No.1 for dental professionals in Scotland

December 2013 -January 2014

Scottish Dental magazine

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Rising star

Hyndland dentist Dr Philip Friel becomes the youngest president of the ADI **page 22**

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Welcome

Editor's desk

with Bruce Oxley

Here we go again

Registration is now open for the 2014 Scottish Dental Show and the arrangements are gathering real pace behind the scenes.

We have come a long way since the first show at Hampden in 2012 and we are confident that the 2014 show will be the best yet.

We have a new venue in Braehead Arena and it will allow all the exhibitors to be showcased in one hall – one of the main pieces of negative feedback we received about the set-up at Hampden.

The speaker sessions will be situated in the seating areas of the arena, with the stages backing onto the exhibition hall itself. This means no more wandering about getting lost and looking for signs to tell you where to go.

Hampden was a great venue, an iconic stadium and a real emblem of Scotland. However, the physical layout of the building meant that we were always going to have to make compromises when it came to the exhibition and the speaker sessions. It wasn't ideal, but I want to go on record to thank everyone at Hampden for two great years.

We are also now accepting nominations for the 2014 Scottish Dental Awards. With a new category line-up, we are hoping that these awards will be more relevant and appeal to even more practices and dental professionals than ever before.

I know awards have taken a lot of stick from certain quarters and rightly so. However, our awards are, again, free to enter. We don't want to exploit, we just want to celebrate... ■

Bruce Oxley is the editor of Scottish Dental magazine. To contact Bruce, email bruce@ connectcommunications.co.uk

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Biting back

with Arthur Dent

Crisis? What crisis?

This is the message which has been coming from the leadership of the British Dental Association (BDA) since they changed the membership structure in June. Membership fees changed from an annual flat rate of £546 to a three-level membership depending on the services and benefits required by the dentist: 'Essential' membership is £295, 'Extra' is £795 and 'Expert' is £1,095.

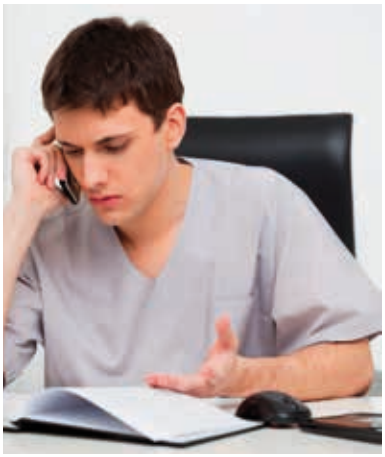
The directors of the BDA, the Principal Executive Committee (PEC), state that they researched the changes thoroughly beforehand and employed management consultants (allegedly at a rather expensive £80-£100K). The PEC then set the cost of each level and were apparently advised to expect that one third of the members would settle for each of the three levels.

It will be no surprise that around 70 per cent of members opted for the basic 'Essential' membership level. This has meant a serious loss of subscription income to the BDA, possibly a drop of £3 million per year, which is almost a third of the previous £9.2m. This has precipitated a financial crisis resulting in serious cost-cutting and numerous redundancies of valuable and experienced senior employees – with more staff cuts likely in the near future. However, the message coming from the PEC directors is that this was expected and planned for and that the BDA is merely "restructuring" in response to members' needs.

When the BDA faced a previous financial crisis after 2004, the directors then were very open and frank about what had gone wrong. By engaging honestly with the membership, the then Executive Board saved face and the BDA emerged from the crisis fitter and stronger.

Are BDA members happy about this "restructuring"? Most definitely NOT it would seem. 'Essential' members phoning the BDA for advice are being reminded that their level of membership no longer entitles them to personal direct advice and that it will cost a further £500 to upgrade. While some are choosing to pay for 'Extra', it is being paid grudgingly. Others decide they can obtain the advice elsewhere for less than £500 and they are reconsidering whether BDA membership represents value for money to them. Membership numbers appear to be dropping. In addition, both upper levels of membership include subscription to the BDA Conference; this annual event has been a useful extra source of income for the BDA in recent years. However, with so many members entitled to 'free' attendance at the forthcoming conference in April, the event is likely to now run at a loss which the BDA can ill afford.

"Are BDA members happy about this? Most definitely NOT it would seem"



It is time for the directors to stop hiding behind the "restructuring" illusion, to inform the members honestly and frankly, and to take urgent action to save the BDA. ■

DETAILS AND CONTRIBUTORS

Editor
Bruce Oxley
Tel: 0141 560 3050
bruce@connect communications.co.uk

Senior sub-editor
Wendy Fenemore

Sub-editors:
Gary Atkinson
Chris Fitzgerald

Design and production
Lindsay Neill

Advertising sales manager
Ann Craib
Tel: 0141 560 3021
ann@connect communications.co.uk

Subscriptions
Ann Craib
Tel: 0141 560 3021
ann@connect communications.co.uk

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Studio 2001, Mile End,
Paisley PA1 1JS
Tel: 0141 561 0300
Fax: 0141 561 0400
www.scottishdentalmag.co.uk

Register now!

Sign up for your FREE delegate pass and you could win an iPad Air

Registration is now open for the 2014 Scottish Dental Show at Braehead Arena on Friday 9 and Saturday 10 May.

After two successful years at Hampden Park, the event has made the move across the city to the south bank of the River Clyde to Braehead Arena. This new venue will allow the show to feature 136 trade stands together in one hall alongside four speaker rooms.

The exhibition is already more than three quarters sold alongside sponsors such as DTS, Leca Dental, Coltene, AWB Textiles and MDDUS.

Registration is FREE again and, if you register for your delegate pass online, you will automatically be entered into a prize draw to win a brand new iPad Air. Simply visit www.scottishdentalshow.co.uk/register

Speaker programme

We are delighted to be able to announce that Professor Trevor Burke has agreed to join the 2014 show as our keynote speaker. He will be presenting a two-part lecture on the Friday entitled 'A pragmatic approach to the treatment of tooth wear (part one – theory, part two – practice).

He will be joined on the podium over the two days by Paul Tipton, Mark Oborn, StJohn Crean, Anthony Viazis, Ashley Latter, Diapesh Parmar, Michael Tang and Abdul Haleem, plus many more. Details of the full lecture programme, including timings and talk titles, will be announced over the next few weeks, so keep an eye on the www.scottishdentalshow.co.uk website and follow us on Twitter @ScottishDental to be the first to find out.

