The High Court has ruled that the authority was not acting unlawfully in seeking to add fluoride to Southampton’s tap water.

The proposal by South Central Strategic Health Authority (SCSHA) to increase the level of fluoride in water to one part per million, was given the go-ahead in February 2009 after a review showed the move would significantly improve dental health. However, resident Ms Milner, who was backed by local anti-fluoride campaign groups, argued that residents would have “no choice” but to drink fluoridated water. Campaign groups, which backed the mother-of-three’s case, said potential side effects range from bone cancer to thyroid problems and brown spots on the teeth.

However, the British Dental Health Foundation welcomed the High Court’s decision and urged more SHAs to follow suit. Chief Executive of the BDHF, Dr Nigel Carter, said: “The verdict will be of a great benefit to an area where tooth decay amongst under-fives has been a problem. Though there has been opposition, robust scientific research supports the fact that fluoridation significantly improves oral health and there is no evidence to suggest that it can have any negative impact on overall health.

The British Dental Association (BDA) also welcomed the decision. BDA Scientific Adviser Professor Damien Walmsley said: “The BDA is pleased with the result because it is likely to encourage consultation on similar schemes in other parts of the country where fluoridation could help address the poor dental health of the population.

“A recent European summary of the latest scientific evidence reiterated the view that water fluoridation is a safe and effective method of reducing oral health inequalities.”

**Fluoride scheme gets green light**

Judicial Review of fluoridation decision in Hampshire says process was not illegal

---

**Clinical story**

**The Inman Aligner II**

Tof Qureshi discusses bonding

---

**Clinical**

**Fluoridation of Southampton’s water was an illegal process**

The High Court has ruled that a health authority was not acting unlawfully in seeking to add fluoride to Southampton’s tap water.

The proposal by South Central Strategic Health Authority (SCSHA) to increase the level of fluoride in water to one part per million, was given the go-ahead in February 2009 after a review showed the move would significantly improve dental health. However, resident Ms Milner, who was backed by local anti-fluoride campaign groups, argued that residents would have “no choice” but to drink fluoridated water. Campaign groups, which backed the mother-of-three’s case, said potential side effects range from bone cancer to thyroid problems and brown spots on the teeth.

However, the British Dental Health Foundation welcomed the High Court’s decision and urged more SHAs to follow suit. Chief Executive of the BDHF, Dr Nigel Carter, said: “The verdict will be of a great benefit to an area where tooth decay amongst under-fives has been a problem. Though there has been opposition, robust scientific research supports the fact that fluoridation significantly improves oral health and there is no evidence to suggest that it can have any negative impact on overall health.

---

**Events**

B2A celebrates success

Hope Dental Centre in sixth year

---

**News in Brief**

**Fancy some Comet?**

45-year-old Detroit mum Crystal Newman has a peculiar habit: she eats Comet, a bathroom kitchen cleaner. Reportedly, she would rub the powder, mix it with water to form a paste and then eat it. Comet’s warning label cautions: “May be harmful if swallowed or inhaled.” “It tastes the way it smells. Leaves a metallically taste in your tongue,” says Trent when he tastes the Comet. When asked if the cleaning product had done her any harm, Newman replied: “No issues, except for my teeth.” Cosmetic dentist Demi Kasanis, gave Newman a new smile by replacing twenty two of her teeth with titanium implants. The implants reportedly cost her $75,000. “Her mouth was rampant with decay and infection. This is what eating Comet for thirty years can do,” says Kasanis.

Listen with your teeth

Sonitus Medical, a medical device company that manufactures the world’s first non-surgical and removable hearing prosthesis to transmit sound via the teeth, today announced that it has received FDA clearance for its SoundBite Hearing System. The FDA 510(k) clearance is the first for the company and the product. The SoundBite Hearing System was found to be safe and effective in two pivotal clinical trials, which supported the FDA clearance. One study evaluated the safety and efficacy of the SoundBite system over a period of one month in 22 patients. A second study evaluated the long-term safety of the device over a six month period in 22 patients. Key safety and efficacy measures evaluated in the studies included the SoundBite system’s benefit and impact on auditory performance, improvement in speech intelligibility, oral health, and overall comfort.

Roaring pain

Root canals are hard on the patient. But if the patient is a lion, the root canal is perhaps even harder on the tooth before the lion would lose it for good. The Zookeepers had to quickly assemble a team. The procedure was successfully performed.
A new report launched today by the World Health Organisation (WHO) has stated that wider implementation of policies and programmes to save lives and reduce the health impact of harmful alcohol drinking. Harmful use of alcohol results in the death of 2.5 million people annually, causes illness and injury to many more, and is increasingly affecting younger generations.

The Global status report on alcohol and health analyses available evidence on alcohol consumption, consequences and policy interventions at global, regional and national levels. It stated that:
- Nearly 4 per cent of all deaths are related to alcohol. Most alcohol-related deaths are caused by alcohol result from injuries, cancer, cardiovascular diseases and liver cirrhosis.
- Globally, 6.2 per cent of all male deaths are related to alcohol, compared to 1.1 per cent of female deaths. One-in-five men in the Russian Federation and neighbouring countries die due to alcohol-related causes.
- Globally, 520,000 young people aged 15-29 years die annually, from alcohol-related causes, resulting in 8 per cent of all deaths in that age group.

Endorsed by WHO’s Member States in May 2010, the Global Strategy to reduce the harmful use of alcohol was to promote a range of proven effective measures for reducing alcohol-related harm. The measures include taxation on alcohol products, maintaining and protecting the availability through allowing fewer outlets selling alcohol, raising age limits for those buying and using effective drink-driving measures.

Understanding the impact of alcohol use

I n a groundbreaking agreement, the Central University of Technology, Free State, South Africa (CUT) has joined forces with UK-based leading provider of blended learning resources Smile-on Ltd for the provision of a range of the company’s resources to support CUT’s educational vision.

The contract was signed by Noam Tamir, CEO of Smile-on and Jeanne Oosthuysen, Lecturer and programme manager at CUT, at the recent Clinical Innovations Conference South Africa. This will see five of Smile-on’s leading educational resources being integrated into CUT’s dental programme: The Bleaching Business, Communication in Dentistry: Stories from the Practice, Key Skills in Primary Dental Care, Clinical Photog taphy, and Dental Nursing Education for Tomorrow (DNNET).

Commenting on the news, Ms Oosthuysen said: “The vision of CUT is to be a globally connected African university of technology that focuses on the needs of Southern Africa and supports graduates for citizenship with skills and competencies in appropriate technologies.

“For me, learning is a way to interact with the world – it is a lifelong process. As modern-day educators, we are constantly faced with this challenge to adapt and change in order to broaden our horizons and expertise. CUT and the University of the Free State are the only higher educational institutions in the central region of our country. The lack of a School of Dentistry in the Free State presents a big challenge, as CUT is offering the only training in dentistry from the central region of South Africa. This problem has been addressed by cooperative links and support systems that has been established with international experts in this field of research and education in dentistry.

“Resources in dentistry, dental education colleagues and other support systems are often only available at dental faculties in Johannesburg, Pretoria, Cape Town and Durban. This challenge is the reason for wanting to be involved with Smile-on and becoming a pioneer of blended learning for dental assisting in South Africa.” Noam Tamir, CEO of Smile-on commented “At Smile-on we share the vision of connecting our users to a global network and we are delighted that by working together with CUT we can help bring much needed resource to this region.”

Pioneering partnership between Smile-on, Free State

M ercury negotiations

T he FDI Mercury Task Team, led by the FDI President Elect, Dr Orlando da Silva, participated in the second session of the United Nations Environment Programme Intergovernmental Negotiating Committee (INC 2) to prepare a global legally binding instrument on mercury that took place in Chihuahua, Japan from 24-28th January.

The FDI’s team is working in close co-operation with members of the International Association for Dental Research to articulate to the INC that dental amalgam currently constitutes an important element in maintaining and protecting global public health, as reflected in FDI General Assembly Resolution on Dental Amalgam (GA 2009) and Dental Amalgam Motion (GA 2010).

Importantly, FDI made an intervention at the INC 2 plenary session highlighting strategies that phase up prevention for dental caries and associated health programmes that we believe will result in the phase down of restorative materials, including dental amalgam. This will lead to the reduction in the use of dental restorative materials and ensure optimal oral health, particularly for those most disadvantaged and in need of treatment.

Mercury negotiations

T ribunal by day, happy couple by night

A wife has told reporters that she is still “happily married” to her dentist husband - despite suing him at an employment tribunal.

Helen Hutchenson, 46, claimed that her husband, John Hutchenson, had promised her that he would pay her £5,000-a-month when she became a full-time member of staff; however, he failed to keep his promise and when she was eventually taken on at the clinic in August 2009 she was paid a wage of £1,500 a month.

Helen originally began working at the Rosemount Dental Clinic in Aberdeen in 2008 after agreeing to work unpaid for a year to show she was worth employing, however, she quit and launched legal proceedings for unfair dismissal.
Editorial comment

As I write, there is considerable turmoil in the profession over the upcoming GDC meeting where the Council will decide whether or not to rescind the use of ‘Dr’ as a courtesy title by dentists. This is quite an emotive subject for dental profession- als, with conversations flowing from all channels about the move either demeaning the status of dentists, or being against the use of Dr to be at the level of surgeon, and every degree in between!

For me, I find the inconsistent use of ‘Dr’ to be the confusing issue. When speaking to dentists (I do that sometimes you know!) I never know whether to use ‘Dr’, ‘Mr’ or ‘O’ – though I do find that ‘O’ works best.

Before I go, I can’t let this week go by without mentioning the YouTube video by NHS Northamptonshire. For those not in the know, this is a two-minute viral video spoofing the classic ‘vampire in the bedroom’ scene with the twist of bad oral hygiene.

Although it was released in November 2010, it seems to have captured recently the imagination of the tech-savvy dental fraternity. ‘True Blood’ it isn’t, but it is an appropriate approach to get young people interested in visiting the dentist! Go to [http://www.youtube.com/watch?v=ixkHzhNajwZU] and see what you think.

ARF x 36k

The General Dental Council has successfully processed 56,062 annual retention fee (ARF) payments from its dentist registrants.

The deadline to pay the fee for 2011 was 31 December 2010. Nearly 5,000 of those who paid used the regulators’ eGDC website [www.eGDC-uk.org](http://www.eGDC-uk.org).

This allows users to:

- Log their Continuing Professional Development (CPD) hours;
- Update their registered address or complete a Direct Debit instruction online;
- Access their Annual Practising Certificate information;
- Have control over many of their registration responsibilities 24/7.

886 dentists were removed from the register for not paying their ARF – so far 171 applications for restoration to the register have been received. 514 dentists voluntarily requested that their names be removed.

If a dentist missed the deadline to pay their ARF they will need to apply to be restored to the register, Practising while not registered is considered illegal practice and the GDC will take action through the criminal courts. Dentists who want to return to the register must:

- Complete a form to apply for restoration;
- Have a medical examination and provide a character reference;
- Pay a fee of £696 – which includes the ARF;
- If they were practising overseas while off the register, they must provide a letter of good standing from the relevant authority of the country/state in which they last worked;
- If they were working in the UK when their name was removed from the register, they and their employer will need to explain the circumstances in a letter.

If this has occurred they are advised to contact their solicitor or defence organisation before submitting their application.

Further information can be found at [www.gdc-uk.org](http://www.gdc-uk.org) or by calling 0845 222 4141.

NEW

**40% of denture patients are concerned about denture odour**

Yet many denture wearers fail to keep their dentures clean.

That’s because brushing dentures with ordinary toothpaste can scratch denture surfaces. And scratched surfaces can lead to bacterial growth leading to denture odour.

