

# DENTAL TRIBUNE

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## News in Brief

### Dentists come first

According to a recent poll, dentists offer the best customer service of any profession. Out of the 1,000 people who took part in the survey, 47 per cent of people rated dentists highly, followed by waiters, who received 30 per cent of the votes and doctors, who took 27 per cent of the vote. According to the report, gym staff are among the worst to deliver customer service, while 40 per cent of people think council staff have a bad attitude. Police, hospital workers and shop assistants were also rated badly, as were post office staff. The poll concluded that people are more than twice as likely to receive good customer service from dentists as they are from bar staff; so it's good news for dentists!

### Oz tobacco decision

The British Dental Health Foundation has welcomed the decision by the Australian High Court to reject the legal challenge by the tobacco industry against the tobacco plain packaging legislation. The new Australian law will require cigarettes to be sold in olive green packets, with graphic images warning of the consequences of smoking. The new legislation, which will be enforced in Australia by 1 December 2012, means that all tobacco products must be in plain packaging. This will restrict tobacco industry logos, brand imagery, colours and promotional text appearing on packs. Brand and product names will be in a standard colour, position and standard font size and style.

### Dental Commissioning Statistics, England - June 2012

The DoH has released statistics showing the volume of UDAs commissioned by Primary Care Trusts as at the end of each quarter, for the preceding 12 months. Key findings this quarter include: All 151 Commissioners (PCTs and Care Trusts) returned data; 89.1 million UDAs have been commissioned as at 30th June 2012; This represents a decrease of 686,000 (0.76 per cent) on the UDAs commissioned as at 31st March 2012; The total UDAs commissioned as at 30th June 2012 is 87,000 higher (0.10 per cent increase) than the UDAs commissioned as at 30th June 2011. Dental Contracts Statistics can be viewed at: [https://www.wp.dh.gov.uk/transparency/2012/08/08/dental-commissioning\\_june12/](https://www.wp.dh.gov.uk/transparency/2012/08/08/dental-commissioning_june12/)

[www.dental-tribune.co.uk](http://www.dental-tribune.co.uk)

## News



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## Feature



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So how do you keep your key-board germ free?

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# Pay down, hours up

## New figures make for bad reading for dental professionals...

New figures show that the average pay for self-employed dentists who hold a primary care contract fell by £10,900 to £117,200 in 2010/11.

The decrease is detailed in one of two new reports published by the Health and Social Care Information Centre (HSCIC). The other report, on dentists' working hours to 2011/12, suggests their average weekly hours have gradually increased.

*Dental Earnings and Expenses, England and Wales, 2010/11* reported that in 2010/11 taxable income (gross earnings minus average expenses) from NHS and private dentistry was:

- £117,200 for self-employed primary care dentists who held a contract with their primary care trust (England) or local health board (Wales) – known as providing-performer dentists (who make up about 28 per cent of the primary care dental workforce). This is an 8.5 per cent decrease from £128,000 in 2009/10
- £62,900 for self-employed primary care dentists who work in a practice but do not hold a contract – known as performer only dentists and who make up the majority (about 72 per cent) of the primary care dental workforce. This is a 4.2 per cent decrease from £65,600 in 2009/10

The report also showed that when both groups were considered together:

- 59.8 per cent earned a taxable income of less than £75,000 in 2010/11 compared to 55.8 per cent in 2009/10
- 1.1 per cent (240 dentists) earned a taxable income of at least £500,000 in 2010/11, compared to 310 (1.5 per cent) in 2009/10

*Dental Working Hours, England and Wales, 2010/11 and 2011/12*, also published recently, is based on a survey sample of both full and part time providing-performer and performer only dentists carrying out NHS work in primary care. It provides context to the earnings figures and suggests:

- Between 2006/07 and 2011/12 there were gradual increases in average weekly hours. For providing-performer dentists hours increased from 39.6 to 41.9 hours (smaller increase for performer only dentists), the main factor being a gradual increase in the proportion of time spent on non-clinical work (23.8 per cent in 2011-12)
- In 2011/12, providing-performer and performer only dentists reported working an overall average of 37.5 hours per week in dentistry, of which 28.1 hours (74.8 per cent) were devoted to NHS dental services. The remainder, 25.2 per cent, was accounted for by private dentistry

HSCIC chief executive Tim Straughan said: "These figures show dentists on average have seen a drop in their income, with those that hold a contract with a Primary Care Trust or Lo-

cal Health Board seeing a fall in 2010/11 of over £10,000.

"This information will of course be of use to dentists but also other groups including the public and policy makers. Coupled with today's other report that suggests a gradual increase in dental working hours, this information highlights changes taking place to the working lives of primary care dentists."

