Don’t let drink sneak up on you

People will be warned that they are at risk from serious illness including heart disease, stroke and cancer if they drink just a little bit more than they should, says Health Secretary Andrew Lansley

A brand new nationwide Change4Life campaign launched last week, will expose that drinking slightly over the lower-risk alcohol guidelines can seriously impact long term health.

When people recovered from their weekend excesses or wound down with a glass of wine at home, the new TV adverts went out for the first time.

The adverts highlights that regularly drinking around two large glasses of wine or two strong pints of beer a day triple the risk of developing mouth cancer and double the risk of developing high blood pressure.

A shocking new survey has revealed that most people are unaware of the serious illnesses caused by drinking more than the guidelines. For example:

- 57 per cent did not realise it reduces fertility
- 58 per cent did not realise it reduces damage to alert people that it is not just binge drinkers that damage their health.

“Change4Life is a fantastic, well known campaign, which has already helped a million families around the country. I want to expand it beyond eating well and moving more, so people look after themselves and really do live longer.”

Granny banned from dentist

After expressing her views on mercury fillings a grandmother from Witham has been banned from visiting her dentist. Angela Kilmartin 70, was left “gobsmacked” when she received a letter from Witham’s Cairn Brae Dental practice telling her not to come back. On behalf of the practice, a spokesman for Dental Protection Ltd said: “We cannot comment on specific cases for reasons of patient confidentiality. Cairn Brae Dental Practice prescribes dental care under both NHS and private arrangements and in accordance with all national guidance on dentistry. We strive to provide a high standard of care.”

Cupid and the tooth fairy

With Valentine’s Day a week away, ideas about what to buy your loved one can be a bit difficult, especially if you want to buy something that will brighten and whiten their teeth. Every year your dentist Theodent to its makers, Theodent(TM) set to be a winner. According to its makers, Theodent(TM) neither tastes nor looks like chocolate but its active ingredient is extracted from cocoa and research has shown that it benefits both teeth and gums. “Instead of giving your Valentine a box of chocolates that is full of sugar and fat, consider giving him or her Theodent to brighten and whiten their smile,” said Theodent(TM) President and Chief Executive Officer Arman Sadegh-pour PhD.

Save water!

NSM takes on new challenge

Is it a conspiracy?

Stephen Hudson provides part II of his theory

Practical periodontics

Amit Patel discusses periodontal disease

Be happy!

Liz Hughes reveals the banks are lending

Secret smokers’

Since the UK’s smoking ban the number of people hiding their habit from friends and family has risen. According to a poll conducted by One Poll on behalf of the Co-operative Pharmacy, out of 2000 people, one in 12 have a smoking habit at home; however, 57 per cent of the smokers keep their habit a secret from both partners and children. Since the smoking ban one third of smokers have smoked less, whilst a further four-fifths of smokers have said they want to quit. Despite having the occasional cigarette, one in eight smokers believe they have given it up.

Money Matters

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Andrew Lansley has announced extra cash for dentistry in a major Gov-ernment drive to increase the number of people able to access an NHS dentist.

820,000 more people have already been given access to an NHS dentist since May 2010. Today £28 million of funding has been announced, which will bring the number of extra peo-ple now able to access an NHS dentist to one million.

The funding will be given to PCTs, who have bid for the cash to spend on expanding lo-cal services that best meet their patients’ needs. This will include things like increas-ing the number of appointments with NHS dentists and providing care in people’s homes for peo-ple who can’t travel to see an NHS dentist.

Health Secretary Andrew Lansley said: “Too many people who can’t travel to see an NHS dentist and will include things like increas-ing the number of appointments with NHS dentists and providing care in people’s homes for peo-ple who can’t travel to see an NHS dentist.

The campaign aims to en-courage adults and children to turn off the tap when brush-ing their teeth and save up to 12 litres of water, every time. So Far Save Water Save Money and 19 of the UK’s Water Com-panies have joined forces to encourage water efficiency, by raising awareness of the high levels of water wasted in the bathroom.

Currently, 25 per cent of household energy is spent heating up water and accord-ing to Waterwise, if every adult in England and Wales turned off the tap when brush-ing their teeth, it could save enough water to supply near-ly 500,000 homes or fill 180 Olympic swimming pools – every day!

A list of key facts, water saving products and advice on why we should save water can be found on the National Smile Month website, www.nation-alsmilemonth.org/page/turn-off-the-lap.

The campaign encourages adults and children to turn off the tap when brushing their teeth and save up to 12 litres of water, every time. So far Save Water Save Money and 19 of the UK’s Water Companies have joined forces to encourage water efficiency, by raising awareness of the high levels of water wasted in the bathroom.

“Save water, save money!”

Save water, save money!

Water consumption in the UK is up 50 per cent per person since 1970 and it is feared that if the trend isn’t reversed there will come a time when the de-mand just won’t be able to be met. This will have a devastat-ing effect on the UK’s rivers, lakes and stream levels, ani-mal and plant life so this year, for the first time, the National Smile Month Campaign is pro-moting responsible water use.

Some 28 hours after the operation the patient spoke a few words, and after four days she was able to go home. “This is a great example of how the money we are saving through better management of money, cutting bureaucracy and rooting out waste in the NHS is being reinvested in frontline services for patients.”

The extra funding is part of the Government’s drive to improve oral health and in-crease access to NHS dentists. Part of this is the Govern-ment’s commitment to replicate the current dentist contract with one that they believe sup-ports dentists to improve oral health and increase access to services.

Alix Simpson, a dentist who runs a dental practice in Northampton said: “This is fantastic news for people who couldn’t get to see an NHS den-tist before.”

“We will use the money to make sure that an extra thousand people in the North-ampton area will get access to NHS dental care. This means local people will have healthier teeth, and will be less likely to suffer from long-term dental problems.”

Former Dentist of the Year Dr Helen Chapman, Dr Susan Chipchase and Dr Roger Bretherton from the School of Psychology at the University of Lincoln have been awarded £77,357 from The Shirley Glass tons Trust Fund to investi-gate ‘Dentists’ emotions and cli-cal decision making: individual differnces in susceptibility and the development of a coping package’.

During this 15 month project, the researchers will explore the emotions experienced by dentists in their clinical work and iden-tify possible implications of these emotions.

An early information gath-ering stage will inform the de-velopment of a coping skills package, based on cognitive be-havioural principles, which will be evaluated in the last stage of the research.

The ultimate aim of this re-search is that this coping skills package will be included as part of dentists’ continuing profession-al development to increase their awareness of how their emotions may impact on their clinical work and equip them with the skills to cope with these emotions in their dentistry work.

The research question was originally posed on the Primary Dental Research Forum. A sur-vay via the discussion forum of GDPs found that 60 per cent of participants felt that their clinical decision making was affected by fear on a daily basis. Contributors also felt that training to help cope with the issue is needed.

The research team is cur-rently seeking to recruit a pool of volunteers from the Lin-colnshire area who might be interested in participating in an hour-long face-to-face interview to discuss this issue which will be conducted at their practice.

From this pool, the team hopes to draw a sample of dentists who represent a complete cross-section of primary care dentists.

If you think you might be interested in participating, please contact Helen Chapman at hchapman9@lincoln.ac.uk or 0796 455 6316. You will then be sent a full description of the study so that you can make an informed choice about possible participation.

Are clinical decisions affected by fear?

5D printer designs jaw

A jaw that was designed and created by a 3D printer has been fitted to an 85-year-old woman in what doctors say is the ‘first operation of its kind.’

The jaw is far from a sim-ple design, with articulated joints and cavities to help en-courage muscle attachment and grooves to direct the re-growth of nerves and veins; according to a BBC report, it was made out of layers and layers of titanium powder that was heated and fused together by a laser.

“Once we received the 3D digital design, the part was split up automatically into 2D layers and then we sent those cross sections to the printing machine.” Ruben Wauthle, LayerWise’s medical appli-cations engineer, said in the BBC report.

“This was repeated with each cross section melted to the previous layer. It took 55 layers to build 1mm of height, so you can imagine there were many thousand layers neces-sary to build this jawbone.”

Once completed, the new jaw was then given a bio-ceramic coating.

The team said the opera-tion, which was carried out in June in the Netherlands, took four hours and incredibly the woman was able to go home after four days.

“Shortly after waking up from the anaesthetics the pa-tient spoke a few words, and the day after the patient was able to swallow again,” said Dr Jules Poukens from Hasselt University, who led the surgi-cal team.

Technicians are hop-ing that after the operations success, similar techniques will become more common in the future.

The jaw itself has been described as ‘patient-specif-ic’ and although it weighs a third heavier than the wom-an’s previous jaw, doctors have said that it won’t be long before she gets used to the extra weight.

The surgery follows re-search carried out at the Bio-medical Research Institute at Hasselt University in Belgium, and the implant was built by LayerWise - a specialised met-al-parts manufacturer based in the same country.

However, the work doesn’t stop there. Later this month the team will remove healing implants that were inserted into the implant’s surface; this will be followed by the attachment of a specially made dental bridge and false teeth, which will be screwed into place.

The research follows a separate project at Washing-ton State University where engineers demonstrated how 3D printer-created ceramic scaffolds could be used to pro-mote the growth of new bone tissue.
Editorial comment

In these days of focusing on the patient journey it is easy to forget that the practitioner takes a journey too.

It seems that the practitioners’ journey is coming more into focus as research looking at the clinical implications of the emotional state of the clinician is about to begin.

Smile centre launches

Two of the North West’s leading dental clinicians have teamed up for a joint venture in Manchester.

Clinical Dental Technician Barrie Semp, owner of The Smile Centre in Whitefield, has joined forces top dentist Phil Broughton, owner of The Mall in Manchester.

Situated in Pall Mall, The Smile Centre will provide a complete service for patients covering dentures, dental implants and cosmetic dentistry. Broughton, who leads a team of six dentists, will also provide dental services to Semp at The Smile Centre’s other new clinic in Lichfield, Staffordshire.

Semp, who sits on the board of the British Association of Clinical Dental Technology, said: “I am delighted to be joining forces with Phil Broughton and The Mall team. Phil is widely recognised as one of the leading implant dentists in the UK.

“Implants are an increasingly popular option for replacing missing teeth and can be inserted directly into the jawbone like the roots of natural teeth. The dentures are then securely fixed to the implant.

“The new venture will also offer patients the complete range of cosmetic dentistry including teeth whitening, orthodontics and veneers.

“By joining forces, we are combining two of the most advanced dentistry businesses in the North West, providing patients with a customer experience second to none.”

Phil Broughton, who includes footballers, actresses and other celebrities among his patients, said: “The opening of The Smile Centre at The Mall is a superb development not just for our two businesses but, more importantly, patients across the UK. This joint venture brings together the country’s leading dentist with our own, technically advanced, mercury-free, independent dental practice.

