

DENTAL TRIBUNE

— The World's Dental Newspaper • United Kingdom Edition —

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News in Brief

Scientific breakthrough

A recently published paper from the Department of Mucosal Immunology & Oral Medicine in the Dental Institute has been featured in *Nature Reviews Immunology* as one of the best science papers published in the last year. The paper was selected to feature in both *Cell Host & Microbe* and *Nature Reviews Immunology* and represents a major scientific breakthrough, as the findings could be relevant for developing new approaches for treating mucosal fungal infections such as thrush, which affects millions of individuals worldwide each year.

Homeless flash smiles

Homeless Leon Bright, now 61, expected to see his daughter get married last June, however because ill health had robbed him of his teeth, he didn't expect to be smiling. However, Bright did smile at his daughter's wedding, flashing a full set of bright, pearly whites. A University of Maryland Dental School post-graduate student who knew about the wedding made sure to fit Bright's dentures so father and daughter could pose for pictures. Bright is among more than 2,500 homeless veterans who are now flashing big smiles these days, thanks to a continuing partnership between the VA Maryland Health Care System and the Dental School. The partnership began in 2007 as part of a program called the Homeless Veterans Dental initiative. It came about when the number of homeless veterans eligible for the Initiative's dental care proved overwhelming for the dental clinics' staff.

Charity Walk

The Mouth Cancer Foundation has unveiled plans for its 6th annual FREE Mouth Cancer Foundation 10 KM Awareness Walk. The walk, which is growing year on year, is designed to increase awareness and through fundraising allows the charity to provide support for mouth cancer patients and carers. The walk takes place on Saturday 17th September 2011, in Hyde Park, London and this year the charity is hoping over 1000 people will step out and make a difference. People travel from all more than the world to support the walk, which has raised in excess of £154,000 over the last 5 years. To take part in the FREE Mouth Cancer Foundation 10 KM Awareness Walk visit www.mouthcancerwalk.org

www.dental-tribune.co.uk

News



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Nice and easy

Dr Hohl and Dr Presten discuss bone harvesting

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Smile Factor

National Smile Month is launched at Westminster

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The TV 'Truth' about dental professionals?

Screening of *Dispatches* documentary prompts rallying call from dental organisations

Channel 4's programme *'The Truth About Your Dentists'*, the newest addition to the *Dispatches* series, has claimed dentists are misleading patients about their rights to NHS treatment.

According to Channel 4, *the programme exposes dentists who are waiting until patients are in the chair before telling them they must pay hundreds of pounds for private treatment, which should be available on the NHS. 'Dispatches' also reveals that children's teeth are being neglected under the NHS and that cost-cutting dentists are outsourcing lab work to countries such as China where there are little or no checks on safety or quality.*

The programme, aired on 23rd May, plans to expose dentists who have been overcharging and misleading patients who have sought treatment from the NHS.

Commenting on the documentary, Kevin Lewis, Director of Dental Protection, said: "The word on the street is that this exposé features yet another investigative journalist doing the rounds of different dental practitioners and comparing what is recommended or more pertinent in this instance, offered.

"The traditional version of these media 'Rentagob' outings would reveal that ten dentists can come up with 11 treatment plans for the same patient. Then the mixing of NHS and private treatment became possible and ten dentists could suddenly come up with 22 treatment plans. The former was


evidence of one form of synapse-based dentistry (natural variations in clinical opinion), while the latter is evidence of an entirely different version of the genre. History tells us that you get more variation in clinical decision making if any kind of reward gets mixed up in the thinking process. This may take the form of real money, or virtual money (such as UDAs), or performance "targets" of the kind that robbed hospital managers of any semblance of rational behaviour as they desperately tried to manipulate their results in relation to waiting list targets.

"The timing of the *Dispatches* programme, due to be screened just a few weeks after the extraordinarily confused, one sided

and emotive anti-dentist piece by John Naish in the *Daily Mail* (April 22nd) suggests that there may have been an extensive briefing of the media by Department sources, over and above the "Dear Colleague" letter from the CDO, linking the results of the Adult Dental Health Survey to the 2004 NICE guidelines on dental recall intervals. Perhaps this was timed to coincide with (and add weight to) the Government comment in mid-April advising patients to disregard any advice from dentists to attend for six monthly checkups. It does all have the fragrance of a bit of orchestration."