*Dental Earnings and Expenses, England and Wales, 2010/2011* presents earnings and expenses results by Strategic Health Authority in England, age and gender. It is at [www.ic.nhs.uk/pubs/dentalearn-exp1011](http://www.ic.nhs.uk/pubs/dentalearn-exp1011)

*Dental Working Hours, England and Wales, 2010/11 and 2011/12* can be found at [www.ic.nhs.uk/pubs/dentalworking-hours1012](http://www.ic.nhs.uk/pubs/dentalworking-hours1012) DT



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# Dentist walks the Two Moors in aid of Mouth Cancer Foundation



Dentist Paul Kelly

A dentist from Weymouth, Dorset and his partner Danielle Wootton, a university lecturer, are walking the Two Moors Way in Devon this September in aid of the Mouth Cancer Foundation. Paul Kelly said: "We decided to do this because I have seen the consequences of mouth cancer and Danielle has had a relative die from this condition. Figures for mouth cancer are on the increase". The Two Moors Way is just over 100 miles and goes over both Exmoor and Dartmoor to finish in Ivybridge. Danielle said "neither of us are long-distance walkers but we have been training hard and we are hoping that

the weather remains favourable, particularly for the Dartmoor stretch. Fortunately we are doing this over eight days. We are paying for all our own accommodation and every penny we receive in support goes to the Mouth Cancer Foundation".

They are also working on their navigation skills as part of the route is described as 'unway-marked' open moorland. Fortunately Paul has done some navigation before, but he still feels the need to practice in the field with a compass and an ordnance survey map.

He said: "We have read blogs

of others who have done this walk and had nothing but rain day after day. We hope that doesn't happen to us".

Paul said: "We are taking seriously the requirement to upgrade our fitness levels". Paul used to be a keen surfer, mountain biker, and badminton player but he said that it had been too easy to let these activities slip by the wayside as years passed. Danielle used to enjoy cycling and tennis and she says that she is really enjoying discovering a level of fitness that she thought she had lost. They have had support from a local radio station, set up for the period of the 2012 Olym-

pic events in Weymouth and Portland, that has been playing recordings of an interview with Paul to raise awareness about mouth cancer.

Paul stated that the aim of the walk was not only to raise funds but also to raise awareness in the population regarding mouth cancer. He will be emphasising the importance of early diagnosis, attention to risk factors, and the changing demographics, with more young people being affected. [DT](#)

For anyone who wishes to donate visit <http://www.my-charitypage.com/paulkelly>

## Rise in young female dentists working for the NHS, says new report

An increasing number of female dentists are working for the NHS, with the gap between male and female numbers narrowing, a new Health and Social Care Information Centre (HSCIC) report shows.

Of the almost 25,000 high street dentists who performed NHS activity in 2011/12; 44.5 per cent were female. This is up from 43.5 per cent on the previous year and from 38.8 per cent in 2006/07.

There has been a gradual increase in the number of female

dentists making up the under-35 age group; which is now 55.4 per cent compared to 55.2 per cent in the previous year and 51.8 per cent in 2006/07.

The report; *NHS Dental Statistics for England: 2011/12* brings together information on different aspects of NHS dentistry in England, from the number of dentists working for the NHS and the amount of activity they perform, to the number of patients seen by an NHS dentist.

### Key facts include:

- 29.6 million patients (56.6 per

cent of the population, including children and adults) were seen by an NHS dentist in the 24 months to June 2012; a 0.4 million increase on the 24 months to June 2011 (55.8 per cent of the population) and a 1.4 million increase on the 24 months to March 2006, immediately prior to the introduction of the current dental contract when 55.8 per cent of the population were seen by an NHS dentist

- 7.8 million child patients, or 70.7 per cent of children, were seen by an NHS dentist in the 24 months to June 2012; 0.4 percent-

age point (42,000) more than the 24 months to June 2011 when 70.4 per cent of children saw a dentist but the same number and percentage of children as in the 24 months to March 2006

- The number of courses of treatment performed on the NHS increased by 326,000 (0.8 per cent) in a year to reach 39.6 million in 2011/12. This number has been increasing each year since the courses of treatment measure was first introduced in 2006/07

HSCIC chief executive Tim Straughan said: "Today's fig-

ures show that more females are working for the NHS as high street dentists, with the under 35's age group in particular made up of more women than men.

"Today's figures come hot on the heels of two more HSCIC reports that show dentists' working hours have gradually increased. Primary care dentists have also seen a drop in their taxable income. Together, these dentistry reports offer a broad picture of what is happening within the dental profession and its patients." [DT](#)

## September is Colgate Oral Health Month



This September, The British Dental Association and Colgate are partnering to raise awareness of oral health as part of overall health. Colgate Oral Health Month, now in its 10th year, aims to inform and educate the general public on the importance of good oral health, and to encourage communication between dental professionals and patients. The

theme for the 2012 campaign is 'Oral Health as Part of Overall Health' with the following messages:

- Brush your teeth twice a day with fluoride toothpaste
- Avoid sugary snacks and drinks between meals
- Visit the dentist regularly

To help raise awareness and engage with the entire population, Colgate is running a national radio advertising campaign, focusing on the three key messages above. Additionally Colgate is hosting a Q&A event on their Facebook page during the month of September inviting the general public to have their oral

care questions answered by a dentist.

Dental professional participation is key to the success of this campaign. Colgate will provide all registered practices with Colgate Oral Health Month practice packs containing educational materials to help your team create a practice display. Colgate Oral Health Month is an opportunity to reinforce the benefits of improving oral health as part of a national campaign, and your entire dental team can play a key role, as part of your on-going delivery of care.

