feel you have to follow everyone. Focus on meeting people in your area – those businesses who may refer to you or people who may become patients.

As a dentist that is part of a business community, it is important to follow local people and businesses first. There is little benefit to a dental practice in having 5,000 followers if only 100 of them live in your region. Get to know others tweeting in your area. Ask them questions about their business – in turn, they will take an interest in you and your practice.

Another cost effective social media tool is YouTube. Although there are excellent options to invest quite a bit in well done videos, a cost effective way to use YouTube is to open your own YouTube channel and create your own videos. You can also upload any videos or footage you may have on file. Often practices will have a copy of a video clip, interview, or patient testimonial they could upload.

Video can work 24 hours per day and seven days per week for you. In fact if you were considering dedicating a portion of your marketing budget to video, I’d say you were making a wise choice. YouTube is the second most popular search engine in the English speaking world. One of the biggest benefits video has to offer is the fact that it can be syndicated. Your video can be shared on sites like Facebook, Twitter, YouTube, your website and more. Once you handle the initial task of sharing, your videos will be populated all across the web like multiple pieces of online real estate representing you. Here are a few tips to keep in mind if you plan to implement video in your marketing:

1. Make sure the video representing your practice has an adequate audio. One thing people won’t put up with is shoddy sound.

2. Consider who will star in your videos. Will it be you, a team member, or a patient sharing a testimonial?

3. What will your videos say? Think about providing content about frequently asked questions, such as:
   • How long will my braces take?
   • Will my gum surgery hurt?
   • What can I expect at my child’s first pediatric dentistry visit?

4. Will you make the video a personal referral remains online word of mouth will continue to grow in volume and power.

5. Remember even if you decide to “do it yourself”, you can benefit from a bit of professional editing by allowing them to add your logo, music and a bit of polish.

Video and marketing with sites like YouTube, Facebook and Twitter can give practices a competitive edge. Do research before adopting one or all of these tools. They can all be extremely effective, however not without forethought.

How do we track what’s working?

Now that you are aware of several free or cost effective tools you can use, it’s important to address this question: “What are you doing that is working and what is not?” Another great free tool from Google that you can use is Google Analytics. Google Analytics is a free service that will help you with tracking. The service generates detailed statistics about the visitors to your website. Ask your webmaster to set up Google Analytics for your website. You’ll have the option to log-in or get reports regularly emailed to you. Google Analytics can track visitors from referring sites (such as Facebook, Twitter, etc), search engines (Google, Yahoo, Bing, etc), as well as key words, display advertising and pay-per-click networks. In addition, you’ll find it interesting to see which web pages are most often visited and how much time is spent per visit.

If you are actively marketing on Facebook, Twitter or YouTube, another way to track what’s working is to interview patients about where they found you. One option is to add these choices to your patient registration or intake forms. For example: “Who referred you to our office?” Because of the ever increasing budgets that are being dedicated to online marketing, many offices are implementing a patient interview process to literally ask patients: “Have you seen our Facebook, YouTube, Twitter, etc?” This gives patients a convenient option to specify exactly where they found you, and it also serves as a reminder of your presence in these platforms.

As valuable as a personal referral remains, online word of mouth will continue to grow in volume and power. It’s important that you know what others are saying about you and your practice. Utilise the tools above to help monitor your online reputation. Continue to strive for testimonials, positive word of mouth, and referrals. In turn, social media can help to amplify and put word of mouth of work to you. Remember to track your efforts, check your Google Analytics reports, and never lose sight of the importance of interviewing patients about exactly where they found you. Once you have these systems in place, your practice will be well positioned to attract new patients while at the same time allowing you to manage successful marketing initiatives.

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About the author

Rita Zamora is an international social media marketing consultant and speaker. She and her team actively co-manage dozens of dental practices’ social media programs. Her clients are located across the United States and internationally. She has been published in many professional publications. Rita is also Honorary Vice President to the British Dental Practice Managers Association. Learn more at www.DentalRelationshipMarketing.com or email rita@rita-zamora.com.
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What makes you hesitate?

Dr Chonghwa Kim discusses restoring missing mandibular incisors with implants

Mandibular incisors can be vulnerable to early loss due to their inherently weak periodontal support and high prevalence with respect to periodontal disease. What are the most common treatment options for missing mandibular incisors? Aside from removable prosthetic options, the restorative options for a fixed prosthesis include a conventional bridge, a resin-bonded bridge (Maryland Bridge) and implants. For a case in which one or two mandibular central incisors are missing, a three- or four-unit bridge has often been the treatment of choice. A resin-bonded bridge, in these cases, can be a reasonable alternative to a conventional bridge, whereas implant treatment, more often than not, is not suitable due to insufficient space. When more than two incisors are missing, the implant option may become the first choice for most clinicians these days.