Dr Susie Sanderson, Chair of the BDA's Executive Board, said: "Dentists are highly-trained, caring

professionals whose first priority is their patients. Each practitioner is expected to do what they feel is best for the individual they are caring for and, accordingly, treatment plans will be developed in consultation with that patient. Effective communication between patient and practitioner is essential and the BDA strongly encourages this process so that a mutual understanding of what treatment involves and what it will cost is achieved.

"In the rare instances where misunderstanding or problems do occur there are formal procedures for resolving them, via either primary care trusts, the Dental Complaints Service or the General Dental Council." 



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Tooth Fairy helps educate

The British Dental Health Foundation, in association with Wrigley, has announced a new project to help improve oral health in local communities. The project is inviting bids from oral health education teams across the UK to access a new charitable fund to help boost their important

work, especially in disadvantaged communities. The Oral Health Education Project forms part of the Foundation's fortieth anniversary celebrations later this year and Wrigley's own centenary celebrations in 2011. The project combines the expertise

of the British Dental Health Foundation, with a generous charitable donation of £100,000 from the 'Wrigley Tooth Fairy Fund'. The project was announced at this year's National Smile Month campaign which started on Monday 15th May.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: "Both the Foundation and Wrigley are celebrating major milestones this year and we wanted to mark the occasion with a new and significant project to boost oral health.

"With the generous support of Wrigley, we have been able to establish this fund to help support the crucial work that oral health educators undertake, especially in disadvantaged communities and regions of known poor oral health. The fund is good news, especially in a period when oral health education is likely to be affected by the slow-down in public spending.

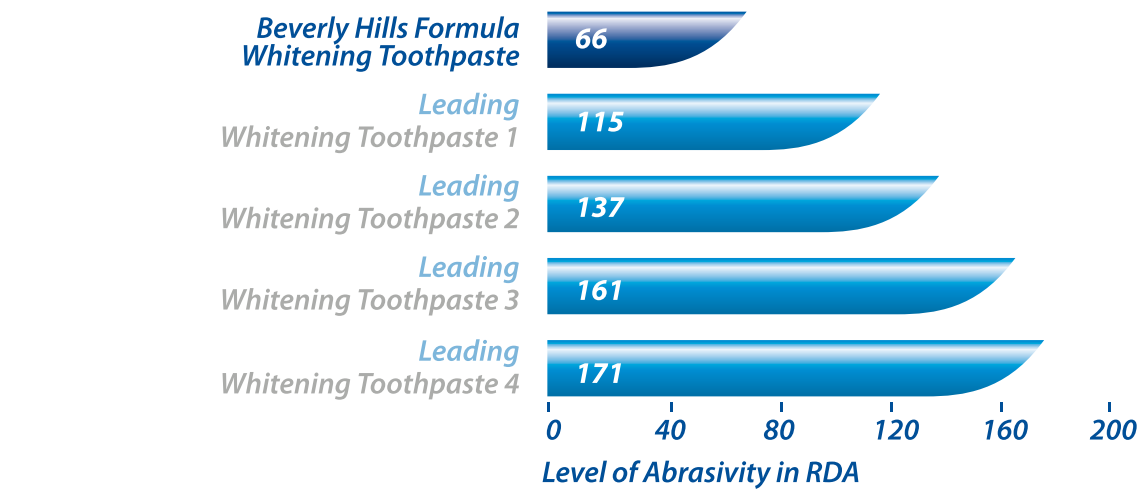
"We are inviting oral health teams from across the UK to bid for money, with projects set to commence later this year in August. We'll also be working closely with our partners to share some of the successes and good practice developed", said Dr Carter

Sián O'Keefe, Senior Manager, Corporate Affairs said: "As part of our centenary here at Wrigley, we wanted to make a donation that could really make a difference. By working with the British Dental Health Foundation, we are helping them to continue the incredible work that they do, and we hope the Tooth Fairy Fund will drive improved access to good oral healthcare and education."