A national Colgate Oral Health Month road show will provide oral health infor-

mation to the general public throughout the month of September. Venues include Croydon, Cardiff, Kingston, Reading, Bath, Islington, Birmingham, Liverpool, Manchester, Sheffield, Leeds, Newcastle and Glasgow. Dental hygienists and therapists will provide oral care advice and raise awareness of oral health as part of overall health. If you're interested in attending one of the road shows, full details of the venues can be found at [www.colgateprofessional.co.uk](http://www.colgateprofessional.co.uk).

Colgate will provide a verifiable CPD Programme for all dental professionals: Delivering Better Oral Health – Promoting Prevention in Adults. This will be available to

download from 1st September at [www.colgateprofessional.co.uk](http://www.colgateprofessional.co.uk)

For further information please contact the Colgate Oral Health Month registration line on 0161 665 5881. [DT](#)



## Editorial comment

**T**his week sees the start of Colgate Oral Health Month (COHM) - a dental public health campaign now in its tenth year.

Aiming to inform and educate the general public on the importance of good oral health, and to encourage

communication between dental professionals and patients, COHM is a partnership between the BDA and Colgate with activities such as roadshows and a social media campaign to get the message across to the public that oral health is a fundamental part of overall health.

Get involved with the



campaign - contact the Colgate Oral Health Month registration line on 0161 665 5881 for a registration pack and more information about the

campaign's events.

As I write, the Paralympics are now in full swing so please join me in wishing all competitors (but especially Team GB) the best of luck! **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@dentaltribuneuk.com](mailto:lisa@dentaltribuneuk.com)

### BDA welcomes Monitor licensing exemption proposal

**T**he British Dental Association (BDA) has welcomed a proposal that providers of primary dental services in England will not be subject to licensing by Monitor. The proposal, which is outlined in a Department of Health consultation published today (15 August 2012), follows extensive lobbying by the BDA.

The BDA has made the case against the need for Monitor to license dentistry since the possibility was raised by the publication of the Health and Social Care Bill in 2010. BDA campaigning has stressed to politicians and the Department of Health the extensive regulatory regime to which primary care dentistry is already subjected, and has seen BDA officers regularly pressing for confirmation that Monitor's regime would not be applied to the sector.

Dr John Milne, Chair of the BDA's General Dental Practice Committee, said: "Dentistry is already subject to extensive regulation. Adding another, unnecessary layer to the many that already sit across our practices would serve only to tie dentistry up in even more red tape. That's why the BDA has lobbied hard against the possibility of Monitor licensing dental practice."

"We are pleased to see that our campaigning appears to have borne fruit and welcome today's proposal that primary care dentistry will not be subjected to Monitor's regime. This is a sensible recommendation and good news for dental practice."

The consultation document, Protecting and promoting patients' interests - licensing providers of NHS services, considers who will be licensed by Monitor, how licensing will operate and the financial penalties that Monitor will be able to impose for breaches of its licensing conditions. The BDA will be reinforcing its view that what has been recommended is appropriate in a formal response to the consultation. **DT**

**Oral Health as Part of Overall Health**

This year, Colgate and the British Dental Association are partnering to raise awareness of oral health as part of overall health. As part of your on-going delivery of care, the entire dental team can get involved to reinforce the benefits of improving oral health.

Visit [www.colgateprofessional.co.uk](http://www.colgateprofessional.co.uk) to download the 2012 verifiable CPD programme 'Delivering Prevention in Adults'.

If your practice has not previously been involved in Colgate Oral Health Month, please call 0161 665 5881 to register.

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# The oral health of elite athletes at The London 2012 Olympics

UCL Eastman Dental Institute has been leading an innovative research study at the London 2012 Olympic Games to investigate the oral health of elite athletes and the impact of oral health on training and performance.

The study is led by Professor Ian Needleman with Dr Paul Ashley, Dr Aviva Petrie, Professor Stephen Porter and Profes-

sor Nikolaos Donos, working with the London 2012 Polyclinic Dental team led by Professor Farida Fortune from Barts and The London School of Medicine and Dentistry.

To date, more than 300 athletes have been recruited to take part, making it one of the most comprehensive investigations of oral health in elite athletes ever undertaken.

Professor Needleman explains the purpose of the study: "There are many potential threats to oral health in athletes including exercise-induced immunosuppression, difficulty in taking time away from training for oral care, and drinks high in sugars. Despite this, oral health does not usually appear on the radar for many athletes and little is known about such impacts on

their performance.

"Several athletes during the Olympic Games so far have told us how big an effect it has had on them and we will look forward to analysing the data over the next few months."

UCL Eastman Dental Institute would like to acknowledge the fantastic enthusiasm of the volunteer dental clinic

staff who worked hard to conduct the screenings. The research continues the Institute's focus on investigating the relationship between oral health and general health and well-being. [DT](#)

For more details about the UCL Eastman Dental Institute, please visit <http://www.ucl.ac.uk/eastman> or telephone 020 3456 1038

## Major review into cosmetic procedures launched

Expert panel to look at the best way to protect patients having cosmetic interventions

The cosmetic surgery industry is under scrutiny and could find itself operating under tighter restrictions following a major review into cosmetic surgery and procedures launched today by the Department of Health.

