Sad missed
A dentist from Worcester has been killed in a motorcycle ac-
cident. Father-of-two, John Bue from the NHS Dines Green
dental surgery on Gresham Road, died in Worcestershire
Royal Hospital, following an accident on the A4440
Councillor Margaret Layland, who helped Dr Bue set up
t his surgery in 2002, said her ‘great friend’, who believed in free
healthcare for everyone would be ‘sadly missed’.

LDC chair
Mick Armstrong, a representa-
tive on the British Dental Asso-
ciation’s General Dental Prac-
tice Committee, has been
elected as chair of the Local
Dental Committees for 2010/11.
He said: ‘I would like to give
the annual conference a bit of a
erase and get dentists involved
as much as possible under this
awkward new contract.’

Free treatment
A dentist in Edinburgh is giv-
ing free dental treatment worth thousands of pounds to
children affected by the Cher-
nobyl nuclear disaster.
Biju Krishnan, who runs the
Scottish Dental Implant Cen-
tre in Edinburgh, has been
treating the teeth of 25 Bel-
arusian children from the
town of Mogilev in Belarus.
The Friends of Chernobyl’s
Children organisation have
brought the children over for a
treatment to Edinburgh, has been

treated at a young age, went on
to succeed a £1 million
release of his debut album af-


interesting findings
A ‘shameful’ lack of IT investment
and patient confusion over what
the NHS actually offers in terms of
dentistry are revealed in Jimmy
Steve’s review.

Professor Jimmy Steele,
author of the report wants to see dentists ‘more explicitly accountable’ for
providing high-quality and long-
lasting treatments (eg, fillings and
root canals). He also wants to see
more of a focus on prevention with
dentists taking the time to advise
patients on preventive care.

Professor Steele said: ‘This re-
view is a vision of a better deal for
both patients and dentists. It is about
making sure that patients can see an
NHS dentist who will take long-
term responsibility for their care.

We have recommended some
improvements to the system by
which dentists are paid in order
to support their work with patients to
improve oral health, prevent oral
disease and provide treatment of
the highest quality.’

The report also wants dentists to
be provided with a clearer definition of the pa-
tients’ rights to registering with an
NHS dentist and for there to be a
simpler registration process with
dentists, with information on local
services made available through
NHS Direct or the NHS Choices
website.

Patients will still pay NHS
charges, which cover about 80 per
cent of the cost of treatment, but
these may be divided into up to 10
payment bands, compared with the
existing three, to tie them more
closely to the amount of work done.

Health Secretary Andy Burn-
ham welcomed the review and said
access to NHS dentistry is already
improving with new NHS dental
surgeries opening up all over
the country.

He accepted the recommenda-
tions in ‘principle’ and said: ‘From
the autumn, many will be asked to
pilot the changes that the review
has recommended. I recognise that
more needs to be done to bring NHS
dentistry up to the standards that
the patient should expect.’

Performing dentistry
In 2006, when the old NHS system
came to an end, the dental associ-
made way for dental performance.
But what is the difference and has
the change been for the better?

The review has been welcomed by
The British Dental Association
(BDA), which has called on the
Government to work construc-
tively with patients and the profes-
sion on its findings.

The BDA has urged the Govern-
ment to heed the report’s recom-
pensation to pilot properly any re-
forms it introduces as a result of this
report.

John Milne, chair of the BDA’s
General Dental Practice Com-
mittee, said: ‘The BDA is pleased that
this report has been published.
Professor Steele and his team
have clearly listened carefully to
patients, dentists and primary
care trusts. We have an opportu-
nity to learn from the difficulties
of 2006, and it is vital that opportu-
nity is taken.

The report’s recommenda-
tions appear to be far-reaching.
They describe a new approach to
dental care that dentists hope will
mean a move away from the tar-
gt-driven arrangements that are

Records deal
A singing dentist in Richmond,
West London is awaiting the
release of his debut album af-
ter securing a £1 million
record deal with SonyBMG.
Andrew Bain, began singing in
e choirs at a young age, went on
tour with Cameron Mackin-
tosh’s production of Les Mis-
érables in 1999 and Bill Ken-
wright’s Whistle – Down the
Wind in 2002 and signed his
million pound contract last
July. He currently works two
daays a week at the Park Dental
Clinic in Upper Richmond
Road West.
To see him in action, visit my-
space.com/andreabainings.

www.dental-tribune.co.uk

First impressions
Although it takes the whole team
make a new patient feel at home,
it’s the receptionist who will first
influence a new patient’s opinion
of a practice.

Review links pay to patient numbers

The long-awaited independent
review into NHS den-
tistry wants dentists’ pay
linked to how many patients are on
their books.

The Independent Review of
NHS Dental Services, looks set to
reverse the reforms of the 2006 con-
tract, with dentists being paid for the
number of treatments they provide.

Critics claimed that this has lead
to patients tending to have their
tooth extracted rather than have
fillings or crowns, as it is more prof-
itable for dentists to take a tooth out,
then to try to save it with complex
treatments such as crowns or bridges.

Before the contract, dentists
were paid per procedure, but after
it came in they were paid to provide
a specific rate of procedures in the
coming year.

People in many parts of the UK
have had problems accessing an
NHS dentist since the new contract
came in.

It is hoped that by linking den-
tists’ pay to patient registration,
this will encourage dentists to take on
more NHS patients.

Under the recommendations,
dentists would have a ‘significant chunk’ of their annual income
possibly as much as 50 per cent –
linked to the number of patients on
their books.

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Lack of IT funding ‘quite shameful’

Professor Jimmy Steele, who led the independent review into NHS dentistry, has called the lack of IT investment into dentistry ‘quite shameful’.

Professor Steele, who has been carrying out research into the state of NHS dentistry over the last six months, spoke about his findings at the annual conference of Local Dental Committees in London, prior to the publication of the report.

He revealed that a big reason he took on the task given to him by the Government was that he was ‘very concerned’ about the state of NHS dentistry.

He revealed that researching The Independent Review of NHS Dental Services ‘has been difficult and he has had to deal ‘over the last six months with some very conflicting viewpoints’.

‘I have had to deal with a profession that is hostile to the reforms and you cannot have a good dental service if you don’t have happy dentists.

I was also dealing with an NHS that was telling me that more money had been put into it but there are fewer patients being treated.

I felt like a man on a tightrope trying to keep my balance and trying to keep my balance for you. Of course I recognise that there are priorities for the NHS as there is a fixed pot of money and we have spent a lot of time thinking about these priorities,’ he said.

Professor Steele did have praise for NHS dental care and said: ‘There are many patients who are receiving outstanding care from the NHS and it is excellent value for money. I would rather have the NHS dental care in this country than quite a lot of the care that is being provided in the developed world.’

However, on the negative side, he found that ‘some patients are not able to access care and added: ‘I am really concerned that some of the best dentists are unable to provide the best care they want to provide.’

He also expressed concern about the ‘highly variable commissioning’ that takes place now as it is all done at a local level’ and said: ‘There needs to be more robust performance management from the PCTs and better coordination of information and better data and improved use of data.’

One of the core reforms of the 2006 contract was the move to local commissioning.

So one of the real issues, since it came in, has been the competence of the PCTs.

‘Where it is done well, you have the local dental committee, commissioners and chief executives fully engaged in the process,’ he said.

He also dealt with the problem of UDA’s (units of dental activity) and said: ‘There is unrealistic remuneration for certain procedures and to have the UDA as a sole measure of payment is wrong’.

Another problem with the current contract is that the NHS offer is unclear so ‘patients are confused about charges and what treatments are available on the NHS’.

He also feels there is a problem with the image of dentists and called them ‘fairly unpopular’, second on people’s dislike list only to lawyers and politicians.

To reverse this trend, there needs to be ‘high level support for dentistry’ and from all political parties and said: ‘That commitment is really important’.

Review links pay to patient numbers

He added: ‘What is important now is that the Government pilots properly the changes it makes and engages fully with the profession and patient groups as we move forward. The BDA looks forward to playing a full part in that process.’

Prior to the report’s publication, Dr Milner speaking at the annual conference of Local Dental Committees said that he hoped the report would enable dentists and the public to move on from the current climate of mistrust.’

The British Dental Health Foundation (BDHF), praised Professor Steele and his team for their work and welcomed the emphasis on prevention and evidence-based treatment to support better oral healthcare.

Foundation chief executive Dr Nigel Carter said: ‘This thorough report and its proposals represent a sorely-needed opportunity to reform the existing system and help look after Britain’s oral health.

The Foundation is particularly happy to note the emphasis on prevention and reward for prevention within the system, which will help more of us attain a sound level of dental hygiene to help look after our health.

The review marks a welcome return to continuity of treatment through patient registration and the report’s emphasis on thorough oral health assessments to determine necessary treatment and a strong evidence base for any decisions are pleasing.

The proposed ‘pyramid of need’ approach, addressing advanced care, routine care and emergency treatment, is a sensible plan to ensure effective treatment when required.

We also welcome a commitment to testing any proposals before they are implemented as many of the existing problems with NHS dentistry arise from a lack of thorough groundwork before contracts were introduced.’

Dentists call for consistency

Dentists at the Local Dental Committees’ conference welcomed the new 2006 contract and called for more consistency from primary care trusts.

They also held a vigorous debate on whether the Government should fund the General Dental Council (GDC).

Alasdair McKendrick of Northamptonshire LDC, claimed dentists will no longer be regulating themselves from this October, as there will be more lay members on the GDC than dentists.

The Council currently has 29 council members – 10 are members of the public appointed by the NHS Appointments Commission, members of the government professions (15 dentists and four dental hygienists and therapists) elected by dental professionals. Under the restructure in October, there will be 12 lay members, eight dentists and four dental care professionals (dental hygienists, dental therapists, dental nurses, dental technicians, orthodontic therapists, clinical dental technicians). A chair will be elected from within the membership of Council (dental professional or lay).

He revealed that researching The Independent Review of NHS Dental Services ‘has been difficult and he has had to deal ‘over the last six months with some very conflicting viewpoints’.

‘I have had to deal with a profession that is hostile to the reforms and you cannot have a good dental service if you don’t have happy dentists.

I was also dealing with an NHS that was telling me that more money had been put into it but there are fewer patients being treated.

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He also feels there is a problem with the image of dentists and called them ‘fairly unpopular’, second on people’s dislike list only to lawyers and politicians.

To reverse this trend, there needs to be ‘high level support for dentistry’ and from all political parties and said: ‘That commitment is really important’.

Tony Reed, executive director of the British Dental Trade Association also welcomed the focus on preventative care.

He said: ‘I am particularly pleased with the emphasis on quality and the recognition of the role that oral health should play in the public-health arena.

I have no doubt that some dentists will be disappointed that there is no quick fix for the UDA but the commitment to tailoring better payment systems, based on outcomes rather than treatments, is an encouraging step in the right direction. We look forward to working with the Government and other interested parties to help implement the report’s recommendations.’

The Department of Health will now work with the NHS to develop national quality measures for NHS dentistry and discuss with the dentistry profession how to take forward recommendations that dentists should provide a longer guarantee for some work, and pay for a replacement if the treatment fails prematurely.

