

DENTAL TRIBUNE

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News in Brief

Dentists sue

Two dentists are suing the owner of a crane left dangling over midtown New York after Hurricane Sandy, for damages incurred from losing a week's worth of business while they were evacuated. Sandy's high winds caused the giant crane to snap backwards, forcing the evacuation of homes and businesses in the area from Monday, 29th October until late the following Sunday evening. Barry Musikant and Caroline Stern said their dental practices were among the businesses affected by the mishap, and Musikant also had to evacuate his home. Musikant and Stern are seeking unspecified damages. Named as defendants were the crane's owner, Pinnacle Industries, and contractor Lend Lease; they could not be reached for comment. As reported in the *New York Daily News*.

FDI

Dr Stuart Johnson, Chair of the Dental Practice Committee, will be leading the FDI dental amalgam task team at the next meeting of the International Negotiating Committee on Mercury (INC 5), set to take place in Geneva from 15 to 18 January 2013. The main subject of discussion will be the Chair's draft text for a global legally binding instrument on mercury. In the draft, the Chair explains his new approach to dental amalgam. Although the Chair's singling out of dental amalgam clearly demonstrates the impact of FDI on the work of INC, Task Team members are holding discussions to ascertain how far the new draft meets their requirements and to formulate a common position to be suggested to member states regarding proposals for amendments to the draft treaty.

Bogobrush

Bogobrush, a new handheld toothbrush made out of 100 per cent biodegradable materials, has been launched this week. As reported in M Live, Bogobrush was co-founded two years ago by brother-sister duo John and Heather McDougall. The siblings, and children of a dentist, said they had the idea of bringing more environmental sustainability to people's daily routines. Each toothbrush is made of bamboo and has biodegradable nylon bristles. Bogobrush is teaming up with non-profit health centre Covenant Community Care to distribute the toothbrushes to less fortunate people in the Detroit area. Bogobrush will donate one toothbrush for each one it sells. More information can be found at bogobrush.com.

www.dental-tribune.co.uk

News



Education Centre

A dental training centre has been opened in Northwick Park
▶ page 2

Comment



Complaints

Dilhani Silva looks at communication
▶ page 10

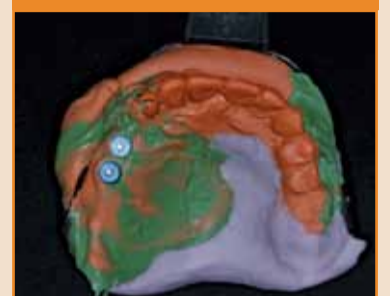
Implant Tribune



Important years

Georg Bach gives a personal retrospective
▶ pages 15-18

Implant Tribune



TRIPOD - A new protocol

Jean-Nicolas Hasson looks at immediate loading
▶ pages 19-22

Ombudsman: NHS fails to communicate

Six per cent of complaints made against dental practitioners, complaints service details in new report

A new report published by the Health Service Ombudsman shows a significant rise in the number of complaints where the NHS has failed to provide an adequate remedy or proper apology when things have gone wrong.

The report, Listening and Learning, which gives an overview of NHS complaints made to the Ombudsman in 2011/12, includes real-life examples of responses given to people who have complained about the NHS. The Health Service Ombudsman, a free and independent service for anyone who is unhappy with NHS services, is calling on the NHS to improve the way it deals with complaints on the ground.

Ombudsman, Julie Mellor said: "All too often the people who come to us for help are unhappy because of the careless communication, insincere apologies and unclear explanations they've received from the NHS. A poor response to a complaint can add to the problems of someone who is unwell, struggling to take care of others or grieving. The NHS needs to get better at listening to patients and their families and responding to their concerns."

The report shows that complaints about the NHS not

acknowledging mistakes in care have increased by 50 per cent. NHS hospital, specialist and teaching trusts received the most complaints, with 45 per cent, while the Healthcare Commission received the least, with just one complaint.

The Ombudsman received 1,057 complaints about gen-

'The NHS needs to get better at listening to patients and their families and responding to their concerns'

eral dental practitioners in 2011/12; six per cent of the overall complaints made.

