Dental students already plagued by neck and back problems at university

By DTI

LONDON, UK: Undergraduate dental students already experience musculoskeletal pain as dental practitioners do, a study performed at King’s College London Dental Institute and published in the British Dental Journal has found. By surveying 380 King’s students on the issue, researchers found that around half of the respondents had experienced extended periods of pain in the lower back and other parts of their musculoskeletal system.

To make things worse, only every fifth student had sought professional treatment for these problems. Neglecting to seek care, according to the researchers, could result in serious health issues later in life, including musculoskeletal damage.

While pain in practising dentists due to incorrect posture and prolonged static positions during dental treatment is relatively well understood, the study is the first to have conducted extensive research to establish how early the problems start in a dental career. According to the results, lower back pain was already highly prevalent among students at the Dental Institute, with over 50 per cent of those surveyed having experienced lower back pain for at least 30 days during each year of their BDS programme.

In order to prevent the problems from worsening, the researchers introduced preventive measures to students, including a personal trainer giving advice on exercises and coping strategies to help improve their posture in the short term, as well as more widespread use of loupes.

Furthermore, co-author of the study Dr Mark Ide announced he has started working with colleagues at the British School of Osteopathy to look at the efficacy of some self-care techniques to help alleviate the problems.

“Chronic neck and back pain is a known problem among dental personnel, to the extent that some eventually have to stop clinical work,” said Prof. Mark Woolford, Dean for Education at the Dental Institute. “It is essential dental schools are aware of this and are taking measures to educate and support those oral healthcare workers in training, at the very beginning of their careers.”

The study “Musculoskeletal neck and back pain in undergraduate dental students at a UK dental school—A cross-sectional study”, was published online on 9 September in the British Dental Journal.
Individualised feedback reduces prescription of antibiotics

By DTI

CAMBRIDGE, UK: While dentists only prescribe 10 per cent of all antibiotics in the UK, they often prescribe them inappropriately. Over prescription of antibiotics could be reduced to some extent if practitioners receive individualised feedback about their prescription practices. The results of a trial, published in the PLOS Medicine Journal, among NHS dentists in Scotland have indicated.

In a study involving all 975 antibiotic-prescribing general dentistry practices in the country, a group of researchers from Dundee, Aberdeen and Glasgow sent out graphic plots of the monthly prescription rates of each dentist at the respective practices, which were randomly selected. Some of these practices were also sent a written behaviour change message reiterating national recommendations.

After 12 months, the rate of prescriptions was compared to those of practices that had received neither graphs nor messages. The researchers found an overall reduction of 5 per cent in the group that had received the feedback. Although the intervention achieved a slight reduction, the researchers suggested that multifaceted measures like audit and feedback intervention might offer no advantage over single measures because of their complexity and the overall costs involved. They, however, emphasised the need to develop new strategies to change health professionals’ prescribing behaviour.

Previous studies have found that, despite clinical guidelines, antibiotic prescriptions are often given by dentists without clinical need.

Last year, medical bodies in the UK, including the British Dental Association, joined the One Health initiative in order to promote responsible use of antibiotics in dentistry and other fields of medicine.

The study, titled “An audit and feedback intervention for reducing antibiotic prescribing in general dental practice: The RAPID cluster randomised controlled trial”, was published on 30 August in PLOS Medicine.

Infection scare dentist struck off

By DTI

LONDON, UK: The General Dental Council (GDC) has struck off a Nettington dentist responsible for the largest recall of patients in the history of the NHS since it register last month.

Desmond D’Mello was removed for reasons of misconduct owing to 59 allegations of failure to maintain basic standards of infection control or prescribe antibiotics without a thorough assessment of patients’ needs.

As a result, more than 22,000 patients were offered a recall for blood tests owing to the risk of exposure to infection in 2014.

His actions were revealed by a whistle-blower, who recorded some of the failings on video. The filmings showed that he did not change his gloves or surgical mask and wiped his hands on his trousers instead of washing them, among other gravely hazardous practices.

In connection with D’Mello, the GDC also subjected one of his co-workers, a dental nurse who worked in the same practice, to conditional registration for a period of 12 months. She has admitted to 27 of the allegations, the council said.

“Mr D’Mello has abused the trust of his patients in exposing them to serious risk of harm and subjected those patients affected to an appalling and agonising ordeal as they undergo invasive blood-testing,” commented the chairperson of the GDC’s Professional Conduct Committee, Gavin Scott, on the decision. “His behaviour is fundamentally incompatible with being a dental professional, and his behaviour is so damaging to public confidence in the dental profession.”

D’Mello did not attend any of the hearings or have legal representation. In a letter to the GDC last year, he applied for voluntary erasure from the GDC register.

He stated too that he had no intention of ever practising dentistry again.

“When I will be your age…” — “When I was your age…”

“The General Dental
By DTI

Antibiotic-prescribing general dentists in Scotland have individualised feedback as a result of a trial. In a study involving all 975 antibiotic-prescribing general dentistry practices in the country, a group of researchers from Dundee, Aberdeen and Glasgow sent out graphic plots of the monthly prescription rates of each dentist at the respective practices, which were randomly selected. Some of these practices were also sent a written behaviour change message reiterating national recommendations.

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Restorative dentistry has become a two-class system

An interview with Prof. John Nicolson, UK

Materials scientist Prof. John Nicholson from London has conducted extensive research on glass ionomer cements and related materials over the last 30 years. In a presentation he recently gave at the FDI Annual World Dental Congress in Poznan in Poland he discussed whether modern dental materials can meet the world’s oral health needs, among other things. Dental Tribune spoke with him about the shortcomings of modern dental materials, restorative dentistry becoming a two-class system, and atraumatic restorative treatment.