Scanning electron microscope (SEM) images at 240 minutes confirm a significantly higher build up of Streptococcus oralis on denture materials previously cleaned with ordinary toothpaste vs. a non abrasive solution.

Poligrip denture cleansing tablets effectively remove plaque and tough stains without scratching, to leave dentures clean and fresh. Poligrip Total Care denture cleansing tablets also kill 99.9% of odour causing bacteria.

**Recommend Poligrip denture cleansing tablets to help your patients control denture odour**

**References:**


**POLIGRIP** is a registered trade mark of the GlaxoSmithKline group of companies.
**DENTAL TRIBUNE United Kingdom Edition · February 28-March 6, 2011**

**Young and CROOKED**

A n engaging short film geared towards the younger generation is making headlines. CROOKED, now available on DVD, is a light-hearted tale of Samantha, a 12-year-old girl who is obsessed with losing her last baby tooth, (which happens to be crooked). Her fascination lies with her determination to get the perfect smile...and, of course, win the heart of the new boy at school.

Throughout the film, Samantha provides subtle but constant encouragement to turn brushing and flossing into a daily habit; throughout her time at school she brushes her teeth after lunch, and happily visits the dentist. And although the film’s goal is dental hygiene education, CROOKED becomes a balance of information and teen entertainment.

The idea for CROOKED occurred when a man who had experienced serious health problems approached Florida filmmaker Todd Thompson and his Orlando-based production company, Stars North. The man’s hope was that Thompson could create an entertaining and would teach the importance of dental health to young audiences.

The result was CROOKED, a 17-minute film that stars Kendall Ganey (The Little Princess, Ace Ventura Pet Detective), Jo Mitchell (October Road, Eastbound and Down) and introduces Sarah Grace Ackerman and Justin Garcia.

Featured in the 2011 American Dental Association® Catalogue, CROOKED is available online at www.dentalmovie.org or www.amazon.com.

Reports have stated that a percentage of sales from the film will be donated to National Children’s Oral Health Foundation; America’s Toothfairy®, a nonprofit organisation dedicated to delivering oral healthcare to underserved children. For more information, please visit www.ncohf.org.

**Tooth loss linked to breast cancer**

A new study suggests that women may be more than 11 times more likely to suffer from breast cancer if they have lost their teeth and gum disease.

The study carried out by the Karolinska Institute in Sweden on over three thousand patients, showed that out of the 41 people who developed breast cancer those who had gum disease and loss of teeth were 11 times more likely to develop cancer.

As this appears to be the first study presenting such findings, Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, believes more needs to be done in order to confirm the results.

Dr Carter said: “If future studies can also testify to the link between missing teeth and breast cancer, more has to be done to raise public awareness on the issue. The British Dental Health Foundation has a history of campaigning for better oral health, and the findings presented in the study indicate another clear link between your general and oral health.”

The study was carried out in Sweden.

**Teeth the Musical scoops global film prize**

The team who made a 15-minute film to get kids brushing their teeth is off to Canada this weekend after having just won the ‘Best Education Award’ at the Picture This Film Festival (PTFF).

PTFF is a competitive and exhibition festival, which features films that are about disability and films on any subject that were produced, directed and written by people with disabilities. Teeth the Musical DVD has already scooped the 2010 Patron’s Prize at the National Oral Health Promotion Group annual conference, adding to the 2010 Education Business Award from Somerset County Council.

JUMPuts animated film ‘Teeth the Musical’ was produced with and for learning disabled young people.

Travelling to Canada will be member of the cast and Bridgewater College student, Freddie Wellman accompanied by film-maker Tom Stubbs, part of Biggerhouse Film, who together, with registered charity Somerset Film, makes up the JUMPuts partnership.

Tom Stubbs said to reporters: “This is a great honour and a fantastic opportunity for Freddie and I to present our film to an international audience, to fly the flag for Somerset creative business and he talent of disabled film-makers.”

**Working with fellow Calgary winners Purple Field Productions, the film-makers are supported by the local branch of AC Mole and Sons, and Aardman Animation, who generously donated an original Wallace and Gromit drawing signed by Nick Park to help fund the visit.**

Teeth the Musical is suitable for learning disabled audiences as well as for primary school students and is available on DVD from www.jumpcuts.org.uk.

A Bristol-based senior dental officer said to reporters earlier this week: “I have never seen anything like Teeth the Musical anywhere else. It is absolutely fantastic in all respects.”

**‘Proportionate and effective’ approach**

The vast majority of those who work in health and social care are committed individuals with a strong sense of professionalism who aspire to deliver the highest standards. However, where there is poor practice or poor quality, it is essential that regulation is maintained.

The regulatory system is becoming increasingly complex and is expensive and requires continual Government intervention to keep it up to date. The Government must move to a proportionate and effective system that imposes the least possible costs and complexity, while maintaining safety and confidence for patients, service users, carers and the wider public.

Recently, Health Secretary Andrew Lansley presented ‘Enabling Excellence’ to Parliament regarding this debate. He said: “Regulation of healthcare workers and social workers makes an important contribution to safeguarding the public, including vulnerable adults and children. But we need an approach to professional regulation that is proportionate and effective.

At the moment, most processes – such as registration, investigation and complaints - that regulators need to have are set out in rules. Devolving powers to the regulators will give them greater freedom to define their own processes without approval from the Privy Council or Department of Health. Voluntary assured registration is intended to improve standards and drive up the quality of care without imposing the costs of mandatory regulation.

The Council for Healthcare Regulatory Excellence (CHRE) will set the standards for registrants and accredited organisations meeting its standards, meaning the public and employers will be able to easily identify what register a worker belongs to.

The abolition of the General Social Care Council forms part of our wider programme of social care reforms which will deliver a more independent model of regulation and strengthen the social work profession. The Council for Healthcare Regulatory Excellence will also become more independent and self-funding. They will review the efficiency of all regulators, with a view to reducing the overall costs of regulation.

The Health Secretary also announced to Parliament today that herbal medicine practitioners will be regulated from April 2012. The four UK health departments have agreed that the Health Professions Council (HPC) should hold a statutory register of practitioners who supply unlicensed herbal medicines to people to enable the supply of herbal medicines to continue after 50 April 2011.
Internationally Renowned Titles now coming to the UK

What’s missing?
implants
the ultimate solution for gaps in your knowledge
Keep up to date with the world of international implantology with this essential read

You got the look...
cosmetic dentistry
Beauty & Science
Something for everyone as Cosmetic Dentistry presents the most significant international developments and experiences in an easy-to-read format

Enjoy Endodontics?
roots
is right down your canal!
Stay informed about the latest concepts in root canal treatment and advances in techniques and instrumentation to help you keep pace with the rapid changes in this field

For more information or to subscribe please call
Joe Aspis on 020 7400 8969 or email joe@dentaltribuneuk.com
DENTAL TRIBUNE  United Kingdom Edition February 28-March 6, 2011

GPS to map bat teeth

Biolologists at the University of Massachusetts Amherst have “mapped” the topography of bat teeth. The clever use of GPS technology has been designed in order to better understand how toothy ridges, peaks and valleys have evolved to allow different species to eat everything from hard-shelled insects to blood and nectar.

Using a method based on geographic positioning systems, the researchers could characterise the topography of the bats’ molars in a way similar to how geographers characterise mountain surfaces. The researchers calculated a measure of dental complexity that reflects how “rugged” the surface of the tooth is and were able to illustrate a trend from relative simplicity of the shearing molars in insect eaters and omnivores to high complexity of the crushing molars in fruit eaters.

Working with field-collected bat skulls, researchers Sharlene Santana and Betsy Dumont of UMass Amherst, with Suzanne Strait of Marshall University, W. Va., compared the structure of molars across 17 species of the New World leaf-nosed bats that specialise in a variety of different diets (insects, fruits, and a combination).

They found that the molars of fruit-eating species had sharp outer edges that likely allow them to pierce tough fruit skin and pulp. By contrast, the molars of insect-eating species were less complex, possibly because of their smoother shearing surfaces. The study is published in the Feb. 16 online issue of the journal Functional Ecology.

Sweet taste of HPV cure?

New scientific research from New York based Cacao Biotechnologies is uncovering potential new applications for the antioxidant-rich cacao beans, which could spur an innovative approach to treating human papillomavirus (HPV), a precursor to oral and cervical cancer.

There are existing vaccines for the HPV virus, however, they only effective against a small number of high-risk, cancer-causing HPV strains and are not free of serious side effects including convulsions and paralysis. As stated in the research article, “Vaccination will not cure someone who is already infected with the virus, so even with massive public health education campaigns, HPV will not soon be eradicated because it is so widely spread in the adult population.

According to Penny Hitchcock, Chief of the Sexually Transmitted Diseases Branch of the US government’s National Division of Microbiology and Infectious Diseases, further research on topical microbicides and effective vaccines is critical.

Sweet taste of HPV cure? Building on the work of Cacao Biotechnologies co-founders Drs Mark Guiltnan and Siela Maximova of Penn State University, scientists Dr Randall Murphy and Daniel Preston of Cacao Biotechnologies developed a suite of epicatechin-based super antioxidant compounds from cacao. The research article stated that based on the shape and an analysis of cacao molecules some epicatechin oligomers should have strong antiviral properties. Testing proved their theory correct and they had developed an antiviral compound specifically powerful against HPV.

B2A 2011 golf tournament

The Bridge2Aid (B2A) 2011 golf tournament is on and the team are delighted to announce that the hugely popular and now annual event will be held at Hankley Common Golf Course, in Farnham Surrey on August 30th, 2011.

Voted the 50th best golf course to play in the UK by Golf World Magazine and soon to host the Open Championship pre-qualifying competition in June, Hankley Common provides the perfect setting for B2A’s tournament this summer.

Starting the day with a light breakfast, followed by 18 holes and topped off with a delicious three course lunch, prize giving and a special auction with a round of Golf at the prestigious Loch Lomond up for grabs – this year’s tournament is set to be the best yet! If you’re a budding golfer, keen to host a day out for your team or simply looking to support the charity, there are now 25 teams available to book in one of Surrey’s finest golf courses.

A team of four can be booked now for just £488. For more information on the day or to book your team contact Stuart Thompson now on 01483 504944.
Walking in a webinar wonderland
Elaine Halley on deadlines, daughters and the bread-and-butter of dentistry

The time has flown past since my last blog – but I am happy to report that I did manage to get my final six cases for Unit 3 Anterior Aesthetics in and complete on time. This sounds so straightforward when I write it now – and does not reveal the reality which was that despite my best intentions, I was still texting my treatment co-ordinator last Saturday to ask her ‘how do I export the patient chart again?’ and snapping at my family on a Sunday afternoon to the tune of ‘I just need peace to get this DONE...and then I can play with Barbie, test you on your geography and paint your nails (not all the same child I hasten to add)!’ Thank goodness the Six Nations started the following week or I would have had no hope of playing the ‘Go and ask Daddy’ card...

We also had a January deadline for the end of Unit 6, which was a final assignment based around designing a clinical research project. I must admit, that as a general practitioner, I have found the research unit the most interesting but also the most challenging. I particularly found this final assessment to be a challenge – I guess with years of experience and because restorative dentistry is my bread-and-butter, I have plenty to say in the case reports under the ‘discuss your use of materials and justification’, and ‘discuss what could have gone better or you would have done differently’ always leaves me with a torrent of justifications for the end result I see before me.

‘Define your structured search making use of MESH terms and Boolean Operators’ leaves me a little less than verbose. I did try – I went back through my notes, re-listened to webinars but still I found my writing in this area felt a little like my 10-year old daughter’s sentence construction. Something along the lines of ‘And then I would...’ Being as this counts for 60 per cent of my Unit 6 mark – we’ll have to wait and see!