Preparing mandibular incisors for bridge abutments is an extremely delicate procedure that often leads to root-canal treatment due to pulp damage that might occur during the procedure. Even without the risk of pulp damage, it is still quite a challenge to recreate natural contour and shade on such tiny dentition.

Dental implants have, in many cases, become the treatment of choice for restoring missing teeth and have been documented to have a high degree of success. With implant therapy, the preparation of healthy teeth adjacent to the edentulous area can be avoided. An additional advantage to the implant restoration is the maintenance of the alveolar bone, which otherwise would undergo resorption with other restorative options, hence, often complicating aesthetics.

What’s happening in the real world? Are we comfortable enough placing implants in the mandibular anterior region? In spite of understanding both the disadvantages of conventional fixed bridgework and the advantages of implant restorations, we often make the treatment choice for missing mandibular incisors in favour of the bridge. Why is that? What hinders us from providing an implant option for patients in such cases? Restoring mandibular incisors with implants can be one of the most difficult dental treatments to perform due to the limited amount of bone and interdental space. Placing implants in...
the mandibular anterior region can be challenging due to:

1. Insufficient facio-lingual bone volume

2. Insufficient mesio-distal space between adjacent teeth

3. Insufficient height of remaining alveolar bone

4. The presence of mentolabial depression, which limits the facio-lingual angulation of implants

5. The preservation or recreation of the inter-dental papilla being an extremely delicate procedure

One of the prerequisites for the successful placement of an implant is the presence of adequate bone volume. Tarnow et al. stated that a submerged implant, following the delivery of the prosthesis, will create circumferential or horizontal bone resorption of 1.5 to 1.4mm. Grunder et al. also stated that at least 2mm of lateral alveolar bone must be present beyond the body of the implant to compensate for the effects of bone remodelling.

If this amount of bone is not present, part or all of the facial or buccal bone plate will be lost after remodelling, with the subsequent risk of soft-tissue recession. This amount of bone around an implant rarely exists in the mandibular anterior region. Therefore, ridge augmentation procedures are often required to create adequate bone volume to maintain a 2mm alveolar thickness following implant placement.

Another prerequisite for successful implant treatment is sufficient interdental space. The creation of a natural-looking implant restoration largely depends on the appropriate placement of the implant during surgery. In order to achieve this goal, careful planning and precise implant placement are essential. An implant requires a minimum distance of 1.5mm between the implant and adjacent tooth to maintain interproximal bone and interdental papilla. Standard diameter implants of 4mm or greater therefore require a mesio-distal space of at least 7mm to place an implant. For an interdental papilla between two adjacent implants to be established, the inter-implant distance should be more than 5mm. Thus, a minimum mesio-distal space of 14mm is required to place two standard-diameter implants adjacent to each other. Implant manufacturers have introduced narrow-diameter implants (3.5 to 5.5mm) in an attempt to solve these problems. However, these implants still require a minimum mesio-distal space of 6.0 to 6.5mm to allow adequate implant-to-tooth distance. With the exception of mandibular incisors, narrow-diameter implants present a solution for the aforementioned requirements of adequate bucco-lingual bone volume and proper implant spacing. For missing mandibular incisors, it would be beneficial to use implants with an even smaller diameter than narrow-diameter implants.

Mini-diameter implants (MDI) are not synonymous with narrow-diameter implants. MDIs are smaller in diameter than narrow implants and have a diameter of 2.7mm or less. Because of their smaller diameters, MDIs require minimal interdental space while preserving more of the alveolar bone following the osteotomies for implant placement. MDIs were initially developed to support transitional prostheses and were ultimately intended to be removed. However, these implants exhibited a bone-to-implant contact similar to that of implants with conventional diameters.

Numerous studies have indicated that MDIs appear to be an effective treatment option for missing mandibular incisors. Nevertheless, one of the primary disadvantages of MDIs is the reduced resistance to occlusal loading. The retention of an implant, however, is correlated to the length of the implant and not the diameter. This implies that MDIs may be used in situations where excessive occlusal loading is not present. MDIs of less than 5mm in diameter are fundamentally challenged as two-piece designs due to the insufficient strength of their component parts. When the diameter of an implant approaches 5mm or less, either the abutment screw becomes too small or the inter-axial walls of the implant become too thin to withstand the functioning load. These concerns can be overcome with a one-piece design. One-piece implants have recently received substantial attention in implant dentistry; yet, one-piece implants are not new to implant dentistry. While the use of one-piece implants has been controversial, they have been used for decades with reasonable clinical success.

Recent variations from early designs have created a renewed interest in this old, but not obsolete concept. Most one-piece implants are composed of three portions – the bone-anchoring (fixation thread) portion, transmucosal portion and prosthetic abutment portion.