Dental Tribune: In your presentation, you argued that most modern dental materials are characterised by cosmetic rather than functional aspects. Where do they lack most in your opinion? Prof. John Nicholson: They lack ease of use. This applies especially to composite resins. Being non-adhesive, composites have to be employed in association with bonding agents. The function of bonding agents is to alter the nature of the freshly cut tooth surface from hydrophilic to hydrophobic, and this requires careful deployment of sensitive materials in accordance with manufacturer’s instructions. Having created a surface for bonding, the composite itself must be placed. This typically requires placement in increments, with sufficient application of the curing lamp to ensure depth of cure.

All of this manipulation is difficult and requires a high level of skill on the part of the dentist. Done correctly, it works well and the resulting repair is durable and aesthetically pleasing. However, it is too complicated to be the basis of tooth repair in poorer countries, owing to the high numbers of patients, unreliable electricity supplies and fewer skilled dentists.

Most technologies seem to become cheaper over time, except dental materials. What are the reasons for this reverse trend? In dentistry, we have emphasised appearance over performance, a feature that is not so much of a problem in countries with large numbers of dentists able to replace worn-out restorations, that is, in richer communities in the developed world. The dental market therefore does not favour cheaper solutions, or simpler ones.

With state-of-the-art dental materials only affordable in rich countries and a select few in poorer countries, has modern restorative dentistry become a two-class system? It has indeed, and that two-class system applies in richer countries too, where poorer individuals are less likely to be able to afford the best-looking repair materials. Specifically, this means amalgam repairs rather than composites.

Atraumatic restorative treatment was originally developed to provide a cost-effective treatment for patients in the world’s poorest countries. What have been the experiences with the technique so far, and can it offer an alternative for a population with no access to modern dental materials? Reports over the last few years have shown it to be very successful. A variety of patient groups, including children, young adults and even older patients, are benefitting from what is effectively minimal intervention, low-cost dental treatment. Furthermore, the performance of the glass ionomer repair materials in the atraumatic restorative treatment technique is proving to be better than what might be expected on the basis of in vitro studies of the materials’ properties.

Amalgam is still widely used, particularly in poorer countries. Are we prepared for amalgam-free dentistry, and what should be done to ensure there are proper alternatives after the phase-down has been completed? I think we need to maintain the use of glass ionomers and perhaps see how these materials can be improved for this large and important group of patients. We also need to recognise that acquiring a proper understanding of the clinical performance of any material is a time-consuming process and that it can take years to obtain a full picture of how materials really behave in patients.

Should there be greater emphasis on the issue of dental materials in oral health campaigns and agendas around the world? Yes, there should. We know that caries is the most widespread disease in humans, so we can safely assume that damage to teeth is equally widespread. Consequently, in my opinion, we should emphasise the role of appropriate repair materials just as much as we currently emphasise preventive steps.

Thank you very much for the interview.

DTI publishes discuss future strategies at annual meeting

By DTI

BERLIN, Germany: The Dental Tribune International (DTI) publishing group, which consists of about 30 publishers around the world, customarily meets once a year to present its latest products and introduce new partners. This year, the 12th Annual Publishers’ Meeting was held from 4 to 6 September at the picturesque Greater Wannsee lake in the German capital of Berlin. Over 50 people from about 20 countries, including partners from Asia, Australia, Europe, the Middle East and the US, attended.

Over the past 13 years, the DTI publishing network has grown significantly. Today, DTI reaches over 60,000 dentists professionals in 23 different languages in about 90 countries around the globe. At the meeting in Berlin, the group welcomed two new partners, from Israel and Iran, who will be publishing their respective localised versions of the Dental Tribune newspaper and providing updates on their particular market on local websites. Prof. John Nicolson, UK

Furthermore, the publishers were introduced to one of DTI’s newest publications, the Journal of Oral Science and Rehabilitation, which was launched in 2015. It originated from the efforts of a large group of researchers involved in the advancement of implant dentistry. The aim of the journal is to promote rapid communication of scientific information. Released quarterly in March, June, September and December each year, it publishes original and high-quality research and clinical papers in the fields of periodontology, implant dentistry, prosthodontics and maxillofacial surgery.

The publishers had the opportunity to learn more about the DTI Communication Services offering. As the importance of content marketing is growing rapidly in all industries, including dentistry, DTI established this new division last year. The department aims to assist smaller and mid-sized companies, in particular, in communicating more effectively with their audiences through tailor-made targeted editorial support, video production, event organisation and publishing.

A major topic covered at the meeting was the International Dental Show (IDS), the most important trade fair in the dental industry. In collaboration with its German licensee ORMUS MEBRA, DTI will be publishing a new issue of its well-established today newspaper on each of the six days, providing comprehensive coverage of the previous day’s events. For the first time, the two publishers will be setting up a lecture forum at their booth known as the Media Lounge, a restaurant and meeting area at which leaders in dentistry conventionally gather during IDS. At the forum, which will seat up to 200 participants, DTI will be holding Dental Tribune Study Club lectures and press conferences through DTI Communication Services.

Moreover, the publishers were informed about IDS WORLD, a website that was recently launched by DTI and promises to become the most comprehensive resource in dentistry. It is a full-service digital marketplace for products, news, e-learning and practice management, and targeted at vendors, dentists, dental technicians and patients alike. Owing to its comprehensive approach, IDS WORLD has the potential to become the most important platform in dentistry and will thus help DTI secure its position in the market, as the importance of online marketplaces is growing in all industries.

DTI further announced the launch of its website, www.dentaltribune.com, which is scheduled to go live with a completely new design and layout in spring next year.

Prof. John Nicolson, UK
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More than just a yellow repair bag

How BA International manages to stay ahead of the dental equipment repair business

By DTI

NOTTINGHAM, UK: For almost 25 years, BA International has been at the forefront of the handpiece repair business, providing repair and sales services to dental clinicians all over the UK. According to its own words, no other company can provide dentist with the full service peace of mind that it offers. Its ISO 9001 certificate ensures that it has quality management systems in place, to ensure exacting industry standards and to continually develop and improve its services. With over 150 combined years in the handpiece repair industry, its fully OEM accredited engineers, who are approved by companies like KaVo, W&H, NSK, Sirona, Bien Air, PME, Elma, SciCan, Nitram, Henry Schein, Micro-Sleega and EMS, ensure that customers get the best possible service in the industry.

