New pilot wave needs 25 practices

Second wave of piloting to begin in April 2015; practices being called for application process

The Department of Health (DH) has announced that 25 more practices will be joining the piloting of new contractual arrangements in April 2015, adding to the 70 practices that are already participating in the scheme.

As part of the pilot scheme, practices are trialling new ways of working. Patients at some of the pilot sites are given a thorough check-up and then a traffic light rating of red, amber or green depending on how healthy their mouth is. Dentists can then recommend a long term care plan for patients, and offer advice for better self-care.

The extra sites will help fine tune different parts of the new contract that will see dentists paid for the number of patients they care for, and the health results they produce, rather than the number of courses of treatment they perform.

This is all part of the Government’s plan to modernise dentistry, with the aim of the pilot scheme being to provide the evidence needed to develop the new dental contract.

Dr Barry Cockcroft, Chief Dental Officer for England, said: “I am delighted the pilot scheme has been received so positively by dentists and a lot of excellent work has been carried out so far.

“We have worked closely with the sites and know some of the elements being tested need fine tuning. Making sure the new dental contract is fully tested and fit for the future is a vital part of our plans to modernise the NHS and the pilots have a key role to play.

“Feedback obtained from participating practices by BDA research earlier this year was largely positive. Where problems have been identified with the pilots, DH does appear to have listened to the profession and made sensible adjustments.

“By 2013 we will be looking at a further tranche of pilots including salaried services destined to extend the pilot legacy programme.”

The British Dental Association (BDA) commented on the expansion of the pilots, calling it a ‘positive step forward’. Dr John Milne, Chair of the BDA’s General Dental Practice Committee, said: “The pilots require time, engagement with the profession and proper evaluation if they are to create a new contract that works for patients and practitioners. The BDA will continue to assess the importance of all three things.

“The BDA will continue its independent evaluation of the pilots; press for further changes where they are needed and, when the time comes, insist that the final proposed new contract is properly negotiated with the profession.”

The application deadline for the Stage two dental contract pilots is 8 November, 2012. Interested parties should go to http://dentalpilots.pcr.cnhhs.uk/ for more information about criteria and the application process.

The BDA has reported that DH has decided to add another 25 practices to the new pilot wave.

The DH has confirmed that 104 practices will take part in the latest batch of pilots. The BDA has previously highlighted the need for at least 300 practices to take part in the next phase of piloting.

The DH has already selected 70 pilot sites and now needs a further 34.

The BDA is calling for 25 new dental practices to join the next wave of the piloting.

The DH said: “We have selected the sites after careful consideration of the criteria and are confident that they will provide the evidence needed to develop the new contract.”

The new pilots are expected to be announced later this year.

The DH said: “The Governments plans to modernise the NHS include a new dental contract that will start in April 2015.

“The DH will continue its independent evaluation of the pilots; press for further changes where they are needed and, when the time comes, insist that the final proposed new contract is properly negotiated with the profession.”
Young endodontists celebrated at event

Four endodontists were celebrated as finalists of the Young Dentist Endodontic Award 2012, which were announced at an event to celebrate the 10th anniversary of the Harley Street Centre for Endodontics.

Speaking at the event at the Royal Society of Medicine, Julian Webber, owner of the Harley Street Centre for Endodontics and creator of the Young Dentist Endodontic Award, said: “The aim was to promote enthusiasm among dentists for endodontics and this had been amply demonstrated in the applications received. The quality of the entries was exceptionally high and some exhibited levels of professionalism you might expect from a specialist endodontist.”

All the cases submitted by the finalists were worthy winners, said Dr Webber, but Rahul Bose, a graduate of Manchester University and an associate in Oxford and London, won first place by demonstrating his determination to master endodontics, a technique he used to dredge when first in practice.

Second place was awarded to Luis Fernandez Escarabala and joint third place went to Michael Taylor and Thomas Hickley. Between them, they won £5,000 of prizes sponsored by Dentisply, OED and SybronEndo.

“By his own admission,” said Dr Webber, “Rahul admitted to being initially fearful of endodontics with minimal exposure to the field at dental school. He was willing to use new techniques integrating best evidence with clinical knowledge and patient preference. He is now no longer fearful of tackling endodontic cases.”

Member of the judging panel for the award and chairman of the Harley Street Endodontics at the University of California, Los Angeles (UCLA) School of Dentistry, describe the phenomenon as “the time-dependent degradation of the biological capability of titanium.”

In order to meet the standard of new techniques of implant surface rejuvenation, a new guideline of titanium preservation expiration date will become an essential part of surgery in daily practice, Jae Hoon Lee, an assistant professor in the department of prosthodontics at Yonsei said.

The osseointegration strength of aged titanium surfaces is reduced to less than 50 per cent compared with newly prepared titanium surfaces. Dr Lee and his fellow researcher concluded.

Moreover, a higher than 90 per cent bone-implant contact (BIC) obtained for new titanium surfaces can be reduced to less than 60 per cent for the aged surfaces,” they wrote. “This degradation was primarily associated with considerably reduced capability of aged titanium surfaces to attract proteins and osteogenic cells.”

Understanding why BIC does not reach an ideal 100 per cent is “a crucial unaddressed question,” the researchers noted.

Titanium is an ideal material due to its myriad advantageous properties, such as corrosion resistance, strength, and the ability to apply surface modifications.

The research outlined in the review should spur action and could lead to standardisation of titanium products, according to the study authors.

“There is no regulation or expiration of manufacture, distribution, and storage in these products, except for the expiration of sterilisation, which is normally five years,” the researchers wrote. Given the lag between manufacture and shipping, it can be assumed that many commercial products are “uncontrollably and substantially damaged.”

EU medical device laws to undergo revision

The European Commission has announced a revision of the legislation governing medical devices in the EU dating from the 1990s. According to the European consumer organisation BEUC, the plans will affect a wide range of products, including dental filling materials, X-ray machines and implants.

To date, medical devices in the EU have not been subject to any pre-market approval by a regulatory authority but to a conformity assessment that involves an independent third party known as a notified body.

Recently, the existing directives have seen criticism owing to the breast implants scandal caused by French manufacturer Poly Implant Prothèse. Earlier this year, it was found that the company had used industrial silicone instead of medical grade silicone prepared titanium.

The study authors, from the Yonsei University College of Dentistry and the University of California, Los Angeles (UCLA) School of Dentistry, describe the phenomenon as “the time-dependent degradation of the biological capability of titanium.”

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Charter re-affirms anti-fraud culture in Scotland

BDA Scotland and NHS Scotland Counter Fraud Services (CFS) have signed a counter fraud Charter. The Charter will encourage a partnership between CFS and dental professionals, to help promote a counter fraud culture in the delivery of dental services. It will also enhance perceptions and attitudes towards combatting fraud.

The reality of the Charter means that BDA Scotland and CFS will work together to meet a number of commitments:

• Revising policies, procedures and systems to minimise any fraud risk;
• Establish arrangements to maximise transparency and minimise conflicts of interest;
• Clarify the crucial distinction between deliberate fraud and unintentional error, removing wherever possible any confusion or ambiguity.

Peter MacIntyre, Director, CFS said: “We recognise the contribution that dental professionals make to the health of the people of Scotland. We will work with the BDA to ensure that resources are not lost to fraud, and support any initiatives to promote fraud awareness.”

Martin Fallowsfield, Chair, BDA PEC, added: “Fraud by dental professionals is very rare, but where it does occur it takes money away from where it is most needed: front-line patient care. The BDA is pleased to re-affirm the profession’s support for the work of NHS Scotland’s counter fraud activities.”
Editorial comment

I read something that interested me, and I need to share it with you!

According to research published in a new book by Kings College London and the Wellcome Trust countries with the highest per capita chocolate consumption also seem to produce the highest number of Nobel laureates!

According to the research, which has been highlighted in an article in the The NEJM (New England Journal of Medicine) and published by Dr Franz Messerli, there is a "powerful correlation between chocolate intake per capita and the number of Nobel laureates in various countries. The principal finding of this study is a surprisingly powerful correlation between chocolate intake per capita and the number of Nobel laureates in various countries. Of course, a correlation between X and Y does not prove causation but indicates that either X influences Y, Y influences X, or both X and Y are influenced by a common underlying mechanism. However, since chocolate consumption has been documented to improve cognitive function."

He concluded with: "Chocolate consumption enhances cognitive function, which is a sine qua non for winning the Nobel Prize, and it closely correlates with the number of Nobel laureates in each country. It remains to be determined whether the consumption of chocolate is the underlying mechanism for the observed association with improved cognitive function."