The primary disadvantage of one-piece implants is related to the fact that these implants must be placed with a one-stage protocol. Therefore, the angulation of the abutment cannot be altered and only minimal...
modification of the abutment is possible. Without the prosthetic freedom of the abutment choices, the initial surgical positioning of one-piece implants becomes critical in obtaining an optimal result.

The advantages of one-piece implants include minimally invasive surgery, simple restorative procedures and no screw loosening. Furthermore, the amount of crestal bone resorption may be minimised, since there is no micro-gap or micro-movement between the implant and its abutment. This becomes even more critical for long-term aesthetic results in the anterior region. In order to demonstrate the successful use of one-piece implants, this article describes the restoration of mandibular incisors with one-piece MDIs.

Case reports
Case I
A 67-year-old female patient presented with occasional throbbing pain in the mandibular anterior region. The patient’s medical history was non-contributory. Clinical and radiographic evaluation revealed two separate peri-apical lesions on teeth #23, 25 and 26 (Figs 1 & 2).

The patient reported that tooth #24 had been extracted 15 years ago. The incisors were deemed non-restorable and were treatment planned for extraction. Owing to the size and duration of the peri-apical lesions, delayed placement of implants was planned. The teeth were carefully luxated with a periotome and atraumatically extracted, preserving the thin facial bone. A wire-embedded provisional restoration was fabricated and bonded to the adjacent canines with flowable resin (Figs 3 & 4). After ten weeks of healing, the provisional restoration was removed. The distance measured between the two mandibular canines was 15mm (Fig 5).

A crestal incision was made and a limited soft tissue flap was reflected to expose the alveolar crest of bone. In this fashion, the patient experiences reduced post-operative swelling and discomfort. With a 1.6mm twist drill and copious irrigation, osteotomies were performed at a speed of 1,500 rpm. The angulation of the twist drill was carefully monitored through-
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out the osteotomies.

Following completion of the prepared implant sites, visual and tactile inspection of the internal bony walls was performed to ensure the absence of any fenestration or dehiscence at the cervical area. Two 2.5mm-diameter implants (MS implant, Osstem) were then placed in the ideal 3-D position and torqued to 25Ncm with a manual torque wrench. The superior margin of the transmucosal portion was positioned 2 mm apical to the soft tissue margin (Figs. 6 & 7). Immediately following implant placement, provisional restorations were fabricated at chairside using prefabricated temporary abutments and acrylic resin.

The provisional restorations were snapped into position using the friction-fit temporary abutments, eliminating the use of cement (Figs. 8 & 9). This could remove the risk of cement being forced into the gap between the implant fixture and soft tissue. The provisional restorations had no centric or eccentric occlusal contacts. The patient was instructed to avoid any function of the implant for eight weeks. After a healing phase of two months, a final impression was produced using friction-fit impression caps (Figs. 10 & 11). Definitive restorations were then fabricated on the working cast and adjusted to have slight occlusal contacts in centric occlusion and excursive movements (Figs. 12-14).

The clinical re-evaluation demonstrated a minimal gingival change around the prosthesis, and a stable horizontal bone level was observed radiographically at the 13-month follow-up (Figs. 15 & 16).

Case II
A 56-year-old male patient presented with severe mobility and peri-apical lesions on teeth #23 and 24 (Fig. 17). A provisional restoration was fabricated and bonded to the adjacent natural teeth immediately following extraction (Fig. 18). The provisional restoration was left undisturbed for 11 weeks and the interdental papillae were preserved with ovate pontics (Figs. 19 & 20).

The interdental distance measured between teeth #22 and 25 was 8mm, and two 2.5mm-diameter implants were placed in position. The superior margin of the transmucosal portion was positioned subgingivally, and the height of the abutments was reduced to ensure adequate incisal clearance (Fig. 21). Owing to the limited interdental space, the impression caps were modified (Fig. 22). An indexing jig was used to avoid any undue stress applied to implant fixtures during the impression procedure (Fig. 23). An altered cast was made, and a definitive prosthesis was fabricated. The clinical and radiographic evaluation at 11 months demonstrated a good aesthetic result with no significant peri-implant bone loss (Fig. 24).

Conclusion
Based on the clinical cases presented in this article, the utilisation of one-piece MDIs appears to be a good treatment option for replacing missing mandibular incisors. Considering the simplicity, ease of implant placement and immediate provisionalisation, this treatment offers a new option for patient care.