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However, Jason Stokes for Norfolk LDC, argued that although he didn’t like the structure of the GDC, its role is to protect the patient and therefore it needs lay members on the panel.

‘I don’t want to be regulated by the Government. At the moment it is still our regulatory body,’ he said.

John Milne, chair of the BDA’s General Dental Practice Committee, speaking on the contentious subject of UDA’s (units of dental activity) said: ‘You all know they are corrosive and we need to rid them of if we can, or at least, see them lose some of their power’.

He also referred to the relationship between dentists and primary care trusts (PCTs) and said: ‘A good relationship between the Local Dental Committees and the PCTs needs to exist.’

Ian Gordon, an LDC representative from Tees put many of the problems of the new contract at the door of the PCTs. He said: ‘It didn’t help that the PCTs were in an embryonic stage when the new contract was brought in. But I also find that you go to all that effort building up a good relationship with your PCT to the point you have been dealing with moves on and you have to start all over again.’

There was also a call for all PCTs to be consistent within a Strategic Health Authority region in their policies towards UDA (units of dental activity) achievement.
DH guidance ‘logistical nightmare’

NHS dentists in England are calling for extra funding to help them implement the decontamination guidance issued by the Department of Health.

Dentists at the Local Dental Committees’ (LDC) annual conference voiced their concerns over the extra time, extra staff and extra equipment needed to implement HTM 01-05.

The Department of Health produced this guidance in response to emerging evidence around the effectiveness of decontamination in primary care dental practices and the possibility of prion transmission through protein contamination of dental instruments.

The guidance for dentists in England was published online in April.

All NHS dentists have 12 months to implement HTM 01-05, from when they receive the hard copy of the guidance, which should be with all dentists over the next couple of months.

Dentists in Wales will also adopt 01-05 with a few modifications of the terminology. But Scotland has decided not to follow the guidance.

Lesley Derry, head of education and standards at the British Dentists Association (BDA), who spoke at the LDC conference said: ‘At the moment, Scotland has just cleaning protocols in place and this may be less arduous but I don’t think Scotland is getting much of an easier time.’

Under Scottish guidance, all dentists in Scotland have to have a Local Decontamination Unit in place by the end of the year. They are being given grants of around £20,000 to help them do this.

However, a Scottish dentist at the conference revealed that there are currently 55 dental practices in Glasgow facing closure as they are unable to comply with this, as they do not have the space.

John Milne, chair of the BDA’s General Dental Practice Committee, also spoke and said he had been in discussion with the Health Minister Ann Keen expressing his concern about the guidance and detailing the problems that dental professionals will have implementing the decontamination guidance.

The full guidance can be accessed online at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089245

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A dentist described as the ‘worst in Scotland’ has been struck off from the profession. Andrew Boyd, who practised at the Barassie Street Dental Practice in Troon, Ayrshire, left one man looking ‘like the Elephant Man’.

While another patient was forced to spend £17,000 on private treatment to repair the damage caused by Mr Boyd.

Health campaigners have called him the ‘the worst dentist in Scotland’.

Mr Boyd was accused of not examining patients properly, failing to take x-rays and not recording treatment.

The General Dental Council (GDC) chairwoman, Marilyn Green, said: ‘He omitted to take proper care of his patients on a large number of occasions, and failed to provide the basic diagnosis and treatment of common oral disease which would be expected of a competent dental practitioner. This amounted to the supervised neglect of his patients.’

She added: ‘The committee has to protect the public and maintain its confidence in the profession. Therefore the committee has decided that erasure from the Dentists’ Register is the only appropriate and proportionate sanction in this case.’

Margaret Watt, chairwoman of Scotland Patients Association, said: ‘This dentist is the worst I’ve ever heard about in Scotland. It’s shocking that it took so long for his behaviour to be exposed when he was very clearly endangering patients’ lives.

Bad oral hygiene can cause all sorts of health problems especially if the patient has an underlying health condition such as a heart problem.’

The hearing heard that around a hundred of Mr Boyd’s patients needed ‘immediate treatment’ after going to see him.

Dozens of them suffered from problems with gum tissue and tooth pulp.

Dental experts discovered other patients’ fillings had not stopped their teeth rotting because Boyd had failed to remove decay.

Boyd was removed from the NHS practitioners’ list after a misconduct hearing in 2006.

In 2007, he admitted a series of misconduct charges involving sub-standard dental care and was suspended for five months.

He failed to attend a review hearing in June 2008 and was banned from working for another 12 months.

Mr Boyd did not attend his hearing at the GDC.

Rochdale sees NHS boost

Rochdale is to get five new NHS dentists as part of a £1.3 million plan to improve dental services in the area.

NHS Heywood, Middleton and Rochdale want to open a surgery in Brimrod with four NHS dentists.

A fifth dentist will be based at an existing practice in Littleborough.

It is hoped that the extra dentists will be in place by the end of the year.

All of the dentists will provide NHS treatment and are expected to treat an extra 17,000 patients.

Caroline Williams, the Trust’s primary care dental lead, said: ‘We have been working really hard to bring more dental services to the borough and it’s fantastic that we are able to do this before the end of the year.

Access to NHS dentistry has slowly improved over the past two years but these new services will accommodate in the region of 17,000 new patients when at full capacity, significantly boosting our local NHS dental services.’
Dental expert Anthony Lynn told the hearing that some pain was to be expected because installing bridges was a ‘severe process for the teeth’.

However, he said Mr Rudland was under a duty to investigate the problem, particularly as the patient returned for further consultations.

He said that he thought Mr Rudland did not carry out enough investigations into the cause of pain as there were no radiographs.

The GDC heard that Mr Rudland sold his practice in 2006 and moved to Spain where he is thought to be living in Marbella with his wife. He has not been present at the hearing.

If found guilty, he could be struck off.

The hearing continues.

**UDA system ‘bad’**

Over 90 per cent of dentists disagree with using units of dental activity as a way of measuring the work they do, according to a recent survey.

The survey carried out by Challenge, a pressure group for dentists, found that 91 per cent of respondents believe that the introduction of units of dental activity (UDA) to measure activity, has had a damaging influence on diagnosis and treatment planning for patients.

While 89 per cent felt that the new contract did not make it easier for them to give preventive advice and treatment for their patients than previous General Dental Service (GDS) arrangements.

A spokesman for Challenge said that the findings showed that dentists working within the GDS feel that UDAs are a bad system, damage treatment planning and do nothing to encourage prevention.

Newly qualified dentists don’t find the contract easy to manage. They also feel that the contract makes providing appropriate care more difficult, produces more financial risk, alters the management of disease and that patients are less happy.

Newly qualified dentists don’t feel their education and skills are fully used or that UDAs measure work effectively.

While dentists outside the GDS withdrew from the GDS because of the introduction of the contract, they found more untreated disease on new patients than before.

He added: ‘They also feel that the contract makes providing appropriate care more difficult, produces more financial risk, alters the management of disease and that patients are less happy.’

Mr Rudland was accused of leaving a woman to suffer ‘extreme pain’.

The hearing continues.

**Smile-on helps deliver better oral health**

Smile-on, the learning resource provider, has come up with an innovative e-learning solution to help dental practices implement Government guidance on improving patients’ oral health.

The two-hour programme, ‘Prevention in Practice: Using Delivering Better Oral Health’, was developed by Smile-on at the request of NHS Education South Central (NESC).

It has had input from members of the team that produced the Delivering Better Oral Health toolkit, which was sent to all NHS practices in England in 2007, by the Department of Health.

Dr Gill Davies, specialist in dental public health for Manchester Primary Care Trust, who wrote some of the educational material on the DVD said: ‘It deals with issues such as the best ways of communicating with patients and overcoming opposition within the practice and the perceived barriers to integrating preventive activity for every patient.

She added: ‘A variety of teaching methods are used, including short film sequences, illustrations of key points and indications of the sources of the evidence on which the prevention toolkit is based. It is interactive in that it challenges what the viewers are likely to do. It then goes on to ask questions about attitudes at the start of each topic and then checks on knowledge gained at the end.

‘It can be watched from start to finish or the user can dip in and out of topics as they choose – the screen is very user friendly and constantly shows the stage the viewer has reached.’

The e-learning package can either be downloaded online or bought as a CD-ROM.

The programme is for all dental professionals from dentists to orthodontists to hygienists.

Each DVD provides two hours of CPD.

For more information on the programme, call 020 7400 8989 or email info@smile-on.com.

**Army dentist treats Kenyan villagers**

A dentist with the Royal Army Dentist Corps is currently visiting remote villages in Kenya, providing ‘once in a lifetime’ dental care for the villagers.

Captain James Scott, a dentist with the Royal Army Dental Corps, is one of 151 British Army medics, on exercise in Kenya, giving dental treatment, primary health care and inoculations to people in remote locations across Kenya.

Captain Scott has spent four weeks out there setting up temporary mobile dental clinics which provide villagers with often their only chance of dental care in their lifetime.

There is such a demand for the treatment that some villagers have walked more than 50 kilometres to be seen in the clinics which open at 8am and close when it gets dark.

Captain Scott said: ‘Most teeth we have been looking at have tooth decay, so if there is imminent pain, we suggest taking it out because the patients are unlikely to see dental care soon.

In some cases, we are providing the first and last dental care some of our patients will see.’

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In some cases, we are providing the first and last dental care some of our patients will see.”
A new NHS study is looking at treatment options, after research found that filling baby teeth may have ‘no significant benefit’. Around 40 per cent of five-year-olds in the UK have tooth decay and at least one in 10 of these is treated with fillings.

Researchers from Manchester looked at case notes of 50 dentists, which suggests that filling baby teeth may achieve nothing but expose children to the discomfort of an injection and the sound of the drill.

Children receive a wide variation of care on the NHS with some dentists choosing to give a filling with another opting to extract it.

Professor Martin Tickle, of the University of Manchester, found no difference in the numbers of extractions for pain or infection whether baby teeth had been filled or not.

He also carried out a survey of the parents of all five-year-olds living in Ellesmere Port and Chester in 2005, and found only six per cent would want their child to have a filling if they had symptomless decay in a baby tooth.

While a third would want the dentist to monitor the tooth but provide no treatment.

Kamini Shah, honorary secretary of the British Association for the Study of Community Dentistry, said: ‘There are two schools of thought, one being that baby teeth can cause pain and sleepless nights and so dentists should fill. The other is that actually the evidence around filling baby teeth is questionable.’

Advisers to the NHS are now beginning a study on treatment options to provide dentists with clear evidence-based guidelines.

Experts working for the Health Technology Assessment Programme want to recruit over 1,000 children from across the UK to take part in a study that will compare the outcomes of three treatment options.

They are drilling and filling, no fillings or a painless paint-on tooth treatment that merely seals and contains the decay.

The trial will run for four years from 2011 across England, Scotland and Wales.
Scotland gets advanced treatment

Two dentists in Scotland have opened one of the country’s most advanced treatment centres combining dental treatment and alternative therapies.