I think that all dental professionals should take note of this research, especially if you are looking for a new patient base! All that chocolate can't be good for the teeth, even if it is good for the brain..."
New gene test detects early mouth cancer risk

Researchers from Queen Mary, University of London have developed a new gene test that can detect pre-cancerous cells in patients with benign-looking mouth lesions. The test could potentially allow at-risk patients to receive earlier treatment, significantly improving their chance of survival.

Mouth cancer affects more than 6,200 people in the UK each year and more than half a million people worldwide, with global figures estimated to rise above one million a year by 2050.

Mouth lesions are very common and only five to 50 per cent may turn into cancers. If detected in the early stages treatment can be curative, but until now no test has been able to accurately detect which lesions will become cancerous.

The current diagnostic gold standard is histopathology – where biopsy tissue taken during an operation is examined under a microscope by a pathologist. This is a relatively invasive procedure and many mouth cancers are being diagnosed at later stages when the chances of survival are significantly reduced. For patients presenting with advanced disease, survival rates are poor (10-30 per cent at five years).

The qMIDS test measures the levels of 16 genes which are converted, via a diagnostic algorithm, into a “malignancy index”, which quantifies the risk of the lesion becoming cancerous. It is less invasive than the standard histopathology methods as it requires only a 1-2mm piece of tissue (less than half a grain of rice), and it takes less than three hours to get the results, compared to up to a week for standard histopathology.

Consultant oral and maxillofacial surgeon, Professor Iain Hutchison, founder of Saving Faces and co-author on the study, said: “We are excited about this new test as it will allow us to release patients with harmless lesions from regular follow-up and unnecessary anxiety, whilst identifying high-risk patients at an early stage and giving them appropriate treatment. Mouth cancer, if detected early, is highly receptive to surgical treatment, has a very high cure rate.”

Practice raises £1,000 for mouth cancer charity

London-based Chingford Mount Dental Practice has raised more than £3,000 for the Mouth Cancer Foundation.

Clinical director, Dr. Raj Gogna, and a group of his practice staff took part in the annual Mouth Cancer 10km Awareness Walk in London’s Hyde Park in September. The team of ten included dentists, dental nurses, treatment coordinators and admin staff.

“I was delighted with the sum raised and that so many of our personnel wanted to take part”, said Raj Gogna. “The Mouth Cancer Foundation undertakes very important work in raising awareness and supporting those affected by the disease and we were all very keen to support the event and the Charity”.

The Mouth Cancer Foundation (MCF) is a charity which is dedicated to the relief of sickness and the promotion and protection of health among sufferers or those at risk of mouth, throat or other head and neck cancer.

Dental22 receives recognition at apprenticeship awards

Nottinghamshire-based dental practice Dental 22 has been named as one of the East Midlands’ bestemployers in the regional final of the National Apprenticeship Awards and National Training Awards 2012.

The finalists and winners were announced at a high profile joint awards ceremony organised by the National Apprenticeship Service,which was held at the Pera Conference Centre in Melton Mowbray.

Following the success of Dental 22 in providing NHS dentistry in Retford, the dental practice has been recognised in the ‘Small Employer of the Year’ business category and was awarded ‘highly commended’.

Sarah Thompson, Practice Manager received the award on behalf of Dental 22 and said she was delighted to receive the highly commended award. Sarah said “We were one of three finalists out of all the employers that entered and I am so pleased we did so well. We have been open since 1st February 2011 and we have worked hard to make it a success. We are an innovative practice who takes pride in employing apprentices”.

Karen Woodward, Di- visional Apprenticeship Di- rector, from the National Apprenticeship Service, said: “This year’s awards were a terrific showcase of the outstanding wealth of talent that we have across the East Midlands. Given the volume and high calibre of entries we received, I’d like to take this opportunity to congratulate Dental 22 for this superb achievement. They are a testament to the many bene- fits Apprenticeships and train- ing bring to businesses, allowing employers to tap into new raw talent, up-skill their staff and grow”.

EU spends 80bn on oral health

The 27 EU member states will spend an estimated 73bn on oral health in 2012 and could be spending up to 95bn by 2020, a new report published by the Platform for Better Oral Health in Europe has suggested.

According to the report, despite a global decline in caries, the disease remains a problem for many groups of people in Eastern Europe, as well as for those from socio-economically deprived groups in all EU member states.

More than 50 per cent of the European population is estimated to be suffering from some form of periodontitis, and more than 10 per cent have a severe form of the disease, with prevalence increasing to 70 to 85 per cent among the population aged 60 to 65. Periodontal health in the EU may be deteriorating owing to an increasing number of elderly people retaining their teeth and an increase in the prevalence of diabetes.

Oral cancer is the eighth most common cancer worldwide, the report states. In the EU, lip and oral cavity cancer is the 12th most common cancer in men. In 2008, there were approximately 152,000 cases of head and neck cancer across Europe, resulting in 62,800 deaths.

The report also states that there are inequalities in health between people in higher and lower educational, occupational and income groups, with lower socio-economic groups being more susceptible to poor nutrition and to tobacco and alcohol dependency.

In 2010, public and private spending by the current 27 EU member states on oral health was an estimated 78bn. In 2012, it will be 79bn. If the trends continue, this figure could be as high as 84bn in 2015 and 93bn in 2020.
Two of the UK’s most respected education and academic organisations have joined forces to provide an innovative, technology driven MSc in Restorative and Aesthetic Dentistry. Smile-on, the UK’s pre-eminent healthcare education provider and the University of Manchester, one of the top twenty-five universities in the world, have had the prescience to collaborate in providing students with the best of everything – lecturers, online technology, live sessions and support.

The programme is designed to encourage the student to take responsibility for his/her own learning. The emphasis is on a self-directed learning approach.

The majority of the learning resources on this programme will be online. The masters will combine interactive distance learning, webinars, live learning and print.

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Early treatment for toothache uncovered

Researchers examining an ancient mummy have discovered one of the worst cases of dental decay on record, as well as an early treatment, which consists of linen dipped in medicine stuffed into the tooth.

According to reports, researchers were carrying out CT scans of the 2,100-year-old ancient Egyptian mummy when they discovered evidence of a sinus infection caused by severe dental decay and other dental issues. During the same scan the team also became aware of a novel treatment in the form of a cavity stuffed with linen, which had been doused in medicine.

Researchers discovered that the linen had been dipped in fig juice or cedar oil, early forms of medicine, and then inserted into a cavity on the left hand side of the mouth.

Andrew Wade, from the University of Western Ontario, used new high resolution CT scans to uncover the first example of packing the teeth. Researchers said that the linen was used to create a protective barrier to prevent food from getting into the cavity, while the medicine was used to soothe tooth pain.

The name of the man is unknown but researchers believe he was in his 20s or 50s when he passed away; experts think that he could have been in severe pain as a result of dental and sinus infections when he died.

The research team said that the latest find supports the belief that there were dentists in ancient Egypt and they were willing to try new methods to treat decay and ease dental pain.

Showcase stand award winners

This year’s BDTA Dental Showcase brought together more than 350 impressive stands, both big and small, from a wide range of exhibitors. To recognise the time and effort devoted to creating these stands the British Dental Trade Association (BDTA) welcomed Paula Ripoll from the Association of Event Organisers (AEO) to the show to judge the 2012 Showcase Stand Awards.

The stands were assessed on a number of features, including presentation, professionalism, stand layout and appearance, staffing, and the range of products/information on display. There were three award-winning stands in total – a small stand/shell scheme, a medium stand and a large stand, and each will receive a full-page advert in their choice of dental magazine.

The winners are:

- **Shell Scheme Category** - Dentalshop (S21): Dentalshop had a busy stand, there was a good constant flow of visitors making enquiries and placing orders, a good selection of products on display, easy to access information and very professional staff who were always busy but very friendly, helpful and knowledgeable. A well-deserved winner.

- **Medium-stand Category** - J&S Davis (L15): J&S Davis had a beautiful and very welcoming stand, featuring a nice display of products, literature and information as well as a very well equipped demo area. Their staff were very helpful and professional when answering visitors enquiries.

- **Large-stand Category** - Colgate-Palmolive (UK) Ltd (Q05): “The Colgate experience started well before the exhibition hall; Colgate placed signs on the floor at ExCeL, directing visitors to the hall. Their stand was beautiful, very inviting, displaying their corporate colours and brand. It had different zones: an area in which they delivered 30-minute CPD presentations, an area displaying a big model of their new toothbrush, rotating, a big screen showcasing demonstrations of the features of the toothbrush and an area for visitors to speak to Colgate staff, make enquiries and place orders. The Colgate staff were very friendly, polite, knowledgeable and always helpful. All in all, a perfect example to follow.”