To this day, it continues to work with dentists up and down the country to surpass expectations in what a repair company can offer in terms of quality and competitive pricing. So how do they do it without being just a yellow repair bag?

At the beginning, dentists use the free industry recognised prepaid repair bag to send in their handpieces. BA returns them in protective reusable & autoclavable BA Steriboxes to ensure that the handpiece arrives safe and sound. In addition to handpieces, BA can also repair a huge array of small equipment devices such as amalgamators, ultrasonic baths, DAC and SciCan Statim autoclaves, curing lights and endo units, among many other things.

For this, the company creates custom made insured boxes using foam moulding technology to protect the equipment during transit to ensure that it arrives safely. When clients receive their items back safely, they can keep the custom box for the future thus saving them further possible costs.

After a concise initial examination of the arriving handpieces and equipment, BA offers a free quotation on all repairs in order to allow clients to make an informed decision on whether it would be beneficial to repair an existing handpiece or invest in a new of their own state-of-the-art handpieces. The company offers steel & ceramic bearing replacements & cartridge replacements for all makes and models. In addition, they provide world leading high quality BA parts as well as OEM-spares.

With every single one of our repairs, BA includes a full strip down clean and service to ensure that handpiece return as new. It also carries out very specific tests in its repair facility during the service process which include chuck retention, speed and concentricity tests, as well as checks on the water system, chip air and air exhaust to ensure that every handpiece is in full working order. The company also has an extensive range of handpiece spare parts and can offer a same day turn around on most handpiece repairs, where applicable. BA is extremely proud to stock the largest amount of spare parts in the UK, more than any other provider and is therefore more likely to offer a same day turn around.

BA can offer free preventative maintenance advice upon request to help reduce a handpiece repair overheads and maximise the chair time utilisation. By advising dental staff over the phone on preventative maintenance, the company has found that it dramatically reduced their customer’s overheads and repair expenses. It can also offer advice on servicing, maintenance, regulations and recommended use for handpieces and dental equipment. Working with leading manufacturers, BA also offer guidance on reprocessing and adhering to the HTM01-05 guidelines in the most cost effective and time efficient ways.

Also available from the company is after sales services on repairs and purchases as well as consumables. So in case customers have any requirements from a handpiece or piece of small equipment, its staff can advise the best product for any clinical needs. As they are an approved DAC service centre, BA International also offers validation and servicing for the DAC Universal. Its loan service ensures that whilst DAC is with them, customers are not left without one therefore not disrupting their daily operational requirements. Loan services can be also on many items to help customers when they need it the most. BA International work with dentists to ensure that they experience as little interruption in their clinical work as possible thus ensuring the best patient care.

As you can see, BA is far more than just a yellow bag. It says it can offer all this at the best price in the industry and if you can find a better price, it will beat it. So why not call their technical service department to find out if they can repair your faulty device?

More information on BA International and its services are available online at www.bainternational.co.uk.

CURAPROX expands to Ireland

By DTI

KIMBOLTON, UK: Oral health care products provider CURAPROX UK has announced its intended expansion of its presence on the British Isles with the appointment of Orla Sheehy as the new Senior Business Manager for Ireland.

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CURAPROX UK has been active in Ireland through distributors since 2014. Originally established in Switzerland in 1972, it has become a leading name in the market with oral health care products that the company recommends as safe, gentle and effective.
Invisalign celebrates four million smiles, raises funds for charity

By DTI

LONDON, UK/SAN JOSE, USA: In September, Align Technology announced that the 4 millionth Invisalign patient has started his treatment in London. In celebration of this milestone, the company has called upon its followers to share a photograph of their smile on social media platforms.

Align Technology will match every post with a $1 donation to international children's medical charity Operation Smile to raise money to provide free surgeries for children with cleft lip, cleft palate and other craniofacial defects.

In particular, Align Technology has urged its followers to take and post a selfie with a handwritten sign reading "#4millionsmiles" on Facebook, Twitter or Instagram. People can also make use of Align's template messages. Every smile posted will be included on a geolocation world map on a dedicated website. The initiative runs through September and is aimed at raising the equivalent of $100,000 to provide operations for 400 children in need.

Non-profit organisation Operation Smile has provided hundreds of thousands of free surgeries for children and young adults in developing countries who were born with cleft lip, cleft palate or other facial deformities. It is one of the oldest and largest volunteer-based organizations dedicated to improving the health and lives of children worldwide through access to surgical care.

Since 1982, Operation Smile has developed expertise in mobilising volunteer medical teams to conduct surgical missions in resource-poor environments while adhering to the highest standards of care and safety. Operation Smile helps to fill the gap in providing access to safe, well-timed surgeries by partnering with hospitals, governments and ministries of health; training local medical personnel; and donating much-needed supplies and equipment to surgical sites around the world.

Founded and based in Virginia Beach, US, Operation Smile has extended its global reach to more than 60 countries through its network of credentialed surgeons, paediatricians, doctors, nurses and student volunteers.

In celebration of World Smile Day on 7 October, Align Technol-
UK implant market gets a new player
MIS to expand its worldwide business to the British Isles

By DTI

LONDON, UK. According to latest statistics by market intelligence provider idata, the UK market for dental implant fixtures is currently showing the highest growth within Europe mainly owing to its underpenetration compared to other countries like Germany, Switzerland or Italy. This makes the country attractive for many small and medium-sized providers that now see the chance to have their share of this promising market.

One of them is the Israel-based company MIS, an acronym for “Make it simple” and also the company’s motto, which after success in the USA, holds a large potential for its new parent company.

“We are actually very proud that Dentsply Sirona has shown that kind of interest in us and expect a number of good synergies will be out of this transaction that will not only benefit our company but the whole market,” Raychuk said.