‘Considering the simplicity, ease of implant placement and immediate provisionalisation, this treatment offers a new option for patient care’

Fig. 18 Resin-bonded provisional restoration after extraction of teeth #23 and 24

Fig. 22 Modified impression caps

Fig. 24 Final prosthesis

Fig. 26 Periapical X-ray

Fig. 25 Eleven-month follow-up

Fig. 19 Eleven weeks post-extraction

Fig. 20 Papilla preservation with ovate pontics

Fig. 21 Eight weeks post-implant placement

About the author
Dr Chonghwa Kim specialises in prosthodontics and implantology. He works in a private practice in downtown Seoul, Korea. He graduated from the University of Michigan School of Dentistry in 1997 and completed prosthodontic graduate training at the University of Minnesota. Dr Kim is Co-director of the Global Academy of Osseointegration and serves as a Director of international relations for the Korean Academy of Esthetic Dentistry. He can be contacted at kimchonghwa@hotmail.com.
AOG marks its 30-year anniversary with a spectacular charity ball

Understated by nature, the AOG is nevertheless one of the UK’s largest and most respected community groups. To celebrate its 50 years of work in charity and education, the organisation is holding its Annual Ball at the Millennium Hotel London Mayfair, 44 Grosvenor Square, on Saturday 10th December 2011. In addition to being a sumptuous event giving members a chance to network and socialise in highly elegant surroundings, the Ball is a crucial part of the AOG’s fundraising for its numerous charitable schemes in the UK and abroad.

Proceeds from the event, in the shape of the £45 entry fee and money from a charity raffle held at the Ball, will be allocated towards one of the organisation’s numerous charity projects that includes work in India, Sri Lanka and Tanzania. Over its 50 years of existence, the AOG has been a steadfast provider of desperately needed and sometimes life-saving dental care for those in need across the world. International projects are an excellent way for the group’s members to find an outlet for their social conscience. Many contribute by getting involved personally and often with their teams participating in the provision of dental care abroad.

In recent times, the AOG’s philanthropic efforts have been devoted to the Chitrakoot Project, a scheme where volunteers from the AOG provided basic dental care to 500 villages in the remote Chitrakoot district of central India. A single fundraising campaign resulted in £90,000 of funds being donated to the scheme by group members (much of this being raised through the Annual Ball), bringing the idea to life.

More than 40,000 cases of dental problems have been treated by the project, with work on such conditions as cleft palates and oral cancer also being carried out. These projects, besides helping some of the world’s poorest people in their hour of need, provide valuable experience for the volunteers, giving them an insight into the world of critical assessment by carrying out work in an environment where facilities can be scarce or non-existent.

The AOG’s next venture will

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Over the past seven years the British Association have organised an annual conference of which the 2011 was the bicentenary with a view of meeting colleagues and exchanging ideas. This year, the second day of the meeting, was a titled. Something to smile about: maximum aesthetics, minimum maximum designs for use. In the past few years, Tavom has been the leading supplier in the UK in the dental aesthetic market.

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be to open a new facility for disabled people, who would otherwise find receiving dental care extremely difficult, in Musoma, Tanzania. Group members along with their travelling companions will fly out in February 2012. The endeavour will also incorporate visits to the Rift Valley and the Masai Mara National Reserve and finish with affiliates being honoured guests at the Clinical Innovations Conference in South Africa’s Cape Town, which is jointly supported by the AOG and the dental education group Smile On and is being held between the 25th and 25th February 2012.

The organisation’s benevolent works do not just extend to its own projects, however. The catastrophic tsunami that hit south Asia in 2004 resulted in £100,000 being donated for relief projects by AOG members in one night. It is hoped that the 2011 Annual Ball will see a similar level of generosity on display.

As well as being an opportunity to contribute to worthy causes, the Annual Ball guarantees an extremely pleasant and enjoyable evening for those attending. Starting at 6:30pm, the guests (dressed in their finest evening wear of black tie or traditional dress) can mingle with friends old and new before sitting down to a sumptuous three-course meal of high-quality food from the Indian subcontinent. The charity raffle generates revenue for the group’s philanthropic ventures, whilst at the same time offering the possibility for guests to win some of the excellent prizes on offer. Professional photographers will also be at work during the night, ensuring that one’s presence at such a prestigious event does not go unrecorded.

Following the dinner, guests can relax in the opulent surroundings of the Millennium Hotel. An open bar, serving alcoholic and non-alcoholic drinks, is available all night to serve refreshments to thirsty visitors. The celebrations will last until late, hopefully making for an unforgettable 30th anniversary to mark the group’s creation.

The AOG is proud of its 30 years of providing numerous forms of help to both dentists and their patients in the UK and abroad.

The AOG is proud of its 30 years of providing numerous forms of help to both dentists and their patients in the UK and abroad. Members can benefit from a wide range of programmes, including a special deal with the Dental Directory allowing them a 16.5 per cent discount on dental materials, sundries and consumer products. This deal alone makes a strong case for dental health professionals to join the group. The AOG’s charity work and the events they hold for members throughout the year (the grandest of all being the Annual Ball) are also great perks of joining one of the leading dental community organisations in Britain. Details on the event and how to book a place can be found on the group’s website.

To join the AOG, or for further information, visit www.aoguk.org.
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