Tony Reed, Executive Director at the BDTA, said, “The quality of exhibitor stands this year was once again extremely high, as were the staff, who showed commitment and professionalism. I would like to thank Paula and the AEO for their expertise, and offer my congratulations to the winning stands. Well done to all!”
Olympic legacy beyond the Games

The London Olympics 2012 mean opportunities as people follow the rejuvenation process, says Richard T Lishman

With the fantastic London Olympics now over, our excitement levels can drop back to normal while we get on with our working lives. But, for some, there are still aspects of the Games that offer a real opportunity.

Part and parcel of a modern Olympics is the massive development effort that goes into the host area, and the long-term benefits that it hopes to gain as a result. For East London, and for several other host areas, this legacy planning has meant large-scale rejuvenation and home building projects of a size we don’t often see in these difficult economic times.

The former Olympic Village, for example, will become 2,818 new homes. Other housing developments nearby are also set to benefit from the massive improvements to public transport and other facilities that were developed for the Games, and which have encouraged developers to create further homes.

This will see a huge influx of people moving into a radically changed area. And when nearly 3,000 families move into an area almost overnight, followed by more as additional new homes are completed, opportunity is bound to follow. Parts of Stratford that used to house light industrial units will now house hundreds of families with children, for example. Just a decade ago the area was a place where only brave first time buyers on a tight budget tended to seek homes, but it is now becoming accessible and desirable.

With the new people will come a demand for new dental and healthcare facilities. Populations the size of a small town will be coming into these areas, and they will be in need of dentists. With so many people arriving at once, existing practices will be finding it difficult to cope with demand. There can’t be a clearer opportunity to launch new practices than that.

It has been said before that dentistry is a good profession in which to weather an economic downturn, and here is an example of an ideal opportunity presenting itself despite the country’s fall back into a double dip recession.

Innovative and entrepreneurial types pride themselves on their ability to move quickly to capitalise on opportunities. Here is a chance for ambitious dentists to emulate Usain Bolt in the search for places to develop a new practice. Even now the games are over there is still a chance to win gold.

About the author
Richard T Lishman of money4dentists, which are a specialist firm of Independent Financial Advisers who help dentists across the UK manage their money and achieve their financial and lifestyle goals.

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- 500ml clear & light yellow – with optional mint flavour packet
- 250ml pre-Regrouind trees (green)
- Whitens teeth within 14 days by gently oxidising organic stains
- 100% free from alcohol & colouring

NEW

FRESH BREATH ORAL SPRAY 9ml
- Instant fresh breath – 100 sprays
- Anti-bacterial action helps prevent gum problems, tooth decay & plaque
- Clinically proven active ingredient that eliminates, not simply masks, odour-causing compounds (VSC)
- Fluoride free
- 100% free from alcohol & sugar

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ANTI-BACTERIAL COATED INTERDENTAL TAPE 25m
- Effectively cleans between the teeth and below the gum line by removing plaque and tartar
- Strong resistant, wax coated tape aids comfortably between teeth
- Unique anti-bacterial coating for superior interdental cleaning & whitening

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- Gently and effectively cleans between the teeth by removing plaque and food debris
- Unique anti-bacterial coating for superior interdental cleaning & whitening
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New Tooth Whitening Laws
Good news for dentistry says DBDS

The British Government has set in legislation the Council of European Dentists’ changes that applied to dental bleaching. These new tooth whitening laws will help to protect patients and give more prominence to the dental professional's role.

Made on 2 September 2012 and laid before Parliament on 5 September 2012, the Statutory Instrument The Cosmetic Products (Safety) (Amendment) Regulation 2012 will come into effect on 51 October 2012.

First and foremost, UK law will officially recognise that tooth whitening is the practice of dentistry. Tooth whitening products containing or releasing between 0.1 per cent and 6 per cent hydrogen peroxide are to be sold to dental practitioners only.

Products containing or releasing between 0.1 per cent and 6 per cent hydrogen peroxide are legal for tooth whitening, provided that a dentist performs an initial clinical examination and either carries out the first treatment or supervises a suitably qualified dental professional. After this, the dentist can supply the product to the patient so they can complete the cycle of use at home.

Any non-dental professionals performing tooth whitening treatment are liable to be prosecuted. It is the role of the GDC to prosecute non-dental professionals who are providing a tooth whitening service, however Trading Standards can act if the individual or company are using a concentration of (or releasing) over 0.1 per cent hydrogen peroxide.

The new legislation will also announce that:

• Members of the public can legally purchase tooth whitening products containing or releasing a concentration of up to 0.1% hydrogen peroxide for at home use as over the counter (OTC) products.
• Tooth whitening products containing or releasing between 0.1 per cent and 6 per cent hydrogen peroxide may not be used on people under 18 years of age.

For many years there have been concerns over tooth whitening treatment performed by non-dental professionals such as beauty therapists. The Bleaching Society has campaigned vigorously for changes to the law to enhance clarity and bring dental bleaching firmly and solely within the remit of the dental profession. This ensures the patient’s safety as well as that of the individual applying the treatment and the Bleaching Society welcomes the changes.

The new EU Council Directive, when incorporated in UK legislation, is making its intentions plain: for tooth whitening treatment, go to the dentist. At the same time, dental professionals will have an explicit set of guidelines for the provision of legal tooth whitening treatment at a time when a whiter, brighter smile is still the peak of desirability.

The Bleaching Society has played a significant role in raising awareness to drive forward legislative change and continues to lobby on dentists’ behalf. Executive Committee Member of the DBDS, Sir Paul Beresford, has repeatedly raised the subject of dental bleaching at the House of Commons for debate on topics such as the dangers of non-dental professional operators and issues resulting from EU restrictions and Trading Standards. Sir Paul will once again approach the Parliamentary Under-Secretary of State for Business, Innovation and Skills to question him on the following points:

• Dental bleaching for under 18-year-olds in exceptional circumstances.
• Instances where greater than 6 per cent hydrogen peroxide would be acceptable.
• The involvement of Trading Standards Officers and/or the GDC in checking non-dental professional teeth bleaching establishments.
• Progress made on outlawing the use of chlorine dioxide for teeth bleaching.

Dr Linda Greenwall, Chair of the DBDS, says: “The Bleaching Society welcomes the new legislation as it makes it clear that only dentists can undertake tooth whitening, and that the supervision of home whitening using up to 6 per cent hydrogen peroxide will require first an assessment and treatment by a dentist.”

The British Dental Bleaching Society offers in-depth, hands on, certified training in tooth whitening for all members of the dental team. With our help, you have the confidence and ability to dramatically improve your patients’ smiles using a minimally invasive and affordable treatment.

In addition to unparalleled training opportunities, membership of the DBDS keeps you up-to-date on the latest bleaching products and techniques, as well as research material from leaders in the field of tooth whitening. Our experts are on hand to help you on all matters relating to dental bleaching. Whether you’d like some training, have a tricky case or are unsure of legal matters, contact the Bleaching Society – we’re here to help.

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The Dental Company
I work in general dental practice in Nottingham and we recently had a major medical emergency in which we had to use our recently purchased Automatic External Defibrillator (AED). The following is a case study to highlight the importance of having such a device in your practice.

CASE STUDY:

It was a normal working day in the practice but was extremely busy. Reception is usually staffed by three receptionists but due to illness was reduced to only two. As a consequence, queues were often forming and the staff were overwhelmed. It was at such a time that patient S arrived for his appointment; a long standing patient who is 84 years old was due for his check up and an appointment with the hygienist (case study author). The patient has a complex medical history and amongst other medications takes Warfarin and has a pace-maker fitted.

Whilst he was in the queue patient S collapsed and this was noticed by the reception team. The practice emergency protocol immediately swung into action and all patients waiting in the queue were politely moved into the waiting room and the patients' examining GDP was called as he had no patients in the chair at this time.

The reception team split up to collect emergency equipment, oxygen and our newly acquired AED as well as asking patients who were waiting for an appointment to leave the practice as there was an incident and that we would contact shortly to re-arrange. Of course, a 999 call was made to summon the expert assistance of paramedics.

The patient was initially showing signs of life but these disappeared as time moved on; the decision was made, after assessment, that the patient required Basic Life Support and it was at this time that the further decision was made to attach the AED pads. After carrying out a few cycles of Cardio-Pulmonary Resuscitation (CPR) the pads of the AED were attached to the patient and switched on. The AED will automatically assess the patient and if the required, it will shock the patient and then reassess as well as give instructions on when to continue with CPR.

After the first shock, the AED instructed the treating team to continue with CPR which they did and were, a short while later, instructed to stand clear...
as it sought to re-assess the patient to see if further shock was required. The AED administered a second shock to the patient and it was after this that a pulse returned. The team continued to monitor the patient and the paramedics arrived very soon after this.

The paramedics were full of praise for the team as they had felt that the patient had been well managed and the fact that he had a viable pulse and was breathing unassisted was testament to this.

Serious Event Analysis: As a consequence of the incident the practice will carry out a Serious Event Analysis and subsequently audit the event.