There will also be a range of hands-on workshops and small group seminars at the show. Details of these and how to reserve your place will be release soon.

The places for the lectures themselves will be first come, first served on the day with no booking or reservation required. ■

Keynote speaker

Former Glasgow professor to headline 2014 show

Professor Trevor Burke will be a 'well kent' face to many dental professionals in Scotland after his stint as professor of Dental Primary Care at the University of Glasgow in the late 1990s. The Queen's University Belfast graduate has previously held positions at the School of Dentistry in Belfast and at the University of Manchester. He is currently professor of Primary Dental Care and honorary consultant in restorative dentistry at the University of Birmingham, where he has worked since 2000.

His principal activities include the treatment of patients often referred because of tooth wear as well as being course director of a masters course specifically designed for general dental practitioners. He has written or co-authored 260 papers published in peer-reviewed journals and three books.

His research interests include properties and applications of tooth-coloured restorative materials, clinical evaluation of materials and their performance in general dental practice, the design of an index of oral health for clinical audit and quality control and ill health retirement among dentists.

Two in a row

The 2013 Scottish Dental Show has been named Brand Extension of the Year at the PPA's Scottish Magazine Awards, retaining the prize won by the 2012 show last year.

The show's sales and events manager Ann Craib, who picked up the award at the ceremony, said: "This is fantastic. To win this award two years running is a special achievement and testament to the great team we have working on the show.

"We're working on making the 2014 event even better than ever so, who knows, we may be back here next year for the hattrick!"

More than 300 guests were in attendance at the gala dinner and awards ceremony held at the Sheraton Grand Hotel in Edinburgh.

Nominate now for the 2014 awards

Full details and entry requirements can be found at www.scottishdentalshow.co.uk/awards

Online nominations are now being accepted for the 2014 Scottish Dental Awards, to be held at the Glasgow Science Centre on 9 May.

This is the second year we have hosted this expanded awards ceremony after the initial Scottish Dental Lifetime Achievement Award was presented to Professor William Saunders at the 2012 Scottish Dental Show at Hampden Park. Last year, the awards returned to Hampden with 11 new categories and culminating in the Lifetime Achievement Award, which was awarded to Alex Littlejohn of DTS.

For 2014, in consultation with the judging panel, we have tweaked the categories in an effort to make them more relevant to the dental profession and to celebrate every individual and team within dentistry in Scotland. We have settled on 10 categories, some familiar, some a bit more left field but we hope you like them and find something that inspires you to nominate a colleague.

Nominations for the awards are FREE again this year and can be made through the website at www.scottishdentalshow.co.uk/awards or by emailing scottishdental@connectcommunications.co.uk

CATEGORIES

2014 Scottish Dental Lifetime Achievement Award
Do you know an individual who has made a significant contribution to dentistry during their career?

Practice of the Year
Does your practice, or one of your colleagues' practices, show an outstanding commitment to patient care?

Dentist of the Year
We are looking for the Scottish dentist who has gone above and beyond for his patients, staff or colleagues.

Dental Team Award
No matter how big or small, we want to hear about the best dental teams out there.

Laboratory of the Year
We are looking for the dental laboratory which has provided exceptional service to dentistry.

Unsung Hero Award
Does your colleague make a huge difference but not get the credit they deserve? They could be our Unsung Hero!

DCP Star
We are looking for the Dental Care Professional who has made an outstanding contribution to dentistry.

Business Manager/ Administrator of the Year
This category aims to recognise the business manager or administrator without whom your practice would grind to a halt.

Community Award
This award recognises the team or individual who has made a significant contribution to their local community.

The Style Award
From stunning practices, to teams kitted out in the most stylish threads, this award aims to celebrate dentistry with style.

Childsmile project saves millions

Toothbrushing programme has saved more than £6 million since its launch more than ten years ago

Researchers from Glasgow University have found that the groundbreaking Childsmile programme has saved more than £6 million since it began in 2001.

The evaluation, funded by the Scottish Government and carried out by the university, found that fewer children needed dental extractions, fillings or general anaesthetic as a result of the programme.

There was also said to be a drop in the number of children needing hospital treatment for dental treatments.

The programme, which costs in the region of £1.8m a year to run, was also found to have reduced the cost of treating dental disease in five-year-olds by more than half between 2001 and 2010.

Public Health Minister Michael Matheson said: "This is an amazing achievement and shows just how much can be saved from a very simple health intervention.

"By this simple measure, NHS costs associated with the dental disease of five-year-old children have decreased dramatically.

"More children can just be treated routinely in the dental chair because they need less invasive treatments, so fewer fillings and fewer extractions, and many more children with much better oral health than we have seen in many years."

The news comes on the back of the latest ISD Scotland figures that showed that 72.8 per cent of primary seven children now have no obvious decay, compared to 69.4 per cent in 2011 and an increase from 52.9 per cent in 2005.

Nurses do not need indemnity, says regulator

The General Dental Council (GDC) has confirmed that employed dental nurses do not need their own indemnity cover following a Freedom of Information request from the Dental Fusion Organisation.

A statement from the regulator read: "To coincide with the implementation of the new Standards for the Dental Team, we have reviewed the supplementary guidance we issue to registrants. Both the Standards and the revised supplementary guidance came into effect on 30 September 2013.

"Our revised 'Guidance on Indemnity' makes clear that registrants are not required to have their own policy and/or defence organisation membership. In addition, if all the registrant's work is carried out at their employer's workplace, then their employer should have made arrangements which covers all the relevant risks – although the onus is on the registrant to ensure that this is case."

Mouth cancer symposium

Local BDA committee host meeting to raise awareness of the deadly disease

(l-r) Dr Jonathan Bowman, Christina McNiven, Michael Walton, Anja Visser, Prof Graham Ogden and Dr Ewan MacKessack-Leitch.

The Dundee and Perth Section of the British Dental Association (BDA) invited four guest speakers to its November symposium to coincide with Mouth Cancer Awareness Month.

Professor Graham Ogden, chair of oral and maxillofacial surgery at the University of Dundee, and Mr Kishore Shekar, consultant oral and maxillofacial surgeon at Ninewells Hospital, discussed the increasing incidence and changing presentation of mouth cancer.

Then, Michael Walton explored the social impact of mouth cancer and presented the work of The Ben Walton Trust, a charity founded in memory of his son who died of mouth cancer at just 22.