The web platform now lets us keep track of our marks across all the completed units. We had our introductory webinar for Unit 4 where the rest of the year was mapped out. Part of the webinar was carried out by Wolfgang Richter who outlined some of the subjects that will be covered under Posterior Aesthetics. Fiona Clarke let us know about some changes to the course – we have four case reports to do in this unit which are not due in until September, but need a 500-word ‘defence’ in addition to our case reports. There was something about a complex case with 1,000 words to write but all will be revealed at the next residential in June, Eddie Scher is heading that up so should be good – but a few webinars to get through first. Posterior aesthetics – both direct and indirect. Luckily, I have just taken bitewings for a team member who shall remain nameless - and I may be able to get two or even three posterior quadrants of restorative work from her!!

We haven’t had a webinar for several months – I knew I was missing something in my life...!
Do’s and Don’ts
David Brewer discusses raising finance for practice purchase

It is a tough time at present for many associate dentists with a double whammy of the poor economic climate and increased practice costs putting the practice profits under increased pressure – and one area the practice owner can make savings is on the percentage share paid to associates.

The days of standard 50 per cent paid to associates are no more with 40 per cent and lower becoming increasingly common place.

Do’s and Don’ts

• NEW CQC Outcomes Systems for Dental Practices
• NEW Compliance Declaration Audit Tool
• NEW Infection Control System (incorporates the NEW 10 criterion from the 2008 Act, supporting forms and audit tool)

All our NEW CQC Systems can be bought online at our website or we can send you an invoice if you prefer.

See our demo videos of the above at www.requireddentalsystems.com

REQUiRED dental Systems
FOR QUALITY MANAGEMENT
REQUiRED DENTAL SYSTEMS Limited, Unit 102A Glen Douglas Drive, Glasgow G68 0DW
Tel/Fax: 01236 782477 Email: peter@requireddentalsystems.com

ARE YOU CQC READY?
WE ARE!

SEE US ON STAND G51 AT THE DENTISTRY SHOW
4 & 5 MARCH, NEC

SEEN PRACiCES CAN MAKE SAVINGS ON PERCENTAGE SHARES

Forthi continued uncertainty over future UDA values and further NHS cut-backs life is only going to become even more challenging for the associate and it is little wonder that more associates than ever before are looking to become masters of their own destiny by considering practice purchase.

However...the days of obtaining easy money from the banks simply because you are a dentist are long gone.

The banks are taking a much more critical approach to any funding requests and it is therefore essential that when approaching them for funding that you get it right first time – if you are ill prepared and the bank initially declines your proposal it is then very difficult to overcome that initial decision – all the more important therefore to engage the services of an expert BEFORE you speak with your bank.

Here are a few do’s and don’t’s to ensure your proposal has maximum chance of a positive outcome:

DO ensure you approach your bank well in advance of any proposed purchase.

DO NOT leave it to the last moment. It can take up to three weeks just for a basic lending decision due to the banks ever more in depth assessment process. If a property valuation is needed you could potentially double this time.

DO ensure you have up to date financial information to present to the bank (associate
fire way to annoy the banks is to make a change re ownership structure at last minute. Your accountant will be best placed to provide advice.

**DO NOT** leave the legal process to chance. Especially if there is an NHS contract involved ensure you use a solicitor who fully understands the process.

**DO** expect the bank to want you to put down a contribution towards the purchase. Obtaining 100 per cent funding is rare nowadays so expect to put down between 10 to 20 per cent of the purchase price.

**DO NOT** accept the first offer from your bank - make sure you shop around to obtain comparisons (If your bank knows you have only approached them they will offer less attractive rates/fees)

**DO** engage the services of an independent firm to liaise with the banks on your behalf – both to package your proposal to maximise chance of a positive result but also to negotiate terms.

**REMEMBER** the bank staff are tasked to maximise income for the bank – most dentists are very good at their day job but not when it comes to negotiating. Let the experts negotiate with the banks on your behalf – ultimately you will be the beneficiary securing more attractive terms which may not have been available if you approached the bank direct.

**Finally... DO** remember to take a short holiday before you purchase (you will need it...) and **DO** enjoy becoming a practice owner - it is certainly not an easy ride however ultimately much more rewarding and you are in control of your future.

---

**Raising Finance?**

**DO** engage the services of an independent firm to liaise with the Banks on your behalf – will ensure proposal is packaged for best chance of a positive response and also to negotiate best terms.

**DO** ensure you provide an accurate summary of your current position including all savings and existing borrowing.

**DO** ensure your CV is up to date with particular focus on any past Managerial experience

**DO** expect the Bank to want you to put down a contribution towards the purchase.

**DO** undertake your own research of the local area and find out why the current owner is selling

---

**About the author**

David Brewer joined Frank Taylor and Associates in the role of healthcare business development manager in 2010. He has worked within the dental profession for more than 15 years advising dentists and leading to appointments. He can be contacted on 07817 756568 or david.brewer@ft-associates.com. Frank Taylor and Associates has a specialist finance division, Loan Hunter that arranges loans for practices. For more information, call 08458 125424

---

**Frankly Speaking**

---

**Tell:** 08456 123 434
**01707 653 260**
**www.ft-associates.com**

---

**Dental Tribune United Kingdom Edition - February 28-March 6, 2011**

**Money Matters**
As we all know, medical emergencies within dental practices are rare; the most common problems being fainting, hypoglycaemia, choking, seizures, asthma and anaphylaxis, even rarer are cardiac problems such as angina, heart attacks and cardiac arrest.

However, despite the rarity of these problems, medical emergencies can happen at any time in a dental practice, so we all need to be prepared to deal with them should they occur and the GDC is very clear in its expectations.

• All members of staff need to know their role in the event of a medical emergency
• At least two people are available to deal with medical emergencies when treatment is planned to take place
• Members of staff need to be trained in dealing with such an action

There is also an expectation from our customers and members of the public that dental practitioners and dental care professionals are competent in dealing with medical emergencies.

Back in July 2006, the UK Resuscitation Council released recommendations regarding standards for managing resuscitation and medical emergencies for dental practitioners and dental care professionals in general dental practice.

The recommendations include the following regarding AED availability and training:

• All clinical areas should have immediate access to an AED
• dental practitioners and dental care professionals should all undergo training in Cardio Pulmonary Resuscitation (CPR), basic airway management and use of an AED.

Hew Mathewson, now past President of the GDC “Welcomes these guidelines and congratulates the authors on their considerable work that has led to the publication” (March 2006).

Dealing with medical emergencies is just one of the recommended core subjects per CPD cycle with a suggested minimum number of 10 hours (defibshop.co.uk offer CPD accredited training in the use of an AED including CPR which takes four hours every 12 months and is worth four verifiable CPD points)

Sudden Cardiac Arrest can happen to anyone at anytime and the only effective treatment is an electric shock delivered by an AED.

The time from arrest to delivery of the first shock is the single most important determinant in survival. For every minute that goes by the patient’s chance of survival reduces between seven – 10 per cent.

“When the shock is delivered within five minutes of the sudden cardiac arrest, 50 percent of individuals survive,” said Deborah DiSanzo, vice president and general manager of cardiac resuscitation at Philips Medical Systems, manufacturer of the popular HS1 & FRx defibrillators.

So the question that needs addressing is “Why wouldn’t your practice purchase an AED?”

The time from arrest to delivery of the first shock is the single most important determinant in survival. For every minute that goes by the patient’s chance of survival reduces between seven – 10

They are very simple to use, with only one or two buttons to operate.

Once activated the AED will provide clear voice prompts, reminding the user to call for the emergency services and where the electrode pads should be placed.

As soon as the pads are attached to the patient the AED will monitor the patient’s heart rhythm and decide whether to deliver a shock or not.

Some machines (semi automatic) will instruct the user to push a button whilst others will deliver the shock automatically (fully automatic).

Most defibrillators also provide clear verbal instructions on how to perform CPR during that part of the rescue protocol, the Lifeline View from Defibtech even has a small LCD screen with a colour video to prompt the rescuer. How amazing is that!

Not having an AED available to use on a collapsed patient may result in a member of the dental team being challenged if it can be shown that it could have favourably influenced the outcome, especially if the action of a dental care professional differs from the recommendation / guidelines from

Visit www.defibshop.co.uk today or contact us for our exclusive dental practice offers.
such an authoritative body as the Resuscitation Council. defibshop.co.uk offer more than 10 different defibrillators for less £1,000, and if you choose to lease that could be as little as £1.48 a day so again the question that needs addressing is ‘Why wouldn’t your practice purchase an AED?’

We can’t think of a reason……….. can you?

Lots of defibrillators to choose from and here are six of the most popular.

Cardiac Science Powerheart G3 Plus
The Powerheart AED G3 Plus is the newest defibrillator offered by Cardiac Science and is available in semi automatic or fully automatic versions. “Rescue Coach” intuitive prompts are designed to guide the rescuer through the rescue process and provide instructions. Prices start from £700 + vat.

Defibtech Lifeline (Standard five year battery option)
Defibtech Lifeline AED is a robust one piece unit built for real life situations. Built to US military standards for ruggedness and exceeds standards for splash and dust resistance.

The Lifeline AED is lightweight at only two kg, pads are pre-connected (adult or paediatric) and is also available in semi automatic or fully automatic versions. Prices start from £1,000 + vat.

Zoll AED Plus Lay Responder
The Zoll AED Plus is the only AED on the market which offers a full rescue capability: providing the rescuer with feedback to assist in CPR and is aimed at both basic life support users and healthcare professionals. The AED Plus is easily distinguishable by its lime green colour and use of a single electrode rather than two. Zoll were recently awarded the national defibrillator contract from the British Heart Foundation. Prices start from £1,000 + vat.

Medtronic Lifepak CR Plus
Medtronic Lifepak CR Plus is available in either semi automatic or fully automatic versions.

It is designed to be used by the minimally trained rescuer with the semi automatic version only requiring three steps to a potentially life saving defibrillation shock whilst the fully automatic version only requires the rescuer to apply the pads. Prices start from £1,295 + vat.

Heartline Samaritan PAD
The only UK manufactured defibrillator on the market this fantastically simple defibrillator only uses three simple icons and verbal instructions, the Samaritan PAD will clearly guide the rescuer through each step. The Samaritan PAD is activated by pressing the green on button. The pads and battery pack are packaged together (one expiry date to track) and the unit prompts the rescuer visually and verbally. Prices start from £799 + vat.

Philips / Laerdal Heartstart First Aid HS1
A compact semi automatic unit aimed at individuals trained in basic life support but who would be expected to use the equipment infrequently.

Clear calm voice instructions guide the rescuer through each step of defibrillation including CPR coaching.

CPD Accredited AED / CPR training
defibshop.co.uk offer CPD accredited training in the safe use of the defibrillator you choose to purchase and CPR.

Our experienced trainers come to your practice to train your staff in as little as two hours if you choose our e-learning option for the theory element of the course. If you prefer pure instructor led training the course lasts up to four hours and cost the same only £300 + vat if ordered at the same time as you purchase your defibrillator.

Email Paula Leech or Margaret Green for a full copy of the Resuscitation Council Guidelines and to register for our newsletter and information on defibrillator special offers savealife@defibshop.co.uk or call 0845 071 0830.

About the author
David Howarth is the Managing Director of defibshop.co.uk the UK’s number one online distributor of defibrillators, consumables and CPD verifiable training. Established in 2005 defibshop offers impartial advice on defibrillator best meets your company’s needs and budget, and remains the only distributor of every manufacturer’s defibrillators in the UK. defibshop is the most comprehensive resource for defibrillators on the web and it includes, 360 degree images, full technical specifications, comparison tables, videos, cost of ownership over five years graphs and latest news articles.

Are you equipped for an emergency?