The paramedics were full of praise for the team as they had felt that the patient had been well managed and the fact that he had a viable pulse and was breathing unassisted was testament to this.

‘The paramedics were full of praise for the team as they had felt that the patient had been well managed and the fact that he had a viable pulse and was breathing unassisted was testament to this’

This will allow those involved to see what (if any) mistakes were made and how the practice can avoid such mistakes in the future. The analysis and subsequent audit will also allow all the good points to be noted and praised where due.

Defibrillators in practice There is no requirement under Law for dental practices to have an AED but the Resuscitation Council UK do recommend them in their guidance ME in dental practice and the indemnity organisations ask that dental professionals study this guidance very carefully and consider using the implications of not having one. There are some interesting points to note which are resistant to purchasing an AED:

- Cardiac arrests outside the hospital environment have, on average, a six per cent survival rate
- If a Cardiac Arrest is witnessed and an AED is applied within five minutes survival rates increase to 49 - 74 per cent

Impact: It is the practice policy that in the event of a major medical emergency the remainder of the session be cancelled. This was done by the reception team and immediate event analysis was one of the staff. Time was needed for the treating staff to “get their head around it” as many had felt that the patient had passed away during the immediate situation yet the fact that the patient left alive is testament to the training the whole team had recently undergone at the Queens Medical Centre, Nottingham in their simulation suite. The team had the opportunity to train using a Sim-Man model that directly interacts with those undergoing training, a valuable yet under used resource that, as far as we’re concerned, paid for itself.

The patient (at the time of writing) was still in hospital but was comfortable and recovering well.

There are no studies to show the uptake of AEDs in dental practice but the author currently works across three practices and only the where this incident occurred currently has one (with no plans on the others to buy a device).
Basking in the golden glow

Dr Amit Patel, a periodontist from Birmingham, shares his experiences as a volunteer at the London 2012 Olympic Games

Like everyone I tried to buy tickets for the Olympic Games over a year ago, and like so many other people I was unsuccessful. My girlfriend and I were desperate to get involved, so when the opportunity to become a volunteer came up we jumped at the chance. I really did not want to be involved in the Olympic Games as a dentist, I wanted the opportunity to do something new. I was selected to be a press officer. You may ask why and I know I asked myself the same question, but I was actually in, and last year I travelled to London for training in my new role.

It seems that some years ago only competitors in the athletics would have a post-event interview with various media, but this proved so popular that it was rolled out across all the other sporting events. My role was to make sure the press of a certain country had the opportunity to interview its own competitors. Even if a country had just one athlete competing and they came last it was still important for that country’s press to cover the story.

Three months before the opening ceremony I was e-mailed the event I was covering. It was boxing at ExCel, and everyone thought being a dentist would prove useful. We were presented with our uniforms, which we were allowed to keep, and I took two weeks off, proudly telling my patients that I was to be a volunteer for the Olympic Games.

When we watched the opening ceremony on 3 August I just could not wait. My role started on the Saturday, and I am fortunate that I am from London, meaning I could live at my parents’ home and commute to ExCel by tube, while some other volunteers were driving 100 miles a day! When I put on my uniform I felt like a school-kid again and as I caught the train to Bank for ExCel I got the odd stare and snigger, but once I arrived I was surrounded by hundreds of volunteers, and we all had the same smile on our faces. We didn’t know each other but we knew we were going to be part of something big. You could feel the excitement in the air.

During the Olympic Games people sitting on the train would smile and ask us about the roles we played, it seems that for those two weeks London became the friendliest place in the UK.

One of the most important innovations for 2012 was the introduction of women’s boxing. There are just three weight categories for women while the men have ten. Team GB had three women competitors and seven men. I spoke to journalists from Reuters and the Associated Press and they were very keen to report on the women’s boxing.

As the days went by the intensity of the crowd’s excitement increased, then exploded when the first women’s bouts started, especially when Katie Taylor, the Irish boxer, fought Briton Natasha Jonas. This was one of the
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best fights I saw throughout the Olympic Games; the women were shuffling it out toe to toe with such courage it was amazing to see, and the roar in the arena was measured at 115 decibels, even louder than the night before in the Velodrome. Katie Taylor won a well-deserved gold medal.

When each bout was finished I had to direct the combatants to the waiting press. This was a very difficult job; the loser may not want to speak to the media. To train so hard for four years then lose – you can imagine the emotions they must feel. I was also fortunate to see gold-medal-winning Briton Nicola Adams’s bout against the Chinese boxer Cancan Ien. This time the roar in the arena reached 157 decibels, which is similar to the sound made by a jumbo jet taking off. The atmosphere was electric that night. I spoke to some of the crowd and they said they had never been to a boxing match or even seen a fight on television before, but they really enjoyed the atmosphere at ExCeL.

Afterwards, listening to some of the questions from the foreign press to the English-speaking contestants was amusing: one woman asked how many skirts a female boxer owned and what makeup she wore, not sure how useful that was.

I got to speak to Reuters and Associated Press again when the men’s gold medal bouts were starting and they said it proved a bit of an anti-climax after women’s boxing of such a high calibre.

I met “Battling” Barbara Burbeck an 82-year-old world champion boxer in the 1940s and 1950s, an amazing character who still had that look of the fighter in her eyes when she held up her guard. I met Lennox Lewis and Evander Holyfield and I was also lucky enough to also hold the Cuban light welterweight boxer’s gold medal, very heavy indeed!

I had access to all the training areas of the athletes in ExCeL: the kwn do, wrestling, fencing, weightlifting and many others. I tried to get into the boxing ring with no success, but just to have the opportunity to mix and talk with such Olympians was a great honour.

There were medics, paramedics and physiotherapists based at each sporting arena but luckily no need for dentists. Dentistry was provided through a purpose-built polyclinic at the Olympic Games Village, which gave athletes access to a dental clinic and other medical facilities.

I was lucky to meet and work with great people from many different backgrounds, this chap might be a barrister and that woman a physics teacher, we were thrown in at the deep end and it all worked really well. The volunteers really made the London Olympic Games special, especially those who still had the energy to be friendly and cheery at one am in the morning after a long shift; I think I would have struggled with that.

If I had the opportunity to do it again I would grab the chance, I may well go to Rio in 2016.

• The Procter & Gamble Company, including Crest + Oral-B teamed up to help dentists ensure the best oral health for the athletes of the London 2012 Olympic Games. As part of this dedicated partnership, Crest + Oral-B supported LOCOG in its provision of the London 2012 dental clinic.

About the author
Amit Patel BDS MSc MDS DOrth MFDS RCS(Glas) MBD Ridding Specialist in Periodontics & Implant Dentist, Amit is a Specialist in Periodontics, practising at Grace House Specialist Dental Centre in Birmingham. His special interests are dental implants, regenerative and aesthetic Periodontics. Amit graduated from the University of Cambridge and completed a 4-year specialist training programme in Periodontics at Guy’s, King’s & St Thomas’ Dental Institute. Amit is also an Associate Specialist in Periodontics at the Birmingham Dental School. He has taught an undergraduate and postgraduate level, including lecturing to dental practitioners both in the UK and internationally.

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25 Clinical tips for general practice: Part 1
Dr Ashish B Parmar discusses the first 12 of 25 ways to improve your clinical dentistry for the benefits of patients

One of the best ways of becoming a better dentist is to learn from and be mentored by top dentists. I have been fortunate to be mentored by world-class dental educators.

I recently did a webinar for Smile On. This article is a follow up on this well attended webinar; I will share some tips and advice to allow you to offer a higher standard of dental care in your practice. I will be talking about a range of clinical techniques and dental materials. I will simply explain the preferred products that I use in daily practice, as well as on my training courses.

DISCLAIMER: I am not paid for promoting or mentioning any dental materials.

TIP 1: Wearing Dental Loupes (Fig 1)

I have been wearing dental loupes for many years. The magnification I use is 2.5x. This gives me ample magnification to do better general dentistry, as well as a wider field of view when doing Smile Makeovers (i.e. treating a patient with 8-10 units of porcelain restorations). I use the Orascoptic loupes, and can recommend you contact Chris Minall on 07740 922156 for an initial consultation to help and advise further. Also visit www.surgicalacuity.com to find out more about loupes in general. So, if you want to have better posture and protect your health long-term, have better vision when doing your dentistry, and want to offer your patients the best you can, then you cannot be without dental loupes!