A native of Belarus and currently living in Germany, Raychuk has been overseeing his company’s development in Eastern and Central Europe since 2011. For the last two years, he has also been observing the market in the UK extensively as a visitor to tradeshows, for example, and thinks that it holds a large potential for his company to grow.

“We wanted to enter this market in the right way and at the right time because it is very important to come here ready and to take the proper steps to start a business,” he explains. The reason why MIS has not approached this large market yet, “The UK market is developing very dynamically and offers some very exciting opportunities.”

“I believe we are now here at exactly the right time,” he further explains.

Coincidentally, MIS already had its first major product launch at Europerio in London last year, which saw the introduction of the Vy concept. Designed in collaboration with leading clinicians, including Prof. Nitran Bichacho and Dr Yuval Jacoby, both from Israel, as well as Dr Eric Van Dooren from Belgium, this new implant is suitable for a wide range of surgical scenarios and promises immediate biological benefits for better treatment outcomes. Its design aims to provide both specialists and general practitioners with optimum flexibility in implant planning and placement for a restorative-driven approach. In particular, the triangular shape of the coronal portion is intended to encourage bone regeneration and to gain greater volume of bone in support of stable surrounding soft tissue for restorations with optimum flexibility in implant planning and placement for a restorative-driven approach. In particular, the triangular shape of the coronal portion is intended to encourage bone regeneration and to gain greater volume of bone in support of stable surrounding soft tissue for restorations.

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According to Raychuk, it has also been a commercial success with over 20,000 implants sold since last year’s launch.

“It is a modern approach on implantology that is based on extensive scientific research and developed to provide clinicians with an advance from the start,” he said. “It is also a high quality product and with it we believe we can bring good value to the market.”

In addition to its latest premium product, MIS offers a number of established implant brands such as C1 and SEVEN, as well as prosthetic options, bone grafting materials and solutions for digital dentistry like the MAGICUTE for the production of surgical drilling templates based on a prosthetic-driven implant plan. With the expansion of the company, dentists in the UK will now also be able to purchase and receive first-hand support, according to Raychuk. Sales and supporting office were recently opened in London. While the company will not be exhibiting at trade shows such as BDA Dental Showcase or the Dentistry Show.
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Walking among giants
Marketing dentistry in the global connected economy

By Chris Barrow, UK

In an information-rich world, the wealth of information means a dearth of something else: a scarcity of whatever it is that information consumes. What information consumes is rather obvious: it consumes the attention of its recipients. Hence a wealth of information creates a poverty of attention. This process is complex.

The connected economy and growth in population have created statistics that are beyond our comprehension. There were 60 trillion websites at the last count and every year the Internet grows by eight million new songs, two million new books, 18,000 new films, 30 billion blog posts and 925 billion Tweets. Google handles 35 billion e-mails every day alone, and 1.8 billion photographs are uploaded to the Cloud from everywhere around the globe. I speculate as to how many of those photographs are of happy, smiling faces.

IBM tells us that we are “a world awash in data.” 80% of which is currently invisible to our computers, however, with the IBM Watson project, the company intends to use cognitive computing to bring that data into a usable domain. With global health care data expected to grow by 99% in the next 12 months, the search is on to find a new unified theory that will bring all of this information to the fingertips of government, business, and individuals.

The question is, can we cope with this? In his book Homo Deus: A Brief History of Tomorrow, Israeli author Prof. Yuval Noah Harari visualises a completely connected world in which “Data isom” dominates. There he writes: “Sapiens evolved in the savannah thousands of years ago and their algorithms are not built to handle 21st Century data flows. We might try to upgrade the human data-processing system, but this may not be enough. The Internet of all Things may create such huge and rapid data flows that even upgraded human algorithms won’t handle it. When cars replaced the horse-driven carriage, we didn’t upgrade horses—we retired them.

Perhaps it is time to do the same with Homo Sapiens.”

A rather grim and ominous suggestion perhaps, but by jittering our sensibilities, Harari makes us pause for thought. Let us narrow our field of vision from these impossible numbers and facts. Pundits suggest that you and I are interrupted by advertising and brand exposures 5,000 times in an average day and mentally register around 350 of these. We note 150, think briefly about 80 and pause at 12 to think about whether they are relevant to us at this time. Thus, the challenge facing the dental marketer is how to become one of 12 out of 5,000 at the right time, on the right day, for the right person.

Big business has a simple solution to this problem, it is called big money. Whether it is a Super Bowl television commercial, a giant billboard on a motorway or, nowadays, massive expenditure on Internet visibility via paid media, those with the deepest pockets offering the best products and services are the winners in the race to attract that poverty of attention. Pundits suggest that you and I are interrupted by advertising and brand exposures 5,000 times in an average day and mentally register around 350 of these. We note 150, think briefly about 80 and pause at 12 to think about whether they are relevant to us at this time. Thus, the challenge facing the dental marketer is how to become one of 12 out of 5,000 at the right time, on the right day, for the right person.

The challenge is for the mouse to gain attention without competing with the bull elephants.

1. Use good search engine optimisation (SEO) to optimise your position in Google’s organic search. SEO is a technical skill that has to be delivered by experts. Google changes its own goalposts regularly and the savvy SEO guru will know that and take appropriate action quickly.

2. Massively encourage the collection of Google reviews, user reviews via Facebook and critic reviews via proprietorial sites like WhatClinic.com, NHS Choices and CompareTheTreatment.com in the UK. In September 2016, Google changed the rules twice, first by including external reviews alongside its own in searches and second by altering its own search criteria to favour businesses with in excess of 100 Google reviews. It is necessary that your marketing activity be adjusted to reflect such changes?

3. Connect to your patients through a well-maintained social media channel like Facebook or Twitter (and delivering your own search criteria to relevant businesses with in excess of 100 Google reviews). It is necessary that your marketing activity be adjusted to reflect such changes?

4. Build a website that engages the visitor through video and visual testimonials. Your most powerful marketing collateral is the stories that your patients can tell about the difference that you have made to their lives.