Project aims to improve oral health

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DENTAL TRIBUNE

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Editorial comment

So we are looking forward to yet another round of the nation's favourite pastime, 'dentist bashing'. A one-hour long investigation into the greedy underhanded dealings of dentists stealing money from the patient's wallet, all to a backdrop of a high speed drill and patients'

fears and wrapped up for some early evening TV.

But what makes dentists such a prime target for these types of reports? Whether it is the Daily Mail, bbc.com, Channel 4 or the latest blog by a disgruntled patient, dentists come across as evil money grabbers who care little for patients or ethical treatment.

Some blame the fractured nature of the profession, which makes it easy to hide in your surgery and pretend it's someone else's problem. Others just reel off a list of names which have been brought before the GDC FTP committees for inappropriate treatment, misconduct, fraud, embezzlement and other misdemeanours and say dentists are all the same. Then there is the group that say dentists need to communicate better with patients, be absolutely

clear about what treatment is being offered and whether it is NHS or private care.

For me, I think it might be a mix of all three, added to the fact that clinicians are also trying to juggle the demands of running a practice with trying to actually practise what they have trained to do. Even the life of the tabloid hack doesn't seem so bad now...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:
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Or email:
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Have you got the Smile Factor?

Dunmurry Dental Practice is helping to spread the message of good oral health by organising an Open Day for National Smile Month.

Showing that they have the smile factor, Dunmurry Dental Practice is organising an open day on Friday 27th May at their multi-award winning Practice – inviting the public and existing patients to come in, see around our new facilities, meet the dentists, get oral hygiene advice, participate in kids activities and a enter a prize draw. In addition there will be a limited number of free consultations and the opportunity for new patient to register with the Practice.

Dr Philip McLorinan said: “We are delighted to get involved in National Smile Month and to give a little bit back to our patients and the community. A good oral healthcare routine can help guard against all sorts of oral and general health conditions from bad breath and decay to gum disease, which has been linked to a number of more serious health conditions such as diabetes, heart disease and strokes. By promoting good oral healthcare in a fun, imaginative and non-threatening way we hope to persuade more people of the importance of taking care of their teeth.”

For more information on National Smile visit www.smilemonth.org DT



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References: 1. Data on file 45348, McNEIL-PPC, Inc. 2. Data on file, microbiology dossier, McNEIL-PPC, Inc. 3. Data on file 103-0214, McNEIL-PPC, Inc. *While stocks last.

Bizarre uses for a toothbrush...revealed!

A nationwide survey has discovered that toothbrushes are used for far more than an aid to keep our smiles pearly and white.

The research, commissioned by the British Dental Health Foundation as part of the 35th anniversary of National Smile Month (May 15 – June 15), questioned more than 1,000 people in order to try and provide an insight into some of the UK's oral health habits and routines.

The national survey uncov-

ered that more than four in every five of us go on to reuse our old toothbrushes for another purpose.

Results showed that four in ten people use an old toothbrush for scrubbing bathroom tiles, making it by far the most popular activity. Almost a third (28 per cent) of us use our past toothbrushes to assist in cleaning various kitchen appliances, more than a quarter (26 per cent) use them to give an extra glimmer to our jewellery and roughly one in every five (18 per cent) of

adults use the versatile oral hygiene product to shine shoes.

More uses included cleaning bikes, computer keyboards, toilets and toilets seats, fish tanks and finger nails. A clean sweep all-round!

Results from the comprehensive survey found that the age of the owner plays a significant part in what happens to a toothbrush after it is too old to care for the teeth and gums.

Those of us over 75 are

three times more likely to re-use their toothbrush for a different purpose than those between the ages of 16 and 34 and twice more likely than those between 35 and 44.

Additionally, women are a third more likely to reuse their toothbrush for chores and other uses than their male counterparts.

Combing eyebrows, dusting archaeological artefacts, children's painting and other various art projects also featured in what

we do with an old toothbrush, while more cleaning alternatives included taps and plugholes, tools, silverware, car batteries and wheels, football boots and bird cages.