TIP 2: Digital Photography (Fig 2)

A modern private practice cannot be without a digital SLR camera. Dental photography is a powerful tool to communicate with your patients the condition of their mouth. Photography is also essential in cosmetic dentistry whether you are documenting teeth whitening results or doing a Smile Makeover. Digital photographs (before and after), as well as Makeovers at the end of treatment can be used for marketing reasons e.g. website, demonstration albums, marketing flyers, adverts in magazines, etc. It is much better to “show off” your own work, with a testimonial from the patient, rather than use stock pictures from a photo library. The two most common makes of camera in dentistry are Nikon and Canon. You will need an SLR camera body, a macro lens, a ring flash, and some camera accessories. The investment should be about

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£1,500. An excellent comparison website for the latest camera equipment is www.dpreview.com. I bought my Nikon camera from an American company called Photomed. Their service is excellent! Visit www.photomed.net to find out more.

TIP 5: The Comprehensive Dental Assessment
(Figs 3, 4, 5)
This is perhaps the most important tip I can give dentists. I have devised one of the most comprehensive dental assessments available in the UK. The advantage of doing a detailed initial examination for your private patients is that it builds up incredible trust and confidence in the dentist. Also, by capturing all the important diagnostic data before any treatment is done allows the dentist to make accurate diagnoses, treatment plan better, and therefore advise and look after patients in the ideal manner. It is also comforting to know that you have a “gold standard” of record keeping in case there are any medico-legal issues in the future. I spend an entire day on my signature eight-day Hands On Course on this important topic! Visit www.theacademybyash.co.uk to find out more.

TIP 4: Excellent Periodontal Health
(Figs 6, 7, 8)
Having excellent periodontal health before restorative dentistry is an essential requirement for long-term success. We have a detailed initial screening protocol that includes six-point pocket charting, measuring per cent scores of plaque and bleeding, analysing recession and mobility scores, etc. A relevant treatment plan with the Hygienist and/or Periodontist is then recommended so that the patient can be motivated and treated to achieve healthy gums and very good oral hygiene. The use of a sonic cleaning brush (I use Diamond Clean by Philips), and daily and regular cleaning between teeth with floss and interdental brushes, as appropriate, is highly recommended. For many patients, Airfloss (by Philips) is also a great adjunct to their daily hygiene regime. Finally, I also recommend the Ultradex range of mouthwashes and products (from Periproduits). This mouthwash has chlorine dioxide and is the best product in my opinion for fresh breath. I always encourage my patients to use this when they are in the temporaries stage during a Smile Makeover case. I find the gum health to be excellent with no bleeding when I come to fit the porcelain restorations eg porcelain veneers, upon removal of the temporaries. You can find out more by visiting the following two websites: - www.philips.co.uk/electric-toothbrushes/150855/cat and also www.periproduits.co.uk.

TIP 5: Digital Calipers (Fig 9)
A digital caliper is essential to measure teeth very accurately in cosmetic dentistry. You can take measurements very quickly and easily with accuracy to 0.01mm! This will definitely raise the standard of your treatment, as well as keep your technicians on their toes as to what you expect from them! These can be easily bought for about £15 from Amazon or eBay.

TIP 6: Pre Planning on Study Models
(Figs 10, 11)
When doing a Smile Makeover, it is very useful to plan accurately on models regarding the preparation changes that are required. Areas where occlusal adjustments are to be made can be marked, as well as changes such as centre line shift, gingival height (zenith position) changes with lasers, finishing lines of porcelain veneers, etc. This, in conjunction with a trial preparation model, excellent wax ups and putty indices from an experienced laboratory technician...
will really help the dentist a lot.

**TIP 7: Articulating Papers**
(Figs 12, 15, 14, 15)
Visit www.bauschdental.com to find out a lot more about the different products and papers I use in my private practice. In particular, the big tip I can give dentists is to use the two-phase articulation paper technique. This involves first marking the occlusal contacts with a 100-micron thick blue paper with transulcule bonding agent in it. Then, you should use a 8-10 micron red articulation foil to precisely mark the exact areas that will actually need adjustment. You will see a blue wider diffuse mark, a halo, and a red dot in the middle. It is this “bullseye” that you have to aim for – simple!

Another great tip is the use of Shimstock foil to record “Shimstock hold positions”. This means making a note of the teeth that are in tight contact and prevent the release of the Shimstock foil inter-occlusally when the teeth are in contact in centric occlusion.

‘Before embarking upon a course of treatment, it is vital that the dentist knows how to do a clinical assessment of the temporomandibular joints (TMJ), as well as the important facial and neck muscles’

This can then be written on the laboratory docket. You can then expect accurate articulations, and restorations that are precise regarding occlusal anatomy and occlusal contact. This will save a lot of time and hassle when fitting crown and bridge work!

**TIP 8: TMJ Assessment**
(Figs 16, 17, 18)
Before embarking upon a vertical dimension course of dental treatment, it is vital that the dentist knows how to do a clinical assessment of the temporomandibular joints (TMJ), as well as the important facial and neck muscles. The dentist can detect if there are potential TMJ problems and whether referral to a TMJ specialist is required BEFORE dental treatment. I also strongly recommend Joint Vibration Analysis (or JVA), which is computerised equipment and software that is excellent at diagnosing the health of each TMJ. There are special sensors that measure the vibrations of the TMJ on opening and closing. The data is then presented within the computer software and within a few minutes, the dentist can use the Piper Classification of TMJ Health and reach a diagnosis (which supports the clinical findings). I also recommend the use of T Scan, which I think is one of the best occlusion assessment computerized software available in the world. To find out more about JVA and T Scan, contact David Holland on 07812 201818 or visit www.tekscan.com. There are also some great YouTube videos on occlusion topics that I have posted on my teaching website at www.theacademy-byash.co.uk/Ash-s-Gems/occlusion.html.

**TIP 9: Facebow Records**
(Figs 19, 20)
It is quick and easy to take a facebow record accurately when you know how to. I recommend the Denar system, as well as the Kois Facial Analyzer. I take the Denar facebow when I am planning bigger cases (eg wear cases that require a new vertical dimension), if I am doing two or more crown/bridge-units, and also during a Smile Makeover case. I use the Kois Facial Analyzer if I am doing a Mini Makeover ie only treating the upper four incisors with porcelain restorations, as well as when I am taking the centric relation bite record for making a Michigan/Tanner type of hard acrylic appliance. If a dentist is thinking of buying an articulator or a facebow, I highly recommend the new Mark 520 Denar Articulator from Whip Mix Corporation. Call Peter Nutkins (on 07714 458215) from Prestige Dental (www.prestige-dental.co.uk) for more advice and a demonstration.

**TIP 10: Taking an accurate Centric Relation Record**
(Figs 21, 22, 23, 24, 25, 26)
Many dentists lack the confidence to do a “full mouth case”. Once you understand how to do a comprehensive dental examination, diagnose accurately and verify that the vertical dimension has to be altered ie a REORGANISED approach in restorative dentistry, then it becomes essential to carry out an accurate bite registration in centric relation. I teach practical and easy to follow methods in taking this important record using a variety of techniques, which include the use of a “composite ball” on the lower incisal edges, a leaf gauge, and the bimanual manipula-
The bite registration paste of choice that I use is Luxahite (DMG). This is a blue coloured material that sets very hard. This is the most accurate material that I am aware of, and requires precise and careful trimming in the dental laboratory. The other great bite registration paste that I use a lot is O Bite (DMG). This is orange in colour and not as rigid as Luxahite.

TIP 11: Accurate Silcone Impressions using Honigum (DMG) (Figs 27, 28)
Honigum (DMG) has been the material I have been using for all my crown/bridge work and Smile Makeovers, as well as open tray implant fixture head impressions, for many years. It is a very accurate, easy to use material and the simple way I can validate its superiority is the quality of the impressions and the accuracy of the marginal fits I get. I use two techniques of impression. The first is the two-stage putty and wash technique. My nurse mixes one scoop each of the rigid putty base and catalyst, ensuring non-latex gloves are used. The mixed putty is then loaded in to the tray (I use Borderlock trays), and a thin layer of cling film is placed on top. I then seat this down hard over the arch and wait about two minutes to ensure that the material is rigid. I remove the tray and dispose of the cling film. My nurse then places some Honigum Light body material in to the set putty in the tray, as I inject some Light body material around the prepared teeth. I then seat the tray again fully and wait four-five minutes.

The alternative technique I use is the one-stage Honigum Heavy body material (dispensed from the Mix-

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star machine (DMG)) and the Honigum Light body material being simultaneously syringed around the teeth. Again, the tray is held in place for 4-5 minutes before being removed.

For managing the tissues, I use a soft tissue diode laser, Expasyl (Kerr) or retraction cords from the Tissue Management System (Optident).

TIP 12: CEJ-CEJ Measurements (Fig 29)

This is an important reference measurement that is taken with a digital caliper. It is an accurate measurement in mm taken between two diametrically opposing teeth. In this case, I was opening up the vertical dimension in centric relation till a measurement of 15.66mm. Using my “molar control bites” made with O-Bite, I could take accurate bite registrations with Luxabite during the preparation stage of the worn anterior twenty teeth. I could then verify that the temporary restorations were made at the correct vertical dimension (from laboratory made wax ups) by again using the digital caliper CEJ-CEJ measurements. In this way, a precise control can be maintained throughout the treatment stages.