Miss Anja Visser then presented the work of Mouth Cancer Awareness Week to round of a successful and well-attended meeting. The Dundee and Perth Section of the BDA has been campaigning to raise awareness of mouth cancer among University of Dundee students for the past 15 years.

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Scottish-India agreement reached for dental nursing

Coatbridge College helps regulate standards in India

A partnership introducing formal regulation of dental nursing to India, alongside National Occupational Standards, has been sealed in New Delhi.

Witnessing the signing of a memorandum of understanding between Coatbridge College and Kuravackal Educational and Charitable Trust, Humza Yousaf, Minister for International Development and External Affairs, said: "Coatbridge College and the Kuravackal Trust have been working for two years to develop National Occupational Standards for dental technologists, hygienists and assistants, as well as dental nurses. I am delighted to launch these National Occupational Standards in India today.

"Until recently, this kind of detailed regulation of dental nursing did not exist in India, and as a direct result of this partnership, there is now considerable demand from across the country for practitioners with these certified skills, from dental care providers and large teaching institutions.

"The partnership, funded by the UK-India Education and Research Initiative (UKIERI), has resulted in strong links being forged with the Healthcare Sector Skills Council, National Skills Development Corporation, dental practitioners and Indian academic establishments. A degree in dental nursing is now being developed, largely influenced by this project, which is great for the college sector."

Alastair McGhee, the commercial development executive at Coatbridge College, said: "Working with organisations such as Scottish Development International and the British Council has been invaluable and we look forward to many years of working together in this important area of healthcare."

For further information about UKIERI, including details of the Scotland-India partnerships visit: http://www.ukieri.org/

Dumfries clinic is Practice of the Year

Symposium acknowledges work of team in risk management and patient safety

Church Court Dental Practice in Dumfries has been named the first winner of the Dental Practice of the Year award at Dental Protection and schülke's annual Premier Symposium in London.

Practice principal Mark Colwell and his whole team were invited down to the Shaw Theatre on Saturday 23 November, to collect their award and a prize of £1,500.

The new award aims to acknowledge the hard work and commitment that goes into being a great practice. However, it is the award's strong focus on risk management and professionalism that makes it stand out from many others.

Kevin Lewis, DPL's Dental Director, said: "We hope that their success will inspire others to follow a similar path and reap unexpected rewards as a result."

Unregistered 'dentist' fined

An unregistered Scottish dentist has been fined more than £3,000 for offering to provide tooth whitening services to GDC investigators at a trade show in London.

Nabeel Mohammed was working on the Whitening Products stand at the Professional Beauty Exhibition at ExCel in February this year.

When approached by GDC investigators, he unlawfully held himself out as being prepared to practise dentistry when he was not, and has never been, registered to practise.

In fact, when he applied for registration in 2011, he was refused on the grounds that he was not suitably qualified.

On 21 November, he was found guilty in his absence at Thames Magistrates' Court of unlawfully holding himself as practising, or being prepared to practise dentistry, contrary to sections 38 (1) and (2) of the Dentists Act 1984.

He was fined £1,500, ordered to pay a £120 victim surcharge, as well as full costs to the GDC of £1,639.34 – a total of £3,259.34.

Whitening Products operates out of Edinburgh and provides whitening training and services, including mobile whitening and help to start up your own whitening business.

Mohammed is also believed to be involved with the Naturawhite chain of whitening clinics, and is listed as the company secretary of Maxx Trading, the UK supplier of FGM Dental Products. FGM is a Brazilian company that produces a range of tooth whitening products.

Students enjoy material things

DENTAL MATERIALS DEN

It is not often that you hear adjectives such as 'fun' and 'useful' uttered by dental students studying dental material science. However, for one group of final year students at Dundee Dental School, their participation in a unique new event elicited extremely positive feedback.

The first Dental Materials Den, developed by Professor Graham Chadwick and sponsored by Ivoclar Vivadent, saw more than 20 final-year students take part.

The students were split into syndicate groups and were tasked with summarising existing products and pitching ideas for new ones to hostile judging panels, comprising scientific advisors and sales representatives from Ivoclar Vivadent and sceptical dental customers – played by experienced visiting practitioners. The customers were instructed to extract the best deal on the products and ask searching, clinically relevant questions.

Prof Chadwick, who is professor of operative dentistry and dental material science, said: "The event exceeded expectations. The students were animated about materials and could see their relevance to practice.

"They said it was a great way to learn and, certainly, a high standard of knowledge was displayed."

The winners were each awarded iTunes vouchers, courtesy of the event sponsors.

BDIA praises decision on medical devices

The British Dental Industry Association (BDIA) has welcomed the European Parliament decision to reject proposals contained in the proposed revision of the Medical Devices Regulations (MDR) that could have had a negative impact on a large range of dental products and procedures.

The BDIA (formerly the British Dental Trade Association) argued that, without amendments, the proposals on nanomaterials and implant cards could have caused significant and unnecessary problems for a whole range of common medical and dental products.

This would have included simple items such as surgical gloves, and many commonly used dental products, such as composite filling materials, impression materials, adhesives, prostheses and artificial teeth.

Similarly, the proposals in implantable devices could have subjected dental fillings to the requirements for implant cards, as required for implantable medical devices.

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for further information.

To register please contact Abigail Smith on 01444 235486 Ext 226 or Abigail.Smith@coltene.com

Speaker – **Dr Rachael Blyth** BSc BDS

Rachael qualified in 2003 and has worked in general practice ever since. She has a passion for learning and developing her dental skills, taking numerous postgraduate courses, including at the Dawson Academy.

In 2009 she established a new private practice in Stirling, from a standing start. Tooth+ won Best Practice Scotland and Best Practice UK at the 2011 Dentistry Awards.

Rachael has a passion for aesthetic dentistry and now dedicates her clinical time to cosmetic and restorative dentistry with a minimally invasive approach. Rachael will share her own case studies, done in a busy dental practice, with ideas and tips that can be easily be adapted for your own use.

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NHS incomes fall again

Dentists' taxable incomes drop for the fourth consecutive year

Figures published by the Health and Social Care Information Centre (HSCIC) have revealed that dentists' taxable incomes have fallen for the fourth year in succession.

The BDA have said that the HSCIC report, Dental Earnings and Expenses Scotland 2011/12, highlights the increasing financial pressures being placed on NHS dentistry in Scotland.