A spokesperson for Dental Protection said: "Poor communication is a factor that features in more than 70 per cent of the cases currently handled by Dental Protection, either as the sole cause of a complaint or as a contributory factor. It is for this reason that DPL

provides members with an opportunity to attend a series of interactive small-group workshops free of charge."

Dr John Milne, chair of the BDA's General Dental Practice Committee, said: "While dentistry has received a relatively small proportion of complaints within the NHS it

is important that we are not complacent about patients' needs and expectations. Good communication between dental practitioners and their patients is essential to ensuring 'good' dental and oral healthcare outcomes for patients as well as the profession." DT

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New dental education centre opens



The Northwick Park DEC will be available for lectures and hands-on training

A new state-of-the-art dental training centre has been opened at Northwick Park Hospital.

The training centre, which is a joint enterprise between London Deanery, and the North West London Hospitals NHS Trust, was opened November by Barry Cockroft, Chief Dental Officer at the Department of Health.

The training centre has a clinical suite with 15 phantom head units with operating microscopes, and a medical emergencies simulation suite with a computerised manikin

to simulate medical emergencies and a debriefing room to assess performance of dental teams. It also has a decontamination suite, enabling teams to train in the latest decontamination requirements.

The Northwick Park DEC will be available for lectures and hands-on training, and also has facilities for producing educational webinars.

Elizabeth Jones, Dean of Postgraduate Dentistry, said: "This is an exciting initiative for North West London and I am delighted it has come to fruition. It will give dentists

and dental care professionals a state-of-the-art environment in which to learn new skills and practice what to do in emergency situations, among other things."

David McVittie, Chief Executive of North West London Hospitals NHS Trust, said: "We are delighted to have worked closely with the London Deanery on this initiative. We are also delighted to be in at the start of a revolution in dental and oral healthcare, particularly in light of the extremely successful maxillofacial service that we have on site here." ■

Thames Valley forms Dental Local Professional Network

Practitioners within Berkshire, Oxfordshire and Buckinghamshire have recently begun testing the outline proposals for a Local Professional Network (LPN) across dentistry by forming the Thames Valley Dental LPN. The network, which has been formed to 'improve oral health in the Thames Valley' is made up of local clinicians, a medical director, commissioning managers and a consultant

in dental public health.

Dental LPNs are the future for local professional clinical leadership and will have an important role in informing the decisions which commissioners will make regarding all dental services from April 2013.

The Thames Valley Dental LPN is currently engaging with dental clinicians across

the region and is encouraging them to attend a forum on either Tuesday 4th December 2012 or Thursday 17th January 2013 in order to learn about the upcoming changes post April 2013 and to share their opinions.

Please email tvd.lpn@nhs.net for more information or to register your interest. ■

Your chance to work with the GDC

The General Dental Council (GDC) is looking for two new members to join its Appointments Committee – one registrant and one lay person.

Successful applicants will be responsible for appointing individuals who deal with complaints against dental professionals as part of the GDC's statutory Fitness to Practise process. They will also help develop systems for induction, training and performance management of those appointed.

Deadline for applications is 5pm on Friday 30 November 2012. More details can be found on the website www.gdc-uk.org

Overseas Registration Exam – External Examiners

The overseas registration exam (ORE) tests the clinical skills and knowledge of overseas dentists (non-EEA) who wish to apply for registration to practise dentistry in the UK. The GDC is looking for External Examiners for an initial period of 3 years with the possibility of extension to 5 years.

Deadline for applications is 5pm on Friday 16 November 2012. Interested applicants can find out more by visiting the GDC website. ■

Implant surgical kit released



The Dr Nilesh Parmar Surgical Kit

Dr Nilesh R. Parmar, BDS (Lond) MSc (ProsthDent) MSc (ImpDent) Cert.Ortho, has partnered with Hu-Friedy to release his own implant kit for young dentists starting out in implant dentistry.

The DR NILESH PARMAR Implant Surgical Kit includes everything needed to expose,

retract, place, augment/graft and suture almost all implant sites. It comes with two surgical instrument cassettes, designed to fit almost all autoclaves and washer disinfectors.

Dr Parmar said: "When I first started placing implants, I was astonished at the sheer variation in surgical

instruments available. It took a few years of experience before I knew which instruments I liked and didn't need."