The review, requested by Health Secretary Andrew Lansley and led by the NHS Medical Director, Professor Sir Bruce Keogh, is in response to concerns raised about the industry following problems with PiP breast implants.

It will look at many issues including whether the right amount of regulation is in place, if people have the right amount of information before going through with surgery and how to make sure patients get the right aftercare.

People are being asked to give their views on, and share their experiences of, the cosmetic surgery industry and cosmetic pro-

cedures. The call for evidence, issued today, which can be found at [www.dh.gov.uk/publichealth](http://www.dh.gov.uk/publichealth), is asking for people's views on:

- the regulation and safety of products used in cosmetic interventions
- how best to ensure that the people who carry out procedures have the necessary skills and qualifications
- how to ensure that organisations have the systems in place to look after their patients both during their treatment and afterwards
- how to ensure that people considering cosmetic surgery and procedures are given the information, advice and time for reflection to make an informed choice
- what improvements are needed in dealing with complaints so they are listened to and acted upon

This comes as a survey shows that many people consider the cost of surgery more important than the qualifications of the people doing it, or how they will be looked after. The survey of 1,762 people shows that:

- Two thirds (67 per cent) of those questioned consider cost as a factor when deciding whether or not to have cosmetic surgery (66 per cent for non-surgical procedures)
- only half (54 per cent for surgery, 50 per cent for non-surgical procedures) take the qualifications of their practitioner into consideration
- less than half (44 per cent for surgery, 36 per cent for non-surgical procedures) consider the quality of their aftercare

It also shows that, as a result of the recent PiP breast implant problems, almost half of women (45 per cent) who said they would have considered cosmetic surgery before, say that they are now less likely to have it. This compares to a quarter (24 per cent) of men.

Professor Sir Bruce Keogh said: "The recent problems with PiP breast implants have shone a light on the cosmetic surgery industry. Many questions have been raised, particularly around the regulation of clinics, whether all practitioners are adequately

qualified, how well people are advised when money is changing hands, aggressive marketing techniques, and what protection is available when things go wrong.

"I am concerned that too many people do not realise how serious cosmetic surgery is and do not consider the life-long implications – and potential complications – it can have. That's why I have put together this Review Committee to advise me in making recommendations to Government on how we can better protect people who choose to have surgery or cosmetic interventions.

"We want to hear views from everyone, particularly people who have experience of the cosmetic surgery industry or of other cosmetic interventions – good and bad – so we can learn what works best."

A team of experts will assist Sir Bruce Keogh to gather evidence and make recommendations to the Government by next

March. The members are:

- Andrew Vallance-Owen, former Medical Director of BUPA
- Catherine Kydd, campaigner on PiP implants
- Professor Sir Ian Kennedy, Emeritus Professor of Health Law, Ethics and Policy at University College London
- Trish Halpin, Editor of 'Marie-Claire' magazine
- Dr Rosemary Leonard, GP and media doctor
- Professor Shirley Pearce, clinical psychologist and former Vice Chancellor of Loughborough University
- Simon Withey, plastic surgeon
- Vivienne Parry, writer and broadcaster

The Secretary of State for Health has also requested that the review considers a national implant register, for products such as breast implants and other medical devices. The information could include the date and place of the operation, the clinical outcome as well as a method of identifying the patients who received the product. [DT](#)

## Researchers identify markers of oral cancer

A group of molecular markers have been identified that can help clinicians determine which patients with low-grade oral premalignant lesions are at high risk for progression to oral cancer, according to data from the Oral Cancer Prediction Longitudinal Study published in Cancer Prevention Research, a journal of the American Association for Cancer Research.

"The results of our study should help to build awareness that not everyone with a low-grade oral premalignant lesion will progress to cancer," said Miriam Rosin, Ph.D., director of the Oral Cancer Prevention Program

at the BC Cancer Agency in Vancouver, British Columbia, Canada. "However, they should also begin to give clinicians a better idea of which patients need closer follow-up."

Oral cancers are a global public health problem with close to 300,000 new cases identified worldwide each year. Many of these cancers are preceded by premalignant lesions. Severe lesions are associated with a high progression risk and should be treated definitively. However, the challenge within the field has been to distinguish which low-grade lesions are the most likely to progress to cancer.

In 2000, Rosin and colleagues used samples of oral premalignant lesions where progression to cancer was known to have subsequently occurred in order to develop a method for grouping patients into low-risk or high-risk categories based on differences in their DNA. In their current population-based study, they confirmed that this approach was able to correctly categorize patients as less or more likely to progress to cancer.

They analysed samples from 296 patients with mild or moderate oral dysplasia identified and followed over years by the BC Oral Biopsy Service, which receives biopsies from dentists and ENT

surgeons across the province. Patients classified as high-risk had an almost 23-fold increased risk for progression.

Next, two additional DNA molecular risk markers called loss of heterozygosity were added to the analysis in an attempt to better differentiate patients' risks. They used the disease samples from the prospective study, and categorised patients into low-, intermediate- and high-risk groups.