Saving minutes, saves lives

Dental Defibrillator Package – Quote reference RF269 for special offer
Includes free carry case, rescue ready kit, 2 sets of adult pads & 1 set of paediatric pads

For further information, contact:
BOC Healthcare Customer Service Centre, Priestly Road, Worsley, Manchester M28 2UL, United Kingdom
Phone 0161 930 6010, bochealthcare-uk@boc.com, www.bochealthcare.co.uk or www.boclifeline.co.uk

Are you equipped for an emergency?

Saving minutes, saves lives

Dental Defibrillator Package – Quote reference RF269 for special offer
Includes free carry case, rescue ready kit, 2 sets of adult pads & 1 set of paediatric pads

For further information, contact:
BOC Healthcare Customer Service Centre, Priestly Road, Worsley, Manchester M28 2UL, United Kingdom
Phone 0161 930 6010, bochealthcare-uk@boc.com, www.bochealthcare.co.uk or www.boclifeline.co.uk

The stripe symbol and the letters BOC are registered trade marks of The BOC Group Limited. Both BOC Limited and The BOC Group Limited are members of the Linde Group, the parent company of which owns the BOC Healthcare Customer Service Centre, Priestly Road, Worsley, Manchester M28 2UL, United Kingdom Edition

February 28-March 6, 2011

BOC A Member of The Linde Group
Being more in dentistry

_Dental Tribune_ speaks to the CEOs of IDH and ADP about the recently announced merger of the businesses, and finds out what the future holds.

**The news regarding the merger of Integrated Dental Holdings (IDH) and Associated Dental Practices (ADP) caused a stir when it was first announced at the end of January, with its potential subject to regulatory approval to create the largest dental group in the UK.**

And it is pretty large! When completed, the merger will have more than 450 practices, with approximately 2,000 dental team members treating more than 3.5 million patients per year. But what does this mean for the future of the groups?

To find out, I asked Richard Smith (CEO of IDH) and David Hillier (CEO of ADP) to give me further insight into the reasons behind the merger. Both Richard and David are new to the area of dentistry, but each has a solid background in healthcare. Following a career in the retail sector, Richard spent the last five years as managing director of Lloyds Pharmacy, guiding the business through a period of major change in the pharmacy sector to maintain its position as one of the leading community pharmacy chains in the UK. David’s healthcare credentials span a longer time period, having entered healthcare in 1998. With expertise in dealing within the NHS and with PCTs and the Department of Health from working in the hospital sector, David brings valued experience to the new business.

Richard believes that the current situation in dentistry is very similar to the one which faced pharmacists a few years ago. With a change in regulations and a fundamental need to look at the way the sector worked, pharmacies needed to develop new working practices to survive and be successful. With the shake-up of the NHS system and a return to a more centralised commissioning structure, dental practices have to do much the same. Another similarity he has seen is the fractional nature of dentistry, where working together for a common goal is rarely seen. Richard said: “I feel that by working together we can bring real benefits to patients not only to the careers and professional lives of dentists and the dental teams.”

**‘I feel that by working together we can bring real benefits to patients but also to the careers and professional lives of dentists and the dental teams’**

Having joined IDH in July 2010, Richard was very much thrown in the deep end of both dentistry and the proposed merger. “Yes it has been a whirlwind introduction to dentistry! No sooner had I started at IDH when we began exploring the possibility of merging with ADP so I had that happening whilst getting familiar with the business at IDH. It has been a challenging time but an enjoyable one.”

Richard is very excited by the future opportunities that’s the merger has to offer. For him, it is all about being able to invest in the business and develop it and the dental professionals under its umbrella for the benefits of patients. One of the positives about the merger is that we will be able to invest in our practices and help our teams to continue improving patient care.

“One way we intend to do that is the establishment of a clinical academy, where we can provide opportunities for dentists to develop specialist skills in their professional development, both for dentists and all members of the practice. We want to support our staff to develop their skill sets, allowing their ability to offer a wider range of treatments to grow.”

David’s time with ADP only started in September 2010 so his experience is very similar to Richard’s. He commented: “I’ve only had a short period to get to know the business. We became aware that there was this opportunity for merging with IDH very shortly after I joined so I had to do two things; I first had to know where the business was and where we could take it, and would it [the merger] be a good move for the company and for the shareholders.”

He is very positive that the merger will create a grand future for both the companies and the patients they provide treatment for. “I think it gives a great opportunity to create a company with real scale which is able to actually bring up a new level of professional, to provide better resources, better investment, and better support to the dentists in the field.”

“I think the bigger you are you are able to have more resources to use in areas such as training and development – I think it’s one of the big advantages of being a large organisation. I think there are bigger opportunities for people to develop specialist skills in their professional development, both for dentists and nursing staff. A larger organisation would be able to offer better career opportunities and to actually put those skills to good use.”
Over the years dentists have been preparing root canals with the intention of removing infected and inflamed material and ultimately making them easy to seal. The result of all these efforts would reveal itself in a post-treatment X-ray as a pretty, neatly shaped root filling fully sealing the mythical region known as the “apical third”. When we saw those satisfyingly smooth, regular shapes we deluded ourselves into thinking that we had done the perfect job.

However, if we were to clear that tooth, we would uncover an irregularly shaped canal system with an intricate network of interconnections. Years back the only reason the radiographic result looked so wonderful was because the material we used to create these root fillings - the silver point - was so radio-opaque. The reality, as we all know, is that the tool we rely on most - the radiographic film - is a two-dimensional image of a three-dimensional space and is woefully inadequate.

Gutter Percha
And so we moved on to gutta percha; after all, how can a tooth be perfectly shaped at the tip and gently flaring out to the orifice, hopefully encompassing the whole canal system somewhere in between, is really being shaped to receive our filling materials.

Your compliance with Clinical Governance and Patient Outcomes will be questioned with the introduction of the Care Quality Commission*; HTM 01-05 and the increase in PCT practice inspections.

Would you like to know how you would fare when your practice is inspected and have the opportunity to take corrective action?

The DBG Clinical Governance Assessment is the all important experience of a practice audit visit rather than the reliance on a self audit which can lead to a false sense of compliance. The assessment is designed to give you reassurance that you have fulfilled your obligations and highlight any potential problems. We will provide help and advice on the latest guidance throughout the visit.

The assessment will take approximately four hours of your Practice Manager’s time depending on the number of surgeries and we will require access to all areas of your practice. A report will be despatched to you confirming the results of our assessment. If you have an inspection imminent then we suggest that you arrange your DBG assessment at least one month before the inspection to allow you time to carry out any recommendations if required. Following the assessment you may wish to have access to the DBG Clinical Governance Package with on-line compliance manuals.

For more information and a quote contact the DBG on 0845 00 66 112

www.thedbg.co.uk

Please Note: Errors and omissions excluded. Any prices quoted are subject to VAT. The DBG reserves the right to alter or withdraw any of their services at any time without prior notice.
remaining fairly central throughout the procedure. Much of the time the canal walls are not even being touched and, worse still, there is debris being produced which is pushed laterally into the canals' irregularities. In fact, it doesn't really matter which NiTi file system we use as they all have this same basic flaw.

To completely remove any debris and bacteria, of course irrigation is vital. However, for irrigation to work successfully the solution has to get to the right area. It has to be actively the solution has to get to the canals, and be vibrated properly, it must be able to access the canals, and be able to move them, the canals will never be clean. To this end we need to aggressively move the irrigant in and out of the canal walls to remove the bacteria within them. As an inter-appointment dressing we generally use calcium hydroxide, which is often regarded as the most important dressing we can put in a tooth. It is given an almost mystical status with the ability to cap pulps, cause roots to grow, apexes to close and to kill all bacteria in sight. It may well be highly alkaline (if it hasn't degraded to calcium carbonate in the jar) and kills bacteria well, but if bacteria are trapped in a muddy pool of debris the calcium hydroxide will be unable to reach it. One of the prime causative agents of endodontic failure is E. faecalis, which is resistant to alkaline solutions anyway. To compound problems further, the purpose of a root canal filling is to entomb any residual bacteria so that they are no longer viable.

This fluid tight root filling will deprive the bacteria of their food supply and cause them to wither and die. The problem is that all root filling materials leak (it is just a question of extent) and the bacteria themselves lay dormant, waiting patiently for leakage and their next supply of food.

Despite all our best efforts, even when we think we have a technically beautiful root filling and an excellent 3D seal of the canals, we still heavily rely on the final coronal seal to entomb any residual bacteria so that they are no longer viable.

In order to progress and move forward, we will have to rethink how we overcome the aforementioned problems. In this respect I think the most exciting product on the market at the moment is the Self Adjusting File (pictured). This ingenious device expands to touch all canal walls and their irregularities whilst continuously vibrating and pumping irrigant through its hollow central lattice. In the future we will be using systems that actively kill bacteria rather than one that just relieves on the constant flow of irrigants. In this field, photo-activated disinfection systems may show great promise for the future.

**Insane**

Those who repeat the same task over and over again, expecting a different outcome each time, are accused of being insane. I think that we are all guilty of trying to refine an already flawed approach and what we really need is a complete paradigm shift in our methodology and to stop really deluding ourselves about what is going on when we treat root canals.

---

**About the author**

Dr Michael Sulkin BSc MSc (End) FICD is a specialist in Endodontics and the Clinical Director of EndoCare. Michael qualified at Bristol University in 1986. He worked as a general dental practitioner for 5 years before commencing specialist studies at Guy’s hospital, London. He completed his MSc and in Endodontics in 1993 and worked as an in-house endodontist in various practices before setting up in Harley St, London in 2000. He was admitted onto the specialist register in Endodontics in 1999 and has lectured extensively to postgraduate dental groups as well as lecturing on Endodontic courses at Eastern CFD, University of London. In 2000 he became clinical director of EndoCare - a group of specialist practices. For further information please call EndoCare on 0844 991 2020 or visit www.endocare.co.uk.

---

**Lay down and relax in Australia.**

Find Dental Jobs in Australia with Locumotion

Locumotion has a wide range of Dental jobs available all over Australia for UK Qualified Dentists with salaries of over £180,000 a year. Just think... no more NHS to worry about. Just a BBQ and a VB.

Contact Aoife at ACRuise@locumotion.co.uk or on 0808 238 9516, with a CV, to arrange a one-to-one chat with one of our team.

www.locumotion.co.uk

---

‘This fluid tight root filling will deprive the bacteria of their food supply and cause them to wither and die.'
Computerised imaging

Joe Oliver discusses the importance of computerised cosmetic imaging in treatment planning of the aesthetic case

So what is computerised cosmetic imaging? Putting it simply, it is the digital manipulation of a photograph to simulate changes in form and colour of the teeth. Imaging allows yourself, the patient, specialists and the technician to visualise the proposed treatment. It is an excellent way to co-diagnose with the patient the proposed smile design. Remember that many of our patients are self-conscious about their smiles and find it difficult to discuss them. Using imaging, the patient is able to visualise various treatment options.

To the dentist, imaging is an invaluable tool to visualise slight changes within the parameters of smile design to see if such changes “suit” the overall look of the patient and fit their personality. This could relate to changes in incisal length and width or comparing changes in embrasure spaces. Providing a printed picture at consultation allows the patient to discuss the proposed smile design with their partners and members of their family.

Once the design has been decided upon diagnostics need to be made. Again the imaging picture is a very useful communication tool with the technician to visualise the end result one is aiming to achieve.

Case Example

The replacement of two units in the upper labial segment is probably one of the most difficult challenges in cosmetic dentistry today. It poses both difficulties for the ceramist as well as the clinician. Communication of shade has in the past been a major problem but fortunately nowadays laboratories are able to see patient digitally to alleviate this communication problem. Obviously shade is not the only consideration. Shape, contour and surface texture also play important roles. This is where the cosmetic imagery is so important. In many instances multiple visits are required to achieve a successful outcome.