5. Collect visitors’ e-mail addresses and consent (via white paper marketing. A coffee shop, hotel or airport exchanges free Wi-Fi access for an e-mail address and permission to keep e-mail addresses. If you record something—upload it. If you upload something—share it.

6. Nurture long-term relationships with patients and pros...
I have given you nine marketing actions designed especially for the smaller business. Actions that should be avoided by the independent dental practice are seeking to gain attention by paying through the nose for Google or Facebook advertising, broadcasting non-human interest material or selling services on price, discount or special offer. This is because every week I hear from dentists and their marketing teams that advertising to strangers, using jargon and cutting prices at worst attract bargain-hunters, price-shoppers and moozers.

“A wealth of information creates a poverty of attention.” We end where we began. The challenge is for the mouse to gain attention without competing with the bull elephants. You can only do that by stepping away from the herd of elephants and delivering your story in a different way and a different place. For me, that means human interest, personal service and recommendation, and so when I am working with clients on their marketing plans, we focus on and mobilise their most valuable asset: the goodwill of their existing patients.

Template for end-of-treatment protocol

So Mr Patient, now that we have arrived at the end of your course of treatment, I’d like to ask a couple of questions:

• Are you happy with the clinical outcome?
• Are you happy with the customer service that the team delivered?

If so, I’d like to ask some favours:

1. We are growing the practice at the moment and we would like to see new patients and would love to see more people like you, because we like you! Would it be OK to give you three of my referral business cards to pass on to any family, friend or colleague who may be interested in visiting our practice?
2. We have noticed that online reviews are growing in importance and would like to invite you to submit a review of your experience on Google, Facebook or any other review site that you may be connected to.
3. We love to collect testimonials from happy patients. They are great for our marketing and can gain confidence to others who may be nervous. We find that 90% of those who do consent to a testimonial prefer a written commentary, as they are uncomfortable with a video camera recording, whereas 10% are happy to be filmed and photographed. May I ask, are you a 90%er or a 10%er?
4. If a 90%er, I’d love to organise a written testimonial from you.
5. If a 10%er, we would like to invite you to one of our quarterly video testimonial evenings here at the practice. Every three months, we set aside some time early evening and invite four to six of our 10%ers to come along for some light refreshments and to have their photograph taken professionally (at our expense) and to be filmed for 4 minutes or so. The questions we ask on video are: How did you find us originally? What was it that had you looking? How was your customer service experience? What difference did the treatment make? It would be lovely to invite you to our next event. The dates are...
Toothbrush first, cleaning after

An interview with dental hygienist and ITOP instructor Barbara Derham, Ireland

Barbara Derham is always smiling. She has over 25 years of experience as a dental hygienist, having worked in private practice in the UK and Ireland. In Ireland and internationally, she is an established ITOP (Individually Trained Oral Prophylaxis) instructor. Also, as a past President of the Irish Dental Hygienists’ Association (IDHA), she represents Irish dental hygienists around the world. However, never too busy to talk about her work, the importance of prevention and the advantages of ITOP, she spoke with Dental Tribune in an interview.

Dental Tribune: Ms Derham, could you please tell us more about your background and current work?

Barbara Derham: I am a dental hygienist and currently work in community dentistry specialising in children and adults with special needs. It has been 25 years since I qualified. Back then, dental hygienists were not legally permitted to work in Ireland. So I had to go to dental school in Scotland to train.

After my graduation in 1990, I stayed in the UK for a year. Then came registration for dental hygienists in Ireland, so I moved back. I worked in private practice for a number of years and then community dentistry opened up for dental hygienists. I have remained there ever since.

Working full time initially, but two days a week currently, teaching ITOP a number of times a year, contributing to the IDHA and having three school-going children, my weeks are kept busy. Within the association, we strive to promote the study of oral health. I have a great deal of work to do and enjoy it every day.

Do you like working with children?

As I have been working with children for over 20 years, I would have to like it! Children are great because they are very honest even when their answers are not the ones I would like to hear. When one asks them about their daily toothbrushing, they typically say, “maybe every day”. They are also more open to new ideas, while their parents may be more resistant to change. One can teach them really quickly.

I use a great deal of plaque-disclosing solution. It is the perfect teaching tool for both patients and parents or carers. I start with touch to teach and practice good toothbrushing position. They pick up the technique really quickly. They are lovely to work with.

Special needs children and adults bring challenges to both oral treatment and hygiene. Sometimes one has to think outside the box to fit oral hygiene into carers’ busy days. Mornings often bring early starts for children accessing transport and evenings can mean time given to medication delivery.

Working with each individual to develop a tailored oral hygiene programme can take time and patience, but brings very satisfying results.

When did you start working with ITOP?

Three years ago, I met CURAPROX at the International Symposium on Dental Hygiene in South Africa and they suggested that I come to the UK and attend a course. I loved it right away. Two weeks later, I was in Prague in the Czech Republic doing the teachers’ course and then came back to Ireland.

Since 2014, we have offered ITOP courses in Ireland. We have run a number of courses so far and the response has been really good. I still meet colleagues who speak enthusiastically about it. They understand the benefits and want to attend again to re-experience the feeling of the brushes.

Usually, I ask them to brush their teeth first and then we assess their pressure. When I brush their teeth, they feel the difference. I take their hand and suddenly, they get it. Once one starts thinking about brushing, one experiences a change.

Some of the teaching suggestions through ITOP have been great. I especially enjoy suggesting to patients that they try brushing in the dark. It feels so different. One starts to develop mindful toothbrushing.

“Working with each individual to develop a tailored oral hygiene programme can take time and patience, but brings very satisfying results.”

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year. How have you experienced working with students?

I love working with students. At first, they can be resistant, but if one perseveres, one sees the change. The beauty of the iTOP events in Prague is that the groups are so small. With only six people, one can teach them individually. They then understand the value of teaching their patients before picking up the scaler. We are all clinicians first. One is taught to use a scaler, but it is much harder to properly use a toothbrush. Toothbrush first, cleaning after.