"Compared with the low-risk group, intermediate-risk patients had an 11-fold increased risk for progression and the high-risk group had a 52-fold increase in

risk for progression," Rosin said.

Of patients categorised as low-risk, only 3.1 percent had disease that progressed to cancer within five years. In contrast, intermediate-risk patients had a 16.3 percent five-year progression rate and high-risk patients had a 63.1 percent five-year progression rate.

"That means that two out of every three high-risk cases are progressing," Rosin said. "Identifying which early lesions are more likely to progress may give clinicians a chance to intervene in high-risk cases, and may help to prevent unnecessary treatment in low-risk cases." [DT](#)

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# BDA celebrates individual contributions to dentistry

Fourteen individuals who have made outstanding contributions to dentistry have been honoured by the British Dental Association (BDA) in the organisation’s 2012 Honours and Awards it has been announced this week.

BDA Fellowship, which is awarded in recognition of outstanding and distinguished service to the BDA and the dental profession, has been conferred on three individuals: Dr Mike Arthur, a general dental practitioner in Lanarkshire and former Chair of the BDA’s Scottish Council; Dr Lester Ellman, a general dental practitioner and former Chair of the BDA’s General Dental Practice Committee (GDPC); and Dr Raj Joshi, a consultant in restorative dentistry who has represented hospital dentists at a national level for many years and served as both Chairman and President of the South Yorkshire Branch.

BDA Life Membership was conferred on three individuals: Dr John Mooney, the current Chair and former President of the BDA’s East Lancashire Cheshire Branch who has served as a Vice Chair of GDPC and member of the BDA’s Executive Board; Mr Jackie Morrison who has served both the BDA’s Community Dental Services Group and its West of Scotland Branch in roles including President; and former Consultant in Dental Public Health Dr Richard Ward, a former Chair of the BDA’s Central Committee for Community Dental Services (now Salaried Dentists Committee).

Three individuals’ names will be entered on the BDA’s Roll of Distinction: British Dental Trade Association Executive Director Tony Reed, Emeritus Professor Phillip Sutcliffe and BDA Director Linda Wallace.

Dr Malcolm Heath of the BDA’s Eastern Counties Branch, and Dr John Herick, who has played a leading role on the BDA’s Scottish Salaried Services Committee, have been awarded the BDA’s Certificate of Merit for Services to the Association. Dr David Croser, Communications Manager for Dental Protection and a leading figure in the campaign to allow dentists living with HIV to practise, and Dr Mervyn Druian, a leading figure in the BDA’s Metropolitan Branch, have been awarded the BDA’s Certificate of Merit for Services to the Profession.

BDA President Dr Frank Holloway said: “The BDA is extremely proud to be honouring these fourteen individuals, whose outstanding commitment and professionalism have illuminated dentistry. Each has served the dental family and the patients it treats with dedication and distinction. The dental profession can be proud that it counts amongst its ranks so many individuals of such calibre.”

A ceremony to present the winners with their awards will be held in London in November. [DT](#)

# MyFaceMyBody Awards - the shortlist is announced

On Saturday 3rd November 2012 dental, aesthetic and beauty professionals will be attending the party of the year at the MyFaceMyBody awards. The theme is a masquerade ball, and with entertainment from the West End, a drinks reception and a three-course-meal, the evening promises to be a great night out.

The aesthetic and dental business is one of the most forward-looking industries in the world. It is constantly pushing the boundaries of what is possible to achieve and matches technological advances with human endeavour to create stunning solutions which change people’s lives for the better.

To recognise this, The MyFaceMyBody Awards, which is the first aesthetic and dental consumer awards, has been organised to celebrate and award those who have made a difference in the cosmetic sphere.

The prestigious awards, which are sponsored by handi...MEDIA and will be televised and consumers will be involved in the voting process.

The awards are promising to be a fantastic chance to promote company products and services and with special sponsorship packages and the knowledge that MyFaceMyBody will reach 10 million consumers during the run up to the awards through various media channels.

What’s more, the awards will be supporting Bridge2Aid, a charity set up to help bring dental pain relief to East Africa, an area where people have no access to pain relief, leaving millions in pain. The charity helps to train local health workers in basic extraction techniques. Focussing on sustainability, and with the help of dentists and nurses from the UK, they train more than 48 health workers each year with plans for expansion. Because of this work, an estimated 1.7 million people now live within reach of someone who can help them when they have dental pain.

Along with a whole host of entries, from body reshaping treatments to non-surgical procedures, best clinics and community teams, those shortlisted from the dental world are:

**Best Tooth Whitening**  
Enlighten  
Zoon Whitespeed – Phillips  
Pearl Drops tea and coffee & Hollywood smile  
Arm & Hammer Advanced White Max Booster  
Arm & Hammer Advanced Whitening

**Best Dental Hygiene**  
Sonicare Airflow – Phillips  
Sonicare Diamond Clean – Philips  
Molar Ltd Tepe - Angle Brush  
Molar Ltd Implant Care tooth-brush  
Arm and Hammer SONIC Spin-brush  
Pearldrops Whitening mouth-wash

**Most Innovative Dental**  
Prestige Dental – bruxism  
TePe Clip Strip  
Smile in a day implants  
Clearstep

Pearldrops beauty sleep  
Ivoclar  
Best clinic dental  
Harley Studio  
The Smile Studios  
Beacon Dental Care  
Bank View Smile Studios  
Savernake Forest dental  
Harley Dental Studio

MyFaceMyBody is a television and online resource for consumers seeking advice on hundreds of beauty and cosmetic treatments. It allows people to access information, learn about treatments, follow the latest procedures and discuss them via our social media channels.