Seminars 38

Professor Giovanni Zucchelli DDS PhD

19th 20th 21st May 2011 9am - 5pm
Of interest to Periodontists and those with a special interest in Periodontology
Soft tissue plastic surgery in the aesthetic area of the mouth: from the management of gingival recession to the treatment of vertical bony defect. [17 hour verifiable CPD]
Cost: £2,050 exc VAT for access to the 3 day course

Dr Massimiliano Di Giosia DDS Cert Orofacial Pain (USA)

19th March 2011 9am - 1.30pm
Of interest to Dentists and DCPs
Introduction to dental sleep medicine, the role of the dentist in the management of snoring and obstructive sleep apnoea. (4 hour verifiable CPD)
Cost: £250 (Dentist) £175 (DCP) exc VAT

Dr Jason Smithson BDS (Lond), DipRestDent RCS(Eng)

2nd April 2011 9am - 5pm
Of interest to Dentists
Direct resin artistry: anterior and posterior including a live demonstration of the techniques used. Microscope with video feed (6 hour verifiable CPD)
Cost: £350 exc VAT

Dr Marc Cooper DDS

12th May (evening) 13th May 2011 9am – 4.30pm
Of interest to Dentists
The power of ownership and leadership. The course aims to enable dentists to become and operate as powerful leaders of their practices (8.5 hour verifiable CPD)
Cost: £495 exc VAT

Places for these courses are limited to 30 attendees, so early booking is recommended
Book tickets via our website: www.seminarsthirtyeight.com, by telephone on 07738 287764 or by email to catherine@seminarsthirtyeight.com

Book tickets via our website: www.seminarsthirtyeight.com
Consultation

A young 21-year-old lady attended the clinic requesting the replacement of existing bonding on UR1 and UL1. The bonding had been originally placed several years before, and has had to be replaced a number of times due to breakage. The bonding in place was two years old. The patient was unhappy with its poor colour match, it being chipped and general texture. She was also worried as regards the thinning of her incisal edges.

Clinical Stages

Computer imaging: At the consultation, patients are encouraged to discuss their cosmetic dental problems as well as their general dental health. The appointment is one hour long and a good half of this time is taken by the patient talking and myself listening.

Once I have determined the overall aims of the patient, the imaging is carried out in all about 20 minutes. This is undertaken with the patient by my side, so they can give their design input, under my guidance.

A realistic image must be produced which can be achieved clinically. The patient must also realise that the picture is a simulation and the end result would not be an exact match. The image is then printed as part of the treatment plan and also sent to the lab as a guide for the fabrication of the diagnostics.

Preparation:

At the preparation appointment the patient was shown the diagnostic wax-up which met with her approval and matches the imaging. The preparation stent was at this stage placed over the teeth to be prepared and running if it crashes, never suffer from a malicious virus attack and never have to buy the most up-to-date computers just so that you can operate the latest software.

Simply log onto the web and use the system secure in the knowledge that Carestream Dental are managing everything for you.

If you’re already using R4 or thinking of changing to it, don’t forget this software does a whole lot more than simply record your patient’s details.

For more information or to place an order please call 0800 169 9692 or visit www.carestreamdental.co.uk

Carestream Dental
© Carestream Dental Ltd., 2011.
placed and the incisal edge reduction achieved the temporaries were removed and the grooves joined to produce a uniformly prepared surface.

The gingivae was retracted using cord followed by Expasyl. After two minutes the Expasyl was thoroughly washed off and a full arch impression was taken.

After such records were taken, an antiseptic agent was liberally applied to the preparations as well as a primer to seal the dentinal tubules. This acts as a desensitiser and prevents micro leakage.

Provisionals were then placed. These prototypes allow the patient to assess the shape of the final restorations and if any adjustments need to be made they can be implemented prior to the fitting of the final restorations. Final photographs and alginate impressions were taken of the prototypes.

The Fit Appointment
After the patient has been anaesthetised the provisionals are removed using a Mitchell’s Trimmer. At this stage the veneers were tried in to check the fit and also to ensure the design of the provisionals had been duplicated and everything matches the original imaging picture.

The patient at this stage is asked to comment. I seat the veneers altogether as this tends to be less complicated. I tend to review my patients several days later to ensure gingival settling and to see if adjustments need to be made.

Conclusion
Cosmetic imaging is something that can be easily integrated into many practice environments. It is a tool that is not a substitute to other diagnostic methods but an invaluable adjunct to them. It has been shown to increase patient acceptance of treatment plans. In this case example, you can see it accurately depicts the final end result.

KaVo – Dental Excellence

ESTETICA E80
Rise above the rest with KaVo.

- Outstanding ergonomics and attractive, highly functional designs.
- Innovation at its best.
- State of the art technology reliability and functionality at amazingly low prices.

From as little as £286* per month excl VAT

Contact your local KaVo or Gendex supplier for more details!
Digital Imaging is an extremely fast growing area within today’s dentistry field, and one that may require a dentist to make a substantial investment in terms of equipment. Due to the complex nature of Digital Imaging, the necessary equipment currently available is often highly advanced and relatively new to the market. With this in mind, it is vital that suppliers keep up to speed with industry developments; and one that has is The Dental Directory.

Dr Boota S Ubhi is the Specialist Periodontist and Implant Surgeon at the Birmingham Periodontal and Implant Centre. He works alongside Dr Tuss Tambra who is an American trained Specialist Prosthodontist. The practice is a large specialist centre based in Harborne, Birmingham and has a wide referral base covering most of the Midlands. He has been a client of The Dental Directory for the last thirteen years, has been accepting referrals for advanced dental care since 1996. Dr Tambra is a registered specialist Prosthodontist in Canada, UK and USA.

‘I have been using the services of The Dental Directory since 1997 and have had only positive experiences in all of my dealings with them. Initially The Dental Directory offered me a very good deal on a particular product, the Digital Imaging equipment choosing and installing new facility means that he is providing a much higher standard of care for his Implant cases. The planning and execution of his treatment is much quicker and safer due to the on site CT scanner. He explains,

The Gendex GXCB-500 provides powerful instantaneous diagnostic and treatment planning tools; giving distortion-free images to reveal critical anatomical details. This scanner is one of many pieces of Digital Imaging equipment available from The Dental Directory, and Dr Ubhi is extremely happy with his purchase. He feels that the addition of 3D imaging to his practice means that he is providing a much higher standard of care for his Implant cases. The planning and execution of his treatment is much quicker and safer due to the on site CT scanner. He explains,

‘The i-CAT scanner is fantastic. The installation was arranged efficiently by The Dental Directory and needed very little input from me. The engineers arrived at 8am to set up the i-CAT, and by late afternoon I had taken my first scan! The equipment arrived promptly and was exactly to spec; I was delighted. The whole experience was thoroughly professional, low stress and professional; qualities that I’ve come to expect from The Dental Directory.’

Having read research that I’ve come to expect from The Dental Directory. I discussed my experience was thoroughly well-planned, low stress and professional; qualities that I’ve come to expect from The Dental Directory. I discussed my experience with them and they were extremely knowledgeable. They have a dedicated Digital Imaging Manager, Mohammed Latif who is on hand to offer advice and explanation. Their expertise was invaluable and made me feel confident that my choice of equipment and supplier was the right one.'

Digital Imaging Equipment Experts on Digital Imaging
The support provided by The Dental Directory is second to none…”

Mohammed Latif, Digital Imaging Manager for The Dental Directory, worked closely with Dr Ubhi throughout the project.

well-planned, low stress and professional qualities that I’ve come to expect from The Dental Directory.’

After-sales and backup support is a key area for consideration after having purchased a new piece of equipment. Should something go wrong, it is always vital that the appropriate expert be on hand to support the customer and resolve the issue quickly and effectively. The Dental Directory boasts highly skilled and knowledgeable staff members, who are able to offer the right levels of support should it be needed. As Dr Ubhi says, ‘The support provided by The Dental Directory is second to none. They offer a consistent level of customer care, and will always do over and above what is necessary in order to resolve an issue. This is very reassuring and certainly encourages customer loyalty. After the i-CAT scanner was set up, a member of The Dental Directory team came down to provide us with two days of training. All of his instructions were extremely clear and any questions or queries that were raised were answered precisely and confidently. We were also offered further software training after the initial training session, which we took up. This we found invaluable as it cleared any queries we had after the installation.’

Priding itself on not being tied to any particular manufacturer, The Dental Directory has Technical Sales staff that can give you comprehensive advice on the best Digital Imaging equipment to meet your unique requirements.

If you are a dental professional needing astute, unbiased and impartial advice on which Digital Imaging solution is best for your practice, The Dental Directory should be your first port of call.

For more information on how digital imaging systems can improve your practice, call Mohammed Latif on 07808 943647 or The Dental Directory Equipment Department on 0800 565 565.
The Inman Aligner Part II - A progressive approach to smile design
Dr Tif Oureshi discusses alignment, bleaching and bonding

The following article is Part II in a series discussing the use of the Inman Aligner as a tool for MICP. The first article demonstrated that standalone treatments offer patients an alternative to fixed braces, which are uncomfortable and have long treatment times, and to expensive clear aligner treatments in suitable cases.

This article will demonstrate that patients who desire a more traditional smile makeover can achieve beautiful results in a more progressive manner that allows them to make their choices along the way.

This often results in virtually no removal of tooth structure and a treatment result with the responsibility of decision-making shared between dentist and patient.

Moreover, the subject matter of this article could potentially start one of the most controversial debates in cosmetic dentistry for years. We are not only discussing a radically different approach to smile makeovers, but critically a sharply different approach to the traditional methods of planning smile design.

What would you choose?
Patients entering cosmetic practices are often assessed at the initial consultation. They have digital photographs taken and perhaps study models are made. Normally, dental imaging software is used to show patients what can be achieved. These ingenious programmes can help patients realise what is possible. Naturally, care must always be taken when promising treatment results that are viewed digitally.

While computer imaging can be a very powerful tool to help the patient see the potential in his/her smile, I believe it also can make a patient focus on a certain prescribed goal that may not be the only way of satisfying his/her wishes. Dentists using imaging would ideally create a set of five to ten different outcomes of varying degrees of improvement to allow the patient to make a more informed decision. While ideal, it is not certain that dentists actually present different levels of treatment to their patients digitally.

Even if they were able to see various images of their teeth, it can still be difficult for a patient to really see and feel the suggested changes in their mouth. One can question the ethics of allowing patients to commit to a potentially irreversible procedure based on 2-D photographs.

Three-dimensional wax-ups can also be very useful at this stage. If a patient is keen on the image, going to an additive wax-up can sometimes allow for a direct preview try-in using a silicone stent taken from set-up. Temporary material of variable shades can be tried in directly, without any bonding to allow the patient to see the proposed outline, form and overall aesthetics.

Despite this, veneers are often used to treat alignment issues and it is very difficult for patients to appreciate the alignment of their own teeth with wax-up or imaging. By approaching these cases with a different protocol in mind, a dramatically less invasive treatment plan becomes evident.

Alignment
The first step is to look at the patient’s tooth alignment. Misaligned teeth often cause issues in gum heights, line angles, light reflections, shades and tooth length. Correcting the misalignment first can create a completely different perception of the apparent problems. Next, the teeth should be bleached. This can be done either immediately after the teeth have been aligned or preferably simultaneously.

After alignment and bleaching, edge bonding (we term this the ABB concept) should be offered to improve the incisal edge outline. This combination of treatments also works well because the Inman Aligner is a removable appliance and only needs to be worn 16 to 18 hours a day. This means simultaneous bleaching is very possible and straightforward.

