CQC chair announces resignation

“I now believe it is time to step aside and for a new Chair to lead CQC into the next stage” – Dame Jo Williams

Just weeks after the new chief executive David Behan had settled into his office chair, another senior figure at the Care Quality Commission (CQC) has announced their resignation.

After four years at the organisation, Dame Jo Williams is leaving her position as CQC Chair.

Commenting on her decision, Dame Jo said: “Having served on the board of the CQC for almost four years, and as Chair for nearly three, I am proud of the progress we have made.

It has been a demanding and complex role, and there have undoubtedly been challenges as we registered 40,000 providers and brought the entire health and social care system under one set of standards.

“But there is now clear evidence that our regulation is beginning to have an impact on the care that people receive.”

Executive - I am confident that he will continue to build on the progress that we have made in promoting and protecting the health and safety of people who use services. “It has been a privilege to hold this important role but I now believe it is time to step aside and for a new Chair to lead CQC into the next stage.”

Andrew Dilnot, Chair of the Commission of Funding of Care and Support, said: “I have enormous admiration and respect for Dame Jo, her insight, experience and commitment were invaluable to the work of the Commission of Funding of Care and Support, which reported last summer.

“While she will be much missed in her position as CQC Chair, I hope that Adult Social Care will continue to benefit from her contribution via other forums.”

Dame Jo will remain in post until a successor is appointed.

Practitioner manager steals £25k

Dental practice manager Susan Codd, 52, was arrested in March this year after stealing almost £25,000 from patients. As reported in Hull Daily Mail, Codd had been stealing money from payments made to her by more than 500 patients since 2002, and was caught when financial anomalies appeared after the practice updated its computer system. Codd was questioned, and subsequently offered to resign. In March she was arrested, and admitted to stealing £8,000. She has since been admitted to stealing the full £24,839.90, and was referred to Hull Crown Court for sentencing. She has been ordered to pay back all of the money, and has been given a 12-month suspended sentence. She has also been ordered to carry out 200 hours of unpaid work.

Private dental school

The UK’s first independent dental school aimed at a global market has been announced by the Leicester Dental Teaching Academy and the University of Buckingham. The school, which will be located in Leicester and will take 100 students annually on a degree course that lasts five years from September 2013, is aimed primarily at international students.

The new venture is a partnership between the Leicester Dental Teaching Academy and the University of Buckingham. The new Bachelor’s degree in Dental Surgery will be awarded by the University of Buckingham and the course is designed to meet General Dental Council Outcome Measures and European standards as well as the requirements of the Quality Assurance Agency for Higher Education.
New Health Secretary in cabinet reshuffle

It was all change in the recent cabinet reshuffle, and the health sector did not escape. Secretary Andrew Lansley was denoted to Leader of the Commons, to be replaced by former Culture Secretary Jeremy Hunt. Speaking at the time, Hunt stated he was “incredibly honoured” to take over. “It is a huge task and the biggest privilege of my life,” he told the BBC. Lansley was reportedly sacked by the Prime Minister over his failure to communicate his controversial NHS reforms.

The government were quick to point out that the reshuffle does not affect policy and that the coalition commitments to dentistry remain.

Following on from the reshuffle, it was announced that Earl Howe will remain as the member of the Department of Health Ministerial Team responsible for dentistry. He is the only member of the team to retain their post. Former Ministers Simon Burns, Anne Milton and Paul Burstow have been replaced by Norman Lamb, Anna Soubry and Daniel Poulter. Ms Soubry, a former television news journalist and presenter who has been MP for Broxtowe since the 2010 General Election, assumes responsibility for water fluoridation.

Confirmation that Earl Howe will remain the member of the Department of Health Ministerial Team responsible for dentistry has been welcomed by the British Dental Association, Dr Martin Fallowfield, Chair of the BDA’s Principal Executive Committee, commented: “This is a pivotal period in the reform of dental contracts and commissioning in England. A great deal of work has already been done, and significant challenges remain. The continuity that the decision to retain dentistry in Lord Howe’s portfolio brings is good news.

“The BDA looks forward to continuing its engagement with Government to meet the challenges ahead.”

Jaw reconstruction techniques compared

The Journal of Oral Implantology has presented a pilot study comparing transcrestal techniques for maxillary sinus floor elevation. This is a surgical procedure that increases bone volume and prepares the upper jaw for dental implants. The study sought to determine if any of the techniques carried a greater risk of surgical complications.

Perforation of the sinus membrane is the most common surgical complication associated with maxillary sinus floor elevation. Perforations have been linked to acute or chronic sinus infection, oedema, bleeding, loss of bone graft material, and failure of the implant.

The conventional method for this procedure is the lateral approach, which gains surgical access through the zygomatic bone bordering the maxillary sinus cavity. While this is an invasive technique, there is a low incidence of complications. A less invasive procedure uses a crestal approach through the osteotomy prepared for dental implant placement. However, this is a sensitive technique that restricts the surgeon’s direct visual examination.

The current study used 20 human cadaver specimens with 40 sinuses, as test subjects for three transcrestal surgical techniques. One experimental group used the DASK kit, which features specially designed surgical drills to apply mechanical and hydraulic pressure. Another experimental group received a surgical protocol that permitted entry into the sinus through crestal bone that had been eliminated during site preparation. A control group was treated with the osteotome/crestal sinus membrane elevation, or OCSME, technique.

Postoperative assessment of the specimens determined whether membrane perforation had occurred. Direct visual endoscopy, cone-beam computed tomography, and periapical radiographs were used. While the study found endoscopy to be the preferred form of detecting membrane perforations, no significant differences were found in the rate of perforations among the surgical techniques used.


‘One suicide is one too many’

A new Suicide Prevention Strategy has been launched, aiming to focus on supporting bereaved families and preventing suicide amongst at risk groups.

The strategy, launched by the Government and supported by organisations such as the Samaritans is supported by a £1.5m grant for research.

The strategy is the first in more than 10 years and aims to reduce the suicide rate in England and better support those who have been bereaved or affected by suicide. There are six key areas for action, including:

• A better understanding of why people commit suicide and how it can be prevented – supported by new suicide prevention research funding.
• Working with the media, and the internet industry through members of the UK Council for Child Internet Safety (UKCCIS) to help parents ensure their children are not accessing harmful suicide-related websites, and to increase the availability and take-up of effective parental controls to reduce access to harmful websites.
• Reducing opportunities for suicide, by making sure prisons and mental health facilities keep people safer – for example by redesigning buildings to take away ligature – and by safer prescribing of potentially lethal drugs.
• Better support for high-risk groups – such as those with mental health problems and people who self-harm – by making sure the health service effectively manages the mental health aspects as well as any physical injuries when people who have self-harmed present themselves.
• Improving services for groups like children and young people and ensuring the mental health needs of those with long-term conditions are being met through the Government’s mental health strategy.
• Providing better information and support to those bereaved or affected by suicide – making sure families are included in the recovery and treatment of a patient and giving support to families affected by suicide.

Care Services Minister, Norman Lamb said: “One death to suicide is one too many – we want to make suicide prevention everyone’s business. Over the last 10 years there has been real progress in reducing the suicide rate, but it is still the case that someone takes their own life every two hours in England.”

To enable the delivery of better services for people using health and care services, the Government Policy Research Programme is funding up to £1.5m for research to help develop the evidence base and improve understanding of:

• how to reduce the risk of suicide for people with a history of self-harm.
• how self-harm can be better managed and suicide reduced in children and young people.
• how interventions can be tailored to improve the mental health in some specific groups.
• how and why suicidal people use the internet.
• how support can be provided effectively to those bereaved or affected by suicide.

Supported by a grant from the Department of Health, the Call to Action consists of national organisations from across England committed to taking action so fewer lives are lost to suicide and people bereaved or affected by suicide receive the right support. This is the first time that organisations have committed to working together to share best practice and deliver real action to tackle suicide.

To view the e-petition, go to: http://epetitions.direct.gov.uk/petitions/37296

E-petition

A dentist from Yorkshire has launched an e-petition to call for the Government to take a closer look at the funding for NHS dentistry.

Anthony Kilcoyne, owner of The SmileSpecialist® Centre in Haworth, has taken the step to gather support for what he sees as ‘The Big Lie’; in that the Government needs to recognise that NHS dentistry in its current form cannot meet the overall dental needs of the public without doubling funding.

On the e-petition page, Dr Kilcoyne states: “It is time that Government acted by FIRST diminishing publicly that without doubling funding, NHS dentistry cannot meet everyone’s clinical needs realistically.

Only then can it devise its first ever National Dental Strategy, that takes the long-term view, trusts the market, medical and social care barriers and synergies (rather than demonises) with Private dental options too, in the Public Interest overall.”
Editorial comment

This week I’ve been amused by the lengths some companies will go to when trying to align their brand with current affairs. In the US, the upcoming Presidential elections are looming large and all the razzmatazz that goes with the political canvassing of the candidates is seeing a frenzy of comment and debate about who’s going to win.

In a desperate attempt to jump on the bandwagon, a US whitening product manufacturer has joined the fray by releasing the results of a study which points to presidential candidates’ teeth whiteness as a leading indicator of election success.

New way to patch up teeth

Scientists in Japan have created a ‘tooth patch’ that could mean the end of decay. The patch is a microscopically thin film that coats individual teeth, and can also make teeth appear whiter. The researchers have been experimenting on disused human teeth, and will soon move to test on animal teeth.