A spokesman for Hu-Friedy added: "We have an excellent global reputation for our periodontal and surgical instruments and part of our focus strategy is to target young dentists who are starting out in implant dentistry. We understand that Nilesh is a well-respected, talented clinician, with exceptional attention to detail - a perfect partner for Hu-Friedy."

For more information, please contact Atif Ramzan (Clinics and Education Manager UK & Ireland) at Hu-Friedy on aramzan@hu-friedy.com or 07880 762079 ■

Patient and surgeons responsible for implant success

A study recently published in the Journal of Oral Implantology shows that characteristics of both patient and surgeon can affect the success of dental implants. The 10-year study has found that patient risk factors such as grinding teeth or diabetes increase the odds of implant failure, and it also associates higher implant failure rates with surgeons who have less than 5 years of experience.

The study examined failure rates for factors including type of prosthesis, surgeons' experience level, smoking, diabetes, bruxism, and implant location—maxillary or mandibular. The implant failures in this study appeared to be affected by patient risk factors, such as diabetes, rather than by implant-related

factors, such as location and length of implant.

Twenty-nine per cent of patients with a dental history of bruxism in this study experienced implant failure, with more than 28 per cent of patients with diabetes also suffering implant failure.

The number of years and surgeries performed by the oral surgeon also had an impact on the success of the implants, with surgeons who had performed less than 50 implants being twice as likely to fail. An implant was considered successful if no implant loss occurred and bone loss was less than 4mm as assessed by periapical radiograph. ■

Editorial comment

Come see us at BACD

This week sees the *Dental Tribune* team living it up in Manchester for the British Academy of Cosmetic Dentistry (BACD) annual conference. This three-day annual event is now in its ninth year and is one of the

best events for all things cosmetic.

I love going to conferences like this; the intimacy of the event means you get chance to meet with people and make new connections in an environment that is not

as time-pressured as large-scale events. Also the calibre of speaker is always very high and I am really looking forward to continuing my dental degree by osmosis listening to the likes of Basil Mizrahi, Rafi Romano, David Bloom, Bobbi Anthony and DT regular contributor Mhari Coxon.

The *Dental Tribune* team will be based from the Healthcare-Learning Smile-on stand

(Stand 21) so please come along and say hi! In return you can receive a complimentary copy of one our specialist portfolio of journals covering the implant, cosmetic and endodontic sectors. [DT](#)

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

Or email: lisa@healthcare-learning.com

The gift that keeps on giving

Stuck for Christmas gift ideas? Bridge2Aid are offering gift cards as the perfect present; continuing to give long after Christmas day has been and gone.

Each denomination results in a specific purchase or covering of costs that will benefit people in the Bridge2Aid community:

- £10 buys one head lamp for a Clinical Officer, who often has to work without electricity.
- £15 pays for kerosene, needed to run the pressure cookers employed to sterilise dental equipment.
- £20 provides oral health education packs for six Clinical Officers, used to raise awareness of good oral health in rural communities.
- £35 purchases training materials and resources for six Clinical Officers, for use before, during and after participation in Bridge2Aid's practical Dental Training Programme.
- £60 pays for an instrument kit, to be donated to a Clinical Officer once training is completed.
- £125 covers cover the costs of one post-training visit by a Bridge2Aid team member to a District Dental Officer and a Clinical Officer to ensure that they are working in a safe way.

To purchase a gift card or for further information, please email Kerry Dutton at fundraising@bridge2aid.org. [DT](#)







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1 Boneta et al (2009). Data on file, Colgate-Palmolive Ltd.

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The origins of our pretty smile? A long dead fish



A member of the extinct fish group Placodermi. © Martin Ruecklin, University of Bristol

It takes both teeth and jaws to make a pretty smile, but the evolutionary origins of these parts of our anatomy

have only just been discovered, thanks to a particle accelerator and a long dead fish.

All living jawed vertebrates (animals with backbones, such as humans) have teeth, but it has long been thought that the first jawed vertebrates lacked pearly gnashers, instead capturing prey with gruesome scissor-like jaw bones.