As you can see from our article on page two, a research project ‘Dentists’ emotions and clinical decision making: Individual differences in susceptibility and the development of a coping package’ is looking for Lincolnshire-based volunteers to take part in the research. The aim is to develop strategies to help clinicians cope with emotions to minimise the impact on clinical decision-making.

Recently, a report into the three years of the existence of the Practitioner Health Programme (PHP) has been published. PHP provides healthcare services to medical and dental practitioners primarily in the London area; over the last three years more than five per cent of those who used PHP’s services were dentists. Many of the cases that PHP has seen include addiction or mental health diagnoses.

Given that those in the health-care profession are often the ones most reluctant to seek treatment (physician, heal thyself’ springs to mind) this rising awareness of practitioners’ needs is a vital time.

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Dose and administration: Recommended dosage for single application for max teeth: up to 0.25ml (=5.65mg Fluoride), for mixed dentition: up to 0.40ml (=9.04mg Fluoride), for permanent dentition: up to 0.75ml (=16.95mg Fluoride). For caries prophylaxis the application is usually repeated every 6 months but more frequent applications (every 3 months) may be made. For hypersensitivity 2 or 3 applications should be made within a few days.

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Dentists’ emotions and clinical decision making: Individual differences in susceptibility and the development of a coping package.

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Or email: lisa@dentaltribuneuk.com
Cigarette machine ban begins in Wales

A ban on cigarette vending machines came into force in Wales on 1st February and is soon to be issued in Northern Island on 1st March. The ban came about after it emerged that a shocking 10 per cent of smokers between 11-15 years-old brought cigarettes from vending machines: with the new law in place young people will now find it much harder to buy cigarettes.

The ban was originally imposed in England in October 2011; however, due to legal reasons, it has taken time to be imposed in other areas of the UK.

“Banning sales of tobacco from vending machines is a step in the right direction to reducing smoking addiction in childhood and improving the public health of our communities,” said Steve Whitehouse, chair of Wales’ heads of trading standards (WHiTS) officials in a BBC report.

There were an estimated 5,000 vending machines in Wales before the ban was imposed and research published by Welsh trading standards officials in 2009 young people could successfully purchase cigarettes from vending machines. However, Simon Clark, director of the pro-smoking group Forest, said that vending machines were an expensive way to buy cigarettes and he did not believe the machines were being used by children.

In the BBC report, Carole Morgan Jones, campaign manager at Action on Smoking and Health (Ash) in Wales, said the ban was the most “comprehensive measure for children’s access to cigarettes.”

“The rationale behind it is that vending machines are easily accessible to children to purchase cigarettes and they often aren’t challenged by staff where they are at the moment and this is a vital measure,” she told the Good Morning Wales programme.

“In addition, a new domiciliary (home) service for patients unable to leave their home or residential care home started in November 2010 covering the whole of Suffolk.”

The spokesman also said that patient access for those unable to leave home increased “month-on-month” in the past six months, with 97 per cent of patients being able to arrange an appointment when needed.

Suffolk dentists miss out on funding

According to a recent report, NHS Suffolk has not applied for a portion of the £2m set aside by the Government to help increase the amount of people to have an NHS dentist.

The funding was available for Primary Care Trusts (PCT) throughout the region as part of a £28m project announced by Health Secretary Andrew Lansley. The cash had been set aside for PCTs to expand local services to best suit patient needs, however, according to an NHS Suffolk spokeswoman, the PCT did not bid for the additional funding due to a concern that dentists would not be able to meet the requirements for the funding to be used this year.

According to the report, NHS Suffolk has invested more than £5m in the dental community over the past four years; in total, seven new practices have been established and existing practices have been expanded. Overall, the investment has helped more than 60 per cent of NHS practices accept new patients.

The spokeswoman said in a report: “Providing NHS dental services within a rural area does present more of a challenge. In response to this challenge in 2008, NHS Suffolk’s Board established standards for access to NHS dental care; individuals living in a rural area should be within six miles and those living in a rural area within 12 miles of an NHS practice and we continue to aim for our dental provision to meet these standards.

“For instance a routine appointment would be available within six weeks and an urgent appointment for anyone in pain within 56 hours. These standards are being met across Suffolk.

“Well we are here and we are finding it difficult to get people to come along.”

The practice opened on August 1, having been commissioned as part of a £1.8 million investment in dentistry across the county by NHS Suffolk.

NHS Suffolk dental contracts manager Tim Price said: “Often people don’t realise that there are NHS dental practices across the county taking on new patients, just like Toot Booth in Worthing, and we would encourage people looking for a NHS dentist in the Worthing area to call the practice and book an appointment.

“We can assure people that dental practices across Suffolk continue to take on new NHS patients.”

Sussex dentists ‘struggle to fill NHS holes’

According to report, dentists throughout Sussex are struggling to fill gaps caused by a shortage of NHS patients.

Although health bosses are urging the public to take advantage of the NHS dental places, some practices are not registering as many new patients as they had planned.

For example, a practice that opened in Worthing six months ago in response to calls from locals for more NHS dentists, has failed to fill the number of patients originally expected. The practice currently cares for 1,000 patients and yet has the potential to care for up to 6,000 people.

Practice manager Shane Smith, of the Toot Booth said they had until the end of this financial year to boost numbers or they could lose vital funding.

He said: “We have been surprised at the lower-than-expected numbers because a lot of people have been talking about the unavailability of NHS dentists.

“Yet we are here and we are finding it difficult to get people to come along.”

The practice opened on August 1, having been commissioned as part of a £1.8 million investment in dentistry across the county by NHS Sussex.

NHS Sussex dental contracts manager Tim Price said: “Often people don’t realise that there are NHS dental practices across the county taking on new patients, just like Toot Booth in Worthing, and we would encourage people looking for a NHS dentists in the Worthing area to call the practice and book an appointment.

“We can assure people that dental practices across Sussex continue to take on new NHS patients.”

Dentist gets paper clip prison sentence

Boston dentist, Mr Clair, who had been using paper clips as a cheap alternative in root canal treatment, was sentenced at the Bristol County House of Correction, U.S. Reports claimed that he had not only faced charges of assault and battery, but also faced charges with regards to defrauding Medicaid of $150,000.

The court heard that Mr Clair’s substandard dental treatment left many patients in terrible pain and a number of patients developed a range of problems, including loss of teeth and infections.

Originally the prosecutors had requested a five-year sentence; however, much to the annoyance of Mr Clair’s victims and former colleagues, the dentist only received a one-year sentence.

According to reports, the final sentence was decided after ‘mitigating factors’ were taken into account; these included a lack of criminal record, mental health issues and the fact that Mr Clair accepted responsibility for his actions. However, after it was revealed that Mr Clair’s former staff members were concerned for their own safety, a further request from the prosecutors that Mr Clair stay away from his victims and former colleagues was granted by the Judge.

Reports further stated that Mr Clair is now banned from practicing dentistry anywhere in the USA and upon his release he will have to complete five years of probation.
Switch on to new ideas

Speakers:

Prof Nasser Barghi
Dr Richard Kahan
Prof Gianluca Gambarini
Dr Wyman Chan
Dr John Moore
Dr Ajay Kakar
Ms Jackie Coventry
Dr Mona Kakar
Basil Mizrahi
Fraser McCord
Mhari Coxon
Amit Patel
Anthony Roberts
‘Give dental kits to every child’

A £15m project aimed at improving the dental health of children has been introduced in Scotland.

Although the scheme, which is called Childsmile, has been described as ‘ambitious’ by Public Health Minister Michael Matheson, it’s focus is to stress to children the importance of brushing their teeth.

The scheme will mean that by the age of five, all children will be given a pack containing a toothbrush, toothpaste and an information leaflet at least six times.

In the more deprived areas of Scotland, fluoride will be applied to children’s teeth to help prevent them getting tooth decay.

So far children have been taught how to brush their teeth properly in more than 90 per cent of nursery and primary school which in the most deprived areas.

Mr Matheson said in a report: “Thanks to work to ensure that children know the importance of dental care at the earliest age, Scotland’s children are now primed to have a lifetime of good oral health.

“Through Childsmile nursery we have seen specially trained dental nurses going into schools and providing clinical preventive care to children. Targeting children in the most deprived areas, Childsmile School is also delivering a range of preventative care interventions for children in primary one and two to reduce the risk of dental decay.”

Ray McAndrew, associate medical director in oral health at NHS Greater Glasgow and Clyde, said in the report: “This exciting programme encourages dentists and their staff to give advice to parents on the care of their children’s teeth. It places a strong emphasis on preventing dental decay through daily tooth brushing using fluoride toothpaste and advice on diet.

“Childsmile Practice also encourages dentists to apply fluoride varnish to young children’s teeth, which has been shown to reduce tooth decay.”

So far around 900 dental practices across the country are involved in the scheme.

Is it time to call for a sugar tax?

In the past 50 years sugar consumption throughout the world has more than tripled and according to US experts, the sweet granule is just as damaging and addictive as alcohol and tobacco and should be regulated.

To curb and control the soaring consumption of sugar new policies, such as sugar taxes, have been suggested by a University of California team. Other suggestions have been made in the journal Nature, where Prof Robert Lustig argued for a ‘major shift’ in public policy, suggesting that taxes, age restrictions and limiting the sales of sweet food and drinks during school hours would be a change in the right direction.

However, the Food and Drink Federation have reportedly said that ‘demystifying’ sugar would not solve the problem, as the key to good health is a balanced diet.

Even still, several countries have already started imposing taxes on what are considered as unhealthy foods, such as soft drinks and saturated fat, and now US researchers are proposing similar policies on sugar.

Dr Peter Scarborough of the British Heart Foundation Health Promotion Research Group at the University of Oxford, said in a report that although imposing taxes on certain foods was something policymakers should consider, doing so could have ‘unintended consequences’ in the form of people cutting out fruit and vegetables so they can afford the sweeter things in life.

He told the BBC: “If you only tax one aspect of food like sugar you can have unintended consequences... [But] if you tax fat, salt and sugar, combined with subsidies for fruit and vegetables, you’ll get healthier diets.”

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: “A proposed tax on sugar certainly could have a positive impact on oral health, particularly for children. Tooth decay remains a large problem, with one in three children starting school with the disease.

“However, it remains to be seen how such a tax would be implemented successfully. It is not as simple as merely taxing sugar, as all fermented carbohydrates would also be taxed, so we should approach the idea with caution.

“It is clear from the rising number of health problems resulting from high sugar consumption that people need more education on what sugar-free alternatives are available. People also need clear information and advice on how they can regulate their diet. The frequency of sugar intake can cause damage to teeth, so cutting down on sugary foods and drinks will satisfy not just oral health, but overall health too.”