“This is the world’s first flexible apatite sheet, which we hope to use to protect teeth or repair damaged enamel”, said chief researcher Shigeki Hontsu, professor at Kinki University in western Japan.

The ‘tooth patch’ is a hair-wearing and ultra-flexible material made from hydroxyapatite, the main mineral in tooth enamel. By creating an all-apatite sheet, the researchers are essentially creating artificial enamel which could mean the end to sensitive teeth as well as decay.

The film is 0.004mm thick, and is created by firing lasers at compressed blocks of hydroxyapatite in a vacuum to make individual particles pop out. The particles fall onto a block of salt which is heated to crystallise them, before the salt is dissolved in water. The film is scooped up onto filter paper and dried, and is then robust enough to be picked up using tweezers.

“The moment you put it on a tooth surface, it becomes invisible”, Hontsu told AFP. One problem, however, is that it takes almost one day to adhere firmly to the tooth’s surface.

It will be five years or more before the film can be used in practical dental treatment, but it should be available to use cosmetically within three years.

According to the company’s press release, an analysis of photos taken of presidential candidates on the campaign trail showed the correlation between teeth whiteness and electability.

Photo evidence going back to 1992 shows the candidate with the whiter teeth winning the election. When he was just Governor of Arkansas, Bill Clinton had a considerably whiter smile than incumbent President George H.W. Bush. Clinton handily won the election, a feat he repeated in 1996 against the dimmer-smile-bearing Bob Dole.

In 2000, George W. Bush had marginally whiter teeth than Vice President Al Gore, a portent of the narrow election win he’d see in November. But, just four years later his teeth outshone those of Senator John Kerry, and Bush once again on the election.

So, I hear you cry, what is in store for this year’s candidates? Well it seems to be a good year for current incumbent President Obama, as he shades it over main rival Mitt Romney. Will it be a white-wash? We’ll find out in November!
Enzyme link to bone loss found

A research team led by University of Louisville (Kentucky, USA) has discovered a way to prevent inflammation and bone loss surrounding the teeth by blocking a natural signalling pathway of the enzyme GSK3β, which plays an important role in directing the immune response. Publishing his findings in the journal Molecular Medicine, researcher David Scott, PhD and his team found that not only do the results have implications in preventing periodontal disease, but also may have relevance to other chronic inflammatory diseases. Since GSK3β is involved in multiple inflammatory signalling pathways, it is associated with a number of diseases and also being tested for its impact in Alzheimer’s disease, Type 2 diabetes and some forms of cancer, to name a few.

“The traditional approach to dealing with periodontal disease is to prevent plaque from forming at the gum-line or prevent the consequences of periodontal disease progression,” Scott said. “Our approach manipulates a natural mechanism within our bodies to prevent inflammation and subsequent degradation when exposed to the bacterium P. gingivalis.”

Bruxism Awareness Week

Bruxism is one of the most common conditions to be induced or exacerbated by tension and yet surprisingly few people are familiar with the term or know about the damage it can do. Or indeed, who can help.

For these reasons, in 2010 the team at S4S, providers of the NTI-tss mini anterior Bruxism splint, decided to establish Bruxism Awareness Week. They realised just how little awareness there was amongst both the public and dental professionals on this subject and decided that something had to be done. The annual event aims to enlighten sufferers as to the nature of their condition and encourage them to contact their local dentist for simple, swift and straightforward treatment.

A huge success, the event was repeated in 2011 and now the third Bruxism Awareness Week takes place October 22-28, 2012.

During Bruxism Awareness Week, dental practices throughout the UK will be holding open days, encouraging patients to make the first step towards getting professional help. A ‘Practice Information and Promotion’ pack from S4S is available to any dental practice on request to help publicise activity and treatment.

The event will also include a series of seminars and promotional events to draw attention to the scale of distress brought about by Bruxism.

To learn more about Bruxism Awareness Week or request a free information and promotion pack, please contact S4S on 0114 250 0176, or email: info@s4sdental.com.

Will you stop for ‘Stoptober’?

Stoptober, the first ever mass quit attempt for smokers, has been launched by Chief Medical Officer Professor Dame Sally Davies.

The innovative campaign comes as smoking remains the nation’s 8m smokers to make the stop smoking for 28 days are five times more likely to stay smoke-free. Stoptober will lend a hand to help smokers achieve this goal.

The new campaign is also supported by the Stoptober app (available free via Smartphone) as well as the Smokefree Facebook page with additional tips and advice.

Jean King, Cancer Research UK’s director of tobacco control, said: “Smoking accounts for one in four cancer deaths and nearly a fifth of all cancer cases so it’s vital that work continues to support smokers to quit.

“Breaking the addiction is difficult so new and innovative campaigns such as this are hugely important.

“After the success of the Olympics and Paralympics where we’ve seen such fantastic feats of physical achievement, it would be great to think this might help also motivate smokers to quit and take advantage of Stoptober. It’s key that smokers don’t give up trying to give up.”

To find out more about the campaign go to smokefree.nhs.uk/Stoptober.

Dental students support outreach programme

The trip was also supported by Henry Schein UK, who through its Henry Schein Cares initiative donated oral health care travel packs. The packs consist of a pre-packed assortment of essential dental supplies that oral health care professionals can use to treat those in need.

Simon Gambold, managing director at Henry Schein UK, commented: “We are very pleased to see that our donation is helping dental professionals provide crucial treatment for oral diseases as well as essential preventive care to those in desperate need. The oral health travel packs donation is exactly meeting with the mission of our global social responsibility programme, Henry Schein Cares, and we are very grateful that we were able to realise this programme through the generous support of some of our supplier partners.”

Twenty-one dental students from the Cardiff Dental School participated in an outreach programme to help improve the quality of life in underserved communities in Ghana

Organised by Global Brigades, the students supported one of the Cardiff Dental School’s ‘Global Brigades’ (Dental Brigade) by establishing a dental clinic in Ekumfi Agyarkwa, a village about two hours away from the Ghanaian capital Accra. More than 400 adults and approximately 500 school children were treated, dental check-ups were made and immediate dental pain relief was delivered. Furthermore, the dental professionals were able to provide education for life-long oral health benefits, with toothbrushes and toothpaste given to local school children.

“The Global Brigades trip to Ghana was a great success in many aspects”, said Sachin Sheth, student of the Cardiff Dental School, “We not only were able to help so many local Ghanaians. This outreach programme also made a huge difference to our personal lives and our elective experience”. The students have been accompanied by five dentists and one specialist oral surgeon.
X-Mind 3D

The X-Mind 3D’s flat-panel sensor offers superior image quality due to its large dynamic range, better contrast and lack of image distortion. Combining low dose, fast imaging and high diagnostic accuracy, the X-Mind 3D is a robust system designed for intensive use and the ClearTouch control panel makes operation simple.

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Foundation Shows Support For Key European Oral Health Policies

Following attendance at one-day conference Are we taking enough care of our teeth? The case for a European oral health policy at the European Parliament in Brussels, The British Dental Health Foundation has welcomed The State of Oral Health in Europe report and a number of key recommendations. The report states that despite a reduction in global carries, those from poorer backgrounds will still be plagued by dental disease. Access to oral healthcare services remains a ‘major health problem’, while the economic impact of oral health related problems is forecast to rise by 2020.

The report has also identified that half of the European population may suffer from severe gum disease, a leading cause of tooth loss among adults. Chief Executive of the BDHF, Dr Nigel Carter OBE, welcomed the recommendations put forward in the report. He said: “The Foundation unequivocally supports the policy recommendations detailed in the report. Addressing existing oral health inequalities is a vital step towards improving oral health across the globe.

“By educating the public on prevention and better oral hygiene practices, a key aim of the Foundation, we hope to see a further reduction in the level of gum disease and tooth decay seen globally. These are two highly prevalent yet highly preventable diseases, and although we have seen vast improvements over a number of years, there’s a collective responsibility to re-view our oral hygiene routine and seek ways in which to improve it.”

The policy recommendations include:

- Develop a coherent European strategy to improve oral health with commitments to quantifiable targets by 2020
- Improve the data and knowledge base by developing common methodologies and bridging the research gap in oral health promotion
- Support the development of cross-sectoral approaches with health and social care professions and support the development of the dental workforce
- Address increasing oral health inequalities and knowledge of prevention/oral hygiene practices of the public and guarantee availability and access to high quality and affordable oral health care
- Encourage best practice sharing across countries

BKH joins forces with Same Day Smiles

The BKH Group has gone into partnership with Same Day Smiles, the nationwide dedicated dental implant team. At the same time, Dr Alex Jones, principal of PDC Dental, has joined SDS as Business Development Director.

“The BKH team will impact in all areas of the business - finance, marketing, customer service, compliance, operations and team-building,” commented Dr Richard Brookshaw, Clinical Director at SDS. “I am very excited about the future potential this releases for the business and all those who work for and with us.”

Dr Alex Jones said: “I am very excited not only to work with existing sites on improving the services we offer, but also to bring new sites into the SDS family and create a national brand of which we can all be very proud.”

“We are absolutely delighted to be working with Richard and Alex,” stated Chris Potts, Managing Director of BKH. “This is a really exciting development for existing and future partners of BKH and potentially everyone that we work with.”

The British Dental Health Foundation has launched its latest educational resources catalogue with more than 600 products to help support dental professionals.