What is the current status of dental hygienists in Ireland in your opinion?

The situation has improved. A few years ago, we had a difficult time because the tax situation changed. Traditionally, dental hygienists were seen as self-employed, but a change by the revenue commissioners has made many employees. This may seem a small change, but it brought a period of uncertainty for both dentists and dental hygienists, particularly those working in multiple locations.

The economic climate was poor for a number of years, but now the Celtic Tiger has begun to move again. There is an interest in dental hygiene and patients are motivated to come back. We have also established a good relationship with the Irish Dental Association. We are a small country and need to work together. We do have good relationships and they do support us.

Do dentists listen to dental hygienists?

For the first time this year, I worked at a trade stand for CURAPROX in Ireland at a dental conference. All of the dentists I met had dental hygienists. They wanted to take our samples back to their practice and inform their hygienists about CURAPROX and the iTOP courses. I think they have embraced dental hygiene completely.

In Ireland, dental hygienists fulfil typical duties, such as cleaning and polishing teeth, providing supra- and subgingival scaling, applying appropriate prophylaxis and educating about oral health. Dentists refer their patients to us after an initial examination and propose the treatment. Thus, we have to work together and adopt a team approach to our patients.

Will there be a shift towards prevention?

I would like to see more public funding given to preventative treatment and initiatives. We have experienced some cuts in funding lately. The new government will continue to look at the possibilities.

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I would like to see more public funding given to preventative treatment and initiatives. We have experienced some cuts in funding lately. The new government will continue to look at the possibilities.

There is a great deal of work to do with regard to prevention, but we keep pushing. We try to make a difference with every single patient that comes through the door. On an association level, the IDHA continues to work with government and fellow dental associations to improve the oral health of the Irish population.

Thank you very much for this interview.
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Recovering operative dentistry

By Aws Alaní, UK

The first to come to mind among the majority of the public when dentistry is mentioned is the delivery of fillings or the need for crowns, the management of the bite or the improvement of colour or shape of teeth. This is our core business and is the basis upon which the public is likely to measure the skill of the clinician. Indeed, many a dentist may cower behind the X-ray machine if he or she overhears a patient complaining in the waiting room that “The filling fell out an hour later”. Nothing humbles us more than this sort of dissatisfaction.

Operative dentistry appears to be a lost art among a contract that does not reward and more lucrative cosmetic sidelines outside of dentistry. Indeed, fillings or crowns or methods of achieving maximal benefit from minimal intervention are not marketed as “sexy” in the same way as Botox or aligners are. Despite what the dental spin-doctors want one to believe, restoring teeth optimally and properly will forever remain our utmost and required skill set. Conserving tooth tissue and protecting the pulp or preserving remaining tooth tissue after root canal treatment is invaluable where implants are less successful, as opposed to the wound the size of a plaster? Through the femoral vein with an oyster, as opposed to a stent fed through the slow splitting expansion of a ribcage, like a cooking oyster, as opposed to a stent fed through the femoral vein with the wound the size of a plaster? Destructive dentistry sells beauty through the femoral vein with a wound the size of a plaster? Destructive dentistry sells beauty.

Selling health as opposed to destructive dentistry ever was and could be in life-threatening situations than we thought and veneers are more invasive than we would ideally like to provide.

When teeth are lost despite our best efforts, tooth replacement can seem a straight choice between an implant and a denture, as any conventional bridge-work will needlessly destroy the alveolus. I still feel conventional bridgework has its place in operative dentistry, but it has been eclipsed by the emergence of resin-bonded bridges. These restorations have had a mixed reception historically, but I can now say that they are the most predictable method of replacing single teeth. Good longevity without any tooth preparation whatsoever is money for old rope and any solicitor sniffing is tempered by the lack of any harm to teeth or the patient. The recipe as always is being aware of the indications and sticking to the rules.

As we become progressively engrossed in the digital age, patients are increasingly requesting aesthetic improvements. That said, bad word starts with a v” can still be advocated, but there are easier, kinder and more predictable techniques we can provide for our patients. Whitening and bonding may not always have the same aesthetic finish as veneers or crown fracture but the satisfaction of patients who have succeeded at abating their symptoms with these devices cannot live without and swear by them. Once again, the mininal invasive prevails over the “ocularisation” (illusionists) who aim for the perfect patient occlusion among the potentially most imperfect of minds. Take heed and beware of the patient who wants his or her bite fixed so that the jaw does not click.

Patients want to retain their teeth however heavily restored. Root canal treated or not, we are all wired to crowns teeth to protect remaining tooth tissue. Against a background of widespread parafunction and ever-increasing cracking teeth, the need for crowns is higher than ever. Prepara
tion of a tooth for a crown takes a great deal of skill and awareness of trajectories and angles while avoiding a preparation that is not conservative of tooth tissue.

Patients that have cracked teeth, the need for these skills rises among patients. Whitting and bonding may not always have the same aesthetic finish as veneers or crown fracture but the satisfaction of patients who have succeeded at abating their symptoms with these devices cannot live without and swear by them. Once again, the mininal invasive prevails over the “ocularisation” (illusionists) who aim for the perfect patient occlusion among the potentially most imperfect of minds. Take heed and beware of the patient who wants his or her bite fixed so that the jaw does not click.

The kudos attached to operative dentistry will slowly experi
e a rebirth as the undoubted need for these skills rises among our patients. One would hope the powers that be have the foresight to realise that an optimally restored and cared for tooth actually prevents the future need and cost for a crown, molar root canal treatment, molar root canal re
treatment, apicoectomy, a complicated surgical extraction or a prosthesis.

Understanding why things have gone wrong is of as much im-
portance in operative dentistry as knowing how to do things correctly.
British Dental Industry Association invites professionals to the annual Dental Showcase in London

Dental Tribune among 350 dental companies and dealers to exhibit at upcoming 2016 edition

By DTI

LONDON, UK: In only a few weeks, the Exhibition Centre London (ExCel) will be buzzing with activity again, when thousands of dental professionals from all over the UK are invited to attend the next edition of the BDIA Dental Showcase. Offering a wide array of exhibits from the industry as well as opportunities to get informed about the latest products and clinical techniques, the show promises again to become the epicentre of all things dentistry in the UK.