About the author

Ashish B Parmar is a private dentist and has a state-of-the-art practice in Chigwell, Essex called Smile Design By Ash (www.smiledesignbyash.co.uk). Ash is a national and international lecturer and was one of the main dentists on the three series of Extreme Makeover UK, and also on The Only Way Is Essex. He offers an outstanding eight-day Course which includes training on leadership, vision creation, goal setting, step by step techniques in doing Smile Makeovers, treating advanced cases (e.g. wear cases), lasers, fibre-reinforced composite dentistry, photography, communication, case presentation skills, team development, occlusion, etc. Ash has written numerous clinical articles in dental journals and is well recognised for his passion in cosmetic dentistry – using both composite and porcelain techniques. To find out more about the unique training Courses run by The Academy By Ash, visit www.theacademybyash.co.uk, or send an email to training@theacademybyash.co.uk.
Influence of a novel reciprocation movement on cyclic fatigue of Twisted Files (TF) instruments

Gianluca Gambarini discusses increasing the resistance to file separation

Nickel-titanium (NiTi) rotary endodontic instruments offer greater flexibility (Xu 2006) and their super-elasticity reduces the restoring force, thereby allowing improved canal shaping and reduced canal transportation (Gergi et al. 2010).

However, separation via torsional and cyclic fatigue is still a risk with NiTi instruments (Yared 2004, Pruett et al. 1997). Cyclic fatigue occurs when a metal is subjected to repeated cycles of tension and compression that causes its structure to break down, ultimately leading to fracture (Parashos et al. 2004). Torsional fatigue is the twisting of a metal about its longitudinal axis at one end, while the other end is in a fixed position (Sattapan et al. 2000). Cyclic fatigue is most apt to occur in a canal with an acute curve and a short radius of curvature, as defined by Pruett et al. (1997) and is the leading cause of NiTi instrument separation. Increasing the resistance to file separation has been a focus in new NiTi rotary instrument manufacture and design (Tripi et al. 2006).

Instruments have been traditionally used with a continuous motion, but recently a new approach to the use of NiTi instruments in a reciprocating movement has been introduced (Yared 2006). In the proposed technique, only one F2 ProTaper NiTi rotary instrument is used for the canal preparation in a clockwise (CW) and counterclockwise (CCW) movement. The CW and the CCW rotations used by Yared were four-tenth and two-tenth of a circle respectively and the rotational speed was 400 rpm (Yared 2008). The concept of using a single NiTi instrument to prepare the entire root canal is interesting, and it is possible due to the fact that reciprocating motion is thought to reduce instrumentation stress. Recent literature data show that reciprocating motion can extend cyclic fatigue resistance of NiTi instruments when compared to continuous rotation (De Deus et al. 2010; Yu et al. 2010). These preliminary positive results need further studies, because many different reciprocating movement and many different instrument designs can be used in clinical practice, thus affecting the overall results. The aim of present study was to compare cyclic fatigue resistance of Twisted files (TF, Sybron Endo, Glendora, Ca) instrument using new innovative angles of reciprocation to evaluate if the new reciprocating motion could affect the lifespan of tested instruments. The null hypothesis is that there is no difference in fatigue resistance related to the different rec.

Material and methods

20 TF tip size 25 taper .08 NiTi instruments were randomly divided in two groups (n=10 each). All instruments had been inspected by using an optical stereomicroscope with 20x magnification for morphologic analysis and for any signs of visible deformation. If defective instruments were found, they were discarded.

All instruments were submitted to cyclic fatigue tests. Group

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1 instruments were tested using a patented reciprocating motion while Group 2 instruments were used in continuous rotation for control. For all group speed was set at 800 rpm.

The cyclic fatigue testing device used in the present study has been used for studies on cyclic fatigue resistance previously. The device consists of a mainframe to which a mobile plastic support is connected for the electric handpiece and a stainless steel block containing the artificial canals. The electric handpiece were mounted on a mobile device to allow precise and reproducible placement of each instrument inside the artificial canal. This ensured three-dimensional alignment and positioning of the instruments to the same depth. The artificial canal was manufactured by reproducing an instrument's size and taper, thus providing the instrument with a suitable trajectory that respects the parameters of the curvature chosen. A simulated root canal with a 60° angle of curvature and a 5 millimeter radius of curvature was constructed for instrument type. The centre of the curvature was five millimeter from the tip of the instrument, and the curved segment of the canal was approximately five millimeter in length. All instruments were rotated or reciprocated until fracture occurs. The time to fracture was recorded usually with a 1/100 second chronometer. Mean and standard deviation were calculated. All data were recorded and subjected to statistical evaluation with analysis of variance test. Statistical significance was set at P < .05.

Results

Results indicated that reciprocating motion showed a significant increase (p<0,05) in the time to failure when compared to continuous rotation. Mean time to failure was 195 sec for group 1, Mean time to failure of continuous rotation group control was 86 secs.

Discussion

Although multiple factors contribute to file separation, cyclic fatigue has been shown as one of the leading causes (Shen et al. 2006). Fatigue failure usually occurs by the formation of a micro-crack at the surface of the file that starts from surface irregularities. During each loading cycle the micro-cracks develop, getting deeper in material, until complete separation of the file (Christ 2008). All endodontic files show some irregularities on the surface, and inner defects, as a consequence of the manufacturing process, and distribution of these defects influence fracture strength of the endodontic instruments (Anderson et al 2007, Wei et al. 2007).

The advancement in TF technology and manufacturing process allowed the production of a new generation of NiTi instruments, with better flexibility and more resistance to cyclic fatigue. On the contrary, little is known about the effect of reciprocation on the lifespan of TF endodontic instruments. Literature shows that reciprocating motion can extend cyclic fatigue life when compared to continuous rotation. Therefore the term reciprocating motion includes several possible movements and angles, each of which may influence performance and strength of the NiTi instruments. The original Giromatic handpiece (Micro Mega, Besançon, France), and the more recent M4 motor (Sybron Endo, Orange, CA), have the same angles in CW and CCW, while Tecnika motor (ATR, Pesaro, Italy), used by Yared (2008) with the single file F2 ProTaper technique, had a reciprocating movement with CW angle > than CCW. For the newer Reciproc (VDW, Munich, Germany) and Wave One (Dentsply Mailfefer, Ballaigues, Switzerland) the actual movements and angles are not clearly disclosed by manufacturers, but all studies seem to show an increased lifespan of the instruments.

Movement kinematic is among the factors which could affect lifespan of NiTi instrument because it determines stress distribution, which instruments accumulate during time. It seems sensible that reciprocating motion determines a better distribution of stresses during time than continuous rotation. This study compared cyclic fatigue resistance of TF instruments used with a new patented reciprocating motion and in continuous rotation on a static metal block. The results of the present study clearly show that reciprocating motion can extend cyclic fatigue life of TF when compared with continuous rotation.
Benefits of the Flapless MIMI® Minimally Invasive Dental Implantation Method

Dr Armin Nedjat, dentist, Implantology specialist, Diplomate ICOI, CEO Champions-Implants GmbH presents a case

MIMI® stands for the “flapless” and periosteum preserving Minimally Invasive Method of Implantation, which avoids the creation of a flap. For dentists or dental surgeons who use the conventional implantation method, this flapless surgery technique is an alternative treatment option. It offers the possibility of placing implants with perceived less bleeding and less patient discomfort. Following implantation, patients can be provided with excellent prosthodontic restorations. In fact, more and more patients opt for a MIMI® treatment, which has proven beneficial.

Our priority is the benefit for the patient instead of financial profit. Thanks to MIMI®, many patients will become real fans of your dental office. If dentists are also very motivated, they will contribute to success and a good atmosphere in the dental office.

A patient had visited three big dental clinics in Germany who said that he had to be treated with the conventional implantation method. He was told that the treatment would cost 36,000 Euros! Therefore, the frustrated patient looked for another dental office. This patient, who then lived in Palma de Mallorca, Spain, presented to our dental office in Palma de Mallorca. He had a bone height of 8-10 mm on both sides. In my view, a sinus lift on both sides and bone transplantation were not recommended in this case because they could have been harmful for the patient. These methods are no longer considered as the “lege artis” treatments. In fact, clinical studies on the benefits of MIMI® and long-term comparative studies on flapless surgery have now been conducted.

Discussion
Some questions have been raised by patients who were very satisfied with the MIMI® treatment, such as: “Why don’t all dentists use the MIMI® method?” “Why did some dental clinics plan to

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- His practical and professional teaching style, with a pursuit for excellence

Who is this course for?