In the four-year period from 2008 to 2012, the taxable income of the average (median) self-employed GDS dentist has decreased by more than 10 per cent according to the HSCIC.

Dr Robert Donald, chair of the BDA's Scottish Dental Practice Committee, said: "This report confirms what dentists already know; that dentistry in Scotland is coming under increasing financial pressure. We have warned consistently of the mounting challenge facing practices and reiterated repeatedly the importance of NHS dental care being properly valued and supported by Government.

"Since these figures were collated, dentists have seen an inadequate 2.51 per cent fee uplift and the introduction of the Combined Practice Inspection, which will increase practice expenses.

"These developments will serve only to exacerbate the situation facing dentistry. We have seen, in recent years, commitments to both increasing access to NHS care and to addressing the oral health inequalities that continue to plague Scottish society. Those commitments must not be abandoned. Earlier this year, we called for a fair deal for dentistry in 2014. Today's report provides a reminder of its importance."

Orthodontist given nine-month ban

Multiple failings leads to serious sanctions for owner of a chain of practices

An orthodontist who owns a chain of practices across the central belt has been suspended for nine months by the General Dental Council's (GDC) Professional Conduct Committee (PCC).

All 1 Smile owner George Campbell, who runs practices in Glasgow, Greenock, Kilmarnock, East Kilbride, Cumbernauld and Hamilton, appeared before the GDC in October charged with multiple failings in patient care over more than a decade.

The GDC's case concerned 30 patients and included failures to complete adequate treatment plans, unnecessary X-rays and allowing unqualified staff to treat patients. In one instance, he misidentified the deciduous urc as the permanent UR3, which he should have recognised as unerupted. In his evidence, expert witness and consultant orthodontist Professor Fraser McDonald, said that "this patient's treatment falls seriously below the standard of care expected".

Professor Derrick Willmot, consultant orthodontist and also an expert witness for the GDC, commented that this error caused irreparable harm and catastrophic root resorption of UR1, which is now of such poor prognosis that the patient would require extensive restorative treatment throughout their life.

In its determination, the PCC committee chairman told Campbell: "The Committee has determined that the sufficient and proportionate sanction would be one of suspension. In determining the period of suspension, it had regard to the need for proportionality and to the amount of time the Committee expects that you will need to address the outstanding problems with your practice. In the Committee's judgment, nine months is the appropriate and proportionate period in all the circumstances of this case.

"It also determined that there should be a review at the end of that period to assess the progress you have made towards remedying your approach to practice. The Committee has therefore determined that your registration in the Dentists' Register shall be suspended for a period of nine months, with a resumed hearing towards the end of that period."

Direct access clarification needed

A meeting of a group of dental stakeholders has claimed that there are significant gaps in dental professionals' understanding of the complexities surrounding direct access.

The group included representatives from the British Association of Dental Nurses, the British Association of Dental Therapists, the British Association of Clinical Dental Technology, the British Dental Association, the British Society of Dental Hygiene and Therapy, and the Faculty of General Dental Practice.

Areas that needed clarification required NHS regulations and the variations in legislation between devolved nations, prescribing and reporting on radiographs and consent, and referrals within the dental team to ensure efficient and safe care for patients.

The group concluded that uncertainty about how the new arrangements can be implemented efficiently, with patients fully understanding the different roles of the dental professionals caring for them, needs to be clearer.

Claims on the up, says defence body

Increase in claims and GDC cases could be related to the economic climate, says head of dental division

Defence organisation MDDUS has attributed a sharp increase in claims against dentists to the growing compensation culture in society.

Figures from the society's annual report for 2012 revealed a 53 per cent rise in claims initiated against general dental practitioners compared with 2011, while there is also a 67 per cent increase in the number of GDC cases handled.

MDDUS's head of dental division, Aubrey Craig, said: "This rise in claims may be related to the harsh economic climate of recent years but is being manifested in increasing claim rates and consequent legal costs. Dentists are being subjected to a rapidly growing number of claims, yet we see no evidence to suggest a drop in standards or patient care.

"The increase in regulatory cases is consistent with figures reported by the GDC and reflects a number of factors, including a greater proportion of dentists now being reported to regulators by employers or colleagues.

"Nowadays, dentists are also more risk-aware and are therefore more likely to seek advice early rather than risk problems escalating into complaints or legal claims."

New appointment for relocated centre

Centre for Evidence Based Dentistry director joins Dundee University

NHS Forth Valley dental public health consultant, Derek Richards, has joined the University of Dundee's Dental Health Research Unit (DHSRU) as part of the relocation of the Centre for Evidence Based Dentistry (CEBD).

Derek, who helped establish the centre in Oxford in 1995, and is the current director, is also the editor of the Evidence-based Dentistry Journal and has taught a wide range of evidence-based initiatives nationally and internationally for 20 years. He will also become honorary senior lecturer at Dundee.

The CEBD, which relocated to Dundee in January 2013, is led by co-directors Professor Jan Clarkson and Professor Ruth Freeman.

Prof Freeman said: "Derek is internationally renowned for his work in evidence-based dentistry and brings his wealth of experience to Dundee – which will help develop our research environment and strengthen our impact."

Laying out his aims for the centre, Derek said: "I believe we can develop a strong masters programme in evidence-based healthcare. Here in Dundee, working within the DHSRU, we should aim to make our centre as productive as the Evidence Based Medicine Centre in the University of Oxford."

The main aim of the centre is to promote teaching, learning, practice and evaluation of evidence-based dentistry. It aims to do this by fostering a spirit of enquiry within the dental team and encouraging dental professionals to make clinical decisions based on the best available evidence.

It hopes to enable the team to find valid, up-to-date evidence on which to base these decisions and assist in the development of better methods of disseminating quality evidence.

It aims to include the development of evidence-based professional and clinical standard and an evidence-based approach to clinical audit.

It also covers evidence-based approaches to CPD, patient information and the purchasing of materials and equipment.

Highland practice plea

DENTIST PETITION

Almost half the residents of the village of Durness, in the north-west Highlands, have signed a petition calling on the health board to provide a local dentist.

The nearest practice is 56 miles away in Lairg, but many residents make the 210-mile round trip to Inverness for treatment.

Although the population of Durness is less than 500, the overall population of North, West and Central Sutherland is more than 5,500.