Biju Krishnan and Lubino do Rego have opened Lubiju in Edinburgh, which offers some of the most hi-tech treatment techniques and equipment available in cosmetic dentistry.

The pair already run the Scottish Dental Implant Centre open to NHS patients, a specialist facility in Edinburgh, dedicated to providing patients with solutions to missing teeth or loose dentures.

Dr Krishnan said: ‘We’re really excited about the possibilities at the new practice. Scotland has a patchy dental record and we are now at the leading edge of bringing the best new techniques and technology into the country.

We are looking at everything from the most advanced implants and surgical methods, to breakthroughs in needle-free and painless treatments and also the most up-to-date cosmetic dentistry.’

Recession hits BDA Fund

The British Dental Association Benevolent Fund is struggling financially in the current economic climate with more and more people appealing for help.

Ian McIntyre from the Fund said: ‘One of the problems is that beneficiaries are getting younger so they will be dependent on the Fund for considerably longer. The youngest applicant we have had was 24. We are currently helping the twins of a 55-year-old female dentist who recently died. Her husband is a tenant farmer and he has financial problems so we are helping them to get back on their feet.’

Applications to the Fund are up 50 per cent on the year before and nearly a quarter of these applicants were below the age of 40.

The Fund operates by giving loans of up to £250,000 to dentists and their families.

However, the recession has hit the amount of money the Fund has tied up in bank dividends and it is ‘facing a reduced income stream combined with an increased demand for help’.

Any donations are much appreciated. For more information, go to www.bdabenevolentfund.org.uk.

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DCPs storm GDC website

There has been a surge in the number of dental professionals using the General Dental Council’s website, since its relaunch.

Over 2,600 dental care professionals (DCPs) have created accounts on the General Dental Council’s (GDC) website, eGDC, since it was re-launched in April this year, according to figures from the GDC.

This brings the total number of dental professionals who are using the site, first launched last November, to over 7,200.

The eGDC site is designed to make things as easy as possible for registrants to keep on top of registration requirements at the click of a mouse.

It allows users to update their contact details, pay their annual retention fee and, in the future, submit continuing professional development returns.

A spokesperson for the GDC said: ‘Whilst the new configuration code.

If you don’t have your code you can request one on the site,

Registering on the site can now be done instantly, meaning there’s no wait for a password letter, providing you have an ID verification code.

If you don’t have your code you can request one on the site,

The British Orthodontic Society is keen to help facilitate this process and so is organising the day-long event as a parallel session at its annual conference which takes place on Tuesday 15 September in Edinburgh.’

The BOS has already run a number of education days at a local level in the last year and these will form the blueprint for the first national event.

During the day, delegates will learn at first hand about several examples of commissioners and providers successfully working together as part of local clinical networks and there will be good practice to share with those involved with commissioning.

The BOS wants this day to be as inclusive as possible and, with that in mind, has announced that representatives from PCTs, the BSA, the Department of Health, as well as the British Orthodontic Society will give presentations.

The topics to be covered during the day include justification and scope of orthodontic, background and principles of the PDS contract and orthodontic monitoring and BSA reports.

There will also be information on handling practice sales and retirements, referral management, the benefits of local managed clinical networks and dealing with orthodontic tenancy.

Registration for the meeting is free, but places must be booked in advance.

Lunch and refreshments will also be provided free by the British Orthodontic Society.

More information and a booking form is available from www.bos.org.uk.

News & Opinions

BOS Education Day

The British Orthodontic Society is organising the UK’s first National Orthodontic Commissioning Education Day.

The event will be held this September and the day is aimed at individuals or organisations who are directly or indirectly involved in commissioning NHS orthodontic services.

A spokesperson for the British Orthodontic Society (BOS) said: ‘Whilst the new contractual arrangements of 2006 in England and Wales brought about a number of positive changes, there are still many issues that would benefit from further clarification and guidance.

With this in mind, there is no doubt that shared knowledge between strategic health authorities, primary care trusts (PCTs), orthodontic managed clinical networks and providers is of huge benefit.

Ticket prices are now on sale for this year’s Bridge2Aid charity ball — a UK charity offering dental and community development programmes in North West Tanzania.

The Bridge2Aid charity ball will be held on 13 November at the Hilton Metropole Hotel in Birmingham at the 2009 British Dental Trade Association (BODA) Show case and is being sponsored by Dentsply.

The Bridge2Aid charity runs a not-for-profit dental clinic, an innovative dental training programme for local health workers, and community development programme helping the poor and disabled in North West Tanzania in Africa.

A spokesperson for Dentistry said: ‘Dentsply has provided continuing support to Bridge2Aid over the years, and is delighted to assist with the organisation of such a highly anticipated event.’

Anne Gerulat, processing manager at the GDC, said: ‘We’re hoping DCPs in particular take advantage of eGDC this summer.

They’re fast approaching the 31 July deadline to pay their annual retention fee and eGDC has plenty of extra information about how they can do that.

Some DCPs will also be asked to complete their continuing professional development returns this August and will be able to submit this on eGDC.

The deadline for all DCPs to pay their £96 annual retention fee to remain on the register is 31 July and will be 31 July each year from now on.

The deadline for dentists to pay their fee will still be 31 December each year.

For more information, contact the GDC customer advice and information team on 0845 222 4141 or email CAT@gdc-uk.org.

For further information on Bridge2Aid, please visit www.bridge2aid.org.

Tickets to the ball cost £42 each.
Creating perception: building reality

When it comes to considering how to brand your practice, it’s essential you make sure people don’t draw the wrong conclusion about your business. Andy McDougall explains how you can achieve consistency between what you say (your brand values) and what you do (the customer’s experience).

Time to talk about dry mouth?

- The Biotène patented salivary LP3 enzyme system
- The Biotène formulation supplements natural saliva, providing some of the missing salivary enzymes and proteins in patients with xerostomia and hyposalivation to replenish dry mouths.
- The Biotène system allows patients to choose appropriate products.
-5. Biotène Oral-Balance Saliva Replacement Gel
-6. Biotène Oral-Balance Liquid

Hygiene Products:
-7. Biotène Dry Mouth Toothpaste
-8. Biotène Dry Mouth Mouthwash

Products specially formulated for dry mouth:
-9. Biotène Oral-Balance Dry Mouth Gel
-10. Biotène Oral-Balance Dry Mouth Liquid

The range is appropriately formulated for the sensitive mucosa of the dry mouth patient:
-11. Alcohol free
-12. Mild taste

Sodium Lauryl Sulfate (SLS) free.

The Biotène formulation:
-13. Helps maintain the oral environment and provide protection against dry mouth
-14. Helps supplement saliva’s natural defences
-15. Helps supplement saliva’s natural antibacterial system - weakened in a dry mouth.

Consequences of unmanaged dry mouth include cavities, halitosis and oral infections.

What is brand?

While there are many variations of definition, in essence a brand is a collection of perceptions in the mind of the consumer. The purpose of a brand is to differentiate competing products or services and to highlight what is unique about your products or services. In essence, they represent the core values and qualities that sum up your brand and provide the benchmark to measure the behaviour and performance of your products/services. Essentially, your brand values determine how the vision and your promises are delivered to the consumer.

The confusing bit

Branding, marketing, logo: because the terms are often incorrectly interchanged, confusion arises. The Chartered Institute of Marketing, which is the world’s largest marketing body, defines marketing as ‘The management process responsible for identifying, anticipating and satisfying customer requirements profitably’. That means it is all the activities you undertake to attract and retain customers and encourage them to purchase your goods and services. In contrast, a logo is merely a graphic element designed for immediate recognition that forms one aspect of your overall brand.

What it all means is that while you may have invested a substantial proportion of your marketing budget (and I do hope you have a marketing budget) in establishing a logo and producing practice literature, you may not have determined your position relative to your competition or determined how to achieve consistency between what you say (your brand values) and what you do (the customer’s experience).

‘Brand values help you to establish your brand and how your vision of it is delivered to the customer’

‘All that is gold does not glitter; not all those that wander are lost’. J.R.R. Tolkien. In other words, making assumptions can lead to incorrect conclusions and that has never been more applicable than when considering your practice branding. As the practice principal you may be absolutely clear about the brand values of your practice, but if I were to ask a select number of your patients and each member of your team independently, would those same values be reiterated? In the majority of cases, I would suggest they would not. This article seeks to give you some food for thought and aims to help you derive tangible benefits from any investment you make in your brand.
A consistent brand

To illustrate what I mean I have taken the three words ethical, effective and caring that, after a good deal of thought, a practice recently decided represented their brand values. Once they had determined what they stood for, their logo was created to visually symbolise those values and they began to establish how they would carry them through to every touch point (every opportunity to interact with a customer whether on the phone, via letter, email and the web, in person, through advertising and literature, etc.).

They took one of the words, caring, and asked every member of the team how he or she could express that value in what they did. The receptionist would ensure that she listened and attended to patients’ concerns and would provide prompt solutions.

The team decided they should introduce a process that regularly asked patients for their feedback, which would be sincerely and swiftly acknowledged. The hygienists wanted to provide some free inter-dental products to encourage patients to take more care of their oral hygiene between visits. The practice introduced free dental check ups for the children of patients on a plan. And on it went.

The point is that once this practice had established its brand values, it began to work hard on consistently applying them in everything it did.

Definition is vital

In my experience, few businesses can articulate their brand values. Even when the leader’s vision is evident, staff will generally be vague and faltering about their values. The point is that if you can’t articulate your brand values, how do you expect customers and prospective customers to do so? In the absence of your clear communication, your intended audience is likely to draw its own conclusions, which may not be to your advantage.

Perception exists, whether you create it or not. The point of building a brand is to shape perception according to the values you want to instil. A strong brand is not a great logo: it is clarity of communication and experience that leaves everyone absolutely clear about what you stand for, and what they can expect when they engage with your business. The quality of communication is the response that you get.

Perception is reality

The customers’ perception is your reality, so why leave it to chance? Especially when you have probably spent thousands of pounds on creating marketing communications vehicles such as your web, logo, literature, and so on. Even if you have all these things in place, it is never too late to bring the team together to clarify exactly what it is you stand for and exactly how they can behave to deliver a consistent message and experience to patients. As part of your strategic planning process, and in conjunction with creating your business plan, this is one of the most vital and beneficial activities you could undertake.

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For further information please call 0845 4759873 or click onto www.cariescan.com

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Abstract
Failure to recognise and treat aberrant canal anatomy can affect the prognosis of endodontic therapy. This case report shows a variation in conventional anatomy in mandibular first molars. A third mesial canal may be present between the mesio-lingual and mesio-buccal canal in mandibular molars. A clinician should be aware of the possibility of this extra anatomy when treating mandibular molars.

Introduction
A comprehensive knowledge of canal anatomy and its variations is essential to ensure consistency in endodontic therapy. Variations from conventional anatomy are encountered occasionally in all teeth. Inability to recognise, detect and treat this additional anatomy can lead to failure of endodontic therapy.