However new research, led by the University of Bristol and

published in *Nature*, shows that these earliest jawed vertebrates possessed teeth too indicating that teeth evolved along with, or soon after, the evolution of jaws.

Palaeontologists from Bristol, the Natural History Museum and Curtin University, Australia collaborated with physicists from Switzerland to study the jaws of a primitive jawed fish called *Compagopiscis*.

The international team studied fossils of *Compagopiscis* using high energy X-rays at the Swiss Light Source at the Paul Scherrer Institut in Switzerland, revealing the structure and development of teeth and bones.

Lead author, Dr Martin Ruecklin of the University of Bristol said: "We were able to visualise every tissue, cell and growth line within the bony jaws, allowing us to study the

development of the jaws and teeth. We could then make comparisons with the embryology of living vertebrates, thus demonstrating that placoderms possessed teeth."

Co-author, Professor Philip Donoghue of the University of Bristol's School of Earth Sciences said: "This is solid evidence for the presence of teeth in these first jawed vertebrates and solves the debate on the origin of teeth." **DT**

New Fellowship without Examination launched



The Royal College of Surgeons Edinburgh

In a move to recognise and support the professional development of Specialty Dental Members of world-

wide Royal Surgical Colleges, RCSEd's Faculty of Dental Surgery has announced the launch of a new Dental Fellow-

ship without Examination.

This new route to Fellowship allows dental professionals holding a Specialty Dental Membership an opportunity to access the FDS RCS(Edin) without Examination through written application. It is a qualification of the highest order which few previously had the opportunity to achieve, and one which no other Royal Surgical College currently offers.

Explaining more about this new Fellowship, Professor Richard Ibbetson, Dean of the RCSEd Dental Faculty said: "The Fellowship in Dental Surgery is internationally recognised as the highest College award in

dentistry and we are delighted to invite colleagues holding a Specialty Dental Membership from one of the Surgical Royal Colleges worldwide to apply to become a Fellow with us.

"We recognise that currently there are few opportunities for Specialty Members to achieve the Fellowship in Dental Surgery (FDS) and this new initiative is designed to support the professional development of this group of dental professionals - irrespective of their College of affiliation - whilst at the same time, allowing them to become involved with RCSEd activities at the highest level.

"This move is in keeping

with RCSEd's dedication to promoting the highest standards of patient care and of professional development and our Faculty of Dental Surgery looks forward to welcoming holders of Specialty Membership qualifications as Fellows in Dental Surgery of this College. We hope this move will allow Specialty Members the opportunity to engage more with us and the future direction of the Faculty."

Applications must be made in writing to the RCSEd Faculty of Dental Surgery. Further details about the criteria and application process can be found at www.rcsed.ac.uk or by emailing l.stuart@rcsed.ac.uk. **DT**

Gene therapy benefits cancer survivors

Gene therapy can be performed safely in the human salivary gland, according to scientists at the US National Institute of Dental and Craniofacial Research (NIDCR), part of the National Institutes of Health.

This finding comes from the first-ever safety, or Phase I, clinical study of gene therapy in a human salivary gland. Its results, published in the *Proceedings of the National Academy of Sciences*, also show that the transferred gene, Aquaporin-1, has great potential to help head and neck cancer survivors who battle with chronic dry mouth. Aquaporin-1 encodes a protein that naturally forms pore-like water channels in the membranes of cells to help move fluid, such as occurs when salivary gland cells secrete saliva into the mouth. These initial results clear the way for additional gene therapy studies in the salivary glands.

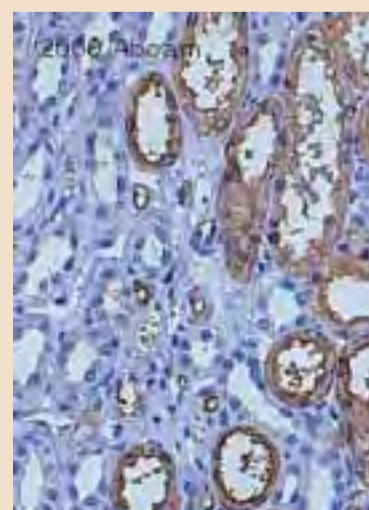
While attending to patients in the NIDCR's Dry Mouth Clinic, Bruce Baum, lead author on the study, encountered numerous people with head and neck cancer who had received radiation therapy to shrink their tumours. The radiation, while effective in treating cancer, had inadvertently damaged nearby salivary glands, compromising their ability to secrete saliva into the mouth, and leaving them with a permanent parched sensation in the mouth.