A statement from NHS Highland read: "More than 10 years ago, NHS Highland's Salaried Dental Service provided a part-time dental service in Durness and Tongue. A number of factors led to the service being withdrawn and these included:

- The need to update the premises with modern facilities fit for purpose of delivering clinical services and compliant in terms of control of infection.
- Population levels which would sustain a part-time, but not full-time, service.
- The move away from single-handed practice to ensure the sustainability of services and to assure governance.
- Challenges of recruiting a dentist and support staff prepared to include significant travel.

"The Sutherland District Partnership (SDP) have raised concerns at the distances patients are required to travel to access Dental Services.

"There would be a number of challenges in re-introducing a service to the area and, while we might consider these significant or indeed insurmountable, it would be reasonable for this option to be explored."

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Going the extra... 500 miles

Dental hygienist pledges to walk from Kirriemuir to Brighton to raise money for mouth cancer

Dental hygienist Christina Chatfield is taking inspiration from the Proclaimers' hit by walking '500 miles for 500 smiles' in aid of Mouth Cancer Action Month.

The walk will begin in Kirriemuir, where Christina's career began, then pass through 32 different destinations, before ending in Brighton at her own practice, the Dental Health Spa Brighton.

Christina said: "I feel very passionately about improving oral health and widening the access of care for everyone.

"I'd like to get as many people as possible involved to help make a difference. Even if it is a small donation or by supporting your local community, I hope walking 500 miles will prompt people to think about how a healthy mouth makes all the difference.

"Direct access, the biggest law change in dental history, came into force on 1 May and is a significant step for people looking to gain access to better oral health. We're also looking to raise awareness of mouth cancer, the link with the human papillomavirus (HPV), and address dental anxiety, something I specialise in."

One of Christina's patients, Welsh actor Steve Spiers, is backing the campaign.

He said: "I was staggered to hear that more people die of

mouth cancer than cervical and testicular cancer together. This sort of ignorance has to be addressed.

"We can't rely upon 'word of mouth', so let's get the word of the mouth out there! Awareness may encourage someone to regularly visit their dentist and may indeed save lives."

Scotland's strongest dentist wins gold

Weightlifting Ayrshire dentist proves a natural, breaking records and winning titles

Kilmarnock dentist Apple Doepner has a definite claim to being Scotland's strongest dentist, after winning gold at a weightlifting competition in Belfast.

Apple, a GDP at Stevenston Cross Dental Practice, won her first Scotland cap at the contest, where she took part in three disciplines – squat, bench and deadlift.

She was part of the victorious Scottish team that was taking on lifters from England, Wales and Northern Ireland. The victory marked Scotland's first win in the four nations competition for 20 years.

Apple has only been competing for the last six months, but she still managed the incredible feat of breaking three Scottish records in her class during her first competitive event back in March this year.

The practice principal at Stevenston Cross, Iain Storm, said: "Apple has been a dentist with us at Stevenston for four years and we are very proud of her achievements so far. Despite her great strength, she still relies on skill and technique when it comes to taking out teeth!"

Registration fee deadline is looming

ARF REMINDER

Dentists have until 31 December to pay their annual registration fee.

The collection period for dentists' Annual Retention Fee (ARF) began on 12 November, with registrants having until 31 December to pay the £576 fee.

The General Dental Council (GDC) has written to all registered dentists to remind them. However, those who have a Direct Debit in place will have the funds automatically collected from their account on 5 December.

Any queries regarding the ARF should be directed to the ARF helpline (0800 1777 965), which is open between 9am and 5pm Monday to Friday until 31 December.

Dentists who fail to make the payment on or before the 31 December will be removed from the GDC's register and will no longer be permitted to work in the UK.

A list of those people will be circulated to the NHS, Health Boards and indemnity providers to enable them to keep their records up to date.

Any person wishing to restore to the register will need to submit an application, which may take up to 10 working days to assess.

Dentists who are required to submit CPD for 2013 will have until 28 January 2014 to make a declaration. They can do this via the eGDC website or by completing the paper declaration form, which was included in the ARF notice, which was sent out on 7 November 2013.

Festive tax breaks

Tricia Halliday, of Martin Aitken & Co, delivers her top tax planning strategies, and says this is the perfect time of year to mull over how best to minimise your liabilities

Following her article at the start of the tax year, Tricia Halliday of Martin Aitken & Co Limited Chartered Accountants describes how to minimise your tax liabilities as the tax year draws to a close.

As the end of the calendar year approaches and you look forward to a well-earned festive break, it's worth spending a few moments mulling (over your mulled wine) the consequences of the end of a non-calendar year.

The 2013/14 tax year ends on 5 April 2014 and, as the year draws to a close, you should consider how you can take advantage of tax planning strategies:

Maximising allowances

If your spouse or civil partner does not work, or perhaps has a low income, consider transferring income-producing assets to them to take advantage of their lower tax bands. Savings accounts can be transferred without any tax consequences and shares transferred between spouses/civil partners do not attract any Capital Gains Tax (CGT).

Pensions

Have you fully utilised your pension contributions for the year? With effect from 6 April 2014, the personal pension annual allowance reduces from £50,000 per annum to £40,000 annually, with a corresponding reduction in the lifetime allowance to £1.25million.

Remember also that pension contributions attract income tax relief and unused allowances in the previous three years can be utilised in the current year. Therefore, up to £200,000 could be invested in a private pension plan before 6 April 2014. Speak to your pension's advisor to see how much you can invest in a private pension scheme before 6 April 2014, and plan accordingly.

Charities

A more benevolent investment for your cash is charitable contributions. Contributions to registered charities attract 18 per cent tax relief for higher rate taxpayers. The charity can also claim for a payment from the government.

Capital allowances

If cash is available, now is the time to be investing in your practice. Capital Allowances (CAs) represent a valuable form of tax relief, providing a tax write-off against plant and machinery (e.g. washer disinfectors and dental compressors).

Normally, CAs can be claimed at a rate of 18 per cent on plant and machinery; however, the Annual Investment Allowance (AIA) offers your practice a 100 per cent tax write-off on qualifying expenditure.