The MyFaceMyBody Awards and the masquerade ball and held at The Landmark Hotel, London on the 3rd November 2012. [DT](#)

## Win a trip for two to GNYDM

To mark Colgate Oral Health Month, Colgate is offering the chance to win a fantastic week-long trip for two to New York to take in the Greater New York Dental Meeting, which runs from 24th to 27th November 2012.

The Greater New York Dental Meeting is one of the largest dental congresses in the world, attracting more than 50,000 delegates from 132 countries. Featuring some of the most highly regarded authorities on dentistry, the event at the Jacob K. Javits Convention Center in Manhattan, will be an unrivalled opportunity to expand your knowledge by exploring the latest industry innovations and practices. And after the congress, there will be plenty of time to hit the shops, take in a show on Broadway, or just sample the very best that the Big Apple has to offer!

To enter visit <http://www.colgateprofessional.co.uk> before midnight on 30th September.

Terms and conditions apply. See website for details. [DT](#)



# Help us reach 25,000 registrations and unlock £10,000 for dental charities

This year, BDTA Dental Showcase is switching to e-ticketing, which means big savings in postage costs. To encourage delegates to register online, the BDTA will be donating up to £10,000 to dental charities chosen by you. All you need to do is to go to [www.dentalshowcase.com](http://www.dentalshowcase.com), register for your e-ticket and vote for the dental charity of your choice. When on-line registrations reach 20,000, we will donate £5,000, shared out between the charities in accordance with your votes. When registrations reach 25,000 we will add another £5,000 to be shared between them in the same way. £10,000 really can make a difference to people’s lives, so every registration counts. Registering in advance also means that you get free entry to the show, so don’t delay.

Once you have registered, don’t forget to choose your favourite dental charity to decide how the money is shared by voting at: [www.dental-showcase.com/charity](http://www.dental-showcase.com/charity)

This year’s BDTA Dental Showcase takes place from 4th-6th October at ExCeL London, the biggest exhibition on the UK dental calendar. Featuring over 300 exhibitors with knowledgeable on-stand experts displaying their full product range and more than 10,000 delegates, BDTA Den-

# Be on your guard against oral health problems!

After Team GB Hockey star Kate Walsh suffered a serious facial injury during the Olympics, an oral health charity believes it serves as a timely reminder for those requiring mouthguards to get fitted up.

Mouthguards are an essential piece of kit when it comes to playing sports that involve physical contact. The British Dental Health Foundation is advising parents whose children play contact sports to get their child fitted with a mouthguard to help protect against unwanted accidents.

It is estimated 40 per cent of

all mouth injuries can be related to sports. Minor dental injuries can include a chip or crack in the tooth. Athletes can also lose teeth and suffer damage as the result of biting the tongue or the cheek. Biting the inside of the mouth can also lead to cuts that may require stitches. Fractures of the upper and lower jaw, cheekbones, eye sockets or any combination can have more serious consequences.

Karen Coates, Dental Helpline Advisor at the Foundation, said: “While mouthguards may not protect against concussion or have any impact on its severity, they can reduce further oral health complications.

“If your child plays football, rugby, cricket, hockey or rounders, or any contact sport then they will need a mouthguard.

“Although you cannot get mouthguards on the NHS, the Foundation recommends you talk to your child’s dentist. A mouthguard needs to fit the mouth exactly and protects teeth and gums properly.

“Each mouthguard is fitted individually so you should constantly review them to make sure it is still fit for purpose as your child develops.”

If your child is involved in an accident and loses a tooth, Ka-

ren offers the following tips for a speedy recovery:

- Firstly, if you can find the tooth and it is clean - put it back into the socket yourself

- Put the tooth straight into a cup of milk or keep it in your mouth

- Do go to a dentist or hospital as soon as possible

- Do take painkillers if necessary

- Don’t hold the tooth by the root, as teeth are surrounded by fragile ligaments which need to be kept intact if the tooth is to be replaced

- Don’t put the tooth in ice

- Don’t clean the tooth with disinfectant or water or let it dry out

- Don’t put aspirin or clove oil on the wound

- Don’t panic!

- If you have not managed to do it yourself, the dentist will put the tooth back.

If you need any further advice please visit the Foundation’s ‘Tell Me About’ section to find out more about cracked teeth and mouthguards. [DT](#)

## Dental Focus® Web Design supports the Mouth Cancer Foundation 10km Awareness Walk

The 7th annual FREE Mouth Cancer Foundation 10km Awareness Walk will take place on Saturday 22nd September at Hyde Park in London. The event will raise much-needed funds for the Mouth Cancer Foundation, while also working to raise awareness of all head and neck cancers.