A recent study from Sweden indicates that cost-benefit advantage of treating patients with removable appliances in general dental clinics, rather than with fixed appliances at specialist orthodontists. The conclusion of this study is significant, since a popular choice amongst aesthetic dentists in the UK is removable orthodontics.

The cases outlined below highlight patients who either, at the start of treatment, or for years, had originally wanted veneers and had a specific result in mind that only veneers could have offered quickly. They were all concerned about the degree of preparation required, so undertook alignment first. Then, part of the way through, started bleaching and very quickly changed their minds about what they wanted once they saw their own teeth improve.

Case I (Figs 1-8)
Laura was concerned about her very prominent central incisors. She wanted to have them straightened and had considered veneers. She had ruled out conventional orthodontics and invisible braces because she wanted a quick treatment and did not want anything stuck to her teeth, which is the reason that she had refrained from orthodontic treatment. Several years ago, she may well have had veneers placed.

On viewing her teeth before the occlusal photograph, it was quite clear that this would have involved massive preparation of the upper central teeth. Preparation would have been well into dentine and may have even involved elective endodontics.
extra space either to treat cases that are more complex or to use instead of performing interproximal reduction (IPR).

In this case, no IPR was performed. We planned to get nearly all space by using the midline expander. The patient was instructed to turn the midline screw once a week after one week of wear. Each turn is 1/4 of a revolution and equates to 0.25mm. At week six, bleaching was started with soft rubber sealed trays. After nine weeks, the patient had expanded 1.8mm and her teeth were in alignment. (As a rule, less than 2.5mm expansion with an incorporated expander is easily tolerated.)

Looking at her post-align ment result, the golden proportion, gingival heights and axial-inclinations had improved dramatically, all without a hand piece being picked up and in the space of nine weeks. What was very clear to the patient at this point was that she only needed some simple bonding to improve the incisal edge outlines. Without the use of an anesthetic, the edge outlines were prepared with very slight roughening of the edge, bonding of hybrid composite on the load bearing edge and a micro-fill on the facial surface. The edges were then polished.

The patient was thrilled with the result we achieved using an Inman Aligner and some simple bonding. She described that when she had once considered having veneers, she had hoped for a similar result. There are still minor imperfections, but, in my opinion, these contribute to her natural beauty.

There is a stark contrast between the treatment selected and the potential treatment approaches in this case. Where once a patient, who refused orthodontics, would have consented and received highly aggressive tooth preparations to achieve correct alignment with veneers, now a removable aligner and some simple bonding were able to achieve a similar and arguably better result in less than three months with not a micrometer of tooth reduction needed.

Case II (Figs 9–17) This young lady had been attending my practice for some time and was aware of porcelain veneers, having seen our previously advertised cases. We had spoken about the aesthetic benefits of veneers years before. We explained that she could improve her alignment dramatically with an Aligner in a short period.

We took an occlusal image of her anterior teeth and outlined the amount of tooth structure that would have to be removed to produce veneers that would look aesthetic. It was immediately apparent to the patient that alignment of her teeth would offer a possibility better treatment outcome. Her case was suitable for an Inman Aligner and as only 2.5mm crowding was present, this meant it could be treated quickly and simply.

Her Inman Aligner was fitted and IPR performed progressively over three visits. At week eight, upper and lower bleaching trays were constructed even though her alignment was not yet complete. Home whitening was begun with clear and concise instructions.

We used rubber trays with a deep seal cut into the model to create a tight dam effect. Over two weeks, her teeth whitened nicely and at week ten, she returned for a review. Interestingly, the patient’s perception of her smile had changed dramatically. Owing to the improved line angles, whiter teeth and balanced gum heights, her eyes were now only drawn to the irregular outline caused by chipping and differential wear.

The patient then enquired about fixing the edges. We offered to bond the incisal edge with virtually no preparation. A hybrid composite (Tetric Flow, Ivoclar Vivadent) was placed palatally and incisally with a micro-fill on the facial surface. This was done in B0 and B1 shades to match the bleaching. The patient was delighted with the result and a wire retainer was bonded immediately.

Despite some clear deviations from her ideal simulation, the patient explained that she felt her smile after alignment was better than she had imagined her veneers would have been. Had veneers been placed, we could perhaps have corrected the golden proportion more fully, balanced the zeniths, improved the canine outlines, widened the buccal corridors, etc. However, that was clearly not what the patient desired. Should she later decide that she does need further improvements, we can proceed with already straightened teeth. The ABB smile design is progressive and not sudden or rushed. In this manner, the patient is given the opportunity for decision-making in his/her treatment and the responsibility in choice is shared.
Case III (Figs 18–26)

This patient presented with what she described as a "wonky smile". She had previously looked into the possibility of having porcelain veneers placed so understood some of the aims of smile design. However, on studying her teeth, it became clear that there was potential to pre-align first. Her upper right central was mesially rotated by approximately 50° and her laterals were slightly in-standing and mesially inclined.

Furthermore, she had fairly stained teeth, with the canines two shades darker than the centrals.

On examining the occlusal view, the patient became aware of the extent of aggressive tooth preparation that would be required to place a veneer. She understood that her teeth needed to be aligned first before we decided on the next step in design. An Inman Aligner was used over the period of eleven weeks to de-rotate the front tooth and to tip out the laterals. At week eight, bleaching was begun using 5% to 45-minute a day H2O2 gets. Simultaneous whitening is a very attractive part of aligner treatment, as it helps with patient motivation. After alignment, the case was re-examined. Once her teeth had been straightened, it became evident to the patient that her problem concerned edge shape, which had actually worsened with alignment owing to differential wear. In fact, the left central was 2.5mm shorter than the right. It was very clear to the patient that only these incisal edges needed building in order to achieve the smile she desired.

For placement of the incisal edges at week 12, no local anaesthesia was administered. Other than slight roughening of the worn incisal edges of the upper left 1 and 2, no other preparations were needed. A tetric hybrid composite (Tetric Flow, Ivoclar Vivadent) was built up free-hand on the incisal edge and palatal surface to match the outline of the other central.

A small amount of white opaquer was dotted in to match the facial surface and was simply filled with a nano-hybrid composite (Venus Diamond, Heraeus) for high polish. The composite was polished vertically using rubber sticks (Polifos, DENTSPLY DeTrey) to try to blend in with surface anatomy to mask the join. The process was repeated on the lateral.

The patient was held in retention using her aligner and an impression was taken for a wire retainer to be fitted two weeks later. It was especially nice to retain the natural aesthetic characterisation of this patient.

Ceramic work, as beautiful as it can be, would certainly have changed her appearance more; some may say for the better, but that was not what the patient actually wanted. She wanted her own teeth to have correct length and look straighter and whiter.

Shared responsibility

The ABB concept can truly be described as minimally invasive. At the same time, it actively involves the patient in the treatment, giving him/her a feeling of being in control and taking responsibility for his/her treatment. This has been proven to be of great significance when measuring patient satisfaction of treatment results. 4

There are many anecdotal stories about patients who had technically beautiful veneers placed but found that these simply did not meet their desires.

There are many anecdotal stories about patients who had technically beautiful veneers placed but found that these simply did not meet their desires.
The problem is that even with no-preparation veneers, an irreversible procedure has been undertaken and this has been done mainly based upon the treating dentist's opinion, with the patient having very little input.

In my experience, every patient that I have treated according to the ABB concept has accepted the result happily, even though technically it might not be perfect from a smile design point of view. Nowadays, with rising levels of litigation, one would have to question the wisdom of selecting a treatment path that could result in conflict over one in which the patient participates in key decisions and sees his/her own teeth improve.

I believe this approach firmly sits alongside MICD core principles, which recommend a more minimally invasive and patient-led approach.

Conclusion
I understand the controversy in challenging the traditional approach to smile design, but the new mantra of progressive smile design is vital when we are looking to give our patients what they actually want. Previously, pre-whitening was always a way of giving our patients an alternative view of their teeth. Now, and more significantly with alignment techniques, patients can make their own decisions and massively reduce the risks by breaking down the process of a smile makeover into stages and reassessing at each point.

With ABB, it is possible to align, whiten and bond a case in less than 12 weeks, which previously might have required eight to 10 veneers, four times the cost and significant tooth preparation. Thus, a dramatic contrast in pathways has been created. If a patient is happy after alignment, whitening and minimal bonding, then this has to be viewed as a success.

This UK technique is now a significant new treatment discipline in itself and cosmetic dentistry will be better for it. After all, what would you choose to have?

Editorial note: A complete list of references is available from the publisher.

Tetric EvoFlow®
Nano-optimized flowable composite

MORE THAN A FLOWABLE
Ideally complements Tetric EvoCeram®

MORE THAN NEW
Progress through tradition and experience

The Art of Direct Resin with Ron Jackson
17th June 2011 Manchester and 24th June 2011 Edinburgh

www.ivoclarvivadent.co.uk
Ivoclar Vivadent Limited
Company House, Robina Close
Etwall, Swadlincote DE13 4RE T: 0115 984 7800 F: 01925 850811

About the author
Dr Tif Qureshi is Vice-President of the British Academy of Cosmetic Dentistry. He presents hands-on courses and lectures on the Inman Aligner worldwide.

For information on course dates and training, please go to www.straight-talks.com or www.inmanaligner.com. Alternatively, contact Caroline Cava at +44 207 255 2559 or at info@straight-talks.com.
Decontamination Health Technical Memorandum HTM 01-05 introduces numerous obligations that will require you to make small changes to your practicing methods and the way your surgery is designed. To help you work towards “Best Practice” we offer:

HTM 01-05 Full Package

- Initial consultation
- Design
- De-con cabinetry
- Washer disinfectors
- Autoclaves
- Magnifying lamps
- Full electrical and plumbing
- Polyfloor flooring
- Ventilation in & ventilation out
- Full installation

www.parsdental.com
Call us today
for more information and SPECIAL OFFERS
02087 884400
Fax: 02083 173355
Email: info@parsdental.com
Royal Arsenal & Putney, London

In at the deep end
Orthodontist David Gale converts a domestic property into a specialist centre

Finding the ideal premises to convert into a dental practice can involve months of targeted searching. It’s fair to say that most would probably consider a domestic property with an indoor swimming pool as an unlikely and somewhat unusual candidate for refurbishment.

However, orthodontist David Gale, not put off by the building’s atypical feature, has converted its interior into a fabulous Specialist Orthodontic Referral Centre in a prime Hampshire location.

David’s search for a new location began in 2006 after five successful years’ operating out of rented premises in Fareham. It was clear the practice was outgrowing its premises and as the building could not be altered to meet new regulations, he began to look for an alternative location in which to create a specialist orthodontic centre.

Proportions
The property David settled on was a large private house with an indoor swimming pool just five hundred metres down the road. Chosen because of its ideal proportions to convert into a purpose designed specialist practice it also benefited from two hundred adjacent public car parking spaces and direct access to the M27 making it easy to reach from Portsmouth, Southampton and South Hampshire.

David acquired the building in 2006 and, after almost a year in planning, the redevelopment work started in earnest. He recalls the overall objectives of the project: “I gave my architect a challenging brief, to transform the current building and pool into three surgeries and a lecture theatre. All the requirements of the Disability Discrimination Act and new proposed cross-infection legislation had to be met and the layout needed to ensure efficient workflows could be put in place to enable a NHS and private specialist dentistry business to be viable.”

Complex work
The work required was extensive: “The refurbishment was fairly complex and involved removing the back of the property, building an extension, stripping out all the electrics, plumbing and waste services and removing all floors, ceilings and some walls before being rebuilt. The lecture theatre was installed over the top of the swimming pool. The project took eight months to complete and we opened the new practice in February 2008.”