In mandibular first molars, the normal anatomical pattern consists of two mesial canals and one or two distal canals. However, a third mesial canal may be occasionally present between the mesio-buccal and the mesio-lingual canals.

Table 1: Prevalence of a third canal in the mesial root of mandibular molars according to different authors. (Courtesy Navarro et al.)

<table>
<thead>
<tr>
<th>Authors</th>
<th>Year</th>
<th>No. of teeth</th>
<th>Method</th>
<th>Three Canals (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skidmore and Bjørndal</td>
<td>1971</td>
<td>45</td>
<td>Vitro</td>
<td>0</td>
</tr>
<tr>
<td>Pineda and Kuttler</td>
<td>1972</td>
<td>500</td>
<td>Vitro</td>
<td>0</td>
</tr>
<tr>
<td>Vertucci</td>
<td>1974</td>
<td>100</td>
<td>Vitro</td>
<td>1</td>
</tr>
<tr>
<td>Pomeranz</td>
<td>1981</td>
<td>100</td>
<td>Vivo</td>
<td>12</td>
</tr>
<tr>
<td>Martinez-Berna and Badanelli</td>
<td>1985</td>
<td>1418</td>
<td>Vivo</td>
<td>1.5</td>
</tr>
<tr>
<td>Fabra-Campos</td>
<td>1985</td>
<td>145</td>
<td>Vivo</td>
<td>2.1</td>
</tr>
<tr>
<td>Fabra-Campos</td>
<td>1989</td>
<td>760</td>
<td>Vivo</td>
<td>2.6</td>
</tr>
<tr>
<td>Goel</td>
<td>1991</td>
<td>60</td>
<td>Vivo</td>
<td>15</td>
</tr>
</tbody>
</table>
Case report

A 27-year-old male patient reported to the clinic with chief complaint of food impaction in the right mandibular posterior tooth for the past four months. There was no history of pain. His past medical history was non-contributory.

Clinical examination revealed a large carious lesion in the right mandibular first molar (see Fig. 1). The tooth revealed a large radiolucent lesion within normal limits. Radiographic examination revealed a large radiolucency lesion in relation to the first molar (see Fig. 2). A diagnosis of chronic apical periodontitis was made. Treatment options were discussed with the patient and Endodontic therapy was the treatment of choice.

After local anesthesia and rubber dam application, an access cavity was prepared. Initial access revealed two mesial canals and one distal canal (see Fig. 5). On closer examination with a surgical microscope (Zeiss Germany) a ledge of dentin was found between the mesio-buccal and mesio-lingual canals (see Fig. 3). Troughing of this isthmus with ultrasonics (Maillefer, Switzerland) revealed an isthmus (see Fig. 6). Removal of the dentinal shelf revealed an isthmus (see Fig. 7). All canals were cleaned and shaped (see Fig. 8) using Protaper (Dentsply Maillefer, Switzerland) and hand files. The middle mesial canal was confluent with the Mesio-buccal canal. Canals were irrigated with 2% chlorhexidine gluconate and 17% EDTA. Gutta percha and AH Plus sealer (Dentsply) was placed in the canals (see Figs. 9a and 9b). The access cavity was sealed with a layer of Cavit (3M ESPE, Germany) followed by glass ionomer cement (Fuji VII, GC, Japan).

The patient was recalled two weeks later. The calcium hydroxide was removed (see Fig. 10). The canals were obturated using gutta percha and AH plus sealer (Dentsply) in warm vertical condensation. The access cavity was sealed and the core buildup done using a dual cured resin (Luxacore, DMG, Germany) (see Figs. 11 to 15). The biologic objectives of endodontic therapy include removal of all potential irritants from the root canal space and the control of infection and periapical inflammation. Complex root canal anatomy can prevent achievement of endodontic goals. It is important to debride, disinfect and obturate as much anatomy as possible. A missed canal can lead to failure of Endodontic therapy. Therefore every effort must be made to locate additional canals if any.

An extra mesial canal known as the middle-mesial canal has been documented by numerous researchers. The percentage varies from one to 15 per cent. The majority of middle mesial canals will merge with either the mesio-buccal or mesio-lingual canals. Rarely, they may have a separate apical portal of exit.

Numerous techniques enable the clinician to look for the anatomy of the chamber. Constricted access can lead to missed anatomy. Critical canals may not be located and can lead to failure of Endodontic therapy. Ultrasonic tips greatly enhance the prognosis of endodontic therapy. The use of the surgical operating microscope has vastly enhanced the quality of Endodontic therapy. Magnification coupled with coaxial lighting greatly enhances visualization and the potential to discover additional anatomy.

The use of ultrasonic tips for precise cutting has gained favour among clinicians in the last decade. Ultrasonics in conjunction with the surgical microscope (Microsonics) greatly enhances the clinician’s ability to locate extra canals.

Discussion

The biologic objectives of endodontic therapy include removal of all potential irritants from the root canal space and the control of infection and periapical inflammation. Complex root canal anatomy can prevent achievement of endodontic goals. It is important to debride, disinfect and obturate as much anatomy as possible. A missed canal can lead to failure of Endodontic therapy. Therefore every effort must be made to locate additional canals if any.

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Numerous techniques enable the clinician to look for the anatomy of the chamber. Constricted access can lead to missed anatomy. Critical canals may not be located and can lead to failure of Endodontic therapy. Ultrasonic tips greatly enhance the prognosis of endodontic therapy.

References available on request.

About the author

Dr Siju Jacob BDS MDS maintains a private practice limited to Endodontics in Bangalore, India. In addition, he conducts hands-on courses in Endodontics and Microscopes for general practitioners and Endodontists at his center at Bangalore. He can be reached at dsiju@gmail.com or through his website, www.rootcanalclinic.com.
Evidences shows that the number of sessions used to perform a successful root canal treatment does not differ between one or multiple sessions. The only possible post-operative complications with single session root canal treatments are:

1. Post-operative pain
2. Flare up

For a better understanding of successful single visit endodontic therapy the following factors are key:

1. Adequate working length control (using electric measurement devices and if necessary x-ray)
2. Mechanical root canal preparation (best results will combine the use of hand and rotary files)
3. Chemical root canal disinfection (using irrigants – advanced devices and technologies)
4. An optical root canal obturation to avoid apical leakage.
5. Coronal sealing to prevent coronal leakage.

Each one of this key factors are determined by other factors. Determinant factors for an adequate working length control:

1. Straight line access
2. Establishing glide path
3. Use of adequate file to correctly bind.

Determinant factors for adequate mechanical root canal preparation:

1. Straight line access
2. Establishing glide path
3. Hand-file preshaping to size 25 or 20
4. Determination of the “first file to bind” – “Master apically file”
5. Shaping of the so called “apical capture zone”
6. Adequate use of sequential files protocol either hand or rotary
7. Adequate irrigation and smear layer removal protocol while mechanical shaping.

Determinant factors for adequate chemical root canal disinfection:

1. Coronial isolation (rubber dam)
2. Adequate coronal access
3. Adequate shaping protocol
4. Use of irrigation solutions in optimised sequences
5. Optimized irrigant delivery
6. Adequate energising of the irrigants
7. Satisfactory irrigant evacuation.

Determinant factors for inadequate root canal obturation (either under filling or incomplete filling):

1. Canals not dry prior to obturation
2. Inadequate straight-line access
3. Inadequate irrigation protocol
4. Excessive enlargement of a curved canal
5. Packing of debris in the apical portion of the canal
6. Skipping of sequential file sizes
7. Inadequate tug back
8. Inadequate master cone selection
9. Inadequate condensation procedures
10. Coronal seal.

Conclusion

A trained and experienced operator who follows a strict treatment protocol can manage to perform root canal treatments in one visit alone having in mind the management of postoperative complications. The author needs to acknowledge that not all root canal treatments can be executed as single session.

Useful reading

Case report: Failure evaluation in endodontics

Dr Hank Willis and Dr Craig Barrington discuss how we can use failed treatments to help us learn from our mistakes

The patient was a 44-year-old female with non-conventional medical history. No known drug allergies and no current medications. She reported a dental phobia and was tearful during the exam. She hadn’t seen a dentist in three to four years and reported that her last dental visits have made her lose hope for her teeth.

The Routemaster was once just as familiar a sight on London’s streets as Ledermix is now on dentists’ shelves. And the words, reliable, trusted, indispensable, can justifiably be applied to both. The Routemaster was unquestionably a leader. So we’re rather tempted to rename our product Leadermix.

**Ledermix Dental Paste**

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In endodontic therapy Ledermix Dental Paste can be used when periapical periodontitis is present.

After pulp extration and during endodontic therapy, the canals may be filled with Ledermix Dental Paste (or a mix of Ledermix and calcium hydroxide). The cavity is closed with a cotton wool pledget and a temporary filling.

**Ledermix Dental Cement**

Ledermix Dental Cement may be used as a temporary sublining for deep cavities where no exposure has occurred if the dentine is hypersensitive. For small pulp exposures, Ledermix Dental Cement may be used as a pulp capping agent.

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**Ledermix**

Demeclocycline/Triamcinolone/Eugenol
Bitewing radiograph showing failing first and second molars. Teeth 2 and 52 were sectioned and the roots were delivered. Finally, 3-0 chromic gut sutures were placed.

Transplanting the teeth

The teeth were transported to a 10 per cent buffered formalin solution. Upon arrival, they were immediately transferred to a hydrochloric acid solution and soaked for 24 hours. From there they were moved to a 0.95 per cent alcohol solution. They were again soaked for 24 hours, and after that they were placed in methyl salicylate for one hour.

For the photography, the teeth were placed in a glass dish and totally submerged in methy salicylate. They were then back lit with a xenon fibre-optic light source and photographed with a Canon A 650 IS camera mounted on a high power dental operating microscope.

A valuable process

Clearing teeth is a valuable process to allow us to evaluate endodontic failures as teeth are left in virtually their true anatomic form yet we can see through them to see what was accomplished or not accomplished in a treatment protocol.

For anxiolysis, 0.25mg Triazolam was prescribed (to be taken PO 60 minutes prior to the extraction appointment) and the patient returned later that afternoon. Then 2mg two per cent lidocaine with epinephrine 1:100,000 was administered via IANB, PSA, long buccal, and greater palatine. Teeth 1, 30 and 31 were painful to palpation and percussion. Panoramic and full mouth radiographs revealed large periradicular radiolucencies associated with the lower right first and second molars. These teeth were deemed unrestorable and the patient elected to have them extracted. Additionally, tooth 2 had gross distal caries and needed extraction. Fixed partial dentures utilizing the third molars were discussed as a potential, though far from ideal, treatment option. The patient elected to extract the third molars as well and move toward dental implants to replace tooth 30 (and possibly 2 and 31).

Dr Craig M Barrington, DDS is a 1996 graduate of the University of Texas Health Science Center San Antonio. He practices general dentistry in Watauga, Texas with his wife, and has particular interests in endodontics and microscope dentistry. Dr Barrington is also a part-time clinical associate professor in the Department of Advance Education in General Dentistry at Texas A&M Baylor College of Dentistry in Dallas. He has lectured in a variety of dental societies and study clubs and has written and co-written a number of articles for various dental journals. Dr Barrington is a member of the American Dental Association, the Texas Dental Association, Omicron Kappa Upsilon, and he is an associate member of the American Academy of Endodontists. To contact him, call 001 972 973 0574.