Bizarrely, other uses for the oral hygiene product ranged from women who admit to using it to apply their hair dye to those who use the object as a hair chopstick while some men who choose to use an old toothbrush to clean the dog's teeth or give the golf clubs a sharp polish. **DT**

Showcase 2011

The BDTA has announced that the following professional dental associations will be sharing the pavilion at Showcase 2011:

- BADN
- BACDT
- DPA
- DLA
- DTA
- BDPMA
- BADT
- BSDHT
- BACD
- BDTA

The pavilion will be located just inside the entrance of the hall and will contain a hospital-ity and lounge area.

Tony Reed, Executive Director

of the BDTA, said: "The pavilion was a great success last year with representatives from the associations commenting that being located together on one stand communicated a positive message of working in partnership. Visitors who attended the event in groups, also commented that they were pleased that they could visit their respective associations in one location of the hall. We are delighted to be able to offer this facility to our fellow associations again this year."

Alongside the pavilion, the Knowledge Hunt will once again run at this year's Showcase. All members of the dental team who attend Showcase will be able to take part in the 'Knowledge Hunt' which will provide one

hour of verifiable CPD if the pass mark is achieved for answering 30 questions about products/services available at Showcase.

The questions will be published in the official Show Guide for the event and participants will need to search for the answers by visiting the exhibition stands and talking with stand representatives.

"We know that visitors come to Showcase to see what's new and gain knowledge so we are always looking for ways to deliver education in different formats to appeal to people with varying learning styles. The knowledge hunt at Showcase is a practical way of gathering information as you walk around

the exhibition and provides one hour of CPD which is of value to all members of the team." Tony Reed added.

BDTA Dental Showcase 2011 takes place between 20-22 October 2011 at the NEC, Birmingham. To secure your free of charge entry to the

show, register for your ticket at www.dentalshowcase.com, call the registration hotline on +44 (0) 1494 729959 or text your name, address, occupation and GDC number to 07786 206 276. Advance registration closes on 17 October 2011. On-the-day registration: £10 per person. **DT**



Last years BDTA showcase pavilion

How safe is that medicine you are taking?



Reports suggests that prescription medicine may not be safe

A recent report has stated that drug consumption continues to rise around

the world, and that Africa alone remains to have the largest and best developed pharmaceuti-

cal market, with drug spending reaching US\$2.68b in 2009. However, there is a problem as consumers can be easily led to believe that prescription drugs that have been recommended by their doctor are safe and that anything 'natural' is unlikely to work.

Against the backdrop of the continuing rise of pharmaceutical drug consumption throughout the world, there have been persistent warnings from both the International Narcotics Control Board (INCB) and the South

African Medical Nutritional Institute (MNI), the latter issuing an urgent call to consumers to be much more cautious and conscious with regards to the medicines they purchase and use.

There continues to be a blind faith towards orthodox medicine, even though prescription drugs can in fact be lethal. According to a study in the *Journal of the American Medical Association*, in the United States alone prescription drugs kill more people every year than traffic accidents and Adverse Drug Reactions (ADRs).

The fact remains that some medicines have adverse side effects that have not been detected prior to their approval, and people will continue to respond differently to treatments and there can be no sure answer as to how some medicines will react with others.

Undetected side effects are also included in the 'natural' or non-prescription category of medicines: Simply labelling a product as 'natural' doesn't automatically mean it is safe. **DT**

General Dental Council prosecutes suspended registrant

A London-based dentist has been successfully prosecuted by the General Dental Council (GDC) and ordered to pay a total of £10,015 for the illegal practice of dentistry.

On Thursday 4 May 2011 Mr Young Jun Suh, of Camberwell Dental Surgery, 214

Coldharbour Lane, London pleaded guilty at Tower Bridge Magistrates' Court to practising dentistry while not registered, contrary to Section 38 of the Dentists Act 1984.

The GDC's Interim Orders Committee suspended Mr Suh's registration in September 2009 and that suspension

is still in place.

He has been fined £4,000 and ordered to pay a £15 victim surcharge. He has also been ordered to pay £6,000 towards the GDC's costs.