Among the many sponsors of the event is Dental Focus® Web Design – an award-winning team of online marketing experts, with more than 500 dental websites to their name. As part of Dental Focus’s com-

mitment to dentistry and issues affecting dentistry, Dental Focus won’t just be sponsoring the Mouth Cancer Foundation Awareness Walk – members of the team will also be taking part in the walk as well! With last year’s event a fantastic success, this year’s event aims to be even bigger and better than ever before.

To join the Dental Focus® team on the walk, you can register for free at [www.mouthcancerwalk.org](http://www.mouthcancerwalk.org). [DT](#)

On the day of the event, from 1pm, you will be able to collect your participant bib,

t-shirt and refreshments for the walk that will start at 2pm. Once the walk is complete you can look forward to receiving your very own goodie bag packed with freebies, with prizes awarded to the highest individual and team fundraisers.

For more information visit [www.mouthcancerwalk.org](http://www.mouthcancerwalk.org). [DT](#)



## Lennon tooth sculpture

According to a recent report, a piece of John Lennon’s tooth has been used in a sculpture.

The sculpture has been created by artist Kirsten Zuk, whose brother, dentist Dr Michael Zuk, won the tooth at an auction in Stockport for £19,500 last year.

According to reports, Kirsten Zuk has incorporated the small piece of the molar in her clay model of the singer as a tribute to the Beatles icon.

Speaking about the sculpture, which will be on display during Edmonton’s Fringe Festival, Kirsten said: “I love John Lennon – I’ve been a huge fan all my life. This is like a time-

capsule. It will contain his DNA.”

Donations made at the viewing will go towards the children’s charity Smile Train, as Dr Michael Zuk explained: “Lennon gave his tooth to a fan in good spirit so I wanted to do a few things that would raise awareness of the charity Smile Train, so we are asking people that come to view the sculpture at Kirsten’s Art Show this weekend in Edmonton to consider making a donation which helps children with cleft lip and palate.”

The tooth was originally given to Lennon’s housekeeper Dorothy Jarlet, who worked for the singer at his home in Weybridge between 1964 and 1968. [DT](#)

## Dental Protection launches new workshop

The third workshop in Dental Protection’s communication and risk management skills series will be launched on 28 August in Hong Kong during the FDI Annual World Dental Congress. Key stakeholders from a variety of countries have been invited to attend the inaugural workshop that will be introduced by Kevin Lewis (Dental Director) and facilitated by John Tiernan (Director of Educational Services DPL/MPS).

Like other workshops in the series, Mastering Difficult Interactions is a three-hour interactive workshop that is available to members free of charge and to non-members at a charge.

Mastering Difficult Interactions provides a solution-foc-

used approach to enhancing effectiveness and ease when dealing with difficult interactions.

By attending this workshop delegates will:

- Understand the choices available when faced with a difficult interaction
- Learn techniques to minimise conflict and deal with challenging scenarios
- Build the skills to effectively “diagnose” the problem
- Learn personal “survival” skills to reduce stress
- Improve the clinical outcomes of these complex situations

The new workshop will run in the UK and Ireland later this year when early booking is advised. Full details are available online <http://bit.ly/O2KVre> [DT](#)

## Planmeca signs record-breaking Saudi contracts

Finnish dental equipment manufacturer Planmeca delivers three fully digital teaching environments to King Saud University College of Dentistry and the National Guard of Saudi Arabia Health Affairs as part of an extensive local health care development and investment to education.

This substantial delivery agreement includes a turn-key solution with more than 1,000 dental units, simulation units, 2D and 3D X-ray systems combined with an innovative software platform, which seamlessly incorporates the devices and partner solutions into a high-tech, attractive learning concept. A similar solution with

127 dental units and a complete imaging and teaching system will also be delivered to the University of Eastern Finland in Kuopio.

The government of Saudi Arabia has given high priority to health care services development. With these projects, the Saudi Arabian Ministry of Higher Education is investing in the new facilities of the Female dental college and builds a new dental hospital on the male college campus. At the same time, the National Guard of Saudi Arabia invests in top level teaching environment for the educational and research purposes of the King Saud bin Abdulaziz University for Health Sciences

College of Dentistry.

In co-operation with its local distributor Care Ltd., Planmeca delivers the complete digital university installations including 990 Planmeca Compact i and Planmeca Sovereign dental units and 100 simulation units as well as a complete imaging system consisting of 19 Planmeca ProMax 3D dental X-ray units, 345 Planmeca ProX digital intraoral imaging systems all interconnected with Planmeca Romexis software. The installations will be completed in fall 2012. [DT](#)



# Mercy ships: Changing lives

Neel Kothari looks at the volunteer work taking place in West Africa



It has now been over two years since the *Dental Tribune* first reported on the work carried out in West Africa by volunteering healthcare professionals for the charity Mercy Ships.

Due to extreme levels of poverty in this part of the world the outcomes for those who are sick are very poor and many of the conditions that are considered treatable in developed countries often result in fatalities in the third world.

This article tells the stories of three people who have had life changing operations thanks to the work of the all of the volunteers at Mercy Ships and discusses the impact that treatment has had on these patients.