Dr Hank Willis is a 2005 graduate of the University of Washington School of Dentistry in Seattle. He practices general dentistry at his own practice in Bonners Ferry in Idaho and has a particular interest in microscope-enhanced dentistry. He is also a member of the Academy of General Dentistry and the American Dental Association and you can contact him by calling 081 208 267 6454 or emailing hank.willisdds@gmail.com.
The patient presented for endodontic treatment of a maxillary molar. The tooth had developed mild to moderate unprovoked pain, and the referring dentist had prescribed penV five days prior to the treatment visit. The pre-operative diagnosis was necrotic pulp with periradicular periodontitis of endodontic origin.

A lesion was visible radiographically at the apical area of the mesiobuccal root. (See Figure 1).

Upon entry, the chamber presented as a curved groove from the mesio-buccal to the palatal. Figure 2 shows debris accumulated in the mesiobuccal orifice (bottom of image), the distobuccal orifice (middle of image), and the palatal orifice is not shown (top of image).

Mesiobuccal roots of maxillary molars are characterized by an isthmus extending palatally from the mesiobuccal orifice. These isthmus areas present with a variety of configurations, and can harbor significant amounts of bacteria and debris. It is imperative to debride these areas thoroughly as possible, because the isthmus may be in communication with the attachment apparatus, and may be a source of persisting disease after treatment.

Vital cases with inadequately treated mesiobuccal root canal systems may present with vague symptoms of discomfort, and non-vital cases may show lesions which do not resolve, or worsen, following therapy.

The dentin ledge covering the mesiobuccal isthmus is removed with a Munce Discovery bur (www.cjmengineering.com). Ultrasonic tips in a variety of shapes and sizes are also ideal for this work. This case demonstrates the use of the bur, and shows the dark furcal dentin surrounded by the dentin shavings (left intact for demonstration purposes).

Within the dark area created by the bur, a small white dot is formed which can be visualised with extreme magnification and lighting. The “dot” is formed by troughing debris collecting in the orifice, or isthmus, area. The next image shows the “dot” becoming more of a “line” as the access is improved. It may be possible to gain entry with a small k-file (06 stainless steel, 08, or 10) at any point along this line.

Figures 7 and 8 show the result of careful development of the “mb2” orifice. In this case, the resulting canal was confluent apically with the primary mesiobuccal canal. This is frequently not the case, and furthermore, this author has retreated cases with persisting disease on the MB root with untreated MB2 canals, despite the canals being confluent after instrumenta-

An excellent source for information about the morphology of maxillary molars can be found in an article by Dr John Stropko, Journal of Endodontics, June 1999, “Canal morphology of maxillary molars: Clinical observations of canal configurations”. 

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Case report: In search of MB2
Dr Garretson discusses a difficult endodontic procedure

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In a study of more than 1,700 teeth (1,096 first molars), the operator discovered the MB2 in 93 per cent of maxillary first molars, with 54.9 per cent of those being separate canals. This emphasises the importance of uncovering and negotiating this mesiobuccal root isthmus to maximise debridement.

Obliteration of the canals to orifice level is accomplished prior to placement of an orifice barrier (not shown). Final radiographs, as well as radiographs from other cases, demonstrating a variety of presentations of mesiobuccal root anatomy. 

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About the author

Dr D Kendel Garretson is a general dentist practicing nonsurgical endodontic treatment only. He resides in the San Antonio, Texas area, and can be reached at onlyendo1@gmail.com.
Choosing wisely
Deciding which materials and products to use in your practice can be a difficult task, but one that has been made easier by Dr Michael Miller, founder of RealityEsthetics. Prof. Dr. Liviu Steier explains.

You’ve just come across a new technology that you really like. You’re unsure of what to do next - should you buy it? There are lots of questions:

- Could it help/compliment my daily work?
- Who is the manufacturer?
- What are the strengths and weaknesses?
- Where could I get some additional user information and/or tips?
- How does this perform with my colleagues? Rating?

A colleague told you some time ago about product evaluators... are they worth looking at? What was the name again...? Yes, indeed that is exactly what could help now... Does this scenario sound familiar? It is 20 years since someone made this dream come true: Dr Michael Miller. He founded RealityEsthetics (www.realityesthetics.com) and not so long ago RealityEndo.

How does it work?
Dr Miller gathered a group of about 20 renowned clinicians. He then spoke to product manufacturers and offered them the chance to have their products tested by the clinicians.

Hmm, you may think now: “This sounds awkward! Why would the manufacturers want to have clinicians test, evaluate and rank their products?”

The answer is simple: The feedback received is extremely useful in that it can be implemented in further developments; for example, the evaluation received can be useful for advertising.

What you might be thinking now is that the people carrying out the product evaluations are working for the dental manufacturers. Well, they’re not and this is what makes this group so special.

To be accepted as an evaluator, Dr Miller set up a very strict list of criteria. To maintain objectivity, the RealityEsthetics group does not accept any advertisements nor support by third parties or manufacturers. The publication is created by professionals like yourself to benefit professionals like yourself.

Now it is time to have a closer look into the way the evaluations are done.

Carrying out evaluations
Each product evaluation starts with a ranking out of five. Details are then given of the manufacturer and its website. Next, a product’s benefits and disadvantages are mentioned – perhaps it’s of Gold standard, a new design or a new piece of software. Or maybe it’s cumbersome or complex to maintain.

Most of us don’t take much care or notice of the information we are given when we purchase a new product, so it’s good to know there is a place we can find this. On this website, you can find out what to do if your product, for example, needs a repair.

A detailed product description follows, and because it is created by professional colleagues, all their good and bad experiences, their helpful suggestions and advice are implemented in the specially created section called Use. It is highly accessible and easy to read, interesting, extremely relevant for the daily user. It’s called the “bible of Esthetic Dentistry” by many colleagues for no reason!

Because one day you may need to know about maintenance, RealityEsthetics stores this information for you. Almost everyone prefers first to learn about the essence of a product before reading the details – well here you go!

If you’re curious? Just have a look by logging on to www.Real-

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The Clearstep System is a fully comprehensive, invisible orthodontic system, able to treat patients as young as 7.

It is based around 5 key elements, including expansion, space closure/creation, alignment, final detailing and extra treatment options such as functional jaw correction.

GDP friendly, with our with our Diagnostic Faculty providing full specialist diagnostic input and treatment planning, no orthodontic experience is necessary. As your complete orthodontic toolbox, Clearstep empowers the General Practitioner to step into the world of orthodontics and benefit not only their patients, but their practice too.

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This accreditation seminar is aimed at General Practitioners, providing you with all the knowledge and skills required to begin using The Clearstep System right away.

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Hands On Course dates for 2009
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Case report: Clear root evaluation of endodontic failure

Dr Craig Barrington discusses the importance of follow up in order to see where treatment may have succeeded or failed

Abstract

Endodontic treatment is classified as therapy by definition. Regimented follow up should be an important part of our clinical actions to evaluate our research perceptions, ability and performance. Sectioning treated roots can destroy anatomy and alter our ability to properly evaluate failures and successes. Clearing teeth is an important technique because it leaves anatomy and obturations as they were in situ.

Introduction

We perform our clinical processes and it is rare that we are able to truly encounter and see what we have accomplished. Endodontic treatment requires follow up to evaluate success or failure. Although unfavorable, endodontic failures allow us the chance to learn. It is important to know the cause for failure such that we might enable ourselves to prevent the occurrence in future treatments.

This case illustrates a restorative endodontic failure but further evaluation is required to evaluate the cleaning, shaping and obturation.

Case report

A 57 year old female patient presented initially in 2001 with multiple decayed and problematic teeth. (See Fig. 1). She has a controlled substance problem and has a history of being an unreliable patient. She wears a complete upper denture. Her CC was: “I want to save the rest of my teeth”.

For further information about SciCan products please call Ken Green on 01584 837327 or visit www.scican.com

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If it isn’t clean, it can’t be sterilised

Hydrim C51wd:

- The benchtop Hydrim C51wd instrument washer disinfector eliminates the risk of puncture injuries and perfectly prepares instruments for sterilization
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- Hydrim is independently tested for 99.9-100% efficacy and complies with EN15883
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- The Statim 2000i, one of the world’s most popular autoclaves, automatically sterilises solid, hollow, wrapped and unwrapped loads including handpieces
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Figures:

Fig. 1 is a radiograph of tooth #18 taken in 2002.

Case report

The patient presented initially in 2001 with multiple decayed teeth. She was noted to have a history of being an unreliable patient. She wears a complete upper denture. Her CC was: “I want to save the rest of my teeth”.

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For further information about SciCan products please call Ken Green on 01584 837327 or visit www.scican.com
Coronal leakage is certainly present.

Figs. 12b

Figs. 11

Follow up. Yet again, the patient disappeared but this time for five years. Note the drifting of the roots disappeared but this time for five years. Note the drifting of the roots cleared. The overfill seems to be beneficial to the system.

Discussion

The biologic objectives of endodontic therapy include removal of all potential irritants from the root canal space to control infection and periapical inflammation. Many complexities in root canal anatomy can prevent achievement of endodontic goals. It is important to debride, disinfect and obturate the prepared system and to protect the treated tooth from coronal leakage. It is only in failure and thorough post extraction evaluation that we are truly able to see if we accomplished any of the required tasks.

In spite of our best efforts, failures in our treatment protocol can occur for multiple reasons and for reasons beyond our control. Although unwelcomed, these moments can be made into opportunities for learning and increasing our endodontic knowledge. This can eventually lead to improvements in our endodontic treatment approach and protocol.

Conclusion

Coronal leakage is a complex and multifactorial entity that is still not fully understood.

Figs. 10 to 12 show other views of the cleared mesial root anatomy complex.

Figs. 13 and 14 show the distal root cleared. The overfill seems to be beneficial to the system.

Accolade SRO, from leading US company Danville, is the most radiopaque flowable on the market with a radiopacity 320% of aluminium.

Used as a liner under composites, Accolade SRO removes any doubt and allows you to clearly see on x-rays any decay beneath the filling, guaranteeing excellent visibility of that all important margin. This technique, used over bonding agents such as Prelude, is gaining in popularity and is fast becoming the technique of choice.

With its ultra-fine micron filler, this highly thixotropic flowable composite adapts easily without slumping.

Seeing where you’re placing a cavity liner is just as vital, Accolade SRO is available in three shades: Extra Light, A2 and A5, giving you the perfect contrast between liner and tooth.

Accolade SRO brings together all the benefits of a flowable composite in a super radiopaque material that will redefine cavity lining procedures in your practice.

You’ll see everything and a little bit more with Accolade SRO.
Performing dentistry

The year of 2006 not only ended a long cosy affair with the old NHS system, it also marked the death of the dental associate. In the wake of the chaos that ensued arose the dental performer. Neel Kohatri discusses the differences and whether the change has been for the better.