The 75-page catalogue has been updated with an exciting new range of products to help assist dental practices communicate, and motivate their patients. Included in the new series of products is a collection of ‘Infobites’. Taking bite-sized information from the hugely popular Tell Me About range, these A6 postcards are ideal for patients to take home and refer to.

The Foundation will now also stock Multilingual Health History Forms. These are specially designed for frontline staff at dental practices to undertake a rapid patient health appraisal quickly, cheaply and without the need for an interpreter. The form includes more than 250 open format and dichotomous questions covering key personal, medical and dental information, and helps dentists keep accurate, up-to-date and detailed records of their patients’ medical history.

Other new items in the catalogue include children’s and adult’s books, activity packs, oral health kits and Tell Me About leaflets. More than 40,000 copies of the catalogue have been printed and are available on request.

For more information on resources or to order a catalogue, call the Foundation’s Resource Team on 01788 559 795 or email them at order@dentalhealth.org.
Sellers market prevails in dental world

The ratio of goodwill to fee income for the average dental practice sold in the quarter ending 31 July 2012 has increased in the latest NASDAL goodwill survey. It has picked up by 10 per cent from 91 per cent of turnover in the previous quarter ending April 2012 to 101 per cent in the most recent collection of figures from NASDAL members.

An organisation of accountants and lawyers who advise about 20 per cent of GDPs, the NASDAL goodwill survey reflects a significant number of dental practice sales in any quarter. Percentage of turnover is the simplest method of measuring fluctuations of goodwill in the marketplace, but it is important to be aware that actual valuations are calculated using a combination of different methodologies.

Alan Suggett, a partner in UNW LLP in Newcastle upon Tyne who carries out the NASDAL goodwill survey, commented: “There is still upward pressure on goodwill values for most types of practice. Small and medium sized practices, both NHS and private, are in demand from associates who are, in some cases, desperate to own practices, and larger NHS practices are sought after by venture capital backed dental corporates.

Ray Goodman, of Goodman Legal commented: “The market may be buoyant but we are still seeing the effects of the recession. The length of time it is taking to sell a dental practice continues to grow because of the difficulty in securing loans from highly cautious lenders and also because of non-specialist advisors operating in the marketplace.”

BDA PEC fills vacant seat

Dr Stephen Shimberg has been elected to serve as a member of the British Dental Association’s (BDA’s) Principal Executive Committee (PEC). He won a closely-contested by-election in the north west of England.

Dr Shimberg is a general dental practitioner in Worsley Village, Manchester. He has been a GDP since qualifying from Liverpool Dental School in 1971.

A lengthy career in dental politics has seen him chair West Pennine Local Dental Committee and serve as the West Pennine and Manchester representative on the BDA’s General Dental Practice Committee (GDPC). As part of his role on GDPC, Dr Shimberg has acted as the cross-rep to the BDA’s Salaried Dentists Committee and Central Committee for Hospital Dental Services.

He joins the 14 already-elected members of the PEC: Dr Mick Armstrong, Dr Paul Blaylock, Dr Victor Chan, Dr Eddie Crouch, Dr Martin Fallowfield (Chair), Dr Philip Henderson, Dr Judith Husband (Chair, Education, Ethics and the Dental Team), Dr Stuart Johnston, Dr Nigel Jones, Dr Robert Kinloch (Deputy Chair), Dr Russ Ladwa, Dr Alison Lockyer, Dr Susie Sanderson and Dr Graham Stokes.
Service above self

*Dental Tribune* interviews the founders of the Pain Relief Clinic in Hansali

In the heart of rural Punjab lies the village of Hansali, a tiny settlement known as the “bread-basket of India”. The land is mostly inhabited by farmers who work the land for an income of around 3,000 Rupees (£36) a month. The people who live in these remote areas are deeply religious, and Sikhism is a significant part of their daily lives. The people here are not rich, but they do not fall in the category of poor from Indian standards; every village is connected by a road, and there are water pumps, electricity and irrigation facilities. None of them go without food and all the children have access to compulsory schooling. But the medical facilities in this area are very limited and dental care was non-existent until only a few years ago, when the Pain Relief Clinic was set up.

Setting up

The idea for setting up a clinic in the Hansali area was originally that of the late Major Shamsher Singh, who studied medicine at the Medical School of Agra before serving in the Indian Medical Corps. At the time Hansali was no different to any other village in the area and had little to no medical care. With much encouragement and support from Dr Daman Lal-Sarin, Major Lal-Sarin began volunteering at the clinic. The clinic received the help of the Rotary Club, and as one can imagine, with much enthusiasm never faltered. In 13 years, the clinic has very strict funding and volunteers have to fund the trips themselves, but we still provide them with accommodation.

‘Dental care was non-existent until only a few years ago, when the Pain Relief Clinic was set up’

Major Shamsher Singh’s two sons Dr Hardev Coonar and Dr Pritam Singh Coonar set up the Pain Relief Clinic in 1999, instantly bringing pain relief to the people in the village in which it was nestled.

“During this period of time I was influenced by Dr Daman Lal-Sarin, who at the age of 60 had retired from general dental practice in Coventry and had started to volunteer in various parts of the world as a Rotarian dental surgeon. We talked about setting up a clinic and started to set one up here in Hansali.”

Central figure

A month after the clinic had been set up a happily retired Dr Lal-Sarin started to actively take part in how the clinic was run. Spending months at a time over in the remote farmlands, Dr Lal-Sarin soon became a central figure at the clinic. As friends and family proudly exclaim, he made a significant impact on the staff at the clinic, making sure that apart from extractions they started gradually doing fillings, crowns dentures, and even root canal treatments all free of charge.

“My father always wished that our rural area had better medical care and so my brother, Dr Pritam Singh Coonar, became a doctor and set up a medical practice in the village which specialised in eye surgery. I became an oral surgeon after my basic degree in dentistry, but it wasn’t until I retired in 1999 from the Eastman Dental and Hammersmith Hospital that I came back home to serve my people,” explained Dr Coonar.

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Funding

Most of the funding that the clinic receives is from Baba Ajit Singh Ji, a respected nobleman who has established a place for worship and people have faith in his presence. He is warmly known to the people as Babaji and is regarded by many as an enlightened man who cares for the welfare of all people. Babaji receives many offerings, and any money he receives is spent on good causes, such as education and health services. So far he has set up the local school, a college, a community canteen at the very heart of the village and he even offered up his accommodation for people to travel and we would provide them with accommodation and vegetarian food. But now the Rotary has very strict funding and volunteers have to fund the trips themselves, but we still provide them with accommodation.”

Dr Lal-Sarin then brought up the idea of the late Major Lal-Sarin, began volunteering at the clinic. The clinic started reaching out beyond the village boundary, and as one can imagine, in an area where medical care is scarce, the clinic generated interest in the surrounding areas outside of Hansali. For the staff, the demand became intense, but even though their wages were low, their determination and enthusiasm never once faltered. In 15 years more than 100,000 patients have used this free service and the clinic continues to provide free dental treatment and lectures on oral hygiene to the girls school and the boys schools.

Volunteers

“So far the clinic is going very well, and has had many visits from many volunteers,” Dr Coonar explained. “The first year when we established the clinic I invited the principal director of a dental college, Dr S Sidhu to work here. More recently a group from the international college of dentists from New Delhi taught the staff for three days.

“We have had visitors in small numbers through the Rotary in the past from Australia, England, Canada, USA and Argentina. Earlier days the Rotary used to pay for people to travel and we would provide them with accommodation and vegetarian food. But now the Rotary has very strict funding and volunteers have to fund the trips themselves, but we still provide them with accommodation.”

Visitors to the clinic

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A month after the clinic had been set up a happily retired Dr Lal-Sarin started to actively take part in how the clinic was run. Spending months at a time over in the remote farmlands, Dr Lal-Sarin soon became a central figure at the clinic. As friends and family proudly exclaim, he made a significant impact on the staff at the clinic, making sure that apart from extractions they started gradually doing fillings, crowns dentures, and even root canal treatments all free of charge.

“My father always wished that our rural area had better medical care and so my brother, Dr Pritam Singh Coonar, became a doctor and set up a medical practice in the village which specialised in eye surgery. I became an oral surgeon after my basic degree in dentistry, but it wasn’t until I retired in 1999 from the Eastman Dental and Hammersmith Hospital that I came back home to serve my people,” explained Dr Coonar.

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**Acknowledgements**

Special thanks to the contributions of Karsta Straub and Leonard Cohen. Dr Coonar wishes to thank them for their continued interest in Pain Relief Clinic Hans. Special thanks also to the role of RC Sirhind through Professor Harshvinder Singh Past President and the current Lead Dental Surgeon in Dr Jaspreet Kaur, who, as both Dr Daman Lal-Sarin and Mrs Chand Lal-Sarin explained, is a “caring dedicated person under whose care the patients presenting for treatment get excellent care.”

* Images supplied courtesy of Ms Karsta Straub
I know a man who can...
Tim Bradstock-Smith discusses why its okay to refer key to success

The days of Renaissance Man have long passed into history; nowadays, the breadth and depth of knowledge within even a relatively narrow area of scientific activity far outstrips the capacity of just one human being, and dentistry is no exception.

It is part of the very definition of general dental practice that the practitioner can never anticipate the nature of the next case to present itself; although this challenge is part of the fascination of the profession, modern diets and lifestyles have predisposed or aggravated many dental conditions, while at the same time patient expectations have risen, and continue to rise, to a level which cannot always be satisfied by even the most talented GDP with limited specialist training, experience or equipment.