The Magistrates told Mr Suh: "You have blatantly disregarded the interim

order for suspension for a period of a year."

Chief Executive of the GDC Evelynne Gilvarry said: "We are committed to taking action against people who practise dentistry illegally, whether they've been removed from our register or never gained the qualifications to register in

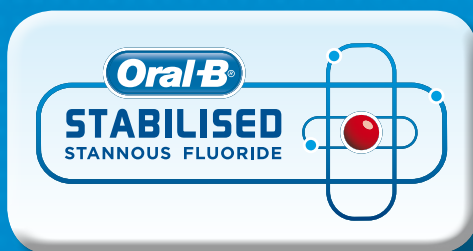
the first place. They are a risk to the people they treat and we will do everything we can to ensure public safety." **DT**

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Outstanding Achievement for Denplan Chairman

Denplan is extremely excited and proud to announce that its Chairman, David Phillips, has been recognised with a special honour at this year's Dental Awards.

The Dental Awards are organised by *The Probe* magazine and developed to recognise and reward the very highest standards in UK dentistry and oral healthcare. David was thrilled to receive the award for Outstanding Achievement

at the glittering awards ceremony, which took place at the Lancaster House Hotel in London on the 6th May.

Keith Hemmingway, Chairman of The Dental Web, presented David with the award



L-R: Hal Cruttenden, David Phillips, Keith Hemmingway

sented David with the award and spoke of David's 'glittering career', both in the UK and overseas. He also praised David for his work with the GDC, WHO, Oasis and Denplan, as well as his tireless dedication to the profession and his family. David was described as a 'rather special and intriguing individual' and the team at Denplan could not agree more.

Steve Gates, Denplan Managing Director, said: "I could not be happier for David, who certainly deserves this prestigious award. He is a real character and entirely devoted to the dental profession and to Denplan. His achievements truly are 'outstanding' and long may his involvement continue!" [DT](#)

Judith Hann shares her experiences

Members of the British Dental Editors Forum (BDEF) gathered together at the RAF Club in Piccadilly at the end of April for an evening of networking, discussion and an informative presentation by one of Britain's leading science journalists and broadcasters, Judith Hann.

Judith is known to millions for the 20 years she spent presenting BBC's *Tomorrow's World* as well as other programmes on technology, health, food and the environment.

The topic for the evening was Publicising Science and Healthcare in the 21st Century and Judith drew on her wealth of experience in the media to add to the debate. She openly shared examples of times when broadcasts didn't go according to plan, explained the need to make contact with national publications and highlighted the importance of joining together with industry peers to create a united voice on subjects affecting the industry at large.

The event provided an opportunity for BDEF Chairman, Ken Eaton, to officially launch this year's Young Dental Writers Award and announce that the ceremony will be taking place on 14 September 2011. Ken explained that the initiative was growing in popularity each year and encouraged BDEF members to nominate young writers for this year's award. [DT](#)

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| <input checked="" type="checkbox"/> Cavities | <input checked="" type="checkbox"/> Bad Breath |
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YOUR PARTNER IN ORAL HEALTH

Mouthwashes: help or hindrance?

Neel Kothari discusses the contribution of mouthwashes to oral health

This may seem like a strange question, because of course anything that raises awareness to and improves oral healthcare must be good, right? I mean, who could argue with the mountain of evidence supporting fluoridated toothpastes in reducing caries rates, or even the efficacy of anti plaque agents such as chlorhexidine in reducing plaque levels? Now the manufacturers of many of these products are very quick to promote their semi-medical nature, but unlike regulated medicines, very little emphasis is given to the risks.

‘Sufficient evidence’
A literature review by McCullough and Farah (*Dental Journal of Australia*, 2008) concluded that there is “sufficient evidence” that “alcohol-containing mouthwashes contribute to the increased risk

with many of the claims made by the manufacturers and the FDA has warned manufacturers such as Walgreen Co Johnson & Johnson, and CVS Corp to stop making unproven claims that their mouth rinse products can reduce plaque above the gum line, promote gum health, and prevent gum disease. The companies claim their mouthwashes are effective in preventing gum disease, but according to the FDA no such benefit has been demonstrated.