The current AIA regime is generous – the 100 per cent deduction is available for expenditure of up to £250,000. The other good news is that the current AIA allowance is available until 31 December 2014. The timing of expenditure can be critical, so it is worth speaking to your tax advisor prior to embarking on a programme of expenditure

In more general terms, you should ensure that you are maximising CA claims for your practice. There could be anything up to 20 per cent of the value in your property upon which CAs could be claimed. Specialist advice can be obtained to maximise the value of CA claims on fixtures within your practice property.

Capital Gains Tax

If you are selling the building from which you carry on your unincorporated practice, the timing of the sale impacts on your cash flow. It is likely that you will incur a gain which is liable to CGT. If you sell the property this side of the tax year, the tax will be due on 31 January 2015.

However, if you are able to delay the sale until after 5 April 2014, you can delay your tax bill by another year – until 31 January 2016. Any other taxes due on the disposal of your practice will likewise be delayed.

The Chancellor's autumn statement announced a restriction to the the rules in respect of CGT and Principle Private Residences (PPR) – your main or only home. Previously, if you moved out of your main residence and then subsequently sold, the period in which you owned, but did not occupy the property, continued to qualify for PPR up to a maximum of three years. Any gain accruing in this period was exempt from CGT

From 6 April 2014, this exemption has been reduced to 18 months. This will impact upon those who have moved, or will shortly be moving, out of their main residence with no plans to sell in the near future or who are unable to immediately sell the property. Please speak to your tax advisor if you have any concerns.

So, as you return to your mulled wine and mince pies, it is worth considering the above planning points to improve your tax efficiency, and bank balance, in 2014. ■

Should you have any queries in respect of the information contained in this article, please contact Tricia Halliday at Martin Aitken & Co Limited on 0141 272 0000.

Tribute to a great leader

Bernard Caplan was a leading dentist of his generation who will be missed by all, says son Alan Caplan and Kieran Fallon

Bernard Caplan sadly passed away on 30 September 2013, aged 86. He was a very competent and caring clinician, and in the field of dental politics, was one of the leading dentists of his generation.

Born in 1927, Bernard had a younger brother, Philip, and, during the war years, their parents, Effie and Dora, fostered a young girl called Ruth, who had been rescued from the horrors of Nazi Germany.

In 1950, Bernard was in the last group of students to graduate from the Anderson College of Medicine, an honour he shared with other notables Charlie Downie and Bob Caldwell. Following two years' national service as a dental officer in the RAF, he proudly returned to his native Glasgow and to a career in general dental practice. He had a brief spell as an associate in Partick, then established his own practice at Eglinton Toll. His patients still remember the trademark fixture in the waiting room, a kids' metal rocking horse!

Bernard was elected to Glasgow Local Dental Committee (LDC) in 1971; this sparked his interest and began a long and distinguished list of dento-political achievements. He served as dental secretary to the LDC for 18 years and, in that role, became the public face and voice of the committee. He was a frequent correspondent to the letters pages of various newspapers, putting the case for the dental profession, and a regular attender at the UK LDC Annual Conference, chairing the event in 1982.

During this time, he helped negotiate the 'Woodside Terms' – a salary plus bonus scheme designed to encourage GDPs to work in the new health centres which were then being developed. Bernard was the first dentist to work under Woodside Terms in the Gorbals.

Among dentists, Bernard had an unusually clear understanding of superannuation and the remuneration formulae of the NHS fee scale. Hence, he would spend his leisure time answering calls from GDPs from all over UK, explaining these concepts to baffled colleagues. His expertise led to him being elected to high office on many of the major BDA committees, including Rep Board, Council and the General Dental Services Committee Executive.

Dental education was another passion. Bernard was chair of the BDA Students' Committee and was also instrumental in the establishment of vocational training in Scotland, and in the foundation of the West of Scotland Centre for Postgraduate Dental Education within Glasgow Dental Hospital.

His career took another turn when he formed a partnership with his old pal Willie Kelly in his practice in Shawlands, where he spent the last 15 years of his working life, retiring in 1992.

"Bernard's life and career were exemplary"

Even in retirement, he maintained his keen dental interest and looked after his former colleagues by acting as both trustee and minute secretary to the British Dental Guild until only two years ago, allowing him to travel to London and stay at his treasured Royal Society of Medicine.

Bernard was honoured many times, including invitations to several royal garden parties, the prestigious Fellowship of the BDA and the honorary Diploma and Membership of the FGDP(UK). However, it was recognition by his 'ain folk' that meant the most to Bernard – he was especially delighted to be elected President of the BDA West of Scotland Branch in 1984.

Much as he valued his professional career, Bernard's primary devotion was to his family and, in particular, to his beloved wife Yetta. They met as students in 1945 and began a love which lasted 68 years, 62 of those as husband and wife. They had a passion for travel, with the early visits to Spain and Italy in the 1960s leading to journeys much further afield, to the USA, Russia, India, the Far East and Australasia.

He is survived by Yetta, his brother Philip, three sons Ricky, Mervyn and Alan and their wives, and five granddaughters. He was particularly proud that Alan followed him into the dental profession.

Bernard's life and career were exemplary and he will be remembered with great respect and affection by his family and his friends, colleagues and patients. ■

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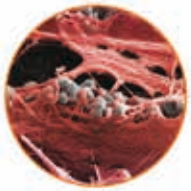

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New Horizons

Our latest rep profile features Kirsty Paton, the new territory sales manager for BioHorizons in Scotland

Tell us a bit about your career so far

I left Strathclyde University in 2000 with an honours degree in marketing and finance. My first job was with Best Western and, while I enjoyed the selling side of the job, I didn't get huge satisfaction from hotel sales. I wanted the product I sold to really benefit people and what better way to do that than sell medical devices to the NHS? I took a role with Tyco Healthcare selling sutures for two years before joining Stryker to sell their spinal implant portfolio. I was with Stryker for almost eight years, selling many of their products including spinal implants, biologics, HD camera equipment and sports medicine portfolios, to name a few. With all of the changes going on in the NHS, I was keen to move to a market where I could sell to the end user again.

Why BioHorizons?

Having had my second (and last!) baby in September 2012, I was planning to return to work in September 2013. I received a call from a friend in Stryker to say that he knew of a job within the dental industry that looked like an exciting opportunity. I knew BioHorizons was a company I wanted to work for from the minute I met Dan Storey (northern regional manager) and Ken O'Brien (general manager UK and Ireland).

They confirmed what I had gleaned from the website – that the company had really exciting products and technology and were dedicated to not only selling implants, but educating edentulous patients around the world on how having implants could drastically improve their quality of life.