In every walk of life, knowing what you do not know, and delegating the responsibility to those who do, is the key to confidence and success. When patients present with symptoms outside the dentist’s experience, need or seek treatment which the practice cannot provide, or require diagnostic tools which the practice cannot provide, or require diagnostic tools which are not to hand, the wise clinician seeks outside help with a referral. While this may go against the grain when many patients are reducing their discretionary spending, referring relevant cases to a specialist should remain the standard response in the best interests of both the patient and the referring practitioner.

The first duty of every healthcare professional is to provide the best possible care for the patient, and to address his or her specific needs. Over the last two decades in particular, there have been significant advances in dental techniques and technology, most notably in implants and orthodontics, which have widened the scope of possible treatments beyond the practicalities of general dental practice.

**Focus**
The current focus throughout society on health and appearance has ensured that these advances have attracted widespread media coverage, which coupled with the internet has hugely increased patient awareness of what is possible. With American style litigation also hovering in the background, all GDPs need to be wary of a dissatisfied patient damaging a practice’s reputation, either locally or through the courts, making a further cogent argument in favour of referral when the optimum treatment cannot be offered in-house.

Specialist referral practices deal routinely with complex cases which GDPs encounter only occasionally, and so have the experience to achieve both a satisfactory outcome and a satisfied patient. Such experience often allows, a restorative procedure to be simplified and made less invasive by anticipating and so avoiding complications, thus reducing stress for the patient and enabling treatment to be completed by the referring dentist.

Aside from clinical considerations, referred patients...
also appreciate that their own dentist has put their interests first, which strengthens their loyalty to the practice and encourages word of mouth recommendation.

Demand
The increased demand for tooth whitening has led to many practices offering this service as patients seek to improve their appearance and self confidence by brightening their smile. However, those with crooked or damaged teeth are unlikely to wish to draw attention to these defects, and a corrective referral often leads to follow up cosmetic treatment carried out by the GDP as the patient pursues the maximum benefit.

Inevitably cases will occur when the GDP is unsure whether a referral will be in the patient’s interest, or which referral practice would be the most appropriate. As remedial and restorative procedures and their associated treatment tools become ever more sophisticated, more and more specialist practices are hosting open days to introduce themselves and their equipment to their GDP colleagues and explain the results they can offer.

GDPs sometimes need to be reassured that a referred patient remains on their own practice list and is only exceptionally treated by the referral practice. Once the patient has been assessed all three parties agree on a treatment plan which makes clear which aspects of the treatment will be undertaken by each practice. Patient ‘poaching’ by the referral practice, once much feared by High Street practitioners, is now largely a thing of the past. The expansion of the referral sector has also increased competition, and every referral practice itself depends on repeated referrals to survive; unethical business practice is today instantly counter-productive.

Committed
While many GDPs relish the varied nature of their daily challenges, referral practices attract the committed specialist within a particular field. As well as ensuring the patient receives the very best in up to the minute care, referred patients also benefit from the latest developments in, for example, scanning and x-ray technology. Very few general practices, likely to be encountering only a few cases a year whose complexity requires such advanced technology, could justify such a level of investment, or the time spent training to interpret the results.

Close relationships between general and referral practices also provide the often unremarked benefit which comes from the exchange of professional information and experience. For the GDP especially, new treatment possibilities can emerge offering both career and financial advantages.

The London Smile Clinic prides itself on the quality of the care it delivers and on its working partnerships with its referring GDPs. The Clinic is a renowned centre of excellence, offering specialist orthodontics and implant dentistry from an award winning team, with ‘before and after’ photographs and models presented as standard features of treatment planning to assist decision making for both the patient and the referring practitioner.

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‘GDPs sometimes need to be reassured that a referred patient remains on their own practice list’

About the author
Dr Tim Bradstock-Smith is principal of the London Smile Clinic, an award-winning centre of excellence in dentistry that is based in Central London. The Clinic offers an extensive range of services, which include specialist orthodontics, implant dentistry and dentures.

For more information contact The London Smile Clinic on 020 7225 2559 or visit www.londonsmile.co.uk/refer

By confi...
Charity starts in your profession – giving is good

Mahiri Coxon reviews the BDBS Conference and Dental Wellness Trust Dinner

I was lucky enough to spend a wonderful day at the British Dental Bleaching Society’s Conference at Royal College of Surgeons in July. The conference was very good with some recent research being presented by Dr Bruce Matis, of Indiana University School of Dentistry. He had a unique piece where the studies were in vivo using teeth which would be extracted for orthodontic reasons. He was a very interesting and knowledgeable speaker.

After a wonderful lunch, Dr Linda Greenwall, President of the BDBS, spoke with a practical, approachable animated style, about categorising and costing your whitening cases appropriately. She also discussed microabrasion and how this can work to treat whitespots. It was an incredibly useful talk. She showed cases who have whitened successfully and are still white six or eight years later.

Following on from Linda, Dr Mervyn Drum gave a wonderful and useful talk, showing dental professionals how to calculate the hourly fee required to run the practice and therefore how to cost treatment effectively. Mervyn also shared some wisdom and inspiration with us on how to be happy in practice. Boosting patients you like to treat, staff you like to work with, and doing at least one act of kindness in a day which can’t be repaid.

After a short reflective break, James Goolnik, author of Brush, spoke about marketing in practice, sighting his own practice, Bow Lane, in this. James also talked about being an inspiration and role model in the profession.

The day finished with a debate and a strong panel of experts Dr Bruce Matis, Dr Wyman Chan, Dr Mervyn Drum, Dr James Goolnik, Dr John Tiernan and chaired by Dr Linda Greenwall. It was a very good debate looking at the EU directive, what this means for us as a profession and our patients. The general consensus was that power whitening is not necessary and that the 6 per cent rule will be sensible and appropriate. Not everyone agreed with this but it was voiced that this would make it easier to work together to close down illegal whitening practice.

We had drinks in one of the Council Rooms then moved through to the Edward Lumley Hall. The hall was beautiful and the dinner was to raise awareness and funds for the Dental Wellness Trust. The whole day I was conscious of so many of the delegates desire to give back and support charity initiatives. So I thought I would show you what is out there that you could be part of too. It is incredibly rewarding to give some of your time and skills to a project professionally and emotionally.

Charity starts in your profession – giving is good

Dental Wellness Trust

The trust’s overarching mission is to educate and treat the underprivileged in an effort to improve the oral health and wellbeing of people with little or no access to basic oral healthcare.

A gap between the oral health status of children in lower socio-economic groups still exist in the UK. A recent national survey of child dental health states that the probability of having obvious decay experience of the primary teeth was about 50 per cent higher in the lowest social group than in the highest social group. Surveys in the UK still highlight the inequalities strongly associated with social background. People living in areas of deprivation and other vulnerable groups in society have poorer oral health and little or no access to dental services.

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The trust’s oral health education programme is in line with government policy, which recognises the important role of civil society – to integrate oral health into the wider public health agenda and focus on preventive dentistry, with few interventions.

For more information on how you can contribute or support the trust visit http://dentalwellnesstrust.org/

Heart Your Smile
Celebrating the dental profession and providing you with tools to engage your local community, celebrating your successes and guiding you to deliver a positive dental experience.

The goal of the campaign is to change the public’s perception of Dentistry, increase attendance and reinstates the dental team’s position as trusted members of the local community. We will take this message to the public in a fun new way ONCE we have enough of the profession behind us and we have hit certain key measurements. Using campaigns never seen in Dentistry before, based on humour, powerful visuals and collective effort, we believe we can make a measurable difference. Our estimate is to launch the public facing campaign 12 months from now but that depends on your help!

For more information and to sign up to the manifesto visit http://www.heartyoursmile.co.uk/

Bridge2Aid
Since 2002 when they started work in Tanzania, Bridge2Aid has worked tirelessly to increase access to pain relief. Focussing on sustainability, and empowering local people to improve their own lives over the long term, they have trained over 160 local health workers in emergency dentistry, and now train more than 50 health workers each year. This training has not only directly treated tens of thousands of people but has also extended access to emergency dentistry services to people living in rural areas. An estimated 1.6m people now live within reach of someone who can help them when they have dental pain.

Bridge2Aid has also established a long term development programme with the disabled and People Affected by Leprosy at Bukumbi Care Centre.

There are many ways you can support Bridge2Aid, for more information visit http://www.bridge2aid.org/32a/index.html

Dental Mavericks
This is a fantastic group of people who have worked to build a programme for children in Morocco over the last three years. They are fund raising to purchase a dental ambulance so they can reach more families out in the harder to reach areas and tribes. The journey has been said to be life altering by many who have volunteered.

For more information on ways to help visit http://www.dentalmavericks.org/

Smiles 4 Heroes
The Smile 4 Heroes Foundation is a team of highly committed dental professionals in the UK that have come together to give their time and expertise to rebuild the smiles and confidence of those Heroes who have been injured in active service in our armed forces.

All the teams involved in the foundation can see the amazing changes they are making to those heroes lives.

For more information and ways to support visit http://www.smile4heroes.co.uk/

I hope that helps so that you can find something you would feel comfortable doing to help others who are not as fortunate as you.