Unlike the dental associate, the dental performer now has to work within a very different set of rules that have never been trialled. Like all dentists working with UDA, the dental performer has to work within defined yearly targets, but unlike associates, if performers are unhappy with the way they are working they can no longer set up a practice just anywhere and expect entitlement to a slice of taxpayers’ money. Now, it is down to the PCT to buy dental services to meet the needs of the local population.

Lack of control

Dental performers no longer have as much control in this new system compared with the old NHS and as a result, finding a new job can be an absolute nightmare. The old system of paying dentists based on what work they have done not only sounds like common sense, it had the added advantage of enabling practitioners to budget and set targets, regardless of the quality of the work provided.

Many readers will remember back in the early Nineties the phrase ‘second-gear valuation’ where the Government sent estate agents to assign council tax bands for properties and in many cases the estate agents assigned the valuation of a property with just a simple glance (while still in second gear). In dentistry, the current Government has used another crude assignment called the ‘test period’ where UDA valuations are based on work done within an arbitrary period of time.

While for many this transition may pass with little turbulence, for those qualified post-2004, there is no test period and as such, no accurate way of predicting their working habits, so it is little wonder many younger dentists are finding manoeuvring in the new NHS rather tricky.

For performers joining growing practices, the chances are they are more likely to be seeing patients new to the practice who are likely to need far more work than regular attenders. Even with a quick glance it is clear to see that the foundations of the test period have been built on pillars of sand which may satisfy the masses temporarily, but in the long term may stifle the growth of younger practitioners who will inevitably follow working patterns set by practice owners and PCTs, rather than at a rate which works for them as individuals.

Lack of transparency

Since the dental reforms have taken place, there has been a shocking lack of transparency between principals and performers. With principals in most cases holding onto the contracts, the UDA values passed on to performers have not always reflected the UDA values given by the PCTs. The importance here for performers lies in the fact that UDA values should reflect a certain degree which amount of work expected to be done per course of treatment; for example if a dentist was given a high UDA value perhaps that reflects the high needs of the local area compared with another dentist who has been given a low UDA value in a lower risk area: since they would not need to do so much treatment per course. The test period not only does not apply to newly qualified dentists but is clearly not yet future proof.

Many young practitioners looking to relocate now face a difficult time predicting how reasonable their UDA target is, and rather than having the flexibility of being a professional now face the confines of being a performer.

Within the new NHS system, the traditional autonomy of dentists had been replaced by a system where PCTs ‘dictate to dentists where they will work, which patients they will see and to whom they must sell their practice in case of ill-health or retirement’. This all amounts to a high level of risk placed on individual dentists, which for some has effectively murdered the leap from associate to principal.

Younger performers are struggling to ‘win’ auction-style contracts and set up NHS practices, with dentists working with UDA, the dental performer has to work within their financial plans for the future, as well as allowing flexibility in working patterns. This current system seems to offer front-line dentists less flexibility, with penalties incurred for not meeting Government set targets, regardless of the quality of the work provided.

Many readers will remember back in the early Nineties the phrase ‘second-gear valuation’ where the Government sent estate agents to assign council tax bands for properties and in many cases the estate agents assigned the valuation of a property with just a simple glance (while still in second gear). In dentistry, the current Government has used another crude assignment called the ‘test period’ where UDA valuations are based on work done within an arbitrary period of time.

While for many this transition may pass with little turbulence, for those qualified post-2004, there is no test period and as such, no accurate way of predicting their working habits, so it is little wonder many younger dentists are finding manoeuvring in the new NHS rather tricky.
Trust the system
Andrew McCance insists that there is a straightforward answer to achieving excellent orthodontic results

Orthodontics is a highly specialised field, and one that requires superior expertise. By focusing not just on the dentition, but on the entire skull, orthodontics is simply the most effective and thorough way of achieving a great smile for the patient naturally, and does not adversely affect the patient’s wellbeing.

With the right system, you can augment your treatment list and begin treating an array of malocclusions, while highly skilled and experienced orthodontic specialists ensure that you have all the laboratory support you need. Also, by bringing to bear extremely accurate diagnostic tools, the leading system lets you give your patients the sort of excellent results that will truly set your practice apart.

Carry out research
If you’re interested in orthodontic treatment, ask the following questions of each system:
- Will I get support as and when I need it?
- Will you supply pre-activation, pre-adjustment and indirect bonding?
- Will you help me treat every single malocclusion that comes my way?

If you don’t get a resounding YES in response to all three, you need to keep looking. The best system gives you everything you need to develop your skills, feel empowered and meet the needs of patients.

With the latest developments, GDPs can tackle any malocclusion, from mild to severe. The leading system is organised into five key elements, for ease of diagnosis and treatment, and employs a range of techniques and approaches to help dentists meet the needs of any patient. With appliances like the CODA expansion device and the Final Occlusal Refinement and Detailing device (FORD), you can offer the highest standard of service to your entire patient base.

Complete support
Of course, some procedures are more demanding than others, and you might expect issues such as increased chair time and intricate, demanding work. Fortunately, the leading system provides complete support from diagnosis to completion, with orthodontic experts carrying out vital tasks to facilitate expedient treatment. For instance, the patented CODA expansion device is pre-activated and pre-adjusted in the laboratory then sent to you for fitting.

The best benefits of any treatment system are those that delight both patient and dentist alike. With the fully comprehensive and invisible orthodontic systems available to today’s GDP, you can expand your treatment list and give your patients smiles they can be proud of.

NEW EVIDENCE FOR THE BENEFITS OF INCREASING BRUSHING TIME

To motivate behavioural change, it helps if patients understand the benefits of brushing for at least 2 minutes twice a day with fluoride toothpaste, compared to an average brushing time of around 46 seconds.†

New research results from Aquafresh show that increasing brushing time:

**Significantly increases plaque removal**

![Graph showing plaque removal](image)

- **In vivo brushing clinical study**
  - 26% more plaque removal was observed with brushing for 120 seconds compared with 45 seconds**

**Recommend a great tasting fluoride dentifrice to encourage your patients to brush for longer, for increased fluoride protection and plaque removal**

**Significantly increases fluoride uptake and enamel strengthening**

![Graph showing fluoride uptake and enamel strengthening](image)

- **In situ enamel remineralisation clinical study**
  - Surface microhardness (SMH) increased in a linear fashion over the period 30–180 seconds**

**References**


Aquafresh is a registered trade mark of the GlaxoSmithKline group of companies.

About the author

Dr Andrew McCance
Since qualifying in dentistry from Glasgow University, Dr Andrew McCance has gained a wealth of experience in multi-disciplinary practices. He has held several distinguished positions including senior house dental surgeon at St George’s Hospital. Teaching and senior lecturer at Great Ormond Street, developing his expertise through a PhD at University College London. In the mid 1990s, Dr McCance began to develop the Clearstep brace, based on the demands of the 4,000 patients treated annually in his specialist practices. He is currently taking his Clearstep brace to a worldwide audience. For more information on the Clearstep solution, call 01342 337910 or email info@clearstep.co.uk.
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“I just got back from LVI and my world has changed. I can’t possibly look at dentistry the same way again!”
– Dr. Balaji Srinivasan

“My LVI education has enabled me to not only survive, but to thrive.”
– Dr. James R. Harold

“There is nothing out there that even comes close to the LVI experience. The amount of enthusiasm I am bringing home with me is unbelievable. What an experience and a treat!”
– Dr. Robert S. Maupin

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Welcoming new patients

It’s essential that your receptionist is highly skilled at nurturing new patients. It will make their experience worthwhile and they’ll want to return to your practice, says Sharon Holmes

I takes the whole team to make a new patient feel at home, but most of the time, it’s the receptionist who will at first influence a new patient’s opinion of a practice. I always refer to the reception as the nerve centre of the practice. Should this centre be weak, its effects can overflow onto the financial aspect of the business and affect the practice in a very negative way.

Choosing your receptionist

Your choice of who to place in your reception area needs be based on key skills such as; people skills, approachability, maturity and a financial understanding of what makes a business do well. This is a large package to fill, but so important. By over-looking the obvious simply because the person you have on your desk is reliable, does not mean they are the correct person to be there. Making changes for the right reasons can be uncomfortable for the principal dentist, but right for the patients.

I have experienced this kind of situation so many times which has lead to serious issues with regards to patient complaints due to poor customer care. Very rarely do the patients complain about clinical work, but more about poor communication from both reception and dentists.

From the moment a new patient phones the practice to book an appointment to the end of the phone call, they can tell what kind of relationship they are going to have with the practice. Even if the first call was poorly handled, the patient may come in anyway, due to location and time availability. From my experience, this patient is a complaint waiting to happen and expects their whole experience to be a difficult one.

A happy new patient

When the call comes in, what the patient should hear on the other end is a clear, concise, friendly voice which is warm and welcoming. The call should also be answered within three rings. The receptionist should know the dentist’s availability for appointments, the treatments that are carried out and the costs. When this is achieved, I can assure you, you are going to have a happy new patient who has already started to build a relationship with the practice through reception.

When the new patient arrives at the practice, the receptionist should know the new patient is due and note his or her name so that on entering reception the patient is greeted on a personal level by surname the receptionist should offer the patient a health questionnaire and enquire as to whether the patient needs assistance. The form has been filled in, it is then the dentist’s responsibility to get the patient into their surgery on time especially on a first visit.

A friendly voice

The next important step is the one carried out by the nurse who is going to meet the patient in reception. The nurse must make sure she calls the patient’s name out just as clearly and in a friendly inviting voice. The nurse should introduce herself by name and invite the patient to follow them through to the surgery where the she then introduces the patient to the dentist. Once the dentist carries out a thorough examination and uses all the tools possible such as intra-oral cameras, X-rays, educational charts and finally a treatment plan that explains all costs, the patient will walk away feeling that they have been well cared for and fully informed. Working in private practice, this is always achievable. Working in NHS is far more stressful and time pressured, but each member of any dental practice should make the effort to make all patients feel welcome and cared for. Patients do value the staff that take care of them.

About the author

Sharon Holmes

Originally from South Africa, Sharon Holmes moved to the UK in 2002. She thoroughly enjoys her position as business development manager at the Dental Arts Studio and her role in the dental industry, which has moulded her into a winner in her field. She believes that her position is based on common sense.

DCPs
NEW CEREC® AC from Ceramic Systems (CEREC®) makes impression free dental practice a reality

The NEW CEREC® AC from Ceramic Systems (CEREC®) enables Clinicians to capture whole jaw arches – quickly and conveniently - without the need for impressions. It combines the NEW Bluecam camera with updated CEREC® 3D software, making it even easier to operate.

Bluecam features high-performance LEDs which deliver optical impressions of unprecedented precision: this ensures the final restoration's excellent accuracy of fit, speeds up the bonding process and reduces any excess luting cement to be removed. Each exposure triggers a series of measurements which are combined to generate the final image, which is virtually distortion-free even in peripheral areas. It can acquire optical impressions anywhere in the mouth, even those inaccessible to other cameras.