What do you enjoy most about working with BioHorizons?

I love the fact that the company is run by the original dental engineers who founded it. They are still as passionate these many years on in bringing the best technology and products to market to offer ease of use to the dentist and best patient aesthetic outcomes. This enthusiasm is encouraged throughout the organisation and our team in the UK has been very supportive since I joined.

How does a typical day with BioHorizons go?

There are no 'typical days', which I love! Every day is different and that's what makes the job so interesting. Although I have only been in the position for three months, I can see that there are several important aspects that I will need to focus on to be successful.

Obviously, the service and support I offer dentists using my products is my first responsibility. In addition, I am also keen to offer education to practices throughout Scotland so they are empowered with the knowledge on how a dental implant could improve patients' aesthetics and overall quality of life.

I would also like to get BioHorizons involved in education within the dental schools. I would be keen to offer any support BioHorizons can to the faculties throughout Scotland. Finally, I think patient education will be paramount in this job. I am excited about coming up with new ways to educate patients in Scotland on the benefits of having an implant to replace missing teeth!

Surely it is not all work and no play?

Definitely not – I have two small children aged four and one who keep me very busy. Things can be pretty hectic in our house but, when things get tough, one wee smile from those two and life just seems so much better.

I have to say a nice cold glass of sauvignon blanc at the end of the evening when they have gone to bed also makes life less stressful!

What is your favourite pastime?

My husband and I have always loved to travel and, during our honeymoon in Brazil, we agreed that if we ever had children that we would continue to see the world with them. My son Jack's first holiday was on his first birthday and we took him to Las Vegas! Things have changed a bit, though – looks like Florida for us next year to see Minnie and Mickey.

Finally, what does the future hold for you?

I hope to have a successful career with BioHorizons for many years to come. I am excited about the product lines and technology that is continually developing every day.

I can also see an opportunity for BioHorizons to develop their brand image in Scotland and I want us to be respected in the dental market as a company that not only sells dental implants, but that is also passionate about education on all levels, from patients and dental practices through dental schools.

I am keen to create a BioHorizons Scotland training programme in the next year or so and I would really like to get involved with the dental schools in Scotland to offer any support we can. ■

By Bruce Oxley

Rising to the top

From placing his first implant in 2003, Dr Philip Friel describes his journey to becoming the youngest president in the ADI's history

After witnessing implant surgery as a young undergraduate, Dr Philip Friel was convinced this was a treatment that he wanted to explore further. He said: "I happened to see an implant being placed in one of the oral surgery sessions at the dental hospital, which was quite rare at that time. I thought back then that, in terms of replacing teeth, this had to be the way ahead."

However, little did he know that this early exposure would set him on the path to becoming the youngest president in the 25-year history of the Association of Dental Implantology (ADI) at 36 years old.

Philip was brought up in Newlands on the south side of Glasgow and graduated with degrees in anatomy (1998) and dental surgery (2001) from Glasgow University. After graduating, he spent two years working in a maxillo-facial unit in Inverness before moving into general practice, firstly in an NHS practice in Ayrshire and then a mixed private/NHS clinic in Glasgow.

In 2007, Philip bought his own practice in Hyndland and, following a major refurbishment, re-opened as Philip Friel Advanced Dentistry in 2010. Alongside general dentistry, the clinic also takes referrals for cosmetic and restorative dentistry, including implants. Philip also runs an implant referral clinic in New Town, Edinburgh.

Philip placed his first implant in Ayrshire in 2003 under the guidance of a mentor, a role he has since assumed himself. He said: "It was back in the day where there wasn't so much in terms of structured learning for those wishing to get involved in implant dentistry, it was predominantly driven by the manufacturers, which is probably not ideal."

However, this reliance on the manufacturers to provide education and training was changing and organisations such as the ADI have since bridged the gap, providing forums for practitioners to share experience and embark on independent training. Philip said: "My involvement with the ADI really came about because of that [the manufacturer influence on training]. It allowed the informal interaction with more experienced colleagues locally and nationally. It also allowed training, education and an opportunity to build up experience to take back to practice."

In 2005 Philip joined the ADI as a member and not long afterwards the opportunity arose to succeed Stephen Jacobs as Scottish representative on the committee. Stephen was moving on to president-elect, before holding the position as president from 2009 to 2011. His new role entailed Philip organising the Scottish study clubs, which welcome national and international speakers, and he has since gone on to hold the positions of secretary and treasurer on the national ADI committee.

As treasurer, Philip managed to improve many of the financial aspects of the association, including making it more financially efficient. He said: "The ADI is a charity, so there is a big responsibility to manage the funds as best we possibly can and there were certain improvements that I found we could make to ensure that the association was as financially efficient as it could be.

"In turn, this improved the availability of funds for the main goal of the association, which is the advancement of implant education. As a result of that work and similar projects like that, the ADI is able to maintain what is considered a very good value-for-money membership and a membership rate that has held for the last five of six years without any increase."

In light of these achievements, a fellow committee member then suggested to him that he should put himself forward for the role of president-elect. He said: "I discussed it with few others and thought it over. I'd been involved for quite a while, I'd seen how things progress and how the committee worked. What I had done in the secretary and treasurer roles had made a difference, a difference that we are now seeing the benefit of some years later, so I decided to go for it."

He put his name forward and was duly elected to assume the presidency after Professor Cemal Ucer's term ended earlier this year, becoming the youngest president in the history of the association. He said: "It is a fantastic opportunity, I think I have 10 or maybe more years on the next youngest president.

"But I have taken on the role and it is my intention, like anything I do, to give it 110 per cent minimum. It is an opportunity for me to make a lasting difference in terms of implant education in the UK. Both in terms of the ADI as an association but also in terms of the potential political involvement of that association, with regards to the future of implant education in the UK and beyond."

In terms of his plans for the role, he was very clear that modernisation and efficiency are high on his list. He said: "I want to improve the organisational efficiency of the association in general, in terms of protocols, strategy, governance of the office infrastructure and what we really do as an association.

"As part of that efficiency I want to modernise what we do as an association.

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I have already started with a CRM (Customer Relationship Management) installation, which basically allows us to operate and integrate efficiently with our members, and allows the membership to efficiently interact with the association."