Barbara Gallani, director of food safety and science at the UK Food and Drink Federation, said in a BBC report that: “The key to good health is a balanced and varied diet, in the context of a healthy lifestyle that includes plenty of physical activity.”

Sugar Nutrition UK said: “Over many years, a number of expert committees have examined the scientific evidence relating to the consumption of sugar and other carbohydrates. These committees have included The European Food Safety Authority (2010), World Health Organization and Food and Agriculture Organization (2003), Institute of Medicine of the National Academies (2002), Food & Agriculture Organization of the United Nations (1990) and UK Department of Health (1989).

“All have concluded that the balance of available evidence does not indicate that sugar at the level currently consumed in any of the ‘lifestyle diseases’ such as obesity, diabetes, coronary heart disease, or cancer at any sites.”

BDA calls for retirement age pensions proposal to be rethought

The British Dental Association (BDA) is calling for a proposal to extend dentists’ working lives to the age of 68 to be abandoned by Government. The proposal is part of a raft of fundamental reforms Government wishes to make to the NHS pension scheme. Health trade unions, including the BDA, are consulting members on the acceptability of those proposals, the current iteration of which was arrived at before Christmas 2011 as the best achievable by negotiation.

The BDA call follows a survey of more than 4,000 dentists, which found that a significant majority of practitioners (68 per cent) did not think it was safe for practitioners up to the age of 68 to continue treating patients. A further 14 per cent of respondents said they were unsure whether doing so was safe or not.

Practitioners’ concerns have been communicated to the Department of Health (DH) in a letter from Dr Stuart Sanderson, the Chair of the Executive Board. The warning echoes that expressed by other bodies representing health professionals, including the British Medical Association.

The BDA survey also asked dentists whether they might, in principle, consider taking industrial action if they consider the proposals unacceptable. The response to that question is being analysed and will inform a BDA Representative Body decision about the appropriate action.

Dr Sanderson said: “A great deal of concern has been expressed about clinicians being asked to extend their working lives as a result of these pensions proposals. Dentistry, like other careers in healthcare, can be very physically demanding. The wisdom of asking dentists to extend their working lives is questionable and, as this survey shows, causes of significant anxiety to those best-placed to judge their own ability to carry on providing care to patients. We are asking Government to listen to these concerns and re-think this proposal.”

Studies analysis supports baking soda plaque removal

New research published in The Journal of Clinical Dentistry (Volume XXII 2011 Number 5) has found that baking soda toothpastes are more effective in enhancing plaque removal from hard-to-reach areas of the dentition than non-baking soda variants.

“In addition to offering immediate plaque removal benefits, baking soda toothpastes were also found to remove twice as much plaque after repeated regular brushings than non-baking soda toothpastes.”

Dental consultant for Church & Dwight Co., Inc, the maker of Arm & Hammer toothpastes, Dr Graham Barnby says: “The clinical credentials and potential health benefits of baking soda have been in public investment for many years. This new study provides evidence that the use of baking soda in toothpastes can result in greater plaque removal than in non-baking soda toothpastes.”

To date, there have been numerous studies to support the efficacy of baking soda as a mechanism for plaque removal. This new study states that baking soda is a unique ingredient, clinically superior to the usual plaque biofilm present on tooth surfaces.

In all but one of the 24 comparisons carried out, baking soda toothpastes were relatively more effective in areas with less access to the toothbrush. This indicates that plaque removal is achieved by the action of baking soda in its disodium, rather than due to physical displacement caused by the baking soda crystal.

Sugar taxes have been suggested to curb and control the consumption of sugar

Tobacco and should be regulated.

Systematic reviewing and addictive as alcohol and tobacco and should be regulated.

Tobacco and should be regulated.
MDDUS welcomes clarification of treatment during pregnancy

Dentists in Scotland are urged to get up to speed with the latest advice issued on the contentious subject of the use of amalgam fillings during pregnancy.

NHS practitioners in Scotland will have received a document entitled 'White fillings in those who are pregnant or are nursing mothers' with their January schedules.

Over the past few months, UK-wide dental defence organisation MDDUS has received a number of enquiries in relation to this increasingly controversial issue.

While the advice in this circular represents a complete departure from previous policy, MDDUS dental adviser Doug Hamilton welcomes the publication of definitive guidance for posterior restorations in pregnant patients.

He says: “Provision of amalgam during pregnancy has always been attended by more general concerns in relation to its possible teratogenic effects.

“Current advice from MDDUS continues to mirror that provided by the Department of Health - while foetal risk from amalgam is largely theoretical, placement and removal of this material during pregnancy should be delayed unless there is an over-riding clinical need.”

Clearly, such clinical concerns do not apply where a pregnant patient will not consent to the placement of amalgam. However, in these circumstances, problems have arisen where practitioners have offered these patients an alternative in the form of posterior resin, but on a non-NHS basis.

“To do so would seem quite reasonable since there has never been any section in the Statement of Dental Remuneration which expressly provides for non-amalgam posterior occlusal fillings in pregnant patients,” says Hamilton.

“Yet, in adopting this approach, NHS practitioners were potentially in breach of their terms of service.

“Finally, these patients could have been offered a temporary dressing followed by a permanent amalgam post-partum, both of which are available on the NHS. Secondly, it was the established custom and practice at Practitioner Services to award a code and discretionary fee which allowed posterior resin to be provided free of charge for pregnant patients.

“Therefore, in instances where complaints were made by patients who had paid privately for this treatment, it was the advice of MDDUS that a refund should be offered.”

In response to the growing confusion, a circular was released by Practitioner Services in September confirming their ongoing policy of approving and funding of resin fillings in posterior occlusal surfaces during pregnancy, but indicating that each case would be individually assessed and discretion may be made to PSD for a temporary dressing fee, so that the tooth can be restored with amalgam after the birth.

“NHS patients should be offered these options to avoid infringement of the practitioners’ terms of service.”

While the flow chart which accompanies this circular is very informative, some practitioners may feel that it fails to address every clinical scenario.

In response to these possible concerns, Hamilton concludes: “These guidelines may be subject to further clarification. However, at this stage, we anticipate that, where retention of a temporary dressing requires amalgam removal, an NHS fee may not be payable. In such circumstances, the practitioner should make scrupulous clinical notes (ideally accompanied by pre-operative photographs), together with a very careful record of the consenting process.

“As always, practitioners must be prepared to justify the recommendation of private treatment to NHS patients.”

Members of MDDUS who have concerns in relation to this matter should not hesitate to contact a dental adviser for further information.

Cocktail of uncertainty for dental students

A cocktail of spiralling levels of debt for dental students, uncertainty about the financial support available to them, and concerns about changing career pathways, could conspire to dissuade capable young candidates from applying for dental courses even if they are serious about these issues and concerned about their personal career prospects make decisions about whether to apply for dental courses even harder.

If the Government is serious about its very laudable Fair Access to the Professions agenda, then it must think seriously about these issues and seek to provide certainty by finalising arrangements for NHS bursaries to ease concerns about how studies can be funded.

Meanwhile, while the advice in this circular is very informative, some practitioners may feel that it fails to address every clinical scenario.

In response to these possible concerns, Hamilton concludes: “These guidelines may be subject to further clarification. However, at this stage, we anticipate that, where retention of a temporary dressing requires amalgam removal, an NHS fee may not be payable. In such circumstances, the practitioner should make scrupulous clinical notes (ideally accompanied by pre-operative photographs), together with a very careful record of the consenting process.

“As always, practitioners must be prepared to justify the recommendation of private treatment to NHS patients.”

Members of MDDUS who have concerns in relation to this matter should not hesitate to contact a dental adviser for further information.

For further information, see the BDA website.
What are you going to do?
Stephen Hudson provides part II of his conspiracy trilogy

What are you going to do? In my recent article Are they all out to get you? I put forward the concept of dealing with the irritations and annoyances in life by either accepting them completely, or taking massive action to change them. Both concepts are designed to empower you and give you back your piece of mind. Both actions are designed to change your focus, and I want to talk about these concepts in more depth.

Acceptance
Of course as we both know, it was never going to be as easy to accept such things. It is amazingly hard to accept that your council’s traffic planning office is run by complete numpties who should have been sacked years ago, especially if you drive to work every day. Imagine then how hard it can be to accept blatant corruption and injustice in your own supposedly civilised country. Can you look at the crimes the banks have been allowed to get away with and not feel a tad irritated? Can you see the growing underclass of people in this country who have been beaten down psychologically (and sometimes physically)

by the system, who see themselves as having no future within that system and not feel just a smidge annoyed? Can you stand by as our politicians order our military to act as judge, jury and executioner in countries that many in this country couldn’t find on a map……. without raising an eyebrow?

It’s difficult isn’t it? But here come those questions again:

Can you actually do anything about what is troubling you?

And if so, are you actually prepared to do anything about it?

Are you prepared to take the massive action required, to put your head above the parapet and to make yourself a target to the establishment?

Change of focus
If the answer is no, then for your own psychological (and in some instances physical) health I would argue you have to accept it. Grumbling about it, complaining about it and
It is perhaps time to focus your life somewhere else, and stop reading the damned newspaper. Switch off the TV, and go outside, breathe deeply and revel in the miracle of life.

This world is amazing, so if you either can't or won't do anything about the problems of the world, then I would say it is time to focus on what is right, and how your life can be improved.

Right to judge
And another thing, don't think anyone has a right to judge you if you said no. There are a million and one scandals, famines, wars, corrupt politicians, crimes and injustices in the world to keep you busy ever second of every day. Whilst I would argue that one person CAN change the world, you are not necessarily that person. I'm certainly not, I realised that months ago. For years I'd been raging about this and ranting about that and it didn't achieve a damn thing except a deep feeling of dissatisfaction and indignation. Here are a few, just as a taster:

- The fact that the Blair government went into an illegal war in Iraq
- The fact that we are one of the largest exporters of weapons in the world
- The fact that the electric car is a shining beacon of wealth, health, honesty, compassion and love. You can't change the plight of the Palestinians or the fate of the rainforest, but you can change yourself. You control
- What you eat
- Where you shop
- What you pay attention on
- Who you spend your time with
- What you read
- What you wear
- What you drink
- How you spend your time

Be the change you want to see in the world
You can make your life a shining beacon of wealth, health, honesty, compassion and love. You can't change the plight of the Palestinians or the fate of the rainforest, but you can change yourself.

To make change you need guts, commitment and perseverance
To make change you need guts, commitment and perseverance. It requires focus and conviction. It requires your life’s energies. And you may well be the next Ghandi, the next JFK, the next Martin Luther King or the next Brian Haw. But all of those people made great sacrifices for what they believed in, and all of them paid the ultimate price. If you are going to do this, you need to leave your naiveté behind.

So what are you going to do?
Are you going to BE the change you want to see in the world?
Or are you going to try and MAKE the change?