- A Principal of a practice
- A Dentist that wants to offer more private dental care (including Smile Makeovers to a high standard)
- The aspiring, young Associate Dentist

What are the main benefits of attending this course?

- Learning about all the main topics to create a successful and profitable dental practice
- Master how to do a comprehensive dental assessment – the key to clinical success!
- Learn all the clinical aspects of doing a Smile Makeover case (8-10 units) and also how to confidently treat a full mouth wear case
- Occlusion simplified and made easier to understand
- The Art of Communication and Selling in a high integrity and non-pressurized way
- How to become a great Leader, motivate, empower & develop your dental team, and achieve a Balanced Life

Course runs from November 2012 to April 2013
Visit our website for full programme dates
£5000 + laboratory fees for a dentist treating a patient for a smile makeover
£3000 as an observer dentist
Finance options available

“Ash combines clinical excellence with a deep rooted commitment to his family... He is at the top of his game as a Dentist and is one of the most grounded humans I have met.”

Chris Barrow, Dental Coach

The Preferred Training Academy For Excellent Dental Education
Contact Cheryl (Ash’s Manager) on 020 8500 0544 or speak to Ash himself on 07971 291180
You can e-mail Ash at training@theacademybyash.co.uk
perform a bone augmentation each time? Why should the whole treatment take almost a year and cost much more than the MIMI® treatment although with MIMI®, I hardly felt any pain and the treatment was completed within a few days?"

It is important to be mindful of the primary goal of performing a non-traumatic and painless implantation successfully as the MIMI® minimally invasive surgery makes bone augmentations unnecessary. For us as dentists, our priority is the benefit for the patient. Instead of bragging about our know-how and skills, the successful results should be the priority for every profession. For instance, the goal of a pilot is not to brag about brilliant flight maneuvers but to ensure that the airline passengers have a good and safe flight to the right destination. Our objective as dentists is not to show patients how well we can perform complicated implantations, flap open the mucosa, suture, and perform bone augmentations. Instead, it’s the successful treatment result that counts. When implanting using MIMI®, bone augmentations can be avoided in about 80 per cent to 90 per cent of the cases. In cases where implants can be immediately loaded (if there are more than three implants/teeth that can be splinted), restorations can be fit immediately, sometimes already within five days!

Implantology conferences are sometimes oriented towards classical implant industry, which tends to be influenced by industry-led dogmas and which tends not to be adapted to the day-to-day work in dental offices. Sometimes, lecturers who have not had enough hands-on experience in dental offices for years talk about these dogmas. Current studies have cast doubt on these conventional assumptions. These theses have sometimes been emphasised during conferences by referring to studies of the eighties which have been increasingly questioned. For instance, some dentists said that flapless minimally invasive implantation would require the use of a DVT-based navigation-guided drilling template, which has not been proven true for all dental implant systems and bone condensing dental implant systems.

In order to place a Champi-on® implant, you slowly drill in the bone with small-diameter conical triangular drill at a drilling speed of 250 rpm. The mucosa thickness is measured with the drill. Then, before placing the implant, the bone cavity is checked with a BCC (Bone Cavity Check) probe after each drilling step. The titanium grade 4 implants (available in diameters of 3.0 mm, 3.5 mm, 4.5 mm and 5.5 mm) are inserted at torques ranging from 40 to 60 Ncm to achieve primary stability. A 4.5 mm-diameter implant should only be inserted if primary stability cannot be achieved at a torque of 40 Ncm with a 5.0 mm concenter in the D3/D4 bone. In this case, a 4.5 mm-diameter implant was placed in the sites 18 and 26/27. The bone anatomy does not determine which implant diameter is to be used. Rather, the diameter of the implant is determined by the achieved primary stability. If a 5.5 mm-diameter implant achieves primary stability at a torque of 40 Ncm, it will be sufficient! From a physiological/implantological point of view, inserting a 4.5 mm or 5.5 mm-diameter Champions® implant with force can cause poor peri-implant nutrition if sufficient primary stability could also have been achieved with an implant with a diameter of less than 4.5 mm. In addition, the use of drill templates is not always useful, but it is essential to feel bone with the BCC probe. Actually, the dentist himself/herself can determine the clinical situation better than any computer software-guided navigation system. Scientific studies on the accuracy of the placement of implants that were assisted by a navigation-guided template have shown apical deviations of 1000 μm on average. Drilling templates are particularly useful when the diameter of the drilled cavity with cylinder drills is almost the same as the diameter of the implant that will be placed.

One of the benefits of the flapless MIMI® method is that the implant serves as osteotome. Bone can be well-nourished by the intact periosteum. That’s nature!

Summary

MIMI® does not require the mucoperiosteal flap reflection, and excellent soft tissue and hard tissue conditions can be observed after surgery. In recent years, literature has shown that the flapless MIMI® method, which has been applied since 1994, is very beneficial. Classical implantation methods have been increasingly questioned. MIMI® treatment has been shown to be effective in protecting bone and significantly reducing the risk of inflammatory soft tissue conditions in the first 12 weeks post surgery.

The peri-implant bone is almost completely nourished by the histological, double-layered membrane of the bone, which is richly supplied with blood vessels and nerve fibers; the inner cambium layer (Stratum osteogenicum) is rich in cells. It is composed of stem cells (osteoblasts), ensuring bone regeneration, as well as of nerves and blood vessels. The outer fibrous layer (Stratum fibrosum) is connective tissue, which is not
Made in Germany – More than 50,000 Champions® implants are inserted annually – Winner of the German „Regio Effekt“ Award 2010

87 € + VAT

All included
✓ Champions (R)Evolution® Implant
✓ Standard Abutment
✓ Gingiva-Shuttle
✓ Impression Coping

Special Offer
A Surgery Kit will be loaned to new customers free of charge.
You can choose 20 implants, which you can keep for two months on commission. You will only have to pay the used implants.

Suitable for MIMI® (Minimally Invasive Method of Implantation)
Successful implant system

Excellent primary stability thanks to the crestal micro-thread

9.5° internal cone → Excellent abutment/implant connection (Study from the university of Frankfurt, H. Zipprich)

CHAMPIONS® surface:
Rated as one of the best!
Sources: Studies from the university clinic in Cologne, Germany

You can find several clinical cases and articles on the website.
Contact: Fanny Rougnon-Glasson
Tel.: +49 151 152 55 718
fanny@championsimplants.com
www.champions-implants.com
cell-rich but rich in collagen fibers. The Sharpey's fibers, which pass from the outer layer through the inner layer, are embedded in the Substantia compacta of the bone and secure the periosteum to the bone. Theiatrogenic detachment of the periosteum can lead to poorly nourished bone after weeks, months or years. Following radiologic examination, pocket depths of more than 5mm, bleeding and peri-implant inflammation are clinically diagnosed as crater-shaped defects and bone loss around the implant.

In combination with D2 to D4 bone spreading during implantation, 3.0 mm or 3.5 mm-diameter implants can also be placed in a narrow jaw, and the implants will be surrounded by sufficiently solid bone in all dimensions. If flapless surgery is performed correctly, there will be very little risk of bone resorption or loss or soft tissue loss. With flapless surgery, optimal bone nutrition can be ensured on the long-term. Recent studies in conjunction with immediate restoration/immediate loading have shown that flapless surgery results in good bone nutrition and good soft and hard tissue outcomes. For 18 years, these techniques have been performed with the Champions® implants and other implant systems.

A flapless MIMI® treatment should be performed by an experienced Implantology specialist because if the mucosa is not flapped open, beginners in Implantology might fear not to see exactly in which precise site they are to insert the implant. Contrary to what skeptics might think, MIMI® surgery, which is related to key-hole surgery, is not a "blind procedure". Before inserting the implant, it is an absolute must to palpate and check the bone cavity thoroughly in all dimensions by means of a BCC (Bone Cavity Check) probe each time after drilling and each step. You should be able to feel solid bone in all dimensions. Not only is it necessary that the surgeon and the implantologist have considerable manual dexterity and a lot of experience with implantation and with the MIMI® procedure (and eventually also with the classical "full-flap" method) to apply the MIMI® method successfully, a suitable implant system is also necessary for the MIMI® method.

Thanks to the MIMI® technique, augmentation (external sinus lift or bone transplantation) can be avoided in many cases.

Thanks to the MIMI® technique, augmentation (external sinus lift or bone transplantation) can be avoided in many cases. Long-term complications and periimplantitis can be significantly reduced or eliminated. Patient compliance is important as well, but patients will become real fans of this flapless MIMI® method. The implantological and prosthodontic treatments that were demonstrated in this case report were completed in only five days following a periodontal pre-treatment. Immediately after implantation, the patient left the dental office with a temporary fixed bridge. A day after surgery, the patient was able to resume his daily activities as a business man without feeling any pain. In addition, the treatment was far less expensive than it would have been in many other dental clinics/dental offices.