DT

About the author
Mhari Coxon has 20 years experience in dentistry, working as a nurse, receptionist, oral health advisor and ultimately hygienist in a variety of practice environments. She is passionate about her profession. At present, she works as Senior Professional Relations Manager for Philips Oral Healthcare and clinically as a hygienist in central London. From Chairing the London BSDHT for 3 years, and working as an MD, Mhari excels at motivating and co-ordinating a team and utilizing skills, developing leadership and developing self efficacy in members.
Unethical Advertising
Neel Kothari looks at the murky world of advertising dental products

Over the past few years dentists have been heavily scrutinised in the way that we advertise to our patients and the public. Heaven forbid we use words that suggest we specialise in fixing teeth without the relevant qualifications or make use of our courtesy title of ‘Dr’ without running the risk of misleading patients into thinking that we graduated with PhDs (Or is that medical doctors? I’m confused.).

Of course in the long run this level of scrutiny is probably in the best interest of our patients, after all can we really expect people to make informed choices without fair and honest advertising? Of course not. As a profession we are quite rightly held to a high standard; people value the health of their mouths and as such put a lot of trust in us when we try to help.

So why are manufacturers of toothpastes and mouthwashes allowed to make all sorts of exaggerated claims when other healthcare products such as over the counter medicines have stricter guidelines? In my opinion if somebody is gullible enough to think that the extract of herbs and fruits actually improves plaque, then that’s fine and up to them, but most people don’t really expect any health-care benefits.

However many of the dental products are not simply advertising whiter teeth or improved breath, they often claim to offer a ‘total’ protection against more serious dental conditions such as gum disease. Whilst many products used appropriately are of benefit to the public, where do we draw the line when it comes to marketing? Recently I have seen a large increase in the number of mouthwashes marketed for children which runs contrary to the advice that I give my patients not to rinse after brushing.

In 2010 the FDA (US Food and Drugs Agency) issued warning letters to three companies that manufacture and market mouth rinse products with claims that they remove plaque above the gum line or promote healthy gums. These claims suggest the products are effective in preventing gum disease when no such benefit has been demonstrated. Warning letters were sent to Johnson & Johnson (Listerine Total Care), CVS Corporation, and Walgreen Company. These mouth rinse products contain the active ingredient sodium fluoride. The FDA has determined that sodium fluoride is effective in preventing cavities but has not found this ingredient to be effective in removing plaque or preventing gum disease.

Jonathan Shenkin, a paediatric dentist and assistant professor of health policy at Boston University’s School of Dental Medicine said “rinse does disrupt plaque, but the effect is similar with plain water or mouthwash”. Of course this does not apply to all mouthwashes and certain antimicrobial rinses have proven efficacies with good clinical studies supporting their claims. However, if we look at the children’s range of mouthwashes there is a strong implication to parents that by using their product children will improve the oral health of themselves and their families. We already have rules and regulations which govern advertisement of products which are not in the public’s best interest - a key example is tobacco advertisement.

So why are we so heavily scrutinised as a profession when big corporate organisations are able to blatantly abuse marketing in a manner that manipulates their quasi-medicinal products and takes advantage of the public, who are simply trying to do the best they can to improve the oral health of themselves and their families? We already have rules and regulations which govern advertisement of products which are not in the public’s best interest - a key example is tobacco advertisement.

Whilst I am not trying to compare smoking with flossing, I am concerned that companies are so freely able to imply that their products are on par with other more tried and tested forms of cleaning despite a lack of acceptable evidence supporting their claims. I am even more concerned that the GDC seeks far more pressing issues which would benefit the public. Or perhaps they are just after the battles they think they can win.

About the author
Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Sawston, Cambridge and has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL Eastman Dental Institute.

So why are we so heavily scrutinised as a profession when big corporate organisations are able to blatantly abuse marketing in a manner that manipulates their quasi-medicinal products and takes advantage of the public, who are simply trying to do the best they can to improve the oral health of themselves and their families? We already have rules and regulations which govern advertisement of products which are not in the public’s best interest - a key example is tobacco advertisement.
LASER Assisted Open Flap Debridement – A Case Series

Dr Sneha Gokhale discusses periodontal therapy

Periodontitis is the result of complex interrelationships between infectious agents such as bacteria and host factors. It is universally accepted that periodontal disease is the result of mixed bacterial infections that require the participation of a very limited number of the members of the anaerobic microbiota inhabiting the subgingival region and results in the destruction of supporting structures of the teeth.

The non-surgical periodontal therapy leads to resolution of inflammation, reduction in bacterial load and reduction in probing pocket depth. However, the complete removal of bacterial toxins from the root surfaces in the deep periodontal pockets is not always achieved with nonsurgical therapy. Instrumentation is not possible in inaccessible areas such as furcation, grooves and concavities.

Thus surgical therapy performed in cases with persistent inflammation, deeper pockets, class II and III furcation defects and intrabony defects provides better accessibility to root surfaces as well as osseous defects. However, periopathogens persist in the mixed species plaque biofilm on tooth surfaces, adhere to and enter the epithelial cells and are tissue invasive in nature. These are sources for re-colonisation and reinfection. The limitations of the conventional therapy have prompted us to implement the use of adjunctive anti-microbial measures.

Laser-assisted periodontal therapy has attracted attention recently as a potential alternative or adjunct to conventional mechanical debridement. Carbon dioxide (CO2) laser, Neodymium-doped:Yttrium-Aluminum-Garnet (Nd:YAG) laser, Diode and Erbium-doped:Yttrium-Aluminium-Garnet (Er:YAG) lasers have been used for this purpose.

Laser-assisted periodontal therapy has attracted attention recently as a potential alternative or adjunct to conventional mechanical debridement. Carbon dioxide (CO2) laser, Neodymium-doped:Yttrium-Aluminum-Garnet (Nd:YAG) laser, Diode and Erbium-doped:Yttrium-Aluminium-Garnet (Er:YAG) lasers have been used for this purpose.
laser have been used in the therapy of periodontal pocket for hard tissue as well as soft tissue management. A part of the laser energy scatters and penetrates during irradiation into periodontal pockets. The attenuated laser at a low energy level might then stimulate the cells of surrounding tissue resulting in reduction of the inflammatory conditions (Shimizu et al 1995), in cell proliferation (Quadri et al 2005), and in increased flow of lymph (Shimotoyodome et al 2001), improving the periodontal tissue attachment and possibly reducing post-operative pain.

Lasers have been used as an adjunct to non-surgical periodontal therapy. Soft tissue lasers such as Diode and Nd:YAG have the potential for curettage of pocket wall and disinfection of periodontal pockets. Er:YAG laser can be used for both soft and hard tissue debridement. However, the scientific studies indicating positive clinical results and effective calculus removal in deep pockets with the use of different lasers are still lacking.

The use of Diode, CO2 and Er:YAG lasers as an adjunct in open flap debridement has been described in this case series. The mechanism of action, surgical technique, advantages and disadvantages of each laser have been discussed in detail.

Therapy selection
Patients within the age group of 50-50 years diagnosed as cases of Chronic Periodontitis were selected from the outpatient department of M.A.Rangoonwala College of Dental Sciences and Research Centre, India. Patients with probing pocket depth more than five mm after Phase I therapy were selected for the surgical therapy. Customised acrylic stents were prepared to record the probing depths pre and post-operatively. All the patients were followed up for three months post-surgery and probing depths were recorded with same stent.

‘Soft tissue lasers such as Diode and Nd:YAG have the potential for curettage of pocket wall and disinfection of periodontal pockets’

The surgical area was anaesthetised using Lignocaine 2% with 1:200000 Adrenaline. The procedure was done under proper aseptic precautions using continuous aspiration to keep the surgical site clean. A full thickness mucoperiosteal flap was raised to provide visibility and accessibility to the underlying bone and root surfaces. After the debridement, mucoperiosteal flaps were sutured back with 4-0 non-resorbable silk sutures.

The laser safety protocol was followed to avoid the adverse effects of lasers:

1. The operator, patient and the assistant wore glasses which are specifically designed to filter the laser beam of the specific wavelength.

2. Reflecting surfaces like metal or reflective surfaces were avoided in the surgical area in an attempt to keep the surgical site clean.

3. The lips were reflected and the surgery as they are inflam mable.

4. Moist gauze was used to protect the adjacent areas.

5. Alcohol based topical anaesthetic or alcohol moistened gauze were not used during the surgery as they are inflammable.

6. High speed evacuation was used to capture the laser plumes.

Case 1: Co2 laser assisted open flap debridement
The CO2 laser is a gas laser with a wavelength of 10,600nm. It can be used in a continuous or pulsed mode. The laser shows high absorption by water and therefore is an excellent soft tissue laser. It can easily cut and coagulate soft tissue, and has a shallow depth of penetration into the tissue, which is important while treating mucosal lesions. In addition, it is helpful in vaporising dense fibrous tissue. It can penetrate about 0.5mm deep into the tissue depending on the power intensity. It also has a strong bactericidal effect.