That decision I leave up to you. But to do nothing just makes you part of the problem.

About the author
Stephen Hudson is a Dental Practice owner working in Chesterfield. When he qualified in 1995, he soon realised that the way most dentists treated their dentistry was slowly killing them, and decided he needed to try and do something to reverse this trend. This was why he set up the website www.gdpresources.co.uk. He can be contacted through his website www.gdpresources.co.uk.
Routine housekeeping

Sharon Holmes on checklists, templates and task tracker's

I then email this report back to the practice. This report is printed and signed off by the practice manager acknowledging that the tasks have been completed. I find this to be one of my helpful 'tools' in keeping up to speed with all the necessary procedures that we now have to carry out routinely. If there are any tasks that need to be carried out (for example the fire extinguishers may require their yearly service) this gets added onto our 'Task Tracker'.

Each week when the practice manager and I meet we use the site visit check list as well as the task tracker to keep abreast of what needs to be done.

If for some reason I am unable to carry out a site visit the practice manager still sends me the site visit checklist to confirm that all the necessary tasks have been carried out. This is used as an assurance to me that the tasks have been done even though I have noted checked myself.

Briefing
Each Monday afternoon I receive a 'weekly briefing' folder which contains the site visit check list, weekly financial summations as well as any agendas for staff meetings or training sessions that have been carried out. Each Tuesday I go through the folders and the enclosed reports, from this I create my own Task Master to ensure that I have closure to all pending issues.

As Winston Churchill once said: "You have enemies? Good. That means you've stood up for something, sometime in your life."

About the author

Sharon Holmes has worked in the field of dental practice management since 1992. In 2003, she moved to London City Dental Practice where, after 18 months, was responsible for managing four practices in the group. The London City Dental Practice is now part of a mini co-operative group called the Dental Arts Studio, of which she has been instrumental in its creation.

Making a checklist is a great way to keep organised

R

unning a dental practice has become a pressured role. There are many daily routine tasks that need to be carried out to ensure that you are managing the practice effectively. To enable me and my team to work in an organised fashion we have created a variety of check lists or templates if you prefer. There are three areas that we cover; they are daily, weekly and monthly. They are for the receptionists, procedures for the nurses and for the practice manager.

Relevant tasks
They are carefully thought out lists of each task that needs to be carried out. It also forms part of the GC protocol whereby everything needs to be documented and evidenced based. I have created a 'site visit checklist' for senior management. On this check list is recorded all the relevant tasks that need to be checked and signed off. I have broken the duties down into categories to make sure I cover all tasks. For example when it comes to routine computer work I have a category named as IT and on the list is, EDI transmissions sent, responses checked and backups done and so forth. The categories that I have are as follows:

1. Administration - financial reports
2. IT - submissions and claims
3. Patient complaints
4. Staff management HR - leave forms, sick leave etc
5. Clinical Governance - infection control
6. Health and Safety - fire safety, emergency drug kits and 60 Cylinders
7. COSHH - control of substances
8. Maintenance of equipment - chairs, suction, presurors
9. Record of stock purchased - using budget report
10. Practice stationery - private or NHS
11. Reception and patients' toilet – for tidiness and sundries

Each week the practice manager has the responsibility of carrying out the initial site check prior to my site visit. This report is sent to me the day before I am due in. The reason I have the practice managers carry out the check the day before I come in is to allow them to correct any errors.

Checklist
On the day that I visit each practice I take the checklist and go through each responsibility that is charted. This covers everything from administrations tasks to infection control and health and safety checks. I have the practice managers accompany me on the walkabout so that if anything has been overlooked it can be discussed and noted at that point. I also meet with our head nurses to discuss any issues that may have arisen during the course of the week.

I then go through the folders and the enclosed reports, from this I create my own Task Master to ensure that I have closure to all pending issues.

Great effort
It takes great effort to take care of a dental practice to the degree that each member of the team is carrying out their tasks. It is impossible in today's times for one person to be solely responsible for carrying out all tasks as well as taking care of the welfare of the staff and the patients alike.

There is no truer meaning to the term 'teamwork'. With great effort and attitude we could all work in a calmer and happier work environment without constantly worrying about the threat of the Care Quality Commission. Unfortunately the job is never done until the paperwork is complete and that just never ends!
High fibre diet dramatically lowers inflammatory disease risk

A study by researchers from the Fred Hutchinson Cancer Research Center has shown that a diet rich in high-fibre foods significantly reduces markers of inflammation associated with the onset of chronic disease.

The study, which was published in The Journal of Nutrition, explained that a diet rich in slowly digested carbohydrates, such as leafy green vegetables, significantly improves insulin signalling and resistance that promote life-shortening diseases including cancer, cardiovascular, stroke and dementia.

The study was conducted on 80 men and women from Seattle, WA; using a standard BMI scale, half of the participants were overweight, whilst the other half were healthy and of normal weight.

According to a report, the researchers discovered that among those that were overweight and obese, a low-glycemic-load diet reduced a biomarker of inflammation called C-reactive protein by about 22 per cent.

Previous studies have suggested a correlation between dietary carbohydrate and sugar consumption; however, this specific research is important, as one report suggested, because the C-reactive protein is associated with an increased risk for many cancers as well as cardiovascular disease.

It has been suggested that eating between 50 and 50 grams of fibre a day from a variety of different foods can help control systemic inflammation and lower disease risk.

The study provides another chapter to the growing body of research that demonstrates the importance of dietary choices to prevent heart disease, cancer, diabetes and most chronic illnesses.
Cosmetic and implant dentistry has become increasingly popular amongst dentists who provide the treatment and patients who seek it, but as this type of dentistry increases so does litigation. Defense organisations have noted that their highest litigation costs are due to an increase in undiagnosed periodontal disease, poorly planned cosmetic and implant dentistry. A failure to diagnose periodontal disease, inadequate records, poor qualitative treatment and treatment planning, supervised neglect and failure to refer, all lead to an increase in undiagnosed periodontal disease, poorly controlled treatment and treatment failure to treat and when to refer using the British Periodontal Societies referral policy.

As the clinician it is important to assess the periodontal condition before starting any simple or complex restorative dentistry. There is very good long term evidence to show that once the foundation of the periodontium is stable and good plaque control is achieved, the restorative treatment will have a better long term prognosis. This article will briefly discuss the simple tools we have within our surgeries to help diagnose periodontal disease and when to treat and when to refer using the British Periodontal Societies referral policy.

The clinical signs of chronic periodontal disease are gingival inflammation and bleeding, pocketing, gingival recession, tooth mobility and migration, alveolar bone loss and halitosis. Figure 1 shows a patient with gingival inflammation and bleeding on probing with pocketing greater than 5mm. A good predictor of gingival health is no bleeding.

Figure 1

Amit Patel discusses the ways to help diagnose periodontal disease

The BPE is an index for treatment need and does not estimate the level of disease present. A loss of attachment chart will give the level of disease present. Recently the British Society of Periodontology have made a slight change to the BPE scoring. Code * has now been changed to denote the presence of a furcation or attachment loss of 7mm or greater. The society has also said that the BPE codes and the * should be recorded for each sextant where a furcation is present. An example is shown in table 2:

A furcation probe or Naber’s probe is also an essential tool when assessing the degree of furcation involvement of a molar tooth. We can measure the amount of horizontal bone loss that has occurred within the furcation this is classified as class 1, 2 and 5 furcations. The dark bands represent 5mm markings (Fig 5). Class 1 furcation is noted when the probe penetrates less than 5mm into the furcation (Fig 7). A class 2 furcation is when the probe penetrates greater than 5mm but does not go all the way through the furcation (Figs 8, 9). A class 5 furcation is when the probe passes through the furcation unimpeded (Figs 10, 11).

Radiographs are another important tool used to assess the bone levels around each tooth, root morphology and furcation involvement and therefore the support present and long term prognosis of the teeth (Fig 9). Long cone parallel radiographs or vertical bitewings are taken of sextants when the score is 5 or more (Fig 6).

Risk factors

The clinician should also be aware of risk factors which

Table 1

<table>
<thead>
<tr>
<th>Code</th>
<th>No bleeding or pocketing ≤ 3mm</th>
<th>Bleeding on probing</th>
<th>Hygiene instruction and scaling</th>
</tr>
</thead>
<tbody>
<tr>
<td>4*</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3*</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2

Table 2 presents the BPE (Basic Periodontal Examination) probe otherwise known as a WHO 821 probe (Fig 5). This probe has a ball end at the tip 0.5mm in diameter, a black banded area marked at 5.5-5.5mm. The BPE is a simple and quick way of screening our patients for any underlying periodontal disease. Williams’ probes are also commonly used to assess the periodontal tissues; this probe has graduated markings at 1-2, 3-5, 7-8, 9-10mm (Fig 4).

The BPE was developed by the British Society of Periodontology. It is a method of screening patients, to determine the level of disease present and to determine the treatment required for the level of disease present. The BPE divides the mouth into sextants (Fig 1). It is also commonly used to assess the periodontal tissues; this probe has graduated markings at 1-2, 3-5, 7-8, 9-10mm (Fig 4).

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Fig 1

Fig 2

Fig 3

Fig 4

Fig 5

Fig 6

Fig 7

Fig 8

Fig 9

Table 1

Table 2

Table 1

Table 2
can exacerbate the existing periodontal disease; diabetes, smoking and genetics. A combination of these factors makes certain patients susceptible to higher risks of periodontal disease. These cases may be treated in practice but referral to a specialist would be required if the disease is not stabilised.

Recognition of risk factors include:

• BPE scores of 3, 4 or * in patients under 55 years old

• Smoking 10+ cigarettes a day

• A medical condition directly affecting the periodontal tissues eg diabetes, stress and certain types of medication

• Root morphology that adversely affects prognosis

• Rapid periodontal breakdown ≥2mm attachment loss in any one year

Oral hygiene
A high standard of oral hygiene is critical for successful periodontal therapy. There is lots of evidence to show that regular plaque removal around periodontally involved teeth at a level that prevents bleeding on probing leads to a reduction in disease progression. It is essential that the patient is taught ways that are simple and yet effective to improve their plaque control at home with daily use of a rotating oscillating electric toothbrush and interdental brushes (Fig 12). A systematic review by the Cochrane Library has shown that a rotating oscillating electric toothbrush is far more effective at removing plaque.

A study has shown that using the correct sized interdental brushes can improve the periodontal condition significantly. A recent systematic review has also shown that flossing by patients has no effect on the plaque index or gingival index and flossing is not
effective in periodontally compromised patients. Interden-
tal brushes have been shown to remove more plaque than
flossing.