This year, the show is set to even exceed the previous edition in Birmingham with more dental companies and dealers showcasing their portfolio of innovative products and solutions for dental practices and laboratories. Among the many newcomers to London will be Dental Tribune, which for the first time is exhibiting its extensive portfolio of publications and events at booth Nyh. Visitors are invited to pick up the latest copy of Dental Tribune UK as well as inform themselves about other DT titles such as the specialist magazines for a variety of dental disciplines or the Journal of Oral Science and Rehabilitation, which was launched in 2009 in an effort to provide high-quality research and clinical papers in the fields of periodontology, implant dentistry, prosthodontics and maxillofacial surgery. Information about the Dental Tribune Study Club, CME Master Courses or DT organised events such as the roots summit in Dubai will also be available.

Similar to other events and trade shows, Dental Tribune will also be offering daily coverage of the show again through its website and e-mail newsletters. Attendees can easily register for this service by visiting the website www.dental-tribune.co.uk. There they will also find news about the latest product launches, numerous interviews with experts and daily impressions from the show.
With more than 350 leading dental companies from global brands to newcomers the Dental Showcase claims to have the widest selection of products under one roof in the UK. Every year, an increasing number of companies from Britain and outside the country decide to launch their innovations here, making it the place to “see it first.” Among other things, Philips will present its new Sonicare FlexCare Platinum electric toothbrush at the show this year, which promises a new level of connectivity with its user. In addition, the company has announced to launch a new teeth whitening initiative there.

Complete solutions for the dental practice will be presented by a number of large providers such as KaVo, Dentistry Sirona or Henry Schein, who have announced that their whole range of dental equipment will be on display, ranging from consumables and decontamination products to advanced digital technology, and servicing and practice software.

Along with the industry showcase, over 100 mini and on-stand lectures will be held over all three days, including product presentations and papers on clinical issues discussed by nationally distinguished experts. New this year is the Go Digital! Zone that aims to bring together the transformational technology in this area of dentistry, with sessions and demos from some of the best speakers and technicians in the business. At the Implant Zone, sponsored by the Association of Dental Implantology, attendees will be able to inform themselves how to start in this every growing field of dentistry. Sessions are generally free and can be found throughout the whole exhibition area. By attending these lectures, visitors are entitled to continuing professional development certification. Instructions on how to obtain the certificates are provided on the show’s website.

“The science behind oral health products in the current market is immense,” the BDIA stated. “Our exhibition is the ideal opportunity to discover the very latest innovations that can improve the oral health of your patients. As well as networking with innovators and thought-leaders of modern-day dentistry, dentists will benefit from live demonstrations and hands-on interaction with every conceivable clinical and business product and service available today.”

The premier dental business event for the UK market, the BDIA Dental Showcase is held in the ExCel in London every two years. Every other year, the show moves to the National Exhibition Centre in Birmingham. Each of the last two editions saw over 12,000 professionals across the UK attending the exhibition.

More information about the show is available online at www.dentalshowcase.com.

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ClasenUNO: Combining two essential tools that dentists use

By DTI

LONDON, UK: ClasenUNO is a pioneering fusion of dental mirror and aspirator by German company Cleverdent. First introduced at the 2015 International Dental Show in Cologne and successfully launched on the German, Dutch and Italian markets so far, the award-winning dental device has receive much interest from professionals in the UK, according to Cleverdent owner and dentist Dr Stephan Clasen.

Aiming to facilitate the chairside workflow, Clasen developed the patented ClasenUNO, together with a team of technical, design and materials specialists. “Over the years working as a dentist, I have always considered multiple tools and hands in the patient’s mouth as detrimental to my work and also as an additional stress factor for my patients,” he explained. “That’s why I came up with the idea of an instrument that combines the two most important tools that dentists use to provide treatment, the mirror and aspirator.”

A newcomer in Britain, the company is now starting to introduce the device to UK customers. “The UK market is very attractive for the introduction of a new product like ClasenUNO,” Brand and Marketing Manager Heinz-Jürgen Gerdes told Dental Tribune. “We expect to achieve a high awareness of ClasenUNO among UK dentists and dental hygienists and to win new customers in the region.”

The ergonomically shaped instrument, made of robust polypropylene and with a lateral grip profile, is compatible with all common suction systems and available in two versions with different mirrors. Combining innovative practicability and appealing aesthetics, the device was recently given the iF DESIGN AWARD 2016 in the Medicine/Healthcare category.

The award is a great recognition of our work. We made a determined effort to take ClasenUNO beyond functional qualities, to make it aesthetically attractive and a modern part of up-to-date dental practices. This is especially relevant in an industry in which aesthetics is increasingly becoming synonymous with health, quality and success,” Gerdes said.

More information about the product can be found online at www.clasen.uno. The company is currently in talks with distributors and plans to be more active in the UK market starting with the BDIA Dental Showcase in October.
Philips takes Showcase visitors on a voyage of discovery

By DTI

LONDON, UK: Philips continues to build on its legacy of clinical achievements and an ethos of perpetual R&D and innovation to introduce yet more technically advanced dental products to its portfolio at the BDIA Showcase in 2016.

This year it will be taking Showcase delegates on a voyage of discovery. The journey starts as they enter the Philips stand and will guide them through a quarter century of clinical advances which has changed the face of oral healthcare and tooth whitening. The journey also encompasses the breadth of the portfolio from tooth brushing, interdental and tongue cleaning technology through to tooth whitening.

Philips will also be signposting several new product launches and allowing delegates to get their hands on the products so that they can explore every facet for themselves with the help of their travel guides, the TBM team.