On a different note, it is worth questioning whether the terminology used by mouthwash brands helps or hinders the population’s ability to maintain their own oral hygiene. Consider for instance the slogan ‘bleeding gums are bad’. At first glance this seems hard to argue against, but if we look at when people actually

use triclosan etc; but how effective are these products when stacked up against thorough cleaning? Are they actually needed or helpful in the presence of decent oral cleaning? Furthermore, if it is not as helpful to our patients as the claims suggest, could this hinder some of our patients’ oral hygiene routine by convincing them that they are doing everything they can to look after their teeth and leading them to a cost ineffective dependency?


Child ranges
Many leading manufacturers are introducing children’s ranges of mouthwashes, again with much of the same rhetoric around killing bacteria and carefully worded implications surrounding preventing oral health problems. Many of the studies used by the mouthwash manufacturers point to improvements when looking

at mouthwashes being used as an adjunct to decent oral cleaning, but there is very little evidence supporting the use in the presence of poor cleaning or as a substitute for good oral hygiene. Whilst the ‘help’ that they claim to offer to families is heavily advertised, perhaps mouth washing post brushing (hence rinsing of fluoridated toothpaste) for a high caries risk child may actually be a hindrance.

Whilst organisations such as the FDA have acted to remind companies for making false claims, this in itself does not prove harm or a causal link to those patients to choose to stay away from gingival brushing and flossing because they misinterpret slogans such as ‘bleeding gums are bad’ or ‘cleans the whole mouth’. However, this does lead me back to the original ques-

tion: are mouthwashes actually a help or a hindrance? Of course, in some situations they can be very useful and many dentists often recommend these products with good results, but this is marred by a plethora of quasi-scientific claims which, rather than emphasise their limited usefulness, imply to many that they are an adequate replacement to decent oral cleaning. [DT](#)

About the author



Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Sawston, Cambridge as a principal dentist at High Street Dental Practice. He has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL’s Eastman Dental Institute.

‘It is worth questioning whether the terminology used by mouthwash brands helps or hinders the population’s ability to maintain their own oral hygiene’

of development of oral cancer”. The authors also state that the risk of acquiring cancer rises almost five times for users of alcohol-containing mouthwash who neither smoke nor drink (with a higher rate of increase for those who do). Whilst this was disputed by Yinka Ebo of Cancer Research UK, who concluded that “there is still not enough evidence to suggest that using mouthwash that contains alcohol will increase the risk of mouth cancer”, many brands have now introduced alcohol-free ranges. Whilst the risk of oral cancer has been much debated, concerns have also been raised about the effects of dryness when using an alcohol containing mouthwash and the actual effectiveness at combating halitosis.

Leaving the content of the products aside, what exactly is their contribution towards oral health? Of course many brands heavily promote clinical studies that clearly point to improvements in gingival health, but these tend to be for patients without severe periodontal disease (a fact often omitted) and often slogans such as ‘nothing is more effective for gum problems’ and ‘kills 99.9 per cent of bacteria’ strongly imply that patients may be able to effectively self treat.

The US Food and Drugs Agency (FDA) seem to disagree

see their gums bleed, ie during brushing and interspace cleaning, all of a sudden this statement takes a different turn. Could these sorts of messages hinder our patients from decent gingival brushing when cleaning? And if, so do the benefits of using a mouthwash outweigh the risks of poor tooth brushing?

Why use it?
So why do we all use mouthwash? Well I often use mouthwash during the day, but mostly to freshen my breath either after lunch or if I am in a rush. Many people use mouthwash after brushing their teeth, but in the process however wash off much of the proven benefits of their fluoridated toothpaste. Others purposefully buy mouthwash on the basis of improving their breath, especially on waking up, to get rid of the so called ‘morning breath’. A panel compiled by the FDA reported that bad breath in the morning is something most people have, but it doesn’t indicate an oral disease. According to the panel, most people can solve their breath problems by rinsing their mouths with water, brushing their teeth, flossing, or simply eating breakfast.