- References available from the publisher
Digital dentistry in implantology

Enabled by 3D printing, dentistry is undergoing a digital revolution. Digital dentistry represents the merger of mass production with individual customization, providing a faster and more cost-efficient dental workflow. The adoption of digital dentistry is increasingly defining and driving the success of dental businesses. Those dental labs that rise to the challenge will be the companies that grow fastest in the years to come.

Dental implants have been used successfully for many years to restore missing teeth. They don’t decay and they function just like real teeth. Until recently however, the placement of dental implants involved an invasive and time consuming surgical procedure. They were placed where they would be guessed likely to fit and frequently not enough planning and thought was given to future functional longevity and cosmetics. Now, with the advancement of digital 3D printing and lab expertise, a dental implant can replace missing teeth with pinpoint accuracy, minimum discomfort, and beautiful cosmetics.

Adoption of 3D printing for dental manufacturing is constantly growing. Many laboratory professionals have discovered what clinicians have been slower to recognize: that 3D printing of dental models is faster, more economical, predictable, consistent, and accurate. Return on investment can be incredible if a team approach is adhered to.

The Challenge
Located in the Netherlands, Oratio B.V. was one of the pioneers of CAD/CAM design technology for producing dental restorations straight from CAD design imagery.

With excellent experience in services and positive signs from the market, Oratio found itself in an optimal position for initiating growth. At the same time, the company needed to streamline its business. It required a system that could improve throughput without compromising its high standards and without costly expansion of the company’s technician staff and facilities.

Case Study
Company: Oratio B.V.
Location: Netherlands
Industry: Dental

Challenges
• Replace slow and inaccurate manual production process

Solution
• Objet Eden260V 3D Printer

Results
• Near-immediate, significant growth in business
• Higher productivity and lower production costs
• Improved accuracy for implants and other restorations, with faster turnaround time

“Growth arrived almost immediately after we installed the Objet 3D Printer. We increased our productivity and as a result we can provide new solutions for implantology.”

Siebe van der Zel
COO, Oratio B.V.

Making Digital Dentistry Happen

3D Printing Solutions for Digital Dentistry
• Print stone models, veneer try-ins and delivery trays, surgical guides, denture try-ins, orthodontic appliances and more
• Produce parts faster with superior accuracy and resolution
• Eliminate manual work and improve efficiency
It Doesn’t Have To Be A Right-Handed World

Patients won't need any assistance navigating their way into the new Compass Treatment Centre from Takara Belmont; with a delivery unit that can rotate behind the chair, it can be supplied as either 'A' air or 'E' electric specification and is compliant to NHS HTM 2022/1 recommended guidelines. They also include all old un-compliant compressor and entering into a Dentalair fixed cost Total Air Management software and equipment.

The unique centrally mounted pivoting mechanism allows the Compass to convert from left to right hand use in less than 90 seconds, without the need for any tool! An ambidextrous unit is great for practices where a workroom is shared, or for those who want the flexibility in the future. By optimising efficiency and performance, the chair is designed to be relaxing and user-friendly as well as comfortable. The Compass, it can be supplied as either with or without spittoon bowl with 180° rotation and independent arm-mounted vacuum manifold. It doesn’t have to be a right-handed world!

For further details or application contact us on 0800 975 7303.
ClearSky Launches Specialist HR Service for Dentists
One of the UK’s leading accountancy firms has announced the launch of a dedicated HR advisory service, helping dentists with their recruitment, national insurance, and other HR-related issues.

ClearSky, a national accountancy firm, has introduced a new HR service for dentists to help them meet the growing complexity of their workforce management.

Graham Gardner enhances Urban range
Graham Gardner have enhanced their phenomenally popular Urban Study range. This brand new collection, housing 140 new units, reflects the latest trends in the UK.

The Urban Range now offers a range of new units, including new finishes and colours, ensuring that dentists can find the perfect space for their needs.

EndoCare – exceptional patient-centred care
At EndoCare we pride ourselves on our caring, patient-centred approach. For us, maintaining the health and satisfaction of our patients is always our top priority. We ensure that every patient receives the best possible care, ensuring that their needs are met and they are comfortable at all times.

The practice had two surgeries fitted. The first was a successful in-surgery treatment of a patient who had been in pain for days. The second was an emergency appointment for a patient who had been hit by a car.

We particularly excel in treating anxious or dentally phobic patients, and are also more than happy to provide the best and most comfortable experience possible. We particularly excel in treating anxious or dentally phobic patients, and are also more than happy to provide the best and most comfortable experience possible.

For more information contact Nobel Biocare on 0208 756 3300 or visit www.nobelbiocare.com.

Diplomacy saves the day with Roger Gullidge Design
Tactful communication and persuasive diplomacy by Roger Gullidge, founder of Roger Gullidge Design, saved the day for Ajiaz Syed when he was approached by The Dental Directory to liaise with building contractors.

Roger Gullidge Design is a specialist design and project management consultancy specialising in dental and healthcare sectors. The practice has a number of projects in the pipeline, with one being a new dental practice in South London.

For more information, contact The Dental Directory Team on 020 7183 8388 or visit www.thedentaldirectory.co.uk.

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The completed case includes:

- Technical side.
- Customised Implant Abutments
- Inner/Outer Template
- Analogue Basis Abutment
- Fitting Screw
- Laboratory Analogue
- Soft Tissue Model
- Any Elite Restoration
- Reduced Laboratory Analogue
- Titanium Abutment
- Zirconia Abutment
- Ceramic Veneer
- Copings
- Full Metal Crown
- ZirconArch
- Zirconia FC
- Press e.max®
- PFM

Tailor the full implant restoration to your patient. And now with customised zirconia abutments, we can provide a laboratory implant solution. Every patient is unique. In March 2012, CosTech is proud to launch the Complete Restoration Solution - The All Inclusive Laboratory Implant for only £250 per unit.

How does it compare to Stock prices?*

<table>
<thead>
<tr>
<th>Lab Crown and charges: £185</th>
<th>Stock abutment + Screw: £140</th>
<th>Total: £350</th>
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<tbody>
<tr>
<td>Lab Analogue: £25</td>
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SAVING YOU UP TO £100 per unit at the end of the month. No Hidden Charges!

*Based Average Prices with ZirconArch Crown. † T&C Apply

Contact CosTech Implant Centre Today for further information.
Applications are invited for a hospital based “certificate” year course (one day a month) starting on 16th November 2011.

This unbiased multi system clinical course in its 20th year is designed to teach practitioners how to incorporate implant treatment to their practices safely with the back up of three most documented implant systems according to the FGDP/GDC Training Guidelines. Astra, Nobel Biocare and ITI/Strannmann, the market leaders in implantology for their unique indications, predictability, research and documentation, are taught step-by-step during the year course. Each participant will have the opportunity to place implants in their patients under supervision. The course has been granted approval by the FGDP (UK) for accreditation towards its Career Pathway.

COURSE CONTENTS AND BENEFIT

- Keynote consultant/specialist speakers from UK and abroad
- Certification for three major implant systems and GBR techniques
- Prepare for Diploma examinations or further academic study (e.g. MScs)
- Benefit from extensive network of accredited UK Mentors
- Clinical practice support and advisory service
- Implant team with highly proven 20 years’ clinical research and teaching experience
- Become an ITI member (with complimentary 1st year’s subscription)
- Receive complimentary editions of four ITI Treatment Guides

FOR FURTHER INFORMATION:
Professor T.C. Ucer, BDS, MSc, PhD,
Oral Surgeon, Oaklands Hospital, 19 Lancaster Road, Manchester M6 8AQ.
Tel: 0161 237 1842
Fax: 0161 237 1844
Email: ucer@oral-implants.com
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Advanced Defence Sensitive blocks 92% of dentine tubules in just 6 rinses *1

Introducing the first in a new expert range from LISTERINE® – a twice-daily mouthwash built on potassium oxalate crystal technology that blocks dentine tubules deeply for lasting protection from sensitivity.2,3

In just six rinses Advanced Defence Sensitive blocks 92% of dentine tubules; twice as many as the leading recommended pastes.1,4

It can be used alone for lasting protection,3 or in combination with the most recommended paste from the leading sensitivity brand, to significantly increase the number of tubules the paste blocks in vitro.4,5

* Based on % hydraulic conductance reduction

Recommend Advanced Defence Sensitive for expert care when you’re not there

References:
1. Dentine Tubule Occlusion, DOF 1 – 2012.

Do not recommend this product if patients have a history of kidney disease, hyperoxaluria, kidney stones or malabsorption syndrome, or take high doses of vitamin C (1000mg or more per day).