Passport to improved oral wellness

At the start of the Philips journey is the ubiquitous Sonicare, the innovation which initiated a whole new dental sector for sonic tooth cleaning and has become the sonic toothbrush most dental professionals worldwide recommend for good reason. Patients can choose either from the classic EasyClean, which a recent super study showed achieves significant plaque removal at an entry level price, to the designer DiamondClean that BBC Watchdog tested and reported was the best brush for plaque removal. This year saw the introduction of a new fashion forward colour choice for this premium product ensuring this multi award winning brush continues to go from strength to strength. This year there was also the launch of Sonicare for Kids Connected, and Showcase will see the Sonicare FlexCare Platinum take adults to an exciting new level of connectivity.

Sonicare brushes are even better when used with the pioneering AirFloss Pro interproximal cleaner, which sets the gold standard for exemplary oral care and improves gum health in two weeks. This, when coupled with TongueCare+, cleans areas of the mouth even devices cannot reach for the ultimate in fresh breath.

Helping dentists to see the light

Philips Zoom is the number one patient-requested professional whitening treatment. It comprises Zoom WhitSpeed, the only in-practice light-activated system with variable intensity settings to maximise patient comfort and a gel which includes amorphous calcium phosphate. The newest introduction to the tooth whitening portfolio is Zoom QuickPro with its paint on, brush off convenience, and four shade results in four days will be on show too at Dental Showcase.

A new Zoom whitening initiative will also be unveiled at the show.

To embark on a journey of discovery with Philips Oral Healthcare please visit Stand N40 at The BDIA Showcase or www.philips-top.co.uk/Sonicare for new product launch information.

Disinfection will never be the same

By DTI

LONDON, UK: The Italian specialist company Mocom is aiming to revolutionise the world of disinfection table top units with its new Tethys H10 Plus. The device decontaminates, washes, thermally disinfects and dries instruments with hot air in a single process, automatically preparing them for subsequent packaging and sterilisation. Thanks to this compact device, the reconditioning process is as simple as it is effective. Decontamination, ultrasonic washing, thermal disinfection and hot air drying are completed in one single stage lasting just 35 minutes, releasing personnel from tasks that were previously time-consuming and risky.

Tethys H10 Plus complies with the EN ISO 15883-1/2 standard and attains extremely high thermal disinfection levels (Ao value can be set from 6000 to 60000). This data can be easily shown on the display, also prior to cycle selection. Once the programme has been set via the user-friendly colour touch screen, all the reconditioning stages are completed fully automatically. No intervention by practice personnel is needed, eliminating unnecessary risks while ensuring instruments are clean, disinfected and dry.

The compact Tethys H10 Plus fits any surgery and comes complete with everything. According to the company, it offers the same features, such as water softer, detergent reservoir, filling pump, discharge pump and aqua stop, as well as performance as traditional thermal disinfectors.

For more information please visit booth C60 at the BDIA Dental Showcase in London or visit www.mocom.it.
1. BRITISH MUSEUM
The world-famous British Museum exhibits the works of men from prehistoric to modern times, from around the world. Highlights include the Rosetta Stone, the Parthenon sculptures and the mummies in the Ancient Egypt collection. Entry is free but special exhibitions require tickets.

2. NATIONAL GALLERY
The crowning glory of Trafalgar Square, London’s National Gallery is a vast space filled with Western European paintings from the 13th to the 19th centuries. This iconic art gallery you can find works by masters such as Van Gogh, da Vinci, Botticelli, Constable, Renoir, Titian and Stubbs. Entry is free but special exhibitions require tickets.

3. NATURAL HISTORY MUSEUM
As well as the permanent (and permanently fascinating!) dinosaur exhibition, the Natural History Museum boasts a collection of the biggest, tallest and rarest animals in the world. See a life-sized blue whale, a 40-million-year-old spider, and the beautiful Central Hall. Entry is free but special exhibitions require tickets.

4. TATE MODERN
Sitting grandly on the banks of the Thames is Tate Modern, Britain’s national museum of modern and contemporary art. Its unique shape is due to it previously being a power station. The gallery’s restaurants offer fabulous views across the city. Entry is free but special exhibitions require tickets.

5. THE LONDON EYE
The London Eye is a major feature of London’s skyline. It boasts some of London’s best views from its 32 capsules, each weighing 10 tonnes and holding up to 25 people. Climb aboard for a breathtaking experience, with an unforgettable perspective of more than 55 of London’s most famous landmarks – all in just 30 minutes!

6. SCIENCE MUSEUM
From the future of space travel to asking that difficult question: “who am I?”, the Science Museum makes your brain perform Olympic-standard mental gymnastics. See, touch and experience the major scientific advances of the last 300 years; and don’t forget the awesome Imax cinema. Entry is free but some exhibitions require tickets.

7. VICTORIA & ALBERT MUSEUM
The V&A celebrates art and design with 3,000 years’ worth of amazing artefacts from around the world. A real treasure trove of goodies, you never know what you’ll discover next: furniture, paintings, sculpture, metal work and textiles; the list goes on and on... Entry is free but special exhibitions require you to purchase tickets.

8. TOWER OF LONDON
Take a tour with one of the Yeoman Warders around the Tower of London, one of the world’s most famous buildings. Discover its 900-year history as a royal palace, prison and place of execution, arsenal, jewel house and zoo! Gaze up at the White Tower, tiptoe through a medieval king’s bedchamber and marvel at the Crown Jewels.

9. ROYAL MUSEUMS GREENWICH
Visit the National Maritime Museum - the world’s largest maritime museum, see the historic Queen’s House, stand astride the Prime Meridian at Royal Observatory Greenwich and explore the famous Cutty Sark: all part of the Royal Museums Greenwich. Some are free to enter; some charges apply.

10. MADAME TUSSAUDS
At Madame Tussauds, you’ll come face-to-face with some of the world’s most famous faces. From Shakespeare to Lady Gaga you’ll meet influential figures from showbiz, sport, politics and even royalty. Strike a pose with Usain Bolt, get close to One Direction or receive a once-in-a-lifetime audience with Her Majesty the Queen.

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