The scientists gave 11 head and neck cancer survivors a single-dose injection of the Aquaporin-1 gene directly into one of their two parotid salivary glands, the largest of the major salivary glands.

The scientists found that five participants had increased levels of saliva secretion, as well as a renewed sense of moisture and lubrication in their mouths, within the study's first 42 days, the period covered in this report.

Of the six who didn't benefit from gene therapy, none had serious side effects.

"It is time to evaluate a different vector to deliver the Aquaporin-1 gene, one that will cause only a minimal immune response," said Baum. "But these data will serve as stepping stones for other scientists to improve on this first attempt in the years ahead. The future for applications of gene therapy in the salivary gland is bright." **DT**



Aquaporin-1-Primary-antibodies

Is your dental partnership legal?

NASDAL are advising all dentists to think twice before going into a dental partnership with a family member.

Some smaller practices comprise a partnership between a dentist and their spouse, but if the spouse is not a General Dental Council (GDC) registrant, this may be illegal.

Nick Hancock is a Chartered Accountant and a NASDAL member who was asked for advice by a dentist in partnership with his wife, the practice manager. "I had to inform the dentist that he should dissolve the partnership. Under The Dentists Act 1984 it states '...an individual who is not a registered dentist or a registered medical practitioner shall not carry on the business of dentistry...'"

Damien Charlton, a member of the NASDAL Lawyers Group says there is an exception. "When the practice holds a General Dental Services (GDS) contract, the National Health Service Act 2006

permits certain non-GDC registrants - including a GDS practice employee - to enter a GDS contract. The Dentists Act states that receiving income under a GDS contract is not deemed, for the purposes of that Act, to be carrying on the business of dentistry."

He added: "It's essential that the partnership formed for the purposes of the GDS contract is kept separate from any private work carried out by the practice because it is only receipt of income under a GDS contract that falls within the exception to the definition of "the business of dentistry. This means (amongst other things) keeping separate sets of accounts and ensuring that the non-GDC registrant does not receive any income from the non-GDS parts of the practice."

Dentists in an 'illegal partnership' are strongly advised to dissolve it. Once the partnership has been dissolved, the registered dentist can continue to trade in a different format. **DT**



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Speaker: Amit Patel
Date: 27th November 2012

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Speaker: Alison Grant
Date: 28th November 2012

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Speaker: Dr Vesna Zivojinovic-Toumba
Date: 29th November 2012



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Patients mass tested after blunder



The unit was using improperly sterilised instruments

The Centre for Health Protection has been informed by the University of Hong Kong Health Service's Dental Unit that it treated hundreds of patients with improperly sterilised instruments last week. More than 254 people, including staff and students, are reported to have received dental treatment under these conditions between 30 October and 2 November.

Meanwhile, the university has issued an apology and called in affected patients for blood tests to rule out in-

fection with bacteria or viruses such as Hepatitis B and C and HIV. In addition, follow-up tests will be conducted six months after the incident, it said.

The kind of dental instruments used for the procedures and the reasons for the negligence were not disclosed; however, university officials said that the possibility of infection is likely to be low since the instruments had passed through some steps of the sterilisation protocol. They have set up a task force to look into the incident and re-

view the unit's procedures on infection control.

The blunder came to light last Friday after a nurse enrolled in the unit found that instruments were not marked as having completed the full sterilisation protocol.

More than 38,000 treatments are performed annually at the clinic, a university spokesperson told *Dental Tribune Asia Pacific*. [DT](#)

Sheffield GDP wins chair of new BDA English Council



Dr Jim Lafferty

Dr Jim Lafferty, a general dental practitioner in Sheffield, has been elected as the inaugural Chair of the British Dental Association's (BDA's) new English Council. The English Council exists to advise the BDA Principal Executive Committee (PEC) on all matters relating to policy in England, and to liaise with BDA's branches and sections.