David turned to DESS Ltd to procure all the practice equipment and dental chairs and Planmeca for the radiographic equipment. David had worked with DESS since 2001 and used their services in his previous premises. He explains why he chose to use them for this project.

“I gave my architect a challenging brief, to transform the current building and pool into three surgeries and a lecture theatre”

On the choice of dental chair David explains: “I chose Belmont equipment for my previous practice as it was highly recommended by my dental dealer. Despite intensive use over five years the chairs proved to be extremely reliable so they were my first choice for the new practice. I chose the Cleo I model for all the surgeries as I wanted a ‘knee break’ chair so patients could get in and out quickly and easily and so we could talk with them sitting up. A lot of orthodontics is communication. The small footprint of the Cleo I means that the team can move around the chair more easily.”

A show of success
In 2010 on the back of the success of the new practice, David decided to carry out further enhancements, converting the existing lecture theatre into a three chair orthodontic therapist treatment suite. This time the six-week project was ‘self-contained’ and with the builders working over the weekend to join the new suite to the main practice, there was no disruption to patients.

Reflecting on the refurbishment and the practice he has created David feels that although it
took nearly two years from purchase to completion, this kind of project can’t be hurried. He has the utmost praise for the project team.

“...I have to say that we all really enjoyed working together and have stayed in touch. I’ve treated many of their children since so it’s been nice for them to benefit from the new practice they helped to build.”

When asked what advice he would give anyone undertaking a similar project David is clear: “You really need to choose people with a good reputation. They almost certainly won’t be the cheapest but in the long run it is cost effective as it saves mistakes, chasing up and your stress. I’d also really recommend employing a building contract manager so you don’t need to micro manage the project and can keep the day job going. Mine was planned and managed by an architect and an independent quantity surveyor so my main role during the building was to make quick decisions when required, so I didn’t hold up progress.”

The move to the new building has enabled David and his team of 17 staff to provide a much improved service to more than 10,000 patients.

“...Not only is the practice a bright and welcoming environment in which to be treated, it is also laid out to maximise the efficiency of workflows for the staff and to ensure we can stay ahead of regulatory requirements. I am hopeful we have thought of everything and the building is future proof.” Of course, time will tell.

For more information about the David Gale Specialist Orthodontic Referral Centre please visit www.david-gale.co.uk.

---

**About the author**

David Gale is a registered specialist orthodontist with The General Dental Council, and is a member of the British Orthodontic Society and British Dental Association. His main objectives is to help every patient achieve his or her ideal smile, in a relaxed and friendly environment. David qualified from university as a dentist in 1989 after which he worked within the UK hospital service. He became a Fellow of the Royal College of Surgeons of England in 1993 having gained the Fellowship in Dental Surgery (oral surgery). Following a postgraduate education in most of the dental specialties David was selected for a three-year orthodontic specialist training in 1994. In 1997 David was awarded the Membership in Orthodontics from the Royal College of Surgeons of England and also gained a university Masters in Science Degree in orthodontics. Following further higher specialist hospital training David was awarded the Fellowship in Orthodontics from the Royal College of Surgeons in 1999, which led to consultant accreditation in 2000. David worked as the consultant orthodontist at the Royal Hospital Haslar, Hampshire for two years. David has authored scientific papers and has presented lectures at National and International specialist conferences. He is also a National Dental Nurse examiner. In 2002 David set up the Specialist Orthodontic Referral Centre in Fareham which is now his professional home.
The new ORTHOPHOS SX 3D – Proven ray capabilities now with Cone Beam capabilities
A pioneer in the field of imaging technology, Siemens is proud to announce that the world’s most popular panoramic x-ray system - the ORTHOPHOS SX 3D now offers practitioners unrivalled choice when it comes to in-house diagnostics and treatment planning. GDs and orthodontists will love the selection of wide focus x-ray programmes, whilst implant dentists will enjoy the detail and anatomical accuracy of the new 3D function. Compatible with the new EasyTouch user interface, ORTHOPHOS SX 3D offers a range of advantages: - Seamless workflow - Obtain a wide range of clinical images with just a few clicks of the mouse - Simple operation with intuitive touchpad and automatic rotation function

To help ensure your team is up-to-date with the latest legislation, DentalAir provides complimentary x-ray compliance advice to help your practice stay up-to-date with the latest regulations. Dental compressed air is a key part of your dental practice, but did you know that good compressed air and vacuum systems within the dental practice are vital to delivering high-quality care?

DentalAir is looking for forward-thinking dentists and dental teams to join their Lunch and Learn series. Every month, DentalAir presents a free Lunch and Learn session, designed to help dental teams improve their practices.

Join The Dental Plan
Looking for something a little different? Join The Dental Plan, an innovative and flexible benefits scheme designed to meet the needs of dental practices.

The Dental Plan offers a range of benefits, including:
- Comprehensive benefits package
- Competitive pricing
- Easy to manage
- Flexible benefits

Join The Dental Plan today and start enjoying the benefits of membership.

www.dental-directory.co.uk

For more information, please contact
The Dental Directory on: 01268 733 146 or email enquiries@clarkdental.co.uk

For more information on TANDEX's products and services, please contact
TANDEX on: 01235 208031 or visit www.tandex.com

For more information on TENEO, please visit www.teneo.com

For more information, please visit www.dental-directory.co.uk

Contact Clark Dental
Phone: 01285 733 146
Email: enquiries@clarkdental.co.uk
Website: www.clarkdental.co.uk

For more information on KaVo products, please visit www.kavo.com

For more information on TENEO, please visit www.teneo.com

Contact KaVo
Phone: +49 711 87000
Email: info@ka-vo.com
Website: www.kavo.com
Taking place at the NEC Birmingham March 4–5, 2011, the Dentistry Show is a world class two-day action-packed event for dental professionals. With more than 200 exhibitors, this is really the place for you to listen to, learn from and put into practice. And all for FREE!

Choose from the following conference streams:

Aesthetic Dentist: We all know that the business of dentistry is changing rapidly and that cosmetic dentistry and facial aesthetic treatments are a huge growth area. As the standard of dental health has improved, patients have begun to have raised aspirations for their appearance. With the right knowledge, the skills of a dental surgeon can be maximised to combine the latest in surgical and aesthetic dentistry with contemporary facial rejuvenation.

The specialists in our Aesthetic Dentist conference will provide you with a thorough insight on key aesthetic subjects as they relate to cosmetic dentistry and more importantly show you how to combine these aesthetic treatments with your business; bringing your patients closer to achieving their aesthetic goals and allowing you to benefit from the financial opportunities provided by this growth area.

Dental Business: The Dental Business conference is geared towards helping practice managers run successful and profitable practices. We have re-searched key areas that a distinguished practice manager needs to be experienced in and we will be highlighting the importance of having an organised system in place for planning, budgeting and managing the processes in the Practice.

There are also a range of topics to give updates on both technology and internet marketing, as well as ideas on marketing your practice and motivating your team.

Hygienist and Therapist Symposium: Due to feedback and high demand, we have increased the number of sessions that are bound to engage children.

‘There really is plenty for you to listen to, learn from and put into practice. Refresh your approach to oral hygiene with Curaprox. Dental professionals eager to freshen up to improve their patients’ preventative healthcare regimens should visit the stand of Swiss oral health specialists, Curaprox, at this year’s Dentistry Show, taking place at the NEC in Birmingham between 4-5 March. Curaprox offers dentists and DCPs an extensive range of innovative oral healthcare solutions, from gentle yet extremely durable inter-dental brushes, to their cutting edge mouthwash, Curasyl, clinically proven to offer patients the full benefits of a GHA based mouthwash without side effects such as staining. Dental practitioners may also be interested in the new specialist packs available from Curaprox, designed to complement treatment in a number of areas, including orthodontics, implant dentistry and periodontics. Patient Education is another arena in which Curaprox shines; thanks to Calibra, individually-tailored, evidence-based prevention programme, dental professionals can maximise the effectiveness of their patient education sessions, helping to foster a preventative approach to oral hygiene, as well as boost attendance levels. Find out why Curaprox is the number one choice for Swiss dentists, and how their ground-breaking oral healthcare products can help improve your patients and motivate your team. For more information please phone 01480 822084, or email info@curaprox.co.uk or visit www.curaprox.co.uk

A-dec Solutions

A-dec, as we all know, offer the industry’s most advanced technologies and solutions, which have been created to improve the patient experience, safety and comfort for both the dental team and patients. Examining the difference A-dec can make for your practice. Our chairs, lights, delivery systems, and sterilisation systems are engineered to be fully integrated and perform beyond expectation.

A-dec will be attending and exhibiting at the Dentistry Show from 4th March on stand P43 at the NEC.

The A-dec team look forward to welcoming you to our stand, where we will be exhibiting. For more information about A-dec products and services, contact us on Freephone 0800 169 9692 or visit www.a-dec.co.uk

Carestream Dental at The 2011 Dentistry Show

Dental (formerly known as PracticeWorks) will once again be exhibiting their extensive range of cutting edge technological solutions, specifically designed for the dental profession at this year’s Dentistry Show, which takes place at the NEC Birmingham, 4-5 March 2011.

Delegates visiting the Carestream stand will also be able to find our how the newly-updated R4 practice management system can assist them in streamlining practice functions such as patient consent and HTM 01-05 compliance, thanks to several handy new modules, including E-Forms and Sentral.

The Carestream team will also be on hand to demonstrate the benefits of Optrasight, a revolutionary interactive 3D oral healthcare education system. Pevon to improve brushing techniques, Optrasight provides DCPs with an important tool in promoting better preventative oral hygiene in fun, one-to-one sessions that are always on target.

Carestream continue to lead the field when it comes to practice management software and imaging equipment. Their cutting-edge digital sensors such as the RGV 6500, intra-oral cameras, and cone beam diagnostic equipment, all combine the highest quality images with intuitive functionality to ensure optimum diagnostic results.

For more information, contact Carestream Dental (formerly known as PracticeWorks) on 0800 169 9692 or visit www.carestream.co.uk

Prestige Medical stand D30

Prestige Medical say that they have booked a larger stand this year in order to showcase the full range of decontamination solutions they can now provide for dental practices.

The stand will include a decontamination room layout featuring a stylish new version of the Advance autosizer, the recently-launched Universal Hand Piece cleaner, UltraClean II, Under Bench and Bench Top Washer Disinfectors together with Modwood cabinetry, Ultrasonic ultrasonic cleaner and Elga Biopure RO water systems.

All these products are available from Prestige Medical - providing dental practices with a one-stop shop for all decontamination needs. The Prestige Medical team will be ready to help offer expert advice on the requirements of HTM 01-05.

For more information is available from Prestige Medical directly by calling 01254 844 103 or email to sales@prestigemedical.co.uk

For more information contact: Christine Bowness, Sales & Marketing Manager on 01254 844 101 or email christine.bowness@prestigemedical.co.uk

Carestream Solutions

Carestream continues to lead the field when it comes to practice management software and imaging equipment. Their cutting-edge digital sensors such as the OPMI Pico, by Carl Zeiss Meditec, and Nuview are looking forward to demonstrating Nuview at The Dentistry Show 2011.

Nuview at The Dentistry Show 2011

Nuview are looking forward to demonstrating to clinicians how magnification and illumination equipment can take their practice to the next level at The Dentistry Show 2011, taking place at the NEC in Birmingham between 4-5 March.

Visit stand F22 to find out how dental microscopes such as the QRM Pico, by world-renowned designer and manufacturer Carl Zeiss, are revolutionising endodontics and restorative dentistry.

Delegates interested in dental optics with integrated video and photographic capabilities can find out more from Nuview as they get to grips with the options available.

Nuview also offer cutting edge surgical loupes such as the Eyemak Pro and Eyemak Smart ranges, offering a wide choice of magnification options, extending from the Eyemak Smart® 2 to Eyemak Pro 2x-3.5x magnification, a variety of working distances, and both headband and spectacle frame user modals.