Bluecam delivers razor-sharp images, its built-in shake detection system enhancing overall precision. Its automatic exposure function and extensive depth of field means the entire impression-taking process can now be delegated.

For further information, contact Ceramic Systems Limited on 01952 582950, e-mail j.colville@ceramicssystems.co.uk or visit www.ceramicssystems.co.uk.

Mirus 2

Miras 2 is a development and improvement based on existing Miras outstanding technology. A radio-opaque, highly filled nano-hybrid composite providing excellent restorations that meet the highest expectations with harmony of light, material and colour; a new way to look at aesthetic dentistry from Coltene Whaledent.

This simple system enables you to change the torque, speed and ratio in just a few clicks. With 20 pre-set programmes in 10 designed specifically for endo work and 10 for operative programmes. The Optima MX INT allows you to set a further 20 programmes to your personal requirements. This good looking unit will suit all surgery décor and the unique mounting system allows optimum visibility.

For further information please contact Bien-Air on 01950 711 935 or visit www.bienaire.com.

Leading the way with flowable innovations

Accolade PV Veneer Placement System is a fantastic innovation from leading US company Danville and is now available in the UK from leading supplier Evident. Accolade PV includes a unique try-in paste, which is placed directly on the silane, allowing the veneer to be simultaneously tried-in for fit and colour. Accolade PV's try-in fantastic aesthetic results due to the unique particle structure and light reflectiveness of Gradia Direct.

Two NEW Gradia Direct Shades

You are not unusual if you find that you sometimes compromise your composite aesthetic results by using a single shade of composite for the majority of patients. Help is now at hand with GC Gradia Direct.

Due to the remarkable shade adaptation of Gradia Direct to the surrounding tooth structure, you will be astounded by the brilliant aesthetics of your restoration, even when you use only one shade. This material will provide you with which is the first of its kind to combine 3 types of nano-particles, won Best Composite 2009. Additionally the Blue Phase Led Curing Light also won top honours.

Top Anterior Ceramic 2009 was awarded to the IPS Empress system, the leading all-ceramic material for meal-free restorations.

The final accolade for Top Resin Cement was given to the Ivoclar Vivadent Multitink Automix. The high, immediate bond offers many advantages as it bonds fast and is easy to apply creating a strong link to all types of restorative materials.

Darryl Muff, General Manager, Ivoclar Vivadent UK comments, “Is it so rewarding for the entire team to receive such prestigious recognition and these awards reflect the quality incorporated into the design and innovation across our product portfolio.”

Herculite, a brand you can trust – Improved

Were you a loyal Herculite user but technology and patient demand forced you to use the latest nano composites? Now nano technology is available in the brand new Herculite XRV Ultra.

For over 20 years, Herculite XRV has been the standard of the industry for composites. Dentists have filled over 250 million teeth using Herculite XRV. Following a legacy of innovation, quality products, Kerr is making history again, launching another breakthrough composite connected to a powerful brand: Herculite XRV Ultra nanohybrid composite – another high quality product clinicians can trust from Kerr.

Herculite XRV Ultra is an extension in Kerr's composite line that offers a highly aesthetic composite restorative for anterior and posterior use. The ever popular original Herculite XRV...
still sets a standard as the tried and tested micro hybrid com-posite with proven perform-ance, it will not be discontinued.

The extended Hercule family covers all demands in the modern day dental practice.

For further information please contact Kerr UK on 01755 892929

Building on CEREC success.

The chairside CEREC 5D CAD/CAM system couldn’t be simpler. After taking an optical impression of the preparation and the antagonist, you are in complete control of the finished prosthesis. You specify the position of the margins and the proximal contacts. From there on the CEREC system fabricates the crown, inlay, onlay or veneer accurately, quickly and to the very highest quality. The finished prosthesis is highly aesthetic and exhibits excellent strengths. CEREC automatically and accurately computes the occlusal contacts referring to the antagonist to do so.

Using the CEREC system you will produce perfect chair-side ceramic restorations. The system allows you to place the new prosthesis in the same visit saving you and your patient time, laboratory fees and ultimately making your business more profitable.

To find out how the Sirona team can directly support your practice and for a no obli-gation demonstration of the CEREC 5D system telephone 0845 071 5040 or email: info@sironadental.co.uk, www.sironadental.co.uk

Seminar Success For Ivoclar Vivadent

An extremely favourable re-sponse has been received from those who attended the Ivoclar Vivadent seminars recently held in the United Kingdom. Many have stated the positive benefits and relevance in at-tending the workshops, with some expressing an interest to attend future seminars that will be held later in the year on a va-riety of topics.

A substantial number of del-eagates who attended the first seminars hosted by the company felt the courses proved in-valuable in relation to impor-tant aesthetic dentistry topics. Developed to help further strengthen the skills of dental teams by enabling dental prac-titioners to achieve greater client care and long-term suc-cess individually, the courses will continue to run throughout the year at various locations.

Darryl Muff concludes, “It is always invaluable to listen to the opinions of industry profes-sionals who have a wealth of ex-perience from which everyone can draw initiatives.”

For more information on seminars being run by Ivoclar Vivadent please call 0116 284 7886

Highline Bespoke Endodontic Storage Solutions

Highline bespoke health-care storage solutions, from Support Chairs, incorporate a variety of features designed to make Canal Therapy even easier and more efficient. Available in a choice of nine formats these models feature an open space for storing equipment etc or a glass fronted drawer providing sets of 4 different each. Supraetch. This 37% phos-phoric acid provides effective etching every time.

The first step is to use Suprapearl. This 57% phosphoric acid provides effective etching every time.

Irrigation with Mr Glyde™ EDTA-based Lubricant “A smooth operator”

Obturation with Miss AH Plus™ Sealer “No compromise” & Mr Thermafil® heated Gutta Percha “Easy as 1, 2, 3-D”

Temporary Restoration with Mr Chemfil Molar® Glass-ionomer “He’s slick and non stick”

Endo

Embrace Endodontic Success!

Mrs ProTaper Universal lies at the centre of most successful Endodontic procedures in the UK. As soon as she cuts quickly ensuring effi-cency, whilst maintaining flex-ibility, whether you are heading straight or into a curve, she doesn’t mind how experienced you are, whether you are a GDP who hasn’t used her before or an Endodontist, she’s high qual-ity and easy to work with, ensur-ing excellent and consistent re-suits every time. She’s a true ex-ception – let her be at the centre of your endodontic success.

DENTSPLY’S Rotary En-dodontic Procedural Team un-derstands that excellence in en-dodontics is a must. So from ac-cess to restoration we will help you achieve consistent repro-ducible results. Each of the high quality products work perfectly together achieving excellent clinical outcomes, offering a simple, cost effective and pre-dicable way to excel in en-dodontics. “Embrace endodon-tic success” with DENTSPLY’S Rotary Endodontic Team!

Access with Mr Start-X™ Ul-trasonic Tips “Access all areas”

Shaping with Mrs ProTaper® Universal NiTi Rotary File “She’s a true exception”

As soon as the file reaches the apex of the root canal the-filet can be used the direc-tion of rotation via the foot switch.

Version 5.2 of Sirona Dental Systems’ SIROEndo software is the passport to more ef-fective and convenient root canal treatment. As soon as the dentist reaches the apex he can reverse the rotation of the file – either on the SIROEndo unit or via the foot control. Some brief touch is enough to change from clockwise to counter-clockwise rotation and vice versa.

Introduced six months ago, the new apex indicator keeps the user informed at all times. The exponential progress bar now consists of eighteen blocks as opposed to six. It in-dicates the distance between the file tip and the apex. When the file tip reaches the apex an “A” is displayed. The message “1” is shown as soon as the tip extends beyond the apex. This is accompanied by differenti-ated acoustic signals.

For further information please contact: Sirona Dental Systems 0845 071 5040 info@sironadental.co.uk

Building on CEREC success.

The Full Compliment from Dental Sky

Being the exclusive supplier of R&S products in the UK, Den-tal Sky has brought together the perfect combination to enable you to place the perfect restora-tion.

The first step is to use Suprapearl. This 57% phosphoric acid provides effective etching every time.

Step 3 is to use Suprapearl single step bonding agent. Due to the high level of adhesion, micro-leakage around the mar-gins is virtually eliminated, al-low ing for a more durable restoration without the risk of secondary caries forming.

Step 5: Suprafil micro hybrid composite is selected for both ant-erior and posterior regions, Class 1 to Class V; due to the combination of a superior abra-sion resistance and the high translucency of the enamel shaper and finishing instruments; it stays exactly where you place it.

The lightweight, fully auto-clavable handle is ergonomi-cally designed for your ultimate comfort. It incorporates wide, flat buttons that are clearly set out, for ease of use.

For further information or to place your order please call Dental Sky on 0800 284 4700.
Industry News

PracticeSafe Excellent bulk buy offer on non-drip disinfectant wipes

PracticeSafe ready to use, tear-resistant, moist wipes are designed for the fast cleaning and disinfection of non-sensitive surfaces and objects. Buy 5 boxes of PracticeSafe disinfectant wipes plus 9 refill packs for £22.75. Each pack contains 100 wipes.

PracticeSafe is the disinfectant wipe from the new Kemdent range of cross infection control products. These wipes do not have the overpowering odour that many dental professionals might have to tolerate, in order to disinfect their practice. PracticeSafe wipes are low odour, non-drip and durable. They are gentle on the hands but above all, very effective against harmful bacteria.

Kemdent know their customers demand high quality, value for money products. PracticeSafe wipes provide all dental professionals and their patients with the highest possible level of protection.

To place an order for PracticeSafe wipes and other Kemdent cross infection control products please ring 01793 770090. For further information on special offers or to place orders call Jackie or Helen on 01793 770090 or visit our website www.kemdent.co.uk.

The small capacity holding tank means low maintenance. Whilst the fast cycle twin head pump provides over 150 litres of dry compressed air per minute. This makes one Velopex Zephyr 150 the ideal base for a complete surgery air supply.

The Velopex Zephyr 150 Surgery Air Supply is available (until end of July 09) with the Velopex Aquacut Quattro and trolley for £2,000.00 + VAT, saving of over £1,240 (+VAT) from last price. Speak to your normal Dental Equipment supplier, or call Velopex for more information.

For further information please contact GC UK on 01908 218 999.

Velopex Zephyr 150 Surgery Air Supply

The British Orthodontic Society has announced today that it is organising the first National Orthodontic Commissioners Education Day in September 2009. The day is aimed at individuals or organisations who are directly or indirectly involved in commissioning NHS orthodontic services. Whilst the new contractual arrangements of 2006 in England and Wales brought about a number of positive changes, there are still many issues that would benefit from further clarification and guidance.

A number of education days have already been run at a local level in the last year and these have proved very helpful and popular for all concerned, so form the blueprint for the first national event.

Registration for the meeting is free but places must be booked in advance. Lunch and refreshments will also be provided courtesy of the British Orthodontic Society. More information and a booking is available from www.bos.org.uk.