It is important to motivate your patients to use the larg-
est interdental brushes (Figs 11, 15) but this can be a little
difficult as they may not be able to see the short term ben-
efits as their gums may bleed more and the interproximal
spaces will become larger. It is essential to continually re-
inforce the same message this will reassure the patient and
after a short time they will see visible benefits ie less bleed-
ing on cleaning and healthier looking gingiva.

A case study
A 52-year-old gentleman was referred to me complaining of
loose teeth and bleeding gums for more than 12 months. He
is fit and well and is a non-
smoker. A diagnosis of gener-
alised aggressive periodontitis
was made from the clinical ex-
amination (Figs 14-17). At the
consultation appointment oral
hygiene instructions was giv-
en and the largest interdental brushes demonstrated. At the
following appointment the full
mouth non-surgical phase was
conducted with systemic an-
tibiotics. From Figures 18-21 it can be noted that using the
correct size interdental brush-
es can lead to a reduction in
inflammation and therefore a
reduction in pocket depth.

Eight weeks after the non-
surgical phase the patient was
referred for a periodontal re-
assessment. It was noted that
the periodontal tissue had re-
ponded extremely well to the
initial therapy with pocket-
ing of 3-4mm throughout the
mouth (Figs 22, 23).

The patient will now be
placed on a three-monthly
maintenance regime where there
will be reinforcement of oral hygiene instructions and
subgingival plaque removal
of any deep sites. This will be
conducted by his general
dentist or hygienist. My plan
would be to review the patient
in six months’ time to review his periodontal condition.

It is important to know that
periodontal therapy works and
a healthy periodontium is the
backbone of good restorative
dentistry. Treating periodon-
tal disease can be challenging
but can also be very rewarding.
It is important that careful as-
essment, treatment, referral
to a specialist if necessary and
monitoring of your patients is
essential to avoid any future
problems.

For further information
regarding the BPE and refer-
ral policy, contact the British
Society of Periodontology or
refer to the BSP website www.
bsperio.org.uk.

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has taught at undergraduate and post-
graduate level, including lecturing to
dental practitioners both in the U.K
and internationally.

About the author

Fig 16
Fig 17
Fig 18
Fig 19
Fig 20
Fig 21
Fig 22
Fig 23
Fig 25
Dental school is an odd place. We cram all this academic information into our brains while trying to perfect several manual skills and to add some interest you need to perfect your people and communication skills pretty quickly, or you will hear about it.

It is no surprise then, that some skills can be forgotten, or remembered falsely and not revisited for quite some time. Often it is the less interesting ones that go from our memory, and for many, periodontal instrumentation is one of those.

And so I have compiled this article to provide a base knowledge of instruments options available, giving an understanding of hand instruments and blade shapes.

Using instruments designed for the area saves time, reduces operator fatigue, improves calculus removal and reduces tissue trauma.

Do we need hand instruments? Ultrasonic scalers have evolved to be very effective when used correctly. They are seen (incorrectly) to be faster. The angled, narrow and curved tips allow better contact, and they are seen to reduce operator fatigue. There is research out there that says “Under our experimental conditions, this clinical study demonstrates that mechanical root planing with power-driven instruments, as effective as the usual procedures (hand and sonic instruments), represents a satisfactory and alternative means of nonsurgical root therapy.”

Others say no to ultrasonics alone stating “In conclusion, ultrasonic instrumentation at high power settings produces rougher root surfaces than ultrasonic instrumentation at lower power. An addition, manual instrumentation with curettes produces lower roughness than ultrasonic instrumentation independently of power setting.”

And it seems neither is superior when it comes to biofilm disruption. Research concluded that “The analysis of microscopical and cultural data did not show any differences between hand and ultrasonic debridement. Both treatments reduced the microscopical counts of rods, spirochetes and motiles and reduced the total number of forming units and number of black-pigmented Bacteroides and Capnocytophaga, resulting in a subgingival microbiota consistent with periodontal health.”

And so, one conclusion to come to, and the therapy blend that works best for me, is to use both. If there are heavy deposits supragingival then the ultrasonic is your friend to remove these. Then I tend to hand scale with an overlapping technique and follow that with an ultrasonic debridement using a cross hatch technique, paying particular attention to furcations and deeper pocketed sites.

What is a universal instrument? Its working end is perpendicular to the terminal shank, it has two cutting edges and the toe is rounded. Universals include: Columbia; Langer; Goldman – Fox; All-purpose Curettes; McCull.

The technique for using a universal blade is placing the terminal shank parallel to the tooth.

To remove deposits, the cutting edge is applied to the tooth surface and the facial surface of the blade is tilted toward the tooth to achieve an approximate 85° angle between the tooth and blade. You then apply lateral pressure

Know your langer from your gracey

Mhari Coxon provides a base knowledge of instrument options available to clinicians

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against the tooth and pull upward while maintaining contact with the tooth.

Langers

Langers combine a universal, two cutting edge working end with the shank angulation found in Gracey instruments. This gives some site specific benefits when instrumenting while retaining the flexibility of a universal instrument.

All-purpose Curettes
There is an instrument called the Syntette made by 1M instruments and if I were to only be allowed one instrument in my kit, this would be it. It is a universal but has the blades angled like a Gracey and angulations in its shaft which allow for use pretty much anywhere in the mouth.

What is a Gracey?
The Gracey curettes combine a unique offset blade with nine different shank designs to be used on specific tooth surfaces. This improves the ergonomic fit to the tooth surface. The blade is offset from the shank at 70º. This creates one cutting edge which is referred to as the lower edge. The higher edge has no blade so the instrument is single bladed. Gracey curettes are used in a set to completely scale the dentition and are seen as finishing instruments by some periodontists.

Gracey Technique
The blade of a Gracey curette is correctly adapted when the lower cutting edge is against the tooth, and the terminal Shank is parallel to the tooth surface being scaled. Apply lateral pressure against the tooth (root) and pull upward, maintaining the parallel Shank.

- Gracey 1/2, 5/6 are all anterior instruments. They can also be used on the premolars.
- Gracey 7/8, 9/10 are for premolars and are used on lingual and buccal surfaces on molars also. They could be used on anterior also.
- Gracey 11/12 is for mesial of molars and can be used lingual and buccal surfaces also.
- Gracey 13/14 is for the distal of molars.
- Gracey 15/16 is for the distal of molars and has a longer Shank and therefore a longer reach.
- Gracey 17/18 is for the distal of molars and is particularly useful on 7s and 8s.

Blade length
It is important to take into consideration patients comfort when using periodontal instruments. Using larger blades with tight and firm tissue can be very painful for the patient and restricting for the clinician in terms of access. So it is useful to use the smaller mini or micro heads on instruments as they allow better access.

Furcation scaling
This is one of the most challenging areas of scaling and understanding the morphology of the molar tooth is key. You must treat each root as a single tooth. There are diamond coated instruments which can be used as a finishing tool but not for heavy deposit removal.

Risk factors
No matter how well you use a range of instruments to debride, the non-surgical approach will almost always fail without modifying risk factors, in particular smoking, and maintaining a high level of commitment from the patient in terms of oral hygiene and plaque control. Maintenance is key to success.

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Hyaluronan was introduced to the UK ten years ago. However, many dentists across Europe may well have heard of it but are not amenable to its potential and have simply ignored it, while many more have actually never heard of it. Dental Tribune International spoke with Dr Peter Galgut, practicing periodontist from London and world-renowned lecturer, who has been instrumental in initiating and monitoring several research projects and innovative new applications of hyaluronan in dentistry since it was first launched in the UK. Galgut is one of the authors of a key research paper published on the use of hyaluronan in general dental practice, as well as several other papers published in a number of different publications describing its role and use in clinical practice.

Dental Tribune International (DTI): Dr Galgut, what is hyaluronan, and what makes it so special?

Dr Peter Galgut (PG): Hyaluronan is the commercial name for hyaluronic acid. Hyaluronic acid is the key constituent of “ground substance”, which is the natural substance in which all of the cells of our bodies grow and live. It is part of a widely occurring group of natural substances called glycosaminoglycans, also called mucopolysaccharides. It is made up of two well-known naturally occurring molecules, glucuronic acid and glucosamine, and has been given the name ground substance because it is the major constituent of the basic matrix for cell growth and development of all animal tissues. Ground substance varies depending on where it is in the body. It may be more dense and viscous due to larger molecular sizes and less water content, or more fluid, containing more water and smaller molecules.

DTI: In which medical areas is hyaluronan already being used?

PG: It is commonly used in the cosmetic industry as a dermal filler. As it has been used extensively for this purpose with no side-effects or other harmful results, it is known to be completely safe. Hyaluronic acid, like most organic molecules, may have different sizes and structures. The version of hyaluronan used in dentistry differs from the type used in cosmetic medicine, because in cosmetic medicine a large molecule that does not resorb is needed, whereas in dentistry a much smaller molecule is used so that it can seep through the mucosa and become an integral part of the wound-healing process. It is therefore used as a perfectly natural and harmless anti-inflammatory substance and wound-healing promoter in numerous situations in the oral cavity.

DTI: What is the scope of application of hyaluronan in dentistry?

PG: Hyaluronic acid is a natural gentle healing promoter and inflammation reducer. Although its primary use is in promoting healing of gingival inflammation, it has many other uses in soothing and

**GENGIGEL®**

**Hyaluronan 1.2M**

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A recent International symposium on tissue care recognised the important role of supplemental hyaluronan, a ground substance component, in oral tissue healing.

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1 First International Tissue Care Symposium, Frankfurt, September 3rd 2011

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The oral hygiene supplier
promoting healing in mouth ulcers, burning mouth and dry mouth conditions, traumatic injury such as food burns, and even medical conditions such as sore throats and other inflammatory conditions in the mouth and throat.

DTI: Does hyaluronan have any properties that could bring its medical use into question?

PG: No, hyaluronan has been used in the cosmetic industry and in dentistry for more than ten years without a single undesirable medical or dental effect. Because it is a naturally produced substance that is normally produced by our bodies to promote healing and reduce inflammation, it is tolerated extremely well without side-effects. There are no medical or dental contraindications to its use. In fact, it is so safe to use that it is available directly to the public in a lower concentration form as a mouthwash and a gel for people to use when their mouths are inflamed.

DTI: Can any dentist use hyaluronan for dental treatments?

PG: Yes, any dentist can use hyaluronan to promote healing and ease post-operative pain after surgery, extraction, and other minor surgical procedures. It is also very helpful to soothe the pain and aid healing of mouth ulcers, atrophic gingivitis, lieben plaques, calculus have been completely removed and high levels of oral hygiene are established. Characteristically, the dental professional will apply the more concentrated applications to areas of inflammation, which is then tapered down daily using the home care formulation available from many dental surgeons and at many supermarkets and chemists.

DTI: Where can dentists obtain detailed information about hyaluronan and how to include it in their treatment plans?