Dr Lafferty brings extensive experience of representing the profession, both locally in Yorkshire and at national level, to the role. He is a former member of the General Dental Council and both the BDA's General Dental Practice

Committee and the Representative Body, and chaired the Annual Conference of Local Dental Committees in 2012.

Dr Lafferty said: "The BDA, and the profession it represents, face a challenging period in England. A new contract for general practice is being tested, new commissioning structures are imminent and regulation is in the spotlight. Against this backdrop of upheaval the BDA is also changing, with new representative structures coming into being and the way that members are served being reviewed.

"In joining the BDA Councils for Northern Ireland, Scot-

land and Wales, the new English Council has a vital role to play in ensuring that the members it represents have a loud and effective voice. I am honoured to have been elected to Chair the Council and will do my utmost to deliver that voice."

Dr Lafferty will be assisted by Dr Nilesh Patel, who has been elected to serve as Deputy Chair. Dr Patel is a general dental practitioner in Buckinghamshire and a former member of the BDA's Executive Board, the body that was superseded by the new PEC earlier this year. [DT](#)

New dental association launched

Dental Fusion Organisation (DFO), a new association with the mission to support and represent dental professionals working in primary dental care, improve oral health and provide social and clinical training for members, was launched on 9th November.

The association has no governing body as DFO members vote directly on every major issue through Web and postal voting. If the members approve, one of the first campaigns will be to reverse the demise of the small independent family practice.

"In addition to dental health and business success, training and assistance with compliance will be a major theme of the new association", says Chief Executive Derek Watson, (pictured) "This will be delivered mainly through a series of we-

binars which enable dentists to learn at any web-enabled PC, tablet or smartphone."

So far 15 lunchtime Webinars have been organised, including Management Monday, Financial Friday and a course on improving your IT skills. These are open to all, but DFO members are entitled to priority registration and verifiable CPD. [DT](#)



Anti bullying campaign by ortho practice



13 per cent of 10-14-year-olds report bullying

Research from the Journal of Orthodontics shows that being bullied is significantly associated with orthodontic treatment need, with 13 per cent of adolescents aged 10-14 examined for orthodontic treatment report being bullied.

In light of this, Inline Orthodontics, a specialist orthodontic practice in Stevenage, is conduct-

ing an anti-bullying campaign during Anti Bullying Week between 19 and 25 November 2012.

To help coordinate the campaign a meeting was held to discuss ways in which professionals in Stevenage can help young people who are being bullied. Key members of the local community, including local dental professionals, were invited to contribute.

Young people were also asked to contribute to the debate by describing their experiences of bullying whilst their parents will be asked how this affected their children.

Jonathan Alexander-Abt, Principal Orthodontist at Inline Orthodontics commented: "Bullying for whatever reason is deplorable and should never be tolerated. This research shows that a significant number of children are being bullied because of the position and appearance of their teeth. As a Specialist Orthodontist I feel that it is important to raise awareness of this and reassure young people that there is something we can do to help them".

For more information about Inline Orthodontics' Anti Bullying Campaign visit www.inlineortho.co.uk. [DT](#)

EAO reaches out to patients with new implant guidebook



EAO president Prof. Soren Schou

swers, the EAO will be presenting a new patient information guidebook and website today at its annual scientific congress in Copenhagen.

The 75-page book, to be officially launched during the organisation's general assem-

bly, aims to provide comprehensive answers to more than 50 questions related to dental implants, such as the general function of these devices, treatment and possible complications like peri-implantitis. It will be published in five languages, including English,

French and German, and will be available for purchase to EAO members. The website, which will be an integral part of the EAO's online platform, will feature additional communication tools and educational materials like videos.

"Throughout the years, the EAO has worked hard to produce work that will improve dental implant treatments," remarked EAO president Prof. Soren Schou from Denmark. "We are pleased to be able to share our knowledge with patients too."

With an ever-increasing number of implant solutions available on the market, finding information about the right treatment option has become difficult, particularly for patients considering such treatment. In order to help non-professionals find an-

ADI brings together world implant experts at 2013 Congress

The Association of Dental Implantology (ADI) is hosting their biennial Congress from 1 - 5 May 2013 at the Manchester Central Convention Complex, with the focus on complications, risk management and prognosis of implant treatment.