A 40-year-old male patient with a probing depth of six mm (Fig 1) after Phase I therapy was taken up for CO2 laser assisted open flap debridement. The CO2 laser (Fotona®) was used at the power of 5W in a continuous defocused mode for removal of the pocket lining. Defocussing increased the surface area and reduced the depth of penetration (Fig 2). The use of laser on the inner aspect produced a charred layer after ablation of the tissue (Fig 5). This laser had an articulating arm through which the laser beam was directed towards the granulation tissue. This laser is always used in a non-contact mode. The articulating arm is kept at a distance of one inch from the target tissue. A smoke evacuator was used to absorb the laser plumes formed as a result of ablation. An ‘Epithelial Exclusion’ technique was described by Cnityt et al. in 1996 was used in this case. This technique includes de-epithelisation of the outer surface of the mucoperiosteal flap to prevent epithelial downgrowth (Fig 4). It was done at 3W, superpulse focused mode and the laser beam was directed at the band of epithelium which was ablated. Since the laser was
used in superpulse mode, the penetration was superficial and did not damage the underlying tissue.

The three-month follow up showed reduction in probing depth from six mm to three mm (Fig 5). The healing was uneventful. Patient did not experience pain or discomfort after the procedure.

The advantages of the CO2 laser are the excellent tissue coagulating and haemostatic properties. It also exhibits bactericidal effect against the tissue invasive perio-pathogens.

However, wavelength has the highest absorption in hydroxyapatite, where it is absorbed by the phosphate ion (-PO₄), resulting in carbonisation when applied to hard tissues. It produces melting, cracking and carbonisation when applied to the hard tissue and therefore cannot be used for calculus removal. The laser energy is conducted through the waveguide and is focused to the surgical site in a non-contact fashion. The loss of tactile sensation poses a disadvantage to the surgeon, but the tissue ablation is precise with a careful technique.

Case 2: diode laser assisted open flap debridement

The diode laser is a solid-state semiconductor laser that typically uses a combination of Gallium (Ga), Arsenide (As), and other elements such as Aluminum(Al) and Indium (In) to change electrical energy into light energy. The wavelength range is about 800–980nm. The laser is emitted in continuous-wave and gated-pulsed modes, and is usually operated in a contact method using a flexible fibre optic delivery system. Laser light at 800–980nm is poorly absorbed in water, but highly absorbed in haemoglobin and other pigments. Since the diode basically does not interact with dental hard tissues, the laser is an excellent soft tissue surgical laser. The FDA approved oral soft tissue surgery in 1995 and sulcular debridement in 1998 by means of a diode laser.

A 45-year-old male patient with a probing depth of six mm after Phase I therapy was selected for diode laser assisted open flap debridement (Fig 6). Diode laser (Sunny Laser®) with a wavelength of 980nm and with a power setting 2.5W was used in continuous, contact mode with the help of a flexible fibre (400µm) optic delivery system. The fibre was used in a ‘brush stroke’ motion on the undersurface of the flap to remove the pocket lining (Fig 7). A layer of charred tissue was noticed after lasering the undersurface due to haemostatic and tissue coagulation effect of the diode laser (Fig 6),

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Mechanical process, which ablates all living cells within the range of its penetration. Laser energy is absorbed by water molecules, and causes quick heating and vaporisation with massive volume expansion and explosion. The sequela of ‘Microexplosions’ creates high pressure on the surrounding cells that burst off. These dynamic effects cause mechanical tissues to collapse, resulting in Thermochemical or Photomechanical ablation. This phenomenon has also been referred to as ‘Water Mediated Explosive Ablation’. Thus it is both a hard and soft tissue laser. The temperature increase is minimal in the presence of water irrigation, allowing hard and soft tissue removal without any carbonisation.

A 57-year-old male patient with probing depth of six mm was selected for Er:YAG laser assisted open flap debridement (Fig 10). In this case, delivery was a handpiece. The laser beam was directed towards the granulation tissue by holding the handpiece one inch away from target tissue. It was moved in a ‘brush stroke’ motion in a shaving manner till the granulation tissue was removed. The motion was continuous with overlap of the laser spots. The laser was used for calculus removal in the same way. Since the laser does not have a haemostatic effect, some amount of bleeding was noticed after the use of laser (Fig 12).

There was reduction in probing depth from six mm to three mm after three months post-operatively (Fig 15). The healing was uneventful.

The use of Er:YAG laser has gained popularity in recent years due to its use in both soft and hard tissue procedures. The laser has an irrigation system which prevents overheating of the tissues thus causing minimal thermal damage. It also has an excellent bactericidal effect.

The difficulty in using this laser is the non-contact mode of laser delivery, which is difficult in inaccessible areas. This laser produces a typical ‘bullet noise’, which can be irritating to the patients. The use of irrigation produces aerosol containing with blood which can contaminate the dental surgery. Also, the Er:YAG laser machine is expensive and comes as a big unit, unlike the diode laser.

Post-operative instructions
After completion of the procedure, flaps were sutured back with 4-0 non-resorbable silk sutures. No periodontal dressing was placed over the operated area in any of the treated sites. Post-operative instructions were given to the patient. The patient was instructed to avoid spicy, hard, sour and hot food, avoid smoking and brushing on the treated area and was instructed to maintain oral hygiene by regular rinsing after meals and advised warm saline rinses from the next day. The patients were prescribed analgesics and Chlorhexidine mouthwash after the surgery.

Conclusion
The use of lasers as an adjunct to mechanical debridement did not lead to post-operative complications nor delayed healing.

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D.A.C With Any 3 B.A Ultimate S Contra-Angles

- All in one: Cleaning, Lubricating and Sterilisation for all of your handpieces.
- Installation and D.A.C Introduction included in purchase price.
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- Far less hand piece handling from staff
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- Reduced oil consumption
- Amortization period - 10 - 20 months. Turning hygiene cost into profit!

The D.A.C Universal comes with:

- 1 Standard lid
- 6 adapters
- 1 bottle of Nitram oil
- 1 air filter
- 1 Clip holder for indicators

Code  Description  RRP  Price
DAC100  D.A.C Universal Complete  £1800  Save up to £1800

Offer 1
Spend over £1000 & receive an Apple TV Free

Offer 2
Spend over £2000 and receive a Polaroid two instant digital camera with integrated printer

Offer 3
Spend over £3000 and receive “The New iPad3” 16GB or iPhone 4S Free*

B.A. Ultimate S Premium Contra-Angle
B.A. Ultimate S Premium range with light, small head push button for Contra-Angle, titanium body, cellular fibre optic rod, standard INTRAmatic LUX connection, autoclavable and thermodisinfectable. 2 year guarantee.

BA45LS With Light  £422  £379.80
BA250LT With Light  £512  £460.80

BA40LS  Blue Band, Direct Ratio 1:1, Single Spray  £464  £417.60
BA200LT  Red Band, Speed Increaser 1:5, Triple Spray  £623  £560.70

B.A. Ultimate Handpieces
B.A. International’s contra-angle range combines maximum performance with high torque and consistent speed. The range also includes the following features: Stainless Steel body. Fibre optic glass rod, illumination up to 25,000 LUX (for models with light). Ergonomic design and smooth finish for efficient cleaning. Triple spray for 1:5 and single spray for 1:1 and 6:1 contra-angles for optimum cooling. Standard E fitting connection, Thermodisinfectable and autoclavable up to 135ºC. 1 year guarantee.

Code  Description  RRP  Price
BA45LS  With Light  £422  £379.80
BA250LT  With Light  £512  £460.80

B.A. Ultimate Power+
B.A. International Powers with new design, improved ergonomics and handling. Titanium body, ceramic bearings, fibre optic glass rod, available in two powerful head sizes: Standard (BA755 = 20W) and Mini (BA758 = 14W), with 5 connections available: KaVo, NSK, Bien Air, Sirona and W&H, anti retraction valve, thermodisinfectable and autoclavable up to 135ºC, made in Germany, 2 year guarantee.

BA121T
Blue band contra-angle handpiece (external spray), direct ratio 1:1, standard E fitting connection, autoclavable.

Code  Description  RRP  Price
BA121T  Thermodisinfectable Latch Type Contra-Angle  £86

Offer 3
Spend over £3000 and receive “The New iPad3” 16GB or iPhone 4S Free*

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Patient Confidential

Jane Armitage looks at patient confidentiality in the dental practice and beyond

Last week I attended the hospital for an appointment. As I sat there I couldn’t help but listen to a conversation that was going on between reception staff. It was all about a patient who had been diagnosed with cancer; it made me think how that person would feel if they knew that everybody in the waiting area had heard about their diagnosis. I think that this is a terrible scenario.

How many of us have our reception desks adjacent to the waiting area? Probably the majority - and how often do staff members congregate at some point of the day in the reception area? It’s normal to talk but it is inappropriate to discuss anything of a confidential nature, especially with patients in close proximity.

Dental teams have both an ethical and a legal duty to keep patient information confidential.

Sharing confidential information
Dental-patient confidentiality is simple; as a patient you have a right to complete confidentiality. Anything said within the confines of a dental practice, becomes protected under the Data Protection Act. This includes the fact that you were even there. Dentists have no right to supply anyone, even close family members, with your dental records or information, without consent. However it can be shared with someone who has an interest, for example a Consultant who may also have an interest in your dental health.

Privacy is an important issue and confidentiality is a must.

In a dental practice there is always something to do and it’s important that the reception area remains as a reception area and not become an overspill of the staff meeting room.

Induction can form the basis of what you can expect from new staff members. Confidentiality should form a large part of any induction programme for new team members.

Being social
Social networking is another area where you can see that reference to incidents or names are being made, quite often the person whom comments are being referred to is oblivious to the fact that his/her business is being shared with the world. This is an area that needs addressing to ensure you don’t fall foul of the ethics of dentistry.