PG: Detailed information is available from the suppliers of the product in the UK, and by going directly to the company website by searching for its trade name, Gengigel. I also give seminars and lectures on modern management of periodontal conditions, and the use of pharmacological adjunctive agents such as hyaluronan throughout the UK and Ireland, and if a local group of dentists or hygienists wants to arrange a lecture in their area, they are welcome to contact me to arrange one. The best way to contact me is by going to my website www.periodontal.co.uk and filling out the enquiry form, or e-mailing me at admin@periodontal.co.uk.

DTI: Where can dental professionals purchase hyaluronan?

PG: Dental professionals can purchase hyaluronan, trade name Gengigel, from most dental suppliers who supply other items of preventive care such as toothbrushes and interproximal cleaning aids. If they experience difficulties in obtaining hyaluronan in their own countries, dental professionals can visit the manufacturing company’s website http://ricerfarma.weblight.it and download a distributors list. Members of the public can purchase the home care formulation from several supermarket groups and most pharmacists in the UK and some European countries.

DTI: Is there any current research on hyaluronan and its use in dentistry?

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The Benefits of Xylitol
Martin Last discusses Xylitol and what makes it such a popular choice

There is a growing trend in confectionary manufacturers to adopt the use of Xylitol as a primary sweetener in the likes of gum, mints and candies. Xylitol is white crystalline sugar alcohol that looks and tastes just like sugar, but with 40 per cent less calories. It was first discovered in the late 1800’s by German and French chemists, and was adopted for widespread use in Finland with the sugar shortages of the Second World War. As uptake increased researchers soon discovered Xylitol’s ability to metabolise in the body without using insulin, and later began to fully appreciate Xylitol’s unique impact upon oral health.

Chemical Composition
Most carbohydrates that we consume (sugars and polyols) are based on a 6-carbon monosaccharide structure, such as fructose (fruit sugar), and glucose. These sugars can form bonds with other sugars to form saccharide units. Unlike most sweeteners, Xylitol has a unique 5-carbon sugar alcohol structure, and as such is both very stable, and does not link together with other sugars.

One of the most notable benefits of Xylitol’s unique structure is that it appears to be unfavourable in the metabolism of a number of pathogenic bacteria, weakening their ability to proliferate and adhere. This in turn reduces bacteria acid fermentation, and so goes a long way to explaining some of Xylitol’s key anti-plaque benefits.

The Benefits of Xylitol in Oral Health
As a consequence of its unique 5-carbon structure, Xylitol exerts a specific inhibitory effect on S.mutans – the bacteria most closely associated with tooth decay. Xylitol also helps prevent plaque from adhering to teeth, which helps to stop demineralisation before it begins. Studies further support claims that Xylitol dentifrices, gum and candy significantly reduce the incidence of caries and periodontal disease in both children and adults.

‘One of the most notable benefits of Xylitol’s unique structure is that it appears to be unfavourable in the metabolism of a number of pathogenic bacteria weakening their ability to proliferate and adhere’

The Dentistry Show is back with a world-class clinical and business CPD programme across six streams for every member of your practice team.

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When it comes to helping forward thinking dental professionals to stay at the forefront of the profession – The Dentistry Show has it covered. And here’s the best news of all – it’s still completely FREE to attend.

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Slowly but surely there is a growing body of evidence to support the use of Xylitol to the benefit of oral health; according to a recent report published by the ADA Council on Scientific Affairs, sugar-free chewing gum, lozenges and hard candy including Xylitol or polyol combinations, "could be beneficial in preventing cavities when used as adjuncts to a comprehensive cavity prevention program". While the report admits that there is still plenty more research to be done, the report is in itself a major landmark in the recognition of Xylitol as an important tool in the war against dental plaque. With one of the world’s largest dental associations starting to take note, it will not be long before word spreads further still.

Xylitol is as sweet as table sugar, yet its metabolism in the body requires only a very minimal insulin response. It rates at only 7 on the glycemic index compared to sucrose, which has a GI rating of 83. Compared with traditional table sugar, Xylitol causes a much smaller increase in serum insulin and blood glucose levels with no hypoglycaemic “rebound”. This is naturally of major benefit to diabetics who may well consider Xylitol a suitable sugar alternative after consultation with their GP.

There is also an increasing weight of evidence to support the use of Xylitol for its inhibiting effect on certain forms of bacteria. In a series of studies undertaken in Finland, researchers found that 8.4 grams of Xylitol taken orally on a daily basis reduced ear infections by 42 per cent, and 10 grams of Xylitol syrup taken daily reduced ear infections by 50 per cent. Evidence would seem to support then a general assertion that Xylitol can contribute to creating an environment not conductive to bacterial growth. Indeed the benefits of Xylitol are even extending to those with cystic fibrosis, who benefit from the effect Xylitol has on the reduction in the sputum of airway surface liquids, in addition to Xylitol’s other antibacterial properties.

Looking to the Future

Xylitol has long been enjoyed in several countries in Europe and Asia, and is slowly finding its way into homes in the UK. With a growing weight of evidence to support its use, it’s easy to see why the demand for Xylitol is increasing so rapidly. As science discovers more ways that Xylitol can benefit our health we will certainly find Xylitol being put to use in an increasing number of different products.

About the author

Martin Last, the founder of MPL Marketing Services, is a leading marketing consultant in the healthcare industry, focusing on food supplements and health related products. With over 20 year experience, Martin is an established and high profile consultant in the industry, attending many of the national and international events worldwide. Speaking at regular events in the UK, EU and USA he has expertise on how the changing EU regulatory environment is influencing changes in marketing strategies in the healthcare industry. He also writes for a number of the influential trade journals on related topics. By keeping an ear to the ground of industry developments around the globe, with a network of international contacts, he provides clients the eyes and ears on the latest business developments. Martin is the Chairman of the major UK trade association, the Health Food Manufacturers Association (HFMA) and in this role represents the HFMA at UK and International meetings with politicians, regulators, related associations and interest groups to help maintain communication and coordination on the position with EU regulation to help safeguard the UK Natural Products Industry. For further information contact Anyone 4 Tea Ltd on 01730 890290, or visit www.anyone4tea.com. As a specialist distributor of selected natural products, Anyone 4 Tea stocks a comprehensive range of Xylitol-based products. These include the Spry Dental Defence System, Spry Xylitol Chewing Gum and Spry Xylitol Mints.
Easing anxiety with daily prevention

With dental anxiety a common problem, Johnson & Johnson Ltd look at how encouraging daily prevention can help soothe patients’ fears

It will not be news to you that many of your patients suffer from some level of anxiety when visiting the dental practice, ranging from slight nervousness to phobia. Offering a service based upon wellbeing and care as you do, it may initially be difficult for you to fathom why some patients are affected in this way. Why don’t patients simply understand that you mean well and there is nothing to be scared of? Anxiety, of course, has little to do with rationality so it falls upon the dental team to come up with innovative ways to smooth the way for worried patients.

The root of anxiety
To address the issue of nervousness among patients, first we must understand the reasons why they feel this way. For example, for some, the fear they now experience may stem from a previous bad experience, while others will have picked up on a parent’s anxiety during their childhood. Whatever the reason for their nervousness, patients may compound their worry by putting off attending a routine appointment, which may lead to further concern that treatment will be needed, even if they are employing an effective daily prevention regime. And, of course, there are those patients who will be aware that they have neglected their oral health and are nervous that this inattention will result in being told at the next check-up that they need extensive dental treatment.

Managing fear
One way in which you can manage your patients’ fears is by taking on the responsibility of helping to improve their daily prevention regime, so that their oral health takes a turn for the better. When a patient knows that they have done everything in their power to achieve a healthy mouth, it can help to reduce any apprehension they feel about attending a check-up or hygiene appointment.

Thus, the first step in this plan is to communicate effectively with patients. Think creatively to make the most of what is available to you. Build a good rapport, gently question the patient about their fears and listen carefully to their answers to help create an environment that the patient will perceive as safe and sympathetic. You may want to do all of this before the patient even sits in the dental chair, as it may help to reduce their initial worry.

When the patient is in the chair, try to work at a pace with which they are comfortable and keep up a commentary of what you are doing and why, so their imagination doesn’t run away with them. Creating a social networking page that you update regularly that encourages oral healthcare and, perhaps, offers daily hints and tips will also help in the fight against dental fear, as it will encourage patients to keep brushing, flossing and rinsing between appointments.

Complementary approaches
Sometimes more is needed than your best communication skills. The benefits of holistic approaches have become much more widely accepted over the last few years, and it is worth finding out about some of the ‘alternative’ ways in which anxious patients may be helped, including:

- Acupuncture
- Hypnotherapy
- Homeopathy
- Neuro-linguistic programming (NLP)
- Cognitive behavioural therapy (CBT).

Communication & collaboration
When it comes to helping patients suffering from dental anxiety, the essential point is that the situation can be improved. Through caring and effective communication, as well as being creative in conveying the importance and benefits of daily prevention, you and your patients can form an enduring partnership that will both improve their oral health and soothe their anxiety.

Contact Info
www.jnj.com
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Reasons to be cheerful - the banks ARE lending

Lis Hughes discusses the difference between market perception and market reality

The banks are lending to the dental profession

Banks’ and ‘good news’ are words that are rarely nowadays used in the same sentence – but it is true, contrary to popular belief the banks ARE actively lending to the dental profession.

There is a big difference between market perception and reality. The doom-mongers out there would have us all believe the banks have simply shut up shop and indeed any flick through the pages of the Daily Mail or Express would back up this view.

Market reality however is very different. There are now more high street banks than ever before who will lend to dentists who wish to purchase a practice.

At last count there are nine banks who understand dental practice goodwill and will lend for a new practice purchase – be it leasehold or freehold. Can you name all nine???

Coupled with this there are at least 50 specialist asset purchase lenders who will be able to assist with equipment and potential refurbishment costs.

The UK banks actually have an edict from the Government to lend and with the dental industry being one of very few so called ‘Green Light’ sectors they are being actively encouraged to lend.

All banks though are different – each has their own preference as to the type of practice they will lend on and have differing credit and lending policies and it is difficult for the individual dentist to know the best bank to approach for the best chance of securing a positive response.

Even with individual banks it can still be down to chance - whilst it may be the right bank you may be approaching the wrong manager who simply does not understand the dental profession.

You may strike lucky and find both the right bank and the right manager - but how do you know they are offering you the best possible proposal? Remember the banks are tasked with maximising the returns on any borrowing.

At last count there are nine banks who understand dental practice goodwill and will lend for a new practice purchase – be it leasehold or freehold. Can you name all nine?

Your proposal in to a format which would appeal to the banks and then submit your proposal to a number of these lenders to ensure maximum chance of a positive and in turn secure the best lending terms available.