Also on display will be Nuview’s revolutionary Continu water-based disinfectant range – touch on gums but gentle on hands and surfaces. Alcohol Free, Continu is available after 10 seconds and continue working for several days after application to prevent microbial contamination of treated areas.

Take your practice into the 21st century – visit the Nuview stand at the 2011 Dentistry Showcase.

For more information please call Nuview on 01453 872266, email info@nuview-ltd.com or visit www.nuviewco.co.uk

Refurbish your approach to oral hygiene with Curaprox

Dental professionals eager to freshen up to improve their patients’ preventative healthcare regimens should visit the stand of Swiss oral health specialists, Curaprox, at this year’s Dentistry Show, taking place at the NEC in Birmingham between 4-5 March. Curaprox offers dentists and DCPs an extensive range of innovative oral healthcare solutions, from gentle yet extremely durable inter-dental brushes, to their cutting edge mouthwash, Curasyl, clinically proven to offer patients the full benefits of a GHA based mouthwash without side effects such as staining. Dental practitioners may also be interested in the new specialist packs available from Curaprox, designed to complement treatment in a number of areas, including orthodontics, implant dentistry and periodontics. Patient Education is another arena in which Curaprox shines; thanks to Calibra, individually-tailored, evidence-based prevention programme, dental professionals can maximise the effectiveness of their patient education sessions, helping to foster a preventative approach to oral hygiene, as well as boost attendance levels. Find out why Curaprox is the number one choice for Swiss dentists, and how their ground-breaking oral healthcare products can help improve your patients and motivate your team. For more information please phone 01480 822084, or email info@curaprox.co.uk or visit www.curaprox.co.uk

DENTAL TRIBUNE

Dentistry Showcase.
Discover Digital Impressions - Straumann Stand D40

Dentists interested in the latest digital technology should look no further than Straumann (Stand D40) at this year’s Dentistry Show. As technology in dentistry advances, digital equipment is succeeding and now the area of impression taking has come into the spotlight. As one of the key processes of a visit to the dentist, impression taking is uncomfortable for the patient and has a high potential for accuracy. Digital impressions provide a clean, safe, highly accurate method of taking impressions that saves time and money in the practice, by reducing chair time and the cost of remakes.

Straumann’s digital impression system, Cadent iTero can be used to easy scan and take digital impressions of single-unit cases as well as complex restorative and cosmetic full-arch treatment plans. On-screen visualization of the scan in real-time ensures that preparations are completed to an ideal standard and that there is adequate occlusal clearance to achieve excellent cosmetic and restorative outcomes.

Visit to Stand D40 can be followed by a full demonstration of iTero and be entered into Straumann’s draw to win an iPad. For a demonstration of Cadent iTero visit Straumann on Stand D40 call 01295 851250 or visit www.straumann.co.uk / www.straumann-cares-digital-solutions.com

Kavo Dental Limited

2011 is the year of Kahvolution. Kavo/Gendex offer added value with a full range of high quality, innovative products including; handpiece, dental equipment and imaging systems, maximizing the capabilities of the 21st century dentistry.

Kavo/Gendex offer superior quality and ergonomic design to aesthetically improve working environments in the dental surgery.

The Kavo Team will be available to discuss existing new products including the new high quality and highly competitive Expert Series and the ultimate SMARTTurbine at low prices.

On show will be the Kavo Primus 1058 unit and the TEAM will be happy to discuss the unbelievable range of surgery equipment offering Kavo’s quality, innovation and ergonomically designed units at highly economical prices.

Speak to us about 3D imaging and the next generation in Cone Beam CT Scanners from CAT!

For information on the Kavo/Gendex portfolio, please call 01444 735000 or visit us at The Dentistry Show.

Call 0844 225 0965 for more information.

Kavo/Gendex showcase new product innovations at 2011 Dentistry Show

Septodont showcase new product innovations at 2011 Dentistry Show

Septodont, the UK’s leading supplier of dental anaesthetics, is pleased to be exhibiting at this year’s Dentistry Show, following a highly successful 2010 launch of BioclastTM, a bioactive breakthrough in dentine replacement.

Continuing to lead the way in the manufacture and supply of 100 per cent biocompatible anaesthetics, for the past 50 years, Septodont has also proved to the market its on-going commitment to pioneering research and development in all aspects of dentistry.

With more than 75 years’ experience in dental pharmaceuticals, Septodont is highly committed to innovative research and development in this field, and following the successful launch of BioclastTM, the first all-in-one, biocompatible and bioactive material that can be used wherever dentine is damaged, that commitment has never been more prevalent.

Visit stand D44 at the Dentistry Show on 4th - 5th March at the NEC to find out more about BioclastTM as well as RadiCal®, a brand-new gel specifically designed to make gingival preparation procedures easier and more comfortable for patients, and Ultra Safety Plus, the sterile, single-use, aspirating syringe system equipped with a needle stick injury prevention device.

Alternatively visit www.septodont.co.uk or call 01622 895520 for more information.

Visit Smile-on at the Dentistry Show 2011

Dentists looking for convenient ways to learn new skills and fulfil their CPD quota should visit the team at Smile-on on stand D45 at the Dentistry Show 2011 (March 4-5 at the NEC, Birmingham).

Over the past decade Smile-on has built an unrivalled reputation in the field of dental healthcare as the authority in evidence-based, interactive learning programs. Smile-on’s innovative learning products include e-learning packages for undergraduate and postgraduate qualifications, revalidation and CPD requirements for the whole dental team.

At the Dentistry Show, delegates can find out more about Smile-on’s range of popular courses including:

• MSc in Aesthetic and Restorative Dentistry – a ground breaking online post graduate degree
• DNSTART - for new dental nurses seeking to obtain a solid grounding in the basics as stipulated by the GDC
• DENT - a flexible education update for both established and training nurses

Attendees will also learn about Smile-on’s CDP CPD Online Resource Centre which gives clinicians direct access to the core subjects of study, including:

• Cross infection control
• Radiography
• Handling complaints
• Legal and ethical issues
• Medical emergencies

Each module is presented with specifically designed e-learning programmes, interactive webinars, and in-practice training sessions. Smile-on looks forward to seeing you at the exhibition. For more information call 020 7400 8989, visit www.corecpd.com or email info@smile-on.com

The Smile-on team will be on hand to talk you through their catalogue of programmes and can, at your request, take you through a short demo so you can instantly see the benefits of learning in this way.

Don’t forget to sign up for the Smile-on weekly newsletter which delivers the latest news in the healthcare industry straight to your inbox. The Smile-on newsletter has been running for over 10 years and goes out to over 28,000 dental professionals. Each week you will receive articles on hot topics, interviews with the good and the great in dentistry and all the latest news. If you can’t wait for the newsletter go to www.s4sdental.com/news to subscribe for free today.

Visit Cannon Hygiene at the Dentistry Show

Cannon Hygiene – Stand 407

Visit Cannon Hygiene at the Dentistry Show – Leaders in Dental Waste Management Dental professionals across the UK know they can count on Cannon Hygiene for their dental waste management, leaving them free to get on with the job of patient care.

Cannon can be relied upon to ensure that dental waste disposal complexes are fully compliant with the UK’s legal requirements and provide excellent service and products can visit Cannon’s expert team who are available to demonstrate an extensive range of dental waste disposal products, including amalgam and related waste, e-waste and clinical and sharp waste disposal services. Cannon can supply bespoke product packages to suit customer requirements.

A market leader for over 50 years, Cannon also provides quality washbasin hygiene solutions and consumables.

Telephone 0844 225 0965 for more information.
Approximately 6,000 people in the UK annually are diagnosed with oral cancer - with an estimated 2,000 deaths every year
(Source: British Dental Health Foundation, www.mouthcancer.org)

Oral Cancer – prevention, examination, referral has been designed to support all health professionals by updating their knowledge, highlighting the importance of oral cancer screening, and providing practical tools for communicating with patients and colleagues.

The programme comprises four topics:

1: The facts - Providing a background into the incidence, causes and development of oral cancer
2: Team Approach - Looking at all aspects of communication both within the team and with patients
3: Screening Examination - Practical advice on improving the opportunistic screening procedure in practice
4: Case Studies - Providing first hand experiences of examining, making referrals and living with oral cancer

For more information call us on 020 7400 8989 or log on to www.smile-on.com
Bridge2Aid celebrate six years of Hope Dental Centre in Mwanza

Bridge2Aid (B2A) are delighted to celebrate six wonderful years of the Hope Dental Centre in Mwanza, Tanzania and share this success with the UK Dental community, without the support of whom, improving oral health in this area would not have been possible.

Hope Dental Centre was officially opened in February 2005 by B2A as a response to the lack of dental care in the city of Mwanza, where only eight dentists existed at that time to treat one million people. Through B2A funding and donations from the dental industry, the Centre now provides a wide range of high quality dental services with affordable prices, to ensure that the oral health needs of all members of the Mwanza community are met.

The Centre, which has grown over six years to include two surgeries, three clinicians, four nurses, a practice manager, receptionist and admin staff, with most staff of Tanzanian origin, sees around 250 patients per month on site, as well as visiting an additional 250 patients at remote mine sites and has greatly improved oral health in the region.

With all profits from Hope Dental Centre donated to the work of B2A, the Centre and B2A clearly would not be where it is today without the help and support of the UK dental community. Thank you to the dental professionals who have tirelessly fundraised to support the Centre and our teams, the support of the UK dental trade who continue to donate material and equipment, and an extra special thank you to A-dec who have donated, shipped, installed and now service, two chairs.

For further information on Hope Dental Centre visit www.hopedentalcentre.com or to find out about how you can help us to continue to improve oral health in Tanzania over the next six years visit Bridge2Aid now at www.bridge2aid.org or contact us directly on info@bridge2aid.org or 0845 0047559.
Topics covered include:

‣ Smile Design & Management of the Aesthetic Case
‣ Digital Dental photography
‣ Porcelain Veneers, including no-prep & minimal-prep veneers
‣ Computerised Cosmetic Imaging
‣ Multilayered Anterior Composites
‣ Tooth Whitening tips and tricks
‣ Aesthetic Crowns, Onlays & Inlays
‣ Excellence in Posterior Composites
‣ Medicolegal aspects of Cosmetic treatment
‣ Restoration of the root filled tooth
‣ Marketing of Cosmetic services
‣ Management of toothwear including the “Dahl” concept
‣ IMF, Occlusion & Articulators
‣ Multidisciplinary treatment planning, e.g. Periodontics & Orthodontics

Courses are run by Dr Ian Cline and Dr Joe Oliver, as seen on Channel 4’s 10 years younger. The course will consist of lectures, structured tutorials, demonstrations, videos, evaluation of scientific papers, and hands-on sessions. Fees are £540 per day, fully inclusive. Please visit the website or call the number below for full details, including numerous testimonials and an application form.
Welcome to a new layer of Sensodyne expertise in dentine hypersensitivity

Today you can go further than treating the pain of dentine hypersensitivity with Sensodyne. Today you have new Sensodyne® Repair & Protect containing NovaMin® calcium phosphate technology. NovaMin® builds a reparative hydroxyapatite-like layer over exposed dentine and within the tubules\textsuperscript{1-5}

Starting to form from the first use\textsuperscript{5}, this reparative layer creates an effective and lasting barrier to the pain of dentine hypersensitivity\textsuperscript{6-8}, with twice-daily brushing.

Explore a new layer of opportunity with Sensodyne Repair & Protect

Visual representation of dentine cross-section and dynamic reparative layer


SENSODYNE, NOVAMIN and the rings device are registered trade marks of the GlaxoSmithKline group of companies.