Now of course, this doesn’t detract from the many of the advances made with anti-plaque and anti-gingivitis agents such as with chlorhexidine, essential oils,

Product recall of Sensodyne Repair & Protect Batch No 031G only

GlaxoSmithKline Consumer Healthcare is taking the precautionary measure to recall **Batch No 031G** of Sensodyne Repair & Protect, a dentine tubule occluding toothpaste for the treatment of dentine hypersensitivity.

It has come to our attention through consumer reports and now from our own thorough investigations that this batch contains some larger (1 – 2 mm) particles of the occluding material (calcium sodium phosphosilicate – NovaMin™ – normal particle size range typically less than 75 microns). These larger particles are noticeable by the end user. GSK’s investigation concluded that these larger particles may scratch the gums when brushing, which may cause the gums to bleed. Therefore GSK will be taking the precautionary measure to recall this batch. Only a very small number of such cases have been reported. Patients have been advised to contact their dentist if they experience bleeding from the gums after using this product.

We regret any inconvenience this may cause.

What you/your patients should do:

- If you/your patient have a pack of Sensodyne Repair & Protect please check to see if it is **Batch No 031G**
- If you have **Batch No 031G** please stop using it and return any packs (used or unused) to the following address for a refund:

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GlaxoSmithKline Consumer Healthcare
Brentford
TW8 9GS

- Please enclose your contact details in the envelope
- If you have any questions please call the freephone number below
- If the batch code is NOT 031G then you do not need to take any action



Freephone helpline:
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8.30am-6pm Monday to Friday with an answer phone outside of these hours
Consumer health and safety is of utmost importance to GSK.

Clinical Innovations 2011

Dental Tribune looks back at this year's Clinical Innovations Conference

May 6-7, 2011 saw the eighth annual Clinical Innovations Conference held in association with Smile-on, the AOG, Dental Directory, ESCD and FGDP (UK). The event, held at the prestigious

Royal College of Physicians in London, saw more than 350 delegates come through its doors to find out the latest thinking in aesthetic and restorative dentistry.

The conference was opened by

some welcoming words from Smile-on CEO Noam Tamir, and AOG president Pomi Datta. Then it was the turn of Dr Nasser Barghi to commence the lecture programme, with his presentation titled All Ceramic Restorations in

2011: different ceramic systems and their clinical indications.

Dr Barghi discussed various restorative solutions for patients and how technology has progressed to such an extent that

there aren't too many bad products to choose from. He was passionate in his 'love' of zirconia, making it his material of choice for his restorations. He was able to show many case studies to show the different solutions clinicians have at their disposal to illustrate many of his points. Themes in his presentation included:

- **Adhesion: cement or bonding?** Discussing surface treatment when looking at adhesion

- **Veneers:** his preference for ceramic veneers; indications for no-prep veneers. These include:

- o No discoloration
- o Presence of diastema
- o No rotation
- o Presence of proportion

- **Learning from failures:** Dr Barghi commented that his definition of an expert was a person with failures. Acknowledging that these were not a preferred thing in practice, he thanked the 'luxury' of being in academia which gave him the chance to be experimental with techniques

- **Being in control:** he was very passionate about dentists remaining in control of their restorations. Commenting that he always looks at the scans which his dental laboratory have taken from his impressions (he's not convinced with digital impression taking, not just yet!) so he can ensure that what is going to be milled is what he is expecting for his patients

My favourite piece of advice Dr Barghi gave in his presentation was this: 'Remember the golden rule of dentistry – if it is your patient, repair it; if it is someone else's patient, replace it!'

After such a start, it was going to take something special to follow. Luckily, next up was Dr Wyman Chan, discussing Latest techniques in teeth whitening processes. Showcasing his new 'Jumpstart' technique, Dr Chan gave a demonstration of the system that he has devised over many years of research and development.

The first thing that struck me was the emphasis on patient safety and the precautions taken to ensure that the process was entirely pain-free for the patient. This was paramount, Dr Chan commented, to ensure that the home regime prescribed by the clinician would be adhered to because the patient knew it wouldn't hurt.