First National Orthodontic Commissioners Education Day announced

Post BDA

New Sensodyne and Corsodyl toothpaste launches wow delegates at the British Dental Association Conference and Exhibition (BDA).

GlaxoSmithKline Consumer Healthcare chose the BDA conference to officially launch 2 new toothpastes to the dental profession. Visitors were given the chance to experience new
caries management and the experience gained should improve my assessment skills.”

“I am delighted to be using Cariescan PRO™. For the first time I have a tool that can detect caries in a pit or fissure and have a validated reason for leaving it or removing it. The results can be recorded for monitoring decay, without being operator sensitive.”

For more information on the outstanding benefits Cariescan PRO™ can offer you, call the dedicated team on 0845 475 9873 or visit www.cariescan.com.

Bridge 2 Aid Review

On the 4th of April 2009 a team of 10 from Henry Schein Minerva employees and 1 dentist flew off to Tanzania to renovate a dormitory in the village of Bukumbi. The team spent two weeks working alongside charity Bridge 2 Aid, to help in their bid to build a sustainable future for the residents of the Bukumbi Care Centre.

Bridge 2 Aid are a charity that strive to provide essential resources for the inhabitants of North West Tanzania all year round, providing the means by which they can not only access basic dental care, but are also able to help people within the community, giving them the chance to live a better, healthier lifestyle.

As part of an on-going commitment to raising money for Bridge 2 Aid, Henry Schein Minerva, Dentists and Dentistry Magazine are sponsoring the Bridge 2 Aid Ball which will coincide with BDA Showcase on the evening of Friday 19th November. Tickets are just £42 each and are available from FMC, so book your tickets for what is set to be a night to remember!!

For details email elisa.allen@fmc.co.uk.

Aquacut Quattro Installed

Denmark Hill in London, is now firmly on the map as far as...
Fluid Abrasion is concerned! The latest Velopex Aquacut Quattro has been installed in Dr Mahtab Kellehaer’s busy Department in the Dental Institute. This light and airy building provides a superb backdrop for this busy department - which now offers all patients the availability of fluid abrasion: Cleaning and Treating, in a calm soothing environment. Dr Kellehaer commented: “I’ve got one in my private practice as well and I’m happy to call myself a user”.

The Velopex Aquacut Quattro contains two chambers, which can accommodate any combination of the 5 Cleaning and Treating media available. The 5µ Treating powder allows the clinician to ablate hard tissue (Composite, enamel and dentine) creating a relatively rough surface - which is ideal for the latest bonding and restorative materials. The 29µ Treating powder gives the clinician a much smoother cut for finer work.

For more information or to ask any questions, please contact: Mark Chapman Medivance Instruments Ltd Barrets Green Road LONDON NW10 7AP Tel 07754 048877

VOCO shows its latest innovations on the BDA conference in Glasgow

High-quality products “Made in Germany” for different indications

Several brand new products for different indications have been presented by VOCO on the British Dental Conference and Exhibition. Such as the non-running, non-dripping syringe based on the innovative non-dripping technology (NDT®) es-

pecially for highly flowable materials. The new NDT® syringe permits the products to be applied in exactly the desired amount without material waste. This means procedure that is not only safe and hygienic, but also economical.

New restorative in Gingiva shades

With Amaris Gingiva VOCO releases the only restorative that permits chair side gingival shade matching for highest standards in aesthetic dentistry. This new material permits the reconstruction of the “red” gingival tissue with a predictable result. Amaris Gingiva provides long-lasting aesthetic restorations with its low abrasion values as well as its high compressive and transverse strength.

Manufacturer: VOCO GmbH, PO Box 767, 27457 Cuxhaven, Germany, www.voco.com
Sales Manager UK: Tim McCarthy, Mobile: 07508-769-615, lmcCarthy@voco.com

GlaxoSmithKline’s Talking Points in Dentistry lecture series just keeps getting better!

GlaxoSmithKline (GSK) is delighted to announce that it has achieved record-breaking attendance figures for its 2009 Talking Points in Dentistry lecture programme. With almost 5000 delegates over the seminar series, the attendance at the Motor Cycle museum in Solihull was up by 100% totally 900 delegates alone.

For three weeks, the event aimed at the whole dental practice, visited 9 venues across the UK offering topical evening lectures to the whole practice team. Speakers this year included Philip Ower, Graham Smart and Ashley Latter.

Jeremy Meader, Sales Director Pharmacy and Dental Channels, comments, “The premise of Talking Points has always been to provide further education in an engaging and entertaining manner. Using the positive feedback that we have received from delegates over the years, has meant that Talking Points has grown into the largest dental seminar programme in the UK.”

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New Patient Guide to Periodontal Disease

It is vital that dental patients are made aware that gum health is paramount in keeping teeth healthy and that effective oral care can maintain gum condition, avoiding the deterioration that eventually leads to the onset of periodontitis.

The leaflet is packed with concise, clear information to help patients identify if their gums are healthy, the causes of gum disease and what to do if they are experiencing any of the symptoms described. The leaflet outlines exactly how dentists will assess gum health and what the treatment options are for controlling gum disease. There is also extremely useful information on preventing the deterioration of gum health.

Blackwell Supplies provides a highly effective yet affordable range of oral health care products to dental professionals, including a variety of products for use as an adjunctive treatment in scaling and root-planing when treating chronic adult periodontal disease.

For more information please call John Jesshop of Blackwell Supplies on 020 7224 1457, fax 020 7224 1694 or email john.jesshop@blackwellsupplies.co.uk

Waterpik® Dental Water Jets Now Available Across All Boots Stores!

The benefits of Waterpik® Dental Water Jet have been documented in numerous clinical studies. Water Pik is delighted to announce that this groundbreaking equipment is now available in over 800 Boots stores across the UK.

Scientifically proven to offer great advantages in a daily healthcare regime, the Waterpik® Dental Water Jet can dramatically improve overall oral health. More and more UK dental professionals are recommending their patients try the Waterpik® dental water jet to see the results for themselves.

Dental professionals can also order Waterpik® dental water jet through their dental wholesaler and make the most of their professional courtesy discount.

Lightweight and cordless, the Waterpik® dental water jet offers many advantages. It is convenient when travelling and its slender shape enables easy storage. The many health benefits of Waterpik® dental water jet includes a hygienic mouth, strong and healthy teeth and gingivae, fresh breath confidence and excellent protection against plaque, bacteria, bleeding and a range of periodontal diseases.

For more information visit www.waterpik.co.uk

A Tale of Refurbishment

It was time for a ‘makeover’ of my associate’s surgery, which would mean stripping the walls back to the brick, rewiring, re-plumbing and then replastering the whole room.

My bête noir is exposed pipework, and with careful planning and astute cabinetry placement, I was determined that the plumbing and wiring should be hidden within the walls and plastered over.

The choice of cabinetry had to be capable of the rest of the practice, where we have bold reds and greens throughout. We needed cabinetry tiles throughout the treatment rooms.

I was impressed with the elegant Tavom cabinetry range, offered by my local equipment dealer, RPA Dental based in Watford. While all the Tavom range is designed in Italy, my cabinetry were assembled for me locally at RPA Dental.

Working with Tavom was a real pleasure, and our major refurbishment was successfully completed within two weeks.

For further information please call Tavom UK on 0870 752 1121, Mr David Rhodes BDS can be contacted on 0161 8815599.

Exceptional Design, Outstanding Delivery

Genus provides a cost effective, high quality Design and Build service to the dental market, working closely with dentists to enable them to develop their own unique vision of a practice. The Genus team uses advanced software to create designs and provides advice on all fixtures and equipment before overseeing the construction phase, to ensure that all runs smoothly.

Alison Telfer of the Glasshouse Clinic in Clapham, London felt that Genius truly understood and followed the brief to deliver a stunning practice design. “Nothing was too big or too small, nothing was a problem. They were amazing.” She praised the way they worked as a team and added, “The design is so exceptional that we’ve had lots of people popping in to have a look and asking about the design. Genius really delivered an outstanding package.”

Genus prides itself on creating top quality surgeries in line with the dentist’s vision, fully equipped to meet the needs of the whole dental team.

For more information please call Genius on 01582 840485 or email info@genusgroup.co.uk, www.genusinteriors.co.uk.
DA invites you to attend the 2009 Annual Session and World Marketplace Exhibition from September 30 to October 4. This isn’t any Annual Session. It will make the culmination of a year-long celebration of the ADA’s 150th anniversary. The refreshing and energising environment will inspire excitement and creativity as we celebrate the past and look to the future of our profession. And of course, it’s never been more important to sharpen your practice management skills and be up to date with today’s latest technologies. The ADA Annual Session will help you stay at the top of your game.

Why you should attend
The ADA Annual Session provides practical advice and information by bringing together leaders in dental practice, research, academics and industry.

- Unlock the secrets of running a highly successful practice.
- With more than 180 continuing education courses spanning four days, you’ll find plenty of ideas you can take home and use immediately. More than 60 per cent of continuing education course seats are free with your registration.
- Learn from the finest minds in the dental community.
- The ADA Annual Session offers an unparalleled opportunity to select from leading speakers, all in one location, and to learn in the most advanced settings in the dental community.
- Test-drive the latest products.
- Shop at the ADA World Marketplace Exhibition. Discover cutting-edge technology and new products from the hundreds of exhibiting companies.
- Build staff camaraderie.
- With the ADA’s inspiring Opening General Session and the fun of Hawaii at night, the ADA Annual Session offers almost endless opportunities for team-building.
- The place for networking.
- More than 200 alumni and professional associations will come together during the ADA Annual Session – the best opportunity to network with peers, make new professional acquaintances, and catch up with old friends.

How to register
Online registration is available at www.ada.org/goto/session.

About the American Dental Association
Celebrating its 150th anniversary, the not-for-profit ADA is the nation’s largest dental association, representing more than 157,000 dentist members. The premier source of oral health information, the ADA has advocated for the public’s health and promoted the art and science of dentistry since 1859. The ADA’s state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made patient experience more positive. The ADA Seal of Acceptance long has been a valuable and respected guide to consumer dental care products. The monthly Journal of the American Dental Association (JADA) is the best-read scientific journal in dentistry. For more information about the ADA, visit the Association’s website at www.ada.org.
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Email: mail@moco.co.uk
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Essential CPD for the dental team

Day 1: Saturday 3 Oct 2009
Dental radiography and radiation protection

Day 2: Saturday 17 Oct 2009
Medical emergencies and infection control

Delegates may attend one or both days
This course will be of interest to dentists, dental hygienists, dental nurses, dental technicians, dental therapists
Earlybird rate available - book before 15 September 2009

For more information contact Cristina Dietmann:
Email: cristina.dietmann@rsm.ac.uk or Tel: +44 (0)20 7290 3919
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A toothpaste that provides the acid erosion benefits of Sensodyne Pronamel, with the added benefit of gently yet effectively removing stains, restoring teeth to their natural whiteness.

So when you identify the signs of acid erosion, you can recommend Sensodyne Pronamel or Sensodyne Pronamel Gentle Whitening.

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