Delegates will be able to participate in lectures from internationally acclaimed speakers, visit the specialist implant exhibition and network with colleagues from the global implant industry.

The presentations will cover the full spectrum of topics relevant to anybody who is involved with dental implantology or is planning to enter the field. The Congress will feature lectures on the complete dental implant process, from consultation, placement and after-care to associated risks and complications. It will also include sessions on many specific aspects involved in the running of a dental implant service, such as legal considerations and managing patient expectations.

For the full programme and to confirm your registration, visit www.adi.org.uk/congress2013





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The Digital Dentist

Ian Buckle looks at how technology has influenced dentistry

Everything is turning digital and dentistry is no different. The vast majority of practices have been utilising computers and practice management software for many years but there have also been great advancements in the clinical uses of digital dentistry.

Digital Photography

With the advent of inexpensive high quality cameras, dental photography has become an absolute must for any dental practice. There are three main uses for dental photographs: records, communication and treatment planning. Having a visual record of a patient is an extremely useful adjunct to written notes in monitoring a patient's condition – periodontal, tooth surface loss, tissue lesions etc.

Perhaps the most important usage is for communication. Once the patient can see what the dentist can see, treatment is no longer something that the dentist has to present to the patient, but something that the patient will see for themselves and will actively ask the dentist for solutions to their problems. We are a very fortunate profession

in that our patients place huge trust in us but once our patients can see and understand their problems in a photograph, treatment become common sense.

Photography is also essential in communicating with other members of the dental team from specialists to the laboratory technician. Photographs are essential in creation of the diagnostic wax up, helping to convey the foundation shade of a prepared tooth, to illustrate (together with study models) approved provisional restorations and to provide feedback to the laboratory about the definitive restorations.

Finally, photographs are imperative in visualising the possibilities during treatment planning. Not only do they allow the dentist to plan treatment without the patient being present but also to help work out how best to fit the teeth within the framework of the patients face for function and aesthetics. For example, rest position, E position and tipped down smile views will, together with other views, aid in planning the vertical and the horizontal position of the upper incisors,



Fig 1 Occlusal View



Fig 2 Dental camera system

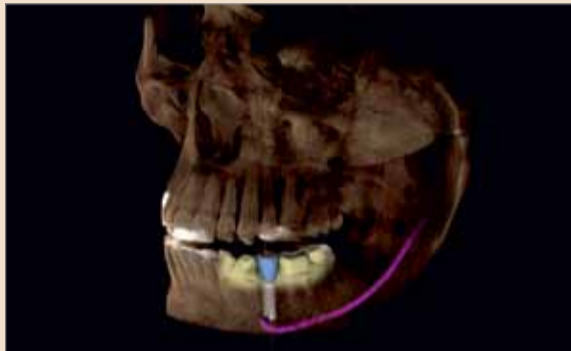


Fig 3 Cerec meets CT



Fig 4 Integrated planning

critical for aesthetics and phonetics.

Digital Radiography and CBCT

Digital radiographs offer many benefits to both the patient and the dentist. Lower radiation doses, immediacy of result and no more processing chemicals are just three of the many reasons

for moving to the digital age. The fact that the images get filed automatically to the patient's record is just an added bonus.

Radiographs have always been very useful but are also limited in the fact that they only provide a two dimensional image. The advent of cone beam

computed tomography has allowed the dentist to see a three dimensional image and the step forward is truly amazing. Orthodontic planning has been enhanced, periodontal and endodontic problems can be fully visualised and implant planning and placement have been moved to a new level.

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Venue: Wirral | Max 20 people | 23hrs CPD

Fees: £1995+VAT for each course



Ian Buckle (BDS)

"Since doing the courses my skills have improved beyond my expectations. My clinical confidence has grown immensely and my case acceptance feels stress free."

Tim Earl East Sussex

"Making changes in my daily life and career since taking the Core Curriculum with the Dawson Academy UK!"

Bo Andersen Sweden

"Totally inspirational for me. It's amazing how 3 days can change the way you practice for life."