David Brewer – specialist Business Advisor at FTA Finance said: “The most common question asked of me is ‘are the banks still lending?’ My answer is always a resounding YES. In 2011 we submitted over 210 individual dental lending proposals to the banks with overall borrowing of £101M. Of these just over 95 per cent were approved by at least one of the banks. The clients proposal quite often needs an element of ‘tweaking’ to ensure it is presented in a way which will appeal to the banks however once submitted I am confident of securing a positive outcome.”

So whether you are an Associate looking to buy your first practice or indeed and existing practice owner looking to acquire your 2nd or 3rd is this a good time to raise finance.

Even if your Bank says NO - this quite often means there is nothing wrong with your proposal – you simply do not fit that bank’s credit criteria. And remember there are potentially eight other banks out there looking to lend.

Money Matters 23

Raising Finance?

DO engage the services of an independent firm to liaise with the Banks on your behalf - will ensure proposal is packaged for best chance of a positive response and also to negotiate best terms.

DO ensure you provide an accurate summary of your current position including all savings and existing borrowing.

DO ensure your CV is up to date with particular focus on any past managerial experience.

DO expect the Bank to want you to put down a contribution towards the purchase.

DO undertake your own research of the local area and find out why the current owner is selling.

Tel: 08456 123 434
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About the author

Lis Hughes is a Director of Frank Taylor and Associates and works specifically with the clients as the transaction proceeds through the sale and purchase process. A recognised voice of authority on what is happening in the dental sector, Lis will be providing an update on CQC and the impact of good compliance on the valuation of a practice.

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Managing expectations
Michael Sultan on complex attitudes, hopes and fears

Somewhere among the ever shifting sands of success and failure lay outcomes and expectations and if we’re lucky, they may overlap. As clinicians, we’ve all found ourselves in that uncharted territory when the realisation dawns that our assessment of a successful treatment outcome is a million miles removed from the patient’s expectations.

Understanding and managing expectations is paramount, underlined by the 2003 OFT report that stressed the importance of good communication in achieving patient satisfaction, and subsequently reinforced by CQC regulations that require documentary proof of informed patient consent. Expectations are bound up in rationality and emotion, complex attitudes, hopes and fear. At a very simple level, rational expectation is determined by what’s likely to happen – if you drive at 100mph towards a brick wall, it is very likely that you’ll hit it. In other words, by removing the uncertainty that would otherwise mean the car colliding with the brick wall would be a complete surprise, we are effectively managing expectations. However, when emotional expectation becomes belief about what may happen in the future, disappointment is a frequent outcome.

As ever, the media and advertising especially have much to answer for by bombarding us with images of physical perfection in order to sell anything from cars to cosmetic dentistry. Because most of us have realistic expectations, we know perfectly well that buying a particular vehicle is not going to put us on a par with George Clooney as soon as we turn the ignition. But, when an idyllic beach front hotel turns out to be a building site, we will complain not just because it didn’t meet our expectations but because it is not what we were sold. Therein lies the conundrum – the ‘contract’ between dentist and patient that is so much more than the simple exchange of money for treatment or services.

The term ‘psychological contract’ was adopted in the 1960s to describe the relationship between employers and employees but in some ways it could equally well apply to the relationship between dentists and patients because the expectations of both parties will include be...
haviour; does the patient take advice, carry out actions to improve their oral health or aid recovery? Does the dentist pay attention to the patient’s expectations, their anxiety about pain and fear?

When a patient is referred for specialist endodontic treatment, there are several layers of expectation; the patient’s obviously, their referring dentist and the endodontist. One of which sounds eminently straightforward except that it is at this point that the information one gives can alter a patient’s expectations which may well be necessary if they appear unrealistic.

With all pain there is the emotional component of anxiety that always needs to be addressed sympathetically. The patient needs to understand how anaesthetics differ, that with infected teeth and swelling, unless there has been good drainage, pain is likely to persist until the treatment or antibiotics begin to work; that low grade pain from bruising is likely, and that there is never a 100 per cent guarantee of success.

Because they are invariably referred while in pain, patients are more concerned with immediate relief than the longevity of the treatment but it is our duty to explain that while endodontists can root fill most teeth there may be little long term benefit if the tooth cannot be restored. If that is the case or there is further coronal leakage, the tooth will fail and the patient has to be made aware that for treatment to last the restoration on top is as important as the root filling.

Endodontics is difficult, time consuming and expensive but patients are fully entitled to expect that they will be treated well, comfortably and efficiently. It is a natural human response to want to reassure that ‘all will be well and the pain will go away’ but we serve our patients and our profession far better by honestly managing expectations.

‘Endodontics is difficult, time consuming and expensive but patients are fully entitled to expect that they will be treated well, comfortably and efficiently’

About the author

Dr Michael Sul- tan BDS MSc DDS IClinD is a specialist in Endodontics and the Clinical Director of EndoCare - London based specialist practices. Michael qualified at Bristol University in 1986. He worked as a general dental practitioner for five years before commencing specialist studies at Guy’s Hospital, London. He completed his MSc and in Endodontics in 1993 and worked as an in-house endodontist in various practices before setting up in Harley St, London in 2000. He was admitted onto the specialist register in Endodontics in 1999 and has lectured extensively to postgraduate dental groups as well as lecturing on Endodontic courses at Eastmans CPO, University of London.

For more information about EndoCare please call 020 7224 0999 or visit www.endocare.co.uk

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The essence of simplicity

Amanda Hastie, Marketing Manager of dbg, discusses the new dbg patient plan

For practices seeking to attract new patients and increase the general value of their business, the new dbg patient plan provides practices with the ideal means through which to expand and enhance their current income streams. One of the most significant benefits of dbg patient plan is that it provides an excellent foundation for growth. By providing a stable regular monthly income at low cost, dbg patient plan allows practices to plan for the future with far greater certainty that isn’t impacted upon by the likes of seasonal variations and major changes in the local economy.

Patient Perspective

From a patient’s perspective, dbg patient plan is a great way of spreading the cost of dental treatment over the year. This can be a powerful selling point to patients looking for a new dentist. Furthermore, because you are able to spend more time with your patients, they will feel they are receiving a better service and so in turn will be more inclined to recommend you to others.

As a consequence of adopting dbg patient plan, attendance rates are also likely to improve. By investing their earnings into a monthly scheme, patients will be more likely to attend for routine appointments as they have already paid for your services. This will have a positive effect on the overall oral health of your patients, and because you are seeing your patients more regularly, there will be an increased opportunity to discuss non-routine procedures and so improve your income streams in other ways as well.

Clinical Perspective

From a clinical perspective, dbg patient plan avoids any economic disincentive there might be to delivering exactly the treatment that each patient requires. Under the current NHS contract, many practices have felt constrained in terms of the quality and level of treatment they can provide, and also in terms of the independence they can exert. For this reason, many practices have left the NHS system to move over to private practice, with numerous practices adopting patient plans to significant positive effect. dbg patient plan can help practices greatly with the transition to private practice, and can also provide substantial benefits to mixed practices seeking to offer an enhanced service for their private practice patients.

Another important aspect of any patient plan is branding. dbg patient plan comes with all the tools a practice needs to expand its profile with plan literature, promotional materials and online monitoring tools to help managers track payments.

One of the major benefits of dbg patient plan is the simplicity and flexibility that the plan offers. Many plans will feature an abundance of unnecessary options and features which you may well feel are inappropriate for your practice and add on an additional cost. A simple, straightforward package such as dbg patient plan however will offer you only the services you need, at a far lower cost than many plans operated by its competitors.

Insurance

An important aspect of any patient plan is insurance. Many schemes, including the dbg patient plan, offer include supplementary insurance packages as an optional extra. These will often be available in a number of different levels of cover that can be tailored to your practice’s specific needs. From a patient’s perspective, insurance can be a major selling point of any patient plan package. The unexpected cost (and pain!) of emergency treatment can have a major impact upon a patient’s life, and potentially their livelihood. By offering a patient plan with added dental insurance cover not only will your practice be covered for the likes of out-of-hours fees, but you will also be offering your patients an extremely cost-effective means of guarding themselves against unexpected financial outlays.

With an experienced team to guide you through every stage of the implementation process, dbg will provide you with full on-going support and can offer expert advice to help you decide upon the range of plans you wish to offer, and at what monthly charges. The next stage of the process is the design and production of your personalised practice-branded marketing material, which dbg can mail to your patients directly on your behalf.

If you already have a patient plan in place, but are seeking to transfer, dbg is able to offer practices complete seamless transfer, coupled with exceptional customer service to help support you through the move.

dbg also offers a range of additional support services that can be linked with your practice’s wider needs. These include the ability to combine the plan with dbg360 that allows practices to take full advantage of dbg’s wealth of experience in the field of training and compliance. dbg360 includes use of the dbg’s unique Virtual Compliance Office (VCO) system for additional support and added value.

Excellent Foundation

By providing a stable regular monthly income, the flexible dbg patient plan provides an excellent foundation for growth, giving practices the ability to far better plan for the future, while at the same time attracting new patients, and enhancing the level of care they can provide.

Given just how many advantages are to be found in adopting a patient plan it is easy to see why so many practices are making the switch. In this age of increasing regulation, dbg patient plan offers practices the freedom to seize control of their operations and work in conditions that allow for far greater flexibility with far more time available for practitioners to spend doing what they do best: treating patients.

 dbg – practice made perfect!

For more information on the new dbg patient plan please call 0845 00 66 112 or visit www.thdbg.co.uk.

Amanda Hastie, Marketing Manager of dbg, discusses the new dbg patient plan.

‘From a patient’s perspective, dbg patient plan is a great way of spreading the cost of dental treatment over the year. This can be a powerful selling point to patients looking for a new dentist’

One of the most significant benefits of dbg patient plan is the simplicity and flexibility that the plan offers. Many plans will feature an abundance of unnecessary options and features which you may well feel are inappropriate for your practice and add on an additional cost. A simple, straightforward package such as dbg patient plan however will offer you only the services you need, at a far lower cost than many plans operated by its competitors.

Another important aspect of any patient plan is branding./dbg patient plan comes with all the tools a practice needs to expand its profile with plan literature, promotional materials and online monitoring tools to help managers track payments.

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If you're looking for highly targeted marketing with instant results and a high return on investment, look no further than PPC...

1. Immediate results
Setting up a PPC campaign and getting your Ads to show at the top of Google in the sponsored listings can take as little as 24 hours, this means you could start seeing new patient enquiries in a matter of days - substantially quicker than organic search engine optimisation (SEO). That’s not to de-value the importance of SEO, it is a fantastic long term strategy for driving traffic to your website and the two strategies are in no way mutually exclusive. A strong campaign will see the two strategies working together hand in hand.