Staff meetings can be used to test the staff on the importance of confidentiality especially who you can share information with. Every dental professional should be made aware of the advice sheet Ethics in Dentistry (available...
from the BDA website - members only). Although it is heavy reading it is a useful tool to have within the practice as it determines what you can and can’t say and to whom.

The Information Governance toolkit developed by the Department of Health (https://www.igt.connectingforhealth.nhs.uk/) is a great training tool and is a way of ensuring all staff has answered questions covering all aspects of data protection and confidentiality. I also refer to Standards for dental professionals, this is available from the GDC.

Your team need to know when they can divulge information to a third party without having adverse effect.

Disclosure

There are circumstances when personal information can be disclosed:

- Where expressly the patient has given consent to the disclosure
- Where disclosure is necessary for the purpose of enabling someone else to provide health care to the patient and the patient has consented to this sharing of information
- Where disclosure is required by statute or is ordered by a court of law
- Where disclosure is necessary for a dentist to pursue a bona-fide legal claim against a patient, when disclosure to a solicitor, court or debt collecting agency may be necessary

After writing this, a colleague of mine has read it and passed a comment which made me laugh and that was:

“Could someone tell Deidre about this as she has told all the UK about Tyrone’s girlfriend’s visit to the doctor?”

I replied: “Who’s Deidre?”, thinking we had a new employee…the answer came back: “In last night’s episode of Coronation Street!”

I give up; this was supposed to be a serious subject!

About the author

Jane Armitage is an award-winning practice manager and has almost 40 years industry experience. She is currently a practice manager for Thompson & Thomas, and holds a Vocational Assessors award. She is also a BDA Good Practice Assessor, BDA Good Practice Regional Consultant, and has a BDA Certificate of Merit for services to the profession. She has her own company, JA Team Training, offering a practice management consultancy service, which includes on-site assistance covering all aspects of practice management with a pathway if required for managers to take their qualification in dental practice management. If you’ve any memories of the early 1970s or any specific choices of topics you’d like addressed, call Jane on 01142 585846 or email janearn@tiscali.co.uk.

Confidentiality is a must for patient information
Information: to share or not to share?
Amanda Atkin on what you should know about the Information Governance Review

The review takes the subject of confidentiality to another level to investigate how the information held in practices but the security of that information/data from an access perspective to data storage on laptops, memory sticks, data servers and discs (to name a few).

The Terms of Reference for the Review include (to review):
- the information flows needed to support [the current and future purposes for which patient and social care service user information may be used] where they require information which may be identifiable
- when explicit consent for information sharing needs to be sought and recorded, and when may consent reliably be implied and objection-active dissent recorded
- when should anonymised and pseudonymised data be used

As dental practices already have to be compliant with CQC requirements, which also cover elements of information governance such as privacy, dignity, equality and confidentiality, the Review covers that need from a higher, more robust level. Already dental practices are required to undergo the IG Toolkit (Information Governance Toolkit) to embed and ensure staff have a clear understanding of what information governance means for the practice, staff and, most importantly, patients.

Have your say:
The Information Governance Review Panel has identified a number of themes it wishes to investigate, with dentistry not mentioned specifically. There is also no dentistry representative on the panel. With this in mind, it would seem important that those in the dentistry profession contribute to the evidence gathering process of the Review. This can be done by post or email – see http://valdict2.dfh.gov.uk/contact-us. The panel is also holding a number of ‘Evidence Sessions’ – each with a particular theme. Again, none are exclusive to dentistry but some themes (eg Patient and Public rights in law including new EU Regulations) will clearly have a bearing on what goes on in dental practices. The dates and themes can be downloaded at https://www.wp.dh.gov.uk/caldicott2/files/2012/06/Evidence-Gathering-Themes-Dates-150612.pdf.

About the author:
Amanda Atkin runs Aikensire Ltd and offers practices support, training and consultancy on information governance, CQC compliance, National Minimum Standards and HTM 01-05.
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T h e D e n t a l C o m p a n y
Thinking of buying a Practice???

Some Top Viewing Tips

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 18 months have seen a sizable rise in the number of Associates looking to purchase.

There are after course no guarantees however there are a few common sense steps that a prospective purchaser can take to improve their chances

• Turn up for your viewing appointment on time!
• 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 be quite 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 Guy’s)
• 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. 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 décor has 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 generalist)
• Outline that you do already have funding in place or ‘agreement in principle’ for the purchase (and in advance, I would suggest you speak with a specialist Independent Dental Business Advisor, 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

I know it may seem bizarre 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 nice in that first viewing and remember the tips...... they really do work.

About the author

David Brewer has worked with the Dental profession for over 15 years helping over 1000 clients secure funding for Practice purchase and Start Up. 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 is Director of FT&I Finance and can be contacted on 01707 653260 or davidbrewer@ft-associates.com
Should you be in the fortunate position to be able to invest some of your income/capital for your future then there is a 10 point checklist you may want to refer to when making your investment decisions.

It doesn't matter whether you have a small nest egg to invest or if you have a large amount of money set aside. Whatever the amount, it's crucial that the investment decisions made are right for you and this is where the 10-point checklist comes in.

Before reading through the 10 points there is a word of warning you should heed; it is an issue some face through overzealous investing. It's important that you don't over invest; this means that you should not commit money that you may need access to in the short term and you should not invest money you can't afford to lose.

One point that should be mentioned is that savings and investments are two different elements of the financial planning process.

Savings come with a set (or variable) interest rate so you have security (up to $5,000 per financial institution) with your money but it will yield (currently) a low rate of return. The classic example is a deposit based savings account.

Through an investment you take a lump sum of money, or a regular amount, and place it into an investment vehicle that is not deposit based. An investment has the potential to grow quite substantially, or potentially fall lower than your capital amount. This will be largely dependent on the asset class (such as shares, government bonds etc) chosen as well as the overall market conditions of the asset classes.

Let's look at the 10 points:

1 – Objective
Before proceeding with an investment you need to understand what you want to achieve with your money. There are a few questions you need to ask yourself: are you looking for growth on your capital, or to generate an income? Why are you seeking capital growth? What amount of income are you looking to generate?

2 – Term
You really should consider how many years you want to invest your money over before you sign on the dotted line. This is especially the case if you need access to any of the capital. Therefore, it's advisable to check if there are any penalties for accessing your money at any stage of the investment as some financial products have clauses in them that will not allow access without penalty.

3 – Financial Loss
With any investment there is the potential for loss. Because of this you do need to focus on potentially losing money. This is not an area many investors like to think about, but it is a key element of the decision making process.

Let's look at the 10 points:

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How much can you realistically feel comfortable losing without impacting your current and future financial position?

4 – Volatility

Investment markets can be described as volatile, a term that scares many but this shouldn't necessarily be the case. The dictionary.com meaning of volatility is: (of prices, values, etc.) tending to fluctuate sharply and regularly. Volatile market conditions.

If you know you are someone who is easily nervous of such changes, you may find yourself worrying and losing sleep. A volatile market doesn't necessarily mean you will lose your capital as you will only lose out if you withdraw your investment at the wrong time.

5 – Risk

With any investment there are associated risks. Some of the risks are that you could lose money on your capital or that it may not grow to the expectations you were looking for. Each investment type has differing levels of risk and, generally, the greater amount of risk you take provides the greater potential for reward.

Think about the amount of risk you are willing to take. This means you should only put your capital in markets that carry the same amount, or a lower risk than you are comfortable with.

6 – Taxation

Taxation is a key area that needs to be considered with all investments. The wide range of investment vehicles on the market offer different taxation implications for taxpayers. Make sure you review your tax position prior to investing your money and think about whether you may have to pay capital gains tax on the growth of your investment or income tax on any ongoing interest/returns.

For example, you may decide that going for an Individual Savings Account instead of another investment product is your first port of call because of the associated tax benefits.

7 – Accessibility

As mentioned in point 2, some investments allow for instant withdrawal of capital with no penalty associated, whilst others have financial penalties involved for instant withdrawal. On the other hand, there are products that offer limited withdrawal and have a fixed duration for the investment so your money is “tied in” and cannot be withdrawn no matter what the circumstances are.

Because of the volatility of markets, as mentioned in point 4, you may need to think about the duration period and whether a medium to long term fixed duration fits your requirements should the markets suffer. This is also relevant to points 5 and 6.

8 – Understanding

A number of investments are simple and easy to understand, whilst others are more complex and require a detailed level of knowledge. If you don’t fully understand how the investment vehicle works, it may be an idea to seek clear. Also, if you use the services of a financial adviser, ensure you ask many questions needed to understand the product before agreeing to put your money into it.

9 – Review

Investments require regular reviewing, no matter what the product type is. If you are not willing to review them at least annually then it is probably not advisable to invest your money in the first place as you will not know how your investment is progressing and whether it still satisfies your financial circumstances on an ongoing basis.

10 – Cost

As with many things in life, in the investment world there is no free lunch. Just about all investments incur charges, so it is important that you know what these are and exactly how much you will be paying, both initially and ongoing.

In Summary

So there you have it. Whilst there are a number of additional points that investors should consider, this list is a useful place to start. The key point to remember is to always do thorough research, either yourself or outsourcing it to a trusted professional.