The first case is that of Agbekanme, a 40-year old lady who presented with severe mandibular osteomyelitis as seen in the accompanying photos.

#### Agbekanme's case

In West Africa, the severity and extent of osteomyelitis is more wide spread and persistent than those seen in the UK. Apart from poor nutrition and a compromised immune system against infection, the lack of basic health care including dental treatment and antibiotic leads to uncontrolled periapical abscesses and subsequent extensive osteomyelitis in West African patients. Acute medullary bone ischemia and irreversible bony necrosis lead to chronic suppurative osteomyelitis.

Agbekanme was not in extreme pain as osteomyelitis itself is not particularly painful given the lack of nerve endings in bone, however she did have mild discomfort due to

the mucosal infection.

Specialist Oral and Maxillofacial surgeon Leo Cheng reports that patients with osteomyelitis who remain untreated risk suffering from pathological fracture of the mandible and oro-antral/oro-nasal fistula for maxillary osteomyelitis. Mr Cheng also reports that very often patients presented with facial swelling and pus discharge and some have single and multiple extraoral sinuses. Some patients were tested to be HIV positive, sickle cell crisis, Hepatitis B and actinomycosis.

Although this is a severe case and rarely seen in the UK, an important message for dentists is to be aware of the increased risk of osteomyelitis that is posed by minor oral surgery procedures and bisphosphonate usage. Bisphosphonates adversely affect osteoclasts, which are the cells responsible for bone resorption and thereby act to increase bone density. The literature shows that intravenous bisphosphonate usage carries a higher risk of osteomyelitis compared with oral bisphosphonate usage.

The uses of bisphosphonates include the prevention and treatment of osteoporosis, osteitis deformans ("Paget's disease of bone"), bone metastasis (with or without hypercalcaemia), multiple myeloma, primary hyperparathyroidism, osteogenesis imperfecta, and other conditions that feature bone fragility.

#### Guanue's case (before and after)

The second case is that of two-year-old boy Guanue, who presented with a rare bilateral facial cleft. Thankfully Guanue was lucky enough to receive treatment that managed to close his facial clefts

and realign the anatomical structures. In West Africa, people with facial deformities often face a series of social issues that can often see them being outcast from the societies. Surgeon, Leo Cheng reports that apart from appearance there are a number of functional deficits including

cial skin flaps (interdigitating and transposition flaps) were used to close the clefts and closure of the lower eyelid conjunctiva was also required.

For uneducated village chief and witch doctors, babies with clefting deformities are often treated as devil's chil-

ers because they feel that they are cursed. Some babies with birth deformities are even left in the forest for wild animals.

#### Alimou's case

Our third and final case is that of 22-year old Alimou who presented with a large multicystic ameloblastoma of the mandible.

Alimou Camara is from Conakry, the capital of Guinea in West Africa. At 16 while in the 11th grade, Alimou had to stop school as the tumour was growing in size and becoming an unsightly spectacle. His siblings supported him, but his friends abandoned him. "People laughed at me and rejected me," he said.

He was unable to work, eat, and began losing weight. Alimou lived with one of his

*'For uneducated village chief and witch doctors, babies with clefting deformities are often treated as devil's children'*

poor speech and overflowing of tears due to defective drainage of tears.

In Guanue's case local fa-

dren. Some villages in West Africa bury babies alive with clefting deformities. They are often rejected by their own parents, relatives and village-





married brothers whose kids grew afraid of him. His sister-in-law feared contamination and ordered her children not to drink from the same cup. His life slowly became one of seclusion as he kept himself inside hidden away from a judgmental world.

After eight years his tumour, which hung from his lower jaw, had grown to equal the size of his head. It was a huge strain on his neck. His bottom teeth were embedded and displaced as the mass enlarged. He experienced headaches and a continual watering of his eyes.

There was a constant leaking of pus that seeped from his mouth where the fungating tumour protruded. Alimou would wipe it away, but the smell was overpowering.



For the last several years he has been unable to chew and forced to push the food to the back of his throat to swallow.

Without medical attention, these benign tumours slowly cut off a person's airway as they grow and in many cases

*'The day finally came when Alimou awoke without a mass on his face for the first time. Handed a small mirror, he examined his face quietly, in awe, as tears slid down his cheeks'*

no longer allow the passage of food through the mouth. The eight-hour surgery involved removing the three-kilogram (6.6 pound) tumour, his lower jaw, and all his lower teeth. The tumour was removed and he was fitted with a titanium

lower jaw by surgeons Gary Parker and Mark Shrimme.

The day finally came when Alimou awoke without a mass on his face for the first time. Handed a small mirror, he examined his face quietly, in awe, as tears slid down his cheeks. He was unable to speak due to the tracheotomy.

Cosmetically, he looked normal again and his face felt much lighter. He was

planning to go back to school as his aim was to become an accountant.

On behalf of *Dental Tribune* I would like to give a special thanks to Mr Leo Cheng for providing the information and photos for these cases.

For those of you who wish to learn more about the work carried out by Mercy Ships, please visit [www.mercyships.org.uk](http://www.mercyships.org.uk) for further information. [DT](#)

# Prove it to Yourself - Whiter Teeth in 1 Minute

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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.