My Guided Biofilm Therapy journey

By Faye Donald, UK

Right now, I am sitting outside a small cafe overlooking the vast and beautiful Lake Geneva. It is a crisp February afternoon, yet I have chosen a table outside. I am sipping a small glass of red wine and on the left side of my thick winter coat I am wearing a badge given to me on my recent visit to the EMS head office. It reads, “I feel good”. I smile to myself as I reflect on my journey so far, a journey that I had thought was almost complete only to unexpectedly stumble upon another exciting pathway. Picture this: I had graduated from dental school about 14 years before, I thought I had gone as far as I could go clinically, I was honest, hard-working, kind and good at my job. Did that make me successful? Or did that make me just good enough?

It was tough. General practice was a slog, a battle. Regulations were getting stricter, time was getting more restricted and budgets were getting tighter. I struggled to remain motivated, and I fear my patients did too. It felt almost like the tools to treat active periodontal disease were in abundance, with advice from all corners, but maintaining patients was something that just was not focused on. I would reinforce, retreat as necessary and hope for the best.

However, there was something happening in the dental world that was long overdue, a change in our treatment methods. Painfully slowly, we saw the decline of instrumentation, replaced by more minimally invasive treatment modalities. Rethinking what we had been taught, we cautiously stepped out of the shadows of old-fashioned treatment and into a modern, forward-thinking, results-based, patient-centred approach. All of a sudden, we were discussing biofilm instead of calculus. We were giving oral hygiene instruction before scaling. There was a revolution occurring in front of our very eyes.

I was first introduced to AIRFLOW when I switched practices and quickly grew to appreciate it. Soon, I was using AIRFLOW on every patient and seeing cleaner mouths and happier patients. Though I initially used it for its stain removal benefits, I read up some more and especially looked at studies on periodontal powders. I experimented more and more and it seemed to do no wrong. Patients drove much of the change, they had started to request it, having seen and felt the difference first hand.

Patients started to book specifically with me, as the gentle AIRFLOW treatment left their mouths feeling better than ever. They were experiencing lower bleeding scores and cleaner mouths from my surgery. I grew in confidence as I became more familiar with the scope of clinical range my AIRFLOW could offer, using it in areas difficult to reach, previously non-responding sites, peri-implantitis sites that I did not know what else to do with. I realised I was no longer looking at a problem; I was looking at a solution.

I was suddenly reawakened, eager and enthusiastic about my work. The more I used AIRFLOW, the more it impressed me. Treatment times were getting shorter, yet results were getting better. I was dazzled by AIRFLOW’s potential and the prospect of how far we could take it. That said, there seemed to be no clear direction on when best to use AIRFLOW. I was experimenting but without much guidance.

Then came the great Guided Biofilm Therapy (GBT) launch in 2015. As an advocate of AIRFLOW, EMS invited me to Switzerland to witness the unveiling of this long-awaited concept. I sat in that room and it was like finding the holy grail. This was the road map we had all been missing. I watched presentations from world-renowned specialists who had found success with AIRFLOW. At first, I felt overwhelmed to be on the same speaker schedule, but when they displayed their clinical cases, I realised that my results were similar to theirs.

When my turn to speak came, I felt proud to show my work. I stood tall and told them what I knew. AIRFLOW was the common denominator, the bridge that connected the specialist to the hygienist. Back in general practice, I had renewed confidence. I took the GBT protocol and added my own flare. I no longer spoke of disease but of prevention. I was empowered and motivated, and so were my patients.

I made contact with a practice that had been recently purchased by a young and enthusiastic dentist who was looking for someone to revitalise his quadrant-scaling-focused hygiene department. At that time, his hygiene bookings consisted of just Tuesday afternoons and even that time could not be filled. The practice was losing money and the struggle was very real.

I pitched the GBT concept to the new principal, who had a vision of creating a slick preventative- and prophylaxis-centred practice. It took a great leap of faith for him to trust me and invest in the AIRFLOW equipment, particularly given the scepticism that surrounded the whole department. However, within 12 weeks, we had gone from...