2. Pay as you go
In PPC, advertising costs are only accrued when a potential patient clicks on your Ad and is taken through to your website/landing page. The cost per click model is so effective and popular with advertisers because users actually have to perform a desired action before any money changes hands. Because you can actively target customers who are searching for a dentist/dental treatment you can expect much higher conversion rates than more traditional forms of advertising.

3. Budget flexibility
With PPC you have a tremendous level of control over your advertising costs. You can set a maximum daily budget to help manage costs over the month and specify an amount that you are willing to pay per click which will never be exceeded. Using the analytics and reports you can monitor the performance of your keywords and adjust your budgets accordingly. Any budget changes are instantly reflected.

4. Highly targeted campaigns
PPC campaigns are the most highly targeted in online advertising. You have complete control over what keywords trigger your Ads and you even have the option to add negative keywords which will prevent your Ads displaying for a certain keyphrase. To illustrate this, a cosmetic dental practice could add ‘NHS’ as a negative keyphrase if they don’t offer any treatments on the NHS. PPC campaigns also allow users to target particular areas and locations and even have options to display Ads at specified times in the day – clever stuff!

5. Performance tracking
PPC programs have powerful analytics tools and reports which allow your campaign to be monitored, refined and optimised to ensure a better ROI. Ad and keyword performance can easily be measured so you know which of your Ads is performing best, which keywords are driving the most traffic to your site and for what cost. Advances in analytics software mean that you can track every email and call generated from a campaign making measuring the accurate ROI a very simple task. Going one step further, the software will record all calls made to a specific number allowing you to listen to your team respond to your new patient enquiries.

Why PPC (pay per click)?
If you’re looking for highly targeted marketing with instant results and a high return on investment, look no further than PPC...
First Anniversary for Oral-B Pro-Expert
Coulthard Dental Team Look Back at the Year's Events

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For information on the new dbg patient plan or call 0845 06 06 112 or visit www.thedbg.co.uk

Oral-B Pro-Expert
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The British Dental Health Foundation accreditation scheme aims at guiding patients by providing well-informed and helpful advice on oral care products. The Foundation has recently accredited Oral-B's new toothpaste - Pro-Expert, as both "breakthrough innovation technology" which it hailed as "the most significant innovation in the past 15 years. It is of note that the product passed their stringent accreditation protocol: the product is in compliance with the British Dental Foundation's (BDF) clinical care guidelines, and the product met the requirements of all the relevant stipulated tests. One of the key defining features of dbg patient plan is its simplicity. By focusing on its primary service provider, dbg is pleased to announce the launch of dbg patient plan - a bespoke dental plan offering a simple, flexible service at fantastic value.

It is hardly surprising then, that the product has recently been accredited with the "Innovative Care Scheme" which is operated by the British Dental Foundation (BDF). The BDF scheme aims at guiding patients by providing well-informed and helpful advice on oral care products. The Foundation has recently accredited Oral-B's new toothpaste - Pro-Expert, as "breakthrough innovation technology" which it hailed as "the most significant innovation in the past 15 years. It is of note that the product passed their stringent accreditation protocol: the product is in compliance with the British Dental Foundation's (BDF) clinical care guidelines, and the product met the requirements of all the relevant stipulated tests. One of the key defining features of dbg patient plan is its simplicity. By focusing on its primary service provider, dbg is pleased to announce the launch of dbg patient plan - a bespoke dental plan offering a simple, flexible service at fantastic value.

Incorporating the latest technological advancements, the CS 7600 eliminates the risk of image mis-ups by automatically sending images to the correct patient files. Thanks to the automated technology utilised in this revolutionary equipment, you can be fully prepared for CIC inspection, and give your patients the best possible care at all times.

Growth of Practice with dbg patient plan
For many years, dbg has been at the forefront of dental membership schemes but also at the ability of the schemes to thrive, expand and include some of the most cost-effective, innovative solutions available in the market. As a result of its continued development and success, dbg has been pleased to launch the launch of dbg patient plan - a bespoke dental plan offering a simple, flexible service at fantastic value.

Unlike many other plans on the market the dbg patient plan is not nationally branded - it’s branded specifically to your practice, with your name on the plan.

As part of its service, dbg will provide its plan members with full marketing support, alongside extensive assistance provided by its experienced and knowledgeable staff.

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For more information visit
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EndoCare - 100 per cent focused on patient care
EndoCare’s award winning team of highly skilled specialist endodontists, led by Dr Michael Sultan are renowned for their superb skills in treating endodontic conditions. Nottingham EndoCare is dedicated to providing the highest standards and a dedication to the highest quality of patient care. EndoCare works closely with referring dentists throughout treatment and the team takes great pride in returning your patient, relieved and pain free after achieving the best possible treatment outcomes. Against the backdrop of an ever increasing workload, the referring practitioners is kept up to date with treatment plans, progress and restoration and follow-up recommendations and the simple online referral service makes it quick and easy to start the process. EndoCare’s experienced and empathetic experts have the experience and understanding of maintaining patients in the best possible condition. EndoCare work to be equipped with the latest in dental technology and a range of innovative diagnostic tools.

There are regular educational and networking opportunities for referring practicioner teams, including the popular Lunch and learn sessions when lunch is provided during information sessions on a range of clinical topics and attendances are awarded with CPD certificates.

For more information about EndoCare please call 01202 7224 0999 or visit www.endocare.co.uk

NobelActiveTM 3.0-Implant: Smaller and stronger
Previously the NobelActiveTM 3.0 from Nobel Biocare an implant no other like it. Striking strength and with exceptionally high initial stability, the NobelActive TM 3.0 offers same-day placement for patients with limited space that were previously unfeasible with conventional implants. The NobelActiveTM 3.0 is an extension of the popular NobelActive implant system and one of the narrowest implants currently available on the market. The compact size, slim prosthetic profile and minimal material strength are a winning combination for narrow spaces in the anterior region. With adjustable implant position for optimal restorative orientation, NobelActive 3.0TM also maximizes soft tissue volume and bone preservation for excellent aesthetics. NobelActive 3.0 retains the major NobelActive design features, which include an improved tapered implant body, constantly expanding core, sharp cutting blades and proven Trifinite surface.

Fast and easy to place, NobelActiveTM 3.0 is a welcome addition for all clinicians, simplifying cases and offering predictability they can trust.

For more information contact Nobel Biocare on 0208 756 3100 or visit www.nobelbiocare.com

10 day 'buy 8, before you buy' offer from NSK
The Varios 7050 ultrasonic: a stylish, compact unit with an extensive range of over 70 tips, making it the ideal choice to treat the most demanding cases. The developed white core engine provides vibration and power with two different probe sizes. An intelligent implant placement unit with two tipboxes and autoclavable container.

Those looking for a more compact unit would benefit from the versatile Varios 375 or the Varios 370. Additionally, the Varios 170 is available as a build-in unit, where all its functions can be controlled via NSK’s MultiPad.

For those looking for effective air force NSK’s new MultiPad 5070 offers an adjustable power range, delivering effective scaling in a solid titanium body.

NPSN Prophy-Mate neo is a proven-air-driven tooth polishing system making cleaning and polishing procedures easier and effective. Patients will also love the FLA100™ polishing powder.

NSK are so confident you'll be delighted with the results you can achieve with the Varios 970 and Prophy-Mate neo that they offer a no-obligation 10 day try before you buy offer.

For more information contact NSK on 0800 614 1069 or your preferred dental supplier, or visit www.nsk.uk.com

The Lip application from Orisal: - a revolution in anterior tooth aesthetics
The lip application from Orisal Ltd is the world’s largest range of porcelain anterior, anterior, and only requires the use of a caliper. “I also feel very strongly that we must look forward to the future and make a positive impact in the world,” says Lorentz. “I believe it is our responsibility to incorporate our knowledge and expertise into the practice in Netherhampton.(

I recently attended an LR Training Day held in Leeds and was impressed by the product, and the quality of the workmanship. It is a product that has a lot of potential, and I am sure it will be successful. I would recommend it to anyone who is looking for a way to improve their practice.

For more information contact Dr Ross Hibson on 01771 243660 or email ros@orisal.co.uk

For information on administration please contact Dr Lester Emlen on 07973 875 160 or email leester@orisal.co.uk or visit www.orisal.co.uk

Philips helps dental professionals see the light
As part of its growing support for clinical excellence in the field of dental and facial aesthetics Philips Oral Health’s is sponsoring the 2012 Smile Awards, which recognises the achievements of dentistry’s crème de la crème. Philips has a reputation for advancing the field of oral hygiene by producing products which move the boundaries of dental care and give patients what they need as well as what they want. The Company recently expanded its portfolio of tooth brushing into other areas of oral health and aesthetics with the acquisition of Discus Dental. With its broadened product portfolio now including Varios Zoom, plus its complementary range of ultrasonic tips, Philips, Philips Dental Healthcare is extending its expertise in the sector. It is logical that once people have had their teeth professionally whitened, they will want to maintain their whiter teeth. Because Zoom is now part of Philips, its advocates ensure the long term success by offering a Sirona DiamondCleanClean.

For more information visit www.philipsoralhealth.com or call 0800 382 3005

Diamond year
Philips Dental Healthcare has several reasons to announce its Diamond Sponsorship of Dentistry Live in May 2012. It is celebrating the first anniversary of its technologically sophisticated DiamondElan brush, along with the introduction of the pioneering AirFlow, as well as the successful integration of Discus Dental, the market leading Zoom whitening system into its line-up of advanced oral healthcare products.

Philips has attracted some ‘Diamond’ speakers to present at Dentistry Live. Zaki Kanaan - Vice-President and Scientific Director of The British Academy of Cosmetic Dentistry - is lecturing and demonstrating Zoom chairside whitening. Dr Lisa Mulligan, owner of the highly ranked woman - is giving two lectures on the Hygiene and Therapy Stage.

For more information: www.philipsdentalcare.co.uk or 0800 382 3005

Innovations has become one of the southeast’s leading implant providers, with its state-of-the-art facility in Kensington. For more information about the event call 020 7400 8989 or 020 7400 8965. Or email lester@orisal.co.uk

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Industry News 29
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NightGuard - the most comfortable and effective way to protect teeth from bruxism.

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Snoreguards - snugly fitting appliances to reduce or eradicate snoring.

OPROfresh - mouthguard and tray cleaning tablets.

In 2007, OPRO was granted the UK’s most prestigious business award, the Queen’s Award in recognition of outstanding innovation.

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Will HMRC Be Sending You A Surprise Tax Bill?

Pensions legislation has undergone major changes again and some dentists may fall foul of the new rules without even being aware, resulting in an unwanted additional tax bill.

“Essential reading for all dentists” Chris Barrow

A new Special Report reveals what you need to know and how to take action with regards to your own pension and retirement planning.

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Leading Toothpaste 4 121
Leading Whitening Toothpaste 5 134
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