The other thing that struck me, and this is the innovative thing about the Jumpstart system, is that there is no use of whitening trays or bright cumbersome lights; the whitening gel is painted onto the teeth and a small thermal

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Prof Edward Lynch



Drs Tif Qureshi and James Russell

diffuser is attached to the lip retractors to help the gel to permeate the tooth structure. The use of a light is just a gimmick, Dr Chan commented, it is the heat, not light that allows the gel to work.

After doing the Jumpstart whitening (which was only 20 minutes), Dr Chan then had the 'patient' a willing dental therapist volunteer, perform two home whitening sessions using his take home kits. Again not using trays, he asked the patient to put the special retractors which also hold the diffuser on and paint the gel on her own teeth.

I've never been a fan of the concept of tooth whitening, figuring that bleach is not something I want anywhere near my teeth! But after Dr Chan's lecture, and seeing for myself what can be done in a safe manner even by someone like me, I am a total convert.

With there being so many fabulous lecturers to choose from, it was impossible to see and hear them all. Other presenters included:

- **Dr Julian Satterthwaite:** *Management of failing dentitions*
- **Dr Julian Webber:** *Single File Reciprocation, Shaping the Future of Endodontics*
- **Prof Edward Lynch:** *Top Tips for Successful and Aesthetic Clinical Dentistry*
- **Dr Peet van der Vyver:** *Making Magic with Matrix Systems*
- **Dr Wolfgang Richter:** *Composite Restorations 2011 - Facts and Fiction*
- **Drs Tif Qureshi & James Russell:** *Pre-align then Design - the Simplification of Cosmetic Dentistry for all*

A first for the Clinical Innovations Conference, the Friday also saw the London Deanery's annual DCP Conference held alongside its clinician's programme. This event was a vibrant meeting, and was a

perfect complement to CIC's innovative ethos. Attendees were treated to a range of subjects including mentoring, communications, decontamination and medical emergencies. The presenters included:

- **Dr Sue Morgan:** *Mentoring in the workplace*
- **Dr Mike Clarke:** *'Now that shouldn't have happened - can I phone a friend?' Risk Management in Dentistry - a DCP guide*
- **Dr Mike Wanless:** *Effective communication to develop rapport*
- **Dr Sandra Smith:** *Getting to grips with the latest dental decontamination guidance known as HTM 01-05*
- **Dr Joe Omar:** *Medical Emergencies: 'How Can I Help?'*

The Friday evening was a chance to get together and party the night away with fellow delegates, sponsors and speakers at the annual Charity Ball, organised by Smile-on and the AOG. A night of fine dining and fantastic entertainment at the five-star Millennium Hotel in Mayfair, the event did make for some delicate heads in the morning!

Fortunately, the Saturday lineup was enough to get even the weakest of constitutions out of bed. Saturday's speakers included:

- **Dr Eddie Scher:** *Failure in implant dentistry*
- **Dr Peet van der Vyver:** *The Benefit of Magnification in Dentistry*
- **Dr Jason Smithson:** *Simplified posterior resins... simple, easy and predictable*
- **Dr Raj Rattan:** *The Future Direction of the NHS*
- **Dr Trevor Burke:** *A Pragmatic Approach to the treatment of tooth wear*
- **Dr Bob McLelland:** *Preparing for Perfection*
- **Dr Liviu Steier:** *Advanced Bio-film Management - Reality Check From single vs. multiple sessions Root Canal Treatment to full mouth disinfection in Periodontal Treatment*
- **Dr Jason Smithson:** *Direct Composite Resin: Advanced Concepts for the 21st Century Composite restorations which require little occlusal adjustment and have firm proximal contacts*
- **Dr Nasser Barghi:** *Different Ceramics, Different Bonding, a very unique participation course*
- **Dr Peet Van Der Vyver:** *Management of Curved Root Canals using Modern Endodontic Equipment and Techniques*

A knowledgeable exhibition was also there to compliment the speaker programme, giving delegates the opportunity to speak with product experts on a one-to-one basis.

An event enjoyed by attendees, speakers and sponsors alike, Clinical Innovations Conference 2011 was considered a fantastic success. Look out for news of next year's Conference, coming soon! 

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