Mark Durnall Cornwall

The Dawson Academy UK provides Advanced Dental Education dedicated to teaching the principles and skills necessary for the successful practice of Complete Comprehensive Dentistry led by Dr. Ian Buckle.

Our students receive a unique one to one experience by learning from the mistakes and successes our faculty have encountered on their journey to now providing complete care to their patients.

Be inspired, upgrade your skills through our intense lecture and Hands On Courses. Learn the foundations through our Core Curriculum series that allows dentists to *save time, increase profitability and reduce stress.*

Call us today to take advantage of this unique offer for this foundational Hands On program.

Lecture & Hands On

Core Curriculum Dates, Wirral, UK

Winter 2012/13

Spring/Summer 2013

	Winter 2012/13	Spring/Summer 2013
Comprehensive Examination & Records	Oct 18-20 Fully Booked	Feb 14-16 Introductory Offer
Treatment Planning Functional Aesthetic Excellence	Sept 27-29 Fully Booked Jan 10-12	April 18-20
The Art & Science Of Equilibration	Nov 29-Dec 1	June 13-15
Restoring Anterior Teeth	Jan 31-Feb 2	Sept 12-14

For further information on this introductory course, basic Core Curriculum of learning and team events, please contact:

info@bdseminars.com +44 (0)151 342 0410 www.bdseminars.com

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Digital Scanning and Impression Taking

Whether it is the impression or the model that is scanned, somewhere along the way many jobs that enter the dental laboratory become digital. These days it is possible to scan the preparation in the patient's mouth together with the opposing teeth and bite registration and go straight to the digital phase.

There are many advantages to taking digital impressions. Not only does it do away with the need for (and cost of) impression materials but it also allows the dentist to check tooth preparation immediately. Initially this can be a little bit scary (did my margins really look like that!) but the improvement that can be made is both considerable and very worthwhile.

Once a preparation has been scanned the information can be sent electronically to the dental laboratory (e.g. Cerec connect) for construction or the dentist can utilise CAD/CAM technology

'If nothing else, invest in a good quality digital camera designed for dental use and let your patients see what you see.'

themselves to design and mill the restoration. Such technology can allow the patient to have a custom restoration delivered while they wait.

The applications of digital impressions are huge. Already they can be used in orthodontic systems (Invisalign amongst others) to plan tooth movements and provide virtual treatment objectives. In the restorative process it is possible to "mount" the scanned models on a virtual articulator, a digital wax up to be produced and provisional restorations to be milled and ready to place at the preparation appointment.

Perhaps one of the most exciting advances of the digital era is the combination of CAD/CAM and CBCT particularly in implant placement. The digital impression camera is used to scan the implant site and adjacent teeth. The software generates a virtual 3D model and the dentist can design the future implant crown. The 3D model with the implant crown is then superimposed on the CBCT image. This

allows the clinician to position the implant with reference to the planned prosthesis and the available bone structure. From this a stent can be milled to assist in precise positioning of the implant.

Summary

While conventional methods are not about to disappear overnight, digital technology offers many and significant advantages to both dentists and patients in

convenience, accuracy and productivity.

If nothing else, invest in a good quality digital camera designed for dental use and let your patients see what you see. You'll be amazed at what you see and what your patients will ask for. The return on your investment will be manifold. **DT**

About the author



As The Dawson Academy's Clinical Director, Dr. Buckle lectures nationally and internationally on functional and aesthetic dentistry. He is involved directly with the hands on courses of the Core Curriculum, seminars, & study clubs and provides continuing education to dental professionals more recently across Europe. He spends approximately two-thirds of his time in practice and the other third as an educator. He believes this balance keeps him on the leading edge of both disciplines. Ian qualified from Liverpool University in 1985. He has over 20 years experience in general practice both in the Private sector and with the National Health Service. A member of the American Academy of Cosmetic Dentistry (AACD), British Academy of Cosmetic Dentistry (BACD), British Dental Association (BDA) and Association of Dental Implantology (ADI) he completes over 100 hours of postgraduate education every year and lectures nationally and internationally on functional and aesthetic dentistry. Ian Buckle runs a Private Practice in the picturesque village of Thornton Hough on the Wirral concentrating on comprehensive reconstructive, aesthetic and implant dentistry.



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