For further information on this introductory course, basic Core Curriculum of learning and team events, please contact: info@bdseminars.com +44 (0)151 342 0410 www.bdseminars.com

A career path change and discovering my passion

My first experience of the Dawson academy was a BDA lecture in Birmingham, where I first met Ian Buckle and was impressed with both his knowledge and enthusiasm. I had studied previously under well respected speakers, Bill Concowlcz and Roy Higson, so my knowledge of occlusion was already at a respectable level.

The Dawson academy however brought something very new to my career progression. In 2009 I undertook the first set of four modules for the core curriculum and found that importantly all the fragmented pieces of knowledge that I had were able to come together so that I could finally start to implement the concepts of complete dentistry into the practice. The course offers a pragmatic and systematic approach from carrying out a comprehensive examination through to treatment planning and implementation. From 2010 onwards I have successfully completed a significant number of cases, from full mouth rehabilitations to complex implant work.

To change a career path is no easy task. Having worked for many years I struggled to apply the principles that I had learnt. Focusing on the approach of a systematic diagnosis and treatment plan I began to approach my treatment decision making in a different way. I used the three dimensional approaches taught by Dr Buckle and started to visualise and create plans in the diagnostic wax up phase myself rather than expect a technician to guess where the teeth should go and what they should look like.

This alone improves clinical and diagnostic skills and coupled with the additional modules of anterior restoration and equalisation helps to make important treatment making decisions in the planning phase rather than start treatment with no concept of how it will conclude- an unfortunate error many of our contemporaries are still making.

At this transitional time, Dr Buckle is there to help. He encourages bringing models and helping with the treatment making decisions, while always insisting that the all the records are as accurate as possible. Poor records mean all further stages are compromised. Unlike many of the restorative gurus out there, Dr Buckle is always approachable.

This course has truly changed my practice path and I am now doing the kind of dentistry I could only have imagined a few years before. I have since gone on to the advanced set of modules and slowly have gained the confidence to tackle complex and difficult cases.

The philosophy of the Dawson approach really emanates from Peter Dawson himself, possibly the most important figure in the advancement of complete dentistry, and Ian Buckle, along with John Cranham, Glenn Dupont, Dewitt Wilkinson and Andrew Cadby (to name a few) have brought this philosophy forward. They teach with a passion and desire to spread their knowledge as Peter Dawson would have wished when the academy was first set up.

Moiz Mohammed Principal
BD(UK) Ltd

Extensive experience in restorative dentistry with over 10 years of specialised postgraduate training on all cosmetic and reconstructive aspects of dentistry. He continues to lecture on Cosmetic dentistry and has completed the prestigious Dawson academy foundation course, based in St Petersburg. He is a member of numerous organisations which focus on stable and functional aesthetic outcomes.

For more information about the author, please visit www.medicaldentalfs.com Tipps’ visit www.medicaldentalfs.com

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Dental Tribune looks at BDTA Dental Showcase

London 2012 - The other big event of the year

This year’s Dental Showcase is back in London’s ExCeL, from 4-6th October, with more than 500 stands exhibiting all the latest products, services and technologies in dentistry.

As well as being able to interact with on-stand experts, this year introduces new features to the Showcase: Mini Lectures, a Business Clinic, and a Tech Zone (Saturday 6th only). Not only will all of these be beneficial to everyone in dentistry, but they are also all simple ways of obtaining general and verifiable CPD.

The Mini Lectures programme features a whole host of expert speakers covering a range of topics; from how to handle medical emergencies, to the benefits 3D imaging provides for dental diagnostics and implant preparation, and financial management for your practice.

By visiting the Business Clinic, you can receive free expert advice on how to improve your practice. A panel of six experts will be on hand to share common problems and help dental team members identify issues within their business, and how best to address them.

Spaces are limited to 20 people per session and bookings are first come, first served, so make sure to book your seat online to guarantee your place and verifiable CPD. This can be done at www.dentalshowcase.com.

A number of talks will be hosted at The Tech Zone, where you can see all the latest in technology across a variety of disciplines in an exciting and dynamic way, from some of the UK’s leading technicians.

For visitors who enjoy watching demonstrations as a method of learning, a live theatre will be featured inside the exhibition hall this year, offering useful insights into a range of techniques and innovations in dentistry. Demonstrations include Hypnosis for Dentistry and Facial Aesthetics: Botox and Dermal Fillers, among others. And don’t forget to visit the Smile-On team at stand 302 for more (CPI) and information of postgraduate courses on offer!

Food and Drink

All of this can be tiring work, so what better way to put your feet up than by visiting one of the many food places that can be found at ExCeL. You can enjoy pizza at Zero Sette, fish and chips at Docklands Bar and Grill, Dim Sum at China Palace, and vinalos at Bollywood Brasserie. With no shortage of variety on offer, there really is something for everyone.

If you’re in need of a caffeine hit, head to La Barrique for a cup of tea or coffee and cake, or go there to wind down at the end of the day with a glass of wine.

Plan Ahead

As it is such a vast exhibition, make sure you plan ahead and are able to access all the information you could possibly need on the day, by downloading the new Showcase 2012 app on your smartphone. The BDTA Dental Showcase is the first dental exhibition in the UK to offer a free app to help you along with your visit.

There are built-in functions to view exhibitors you would like to visit, you can plan which live theatre demos you’ll be attending, and see what key speakers will be at the event.

The app also allows you to access social media sites, allowing you to connect with other dental professionals at the event and share your Dental Showcase experience. So now you only need your phone to network and navigate your way around the show!

Downloading the mobile app is easy. For iPhone (plus, iPod Touch and iPad) and Android phones: visit your iTunes App Store or Google Play on your phone and search for ‘Showcase 2012’ to download the app. For All Other Phone Types (including Blackberry and all other web browser-enabled phones): While on your smartphone, point your mobile browser to http://m.core-apps.com/showcase12. From there you will be directed to download the full version of the app for your particular device, or on some phones, bookmark this page for future reference.

How do I Get Tickets?

Be sure to register online for tickets in advance of the show to guarantee free entry. This year the BDTA are switching to e-ticketing, and by registering online, you will be helping dental charities chosen by you.

When on-line registrations reach 20,000, the BDTA will donate £5,000, shared out between the charities in accordance with your votes. When registrations reach 25,000 they will add another £5,000 to be shared between them in the same way. £10,000 really can make a difference to people’s lives, so every registration counts.

To do this, go to www.dentalshowcase.com, register for your e-ticket, and vote for the dental charity of your choice.

How do I get to ExCeL?

The Jubilee Line is recommended as the quickest route to ExCeL London. Alight at Canning Town and change onto a DLR train, for the quick 2-stop journey to Custom House for ExCeL (West) or Prince Regent for ExCeL (East).

If driving to ExCeL London, follow signs for Royal Docks, City Airport and ExCeL. There is easy access from the M25, M11, A406 and A15. For maps and parking information, go to www.excel-london.co.uk/visiting.excel

Plan Ahead

Dental charity of your choice.

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€ 355.00

If you hassle the kids the kids will hassle you

Pedodontists love FenderPrime…

Hassle free restorative dentistry with kids in mind!

If you hassle the kids the kids will hassle you...
among the many high-profile exhibitors at this year’s event will be Dental Focus. This year’s BDTA Showcase will be held on 4th, 5th and 6th October at ExCeL in London. The hands-on intensive course lasts a single day, and demonstrates how to use the hands-on equipment.

To find out more about how Dental Focus can help your practice build a highly effective online presence, make sure you look out for the Dental Focus team at the BDTA Dental Showcase.

For more information call GD 718 8388, or visit www.dentalfocus.com
Spry to demonstrate range of natural xylitol-based products at the BDTA Dental Showcase 2012 – Stand S01

Spry Dental’s product range is expanding, with the introduction of several new products at this year’s BD&A Dental Showcase. Visitors can see the full Spry range of xylitol-based products, including tablets, sprays and gels. The company is also offering a new addition to its range of private label products. Delegates will be able to view the Spry range of products and discuss their potential for use in dental practices.

To learn more about how Spry can benefit your patients, visit the Spry stand at the BD&A Dental Showcase 2012.

For further information contact anyone4 Ltd on 01428 652131, or visit www.anyone4.co.uk

WhiteWash Laboratories to appear at the BD&A Dental Showcase

WhiteWash Laboratories is pleased to announce that it will be exhibiting its complete range of premium quality oral hygiene products at this year’s BD&A Dental Showcase. The company’s range includes dental floss, mouthwash, toothpaste, toothbrushes, mouthwash, and many other desirable design features making Urbane a collection of distinction. Tavom present all the comfort associated with the customer on display at all times. Please use the following code for an additional 15% off to order direct or visit www.whitewashlaboratories.com for more information.

Diamond Rapid Set Capsules are packed in individual, easy to access foils and are suitable for Class 1 and 2 restorations, together with build-up fillings and liners, base and build-up retrograde root fillings. They are available in three matching tooth shade options.

For more information on Kements’ full range of Diamond products call Reiten on 01793 770000 or visit our website, www.kements.co.uk.

Robert Tavom, Marketing and Sales Director, comments: “With the increasing awareness of the benefits of dental implants, patients are soon to be able to access a wider range of implants in their own area, and at a cost they can more easily afford. As implant technology improves, so do the available options for patients. These new implants will be discussed at the BD&A Dental Showcase.”

To rent a pew on one of the best seats in the house as they offer you an insight into their latest technology. The flexibility of their range will be demonstrated, highlighting the very best technical, hydraulic and ergonomic features, backed up by wide extended warranties offering total peace of mind.

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