He also revealed that maintaining, and improving where possible, the various member benefits was of vital importance. Things such as the patient and dentist information literature that the ADI has produced for patients interested in implants – to answer any queries they may have – and for dentists or dental students to find out more about how they can start out on their own implant journey.

Philip said: "I'm a GDP and I always will be. And, as GDPs form the bulk of the ADI membership, a big part of my role is to make sure I do what I can to make implant education and patient education as easy as possible for them."

Another key aspect of his role is the organisation of the biennial congress, which in 2015 will be held at the SECC in Glasgow. Planning is already well under way with Stephen Jacobs taking on the role of scientific chairman.

He said: "I was delighted that Stephen Jacobs accepted that role and he has been great already, really superb in organising what I think will be quite a groundbreaking conference in many ways. Not only in terms of bringing it to Scotland for only the second time, but the first time in Glasgow and at a venue in the SECC which will be fresh from the refurbishment for the 2014 Commonwealth Games.

"We're planning something really different, which will be the icing on the cake in terms of the completion of my role as president of the association. I'm really looking forward to it. We always attract great numbers but often there is a great deal of travelling involved for the Scottish members, so hopefully they will appreciate the fact that it is a lot closer to home and it is less time out of their practices. They will still be able to see world-class names on their doorsteps."

And, while he is very much the face of the association for the next two years, he insists it really is a team effort. He said: "It is not just about me, it is really about the team. With the ADI, we have superb office staff down in London who really carry out the bulk of the work. We have myself as president but we have a really enthusiastic and productive committee, who are second to none and I am really delighted to have that in the presidency.

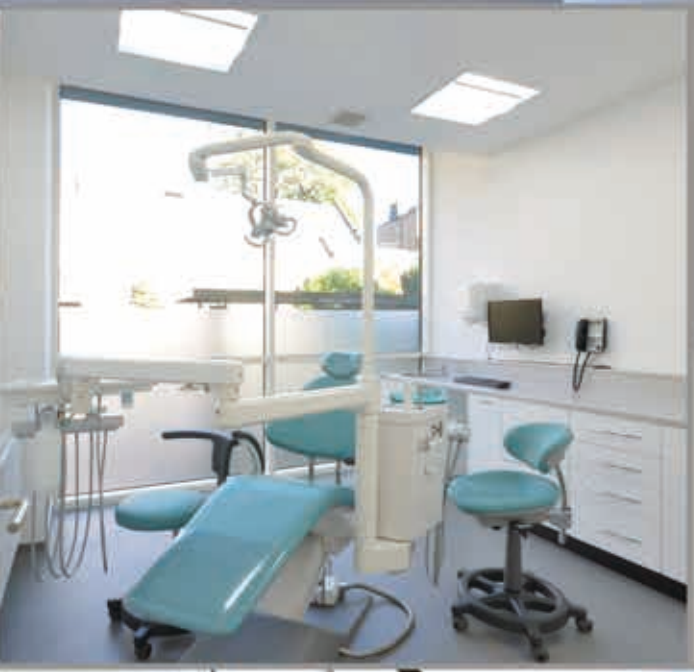
"It is the same with the clinic here. If it was just one person trying to do it all, it simply wouldn't work. Since opening here we have gone from a team of three to nearly 20 now. There has been no turnover of staff at all, which is just fantastic. Having that support when I do have commitments in London and overseas etc, is really essential for what we want to achieve."

"I have a massive enthusiasm for the role. I really love the association"

And it is Philip's enthusiasm and drive, allied to the great team behind him, that he feels will ensure he enjoys a successful two-year term of office. He said: "I have a massive enthusiasm for the role. I really love the association – what it does at the moment and what it will be able to do in the future. But, as I have already said, it is really not about me, it is about the support team down there, the committed committee that we have and what we can achieve as a collective rather than individuals. And that is where the real strength of the association lies.

"The involvement by committee members is voluntary, and with anyone who is associated with the ADI – be they past presidents, former committee members, even current members – there seems to be a real willingness to give time, commitment and input where it is required for the good of the association, which is really lovely. It is lovely to be a part of an association like that." ■

For any dentist interested in starting out in implant dentistry, the ADI committee has produced 'A Dentist's Guide to Implantology' which is free to download at www.adi.org.uk



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Double the service for Central patients

After outgrowing their existing two-location practice, the partners at Central Orthodontics took a strategic approach to create new facilities that meet the best of both worlds

With two practices, one in Falkirk and one in Stirling, the partners at Central Orthodontics were faced with a tough decision when it became clear they needed to find more space.

The initial plan for Peter McCallum, Stuart Dunn, Rob Hill and Darren Gray was to expand the Falkirk practice, but, after various attempts to find a solution, they conceded that they weren't going to be able to satisfy the planning requirements at that site.

However, plan B turned out to be quite fortuitous for the quartet, as they had been looking for new premises for the Stirling practice for a few years before the decontamination requirements forced them into finding more space. Moving to a new practice in Stirling has meant they were able to move the administration from Falkirk to the new practice and, in turn, free up more space in Falkirk.

Peter explained that they identified the ideal building two-and-a-half-years ago – the former Tourist Information and Ticket Centre on Dumbarton Road. He said: "It is a bit of a concrete block, but this made it ideal for our purposes because it allowed us to build whatever we wanted inside it.

"It meant that we could bring all of the administration and the management of the practice from Falkirk up to Stirling and into the new place. This allowed us to create the LDU and X-ray room in Falkirk now that the administration has been moved to Stirling."

The foursome bought the practice in February 2012 and set about planning their new practice. Throughout the buying and development stages, Roy Hogg and his team at Campbell Dallas offered sound financial advice and, following a competitive tender, they brought Farahbod Nakhaei from NV Design and Construction on board to help them design and oversee the build.

The interior, while providing plenty of potential, was in a state of disrepair and the first job was to basically rip it all out and start again. Peter said: "Downstairs was tired and shabby. It was a retail space with walls in the wrong place for what we needed to do. Some of the windows had been blocked up and the storeroom at the back was just a concrete block.

"Upstairs was leaking from the roof, the windows were leaking, the floor was in a poor condition and the stud partitioned walls looked shabby. There was also horrible wallpaper all over the place."

Peter also explained that, as the first floor had been split into several offices, there were half a dozen electric meters for the various sublet properties to contend with. However, undaunted by the task in hand, Farahbod set to work redesigning the building and turning it into a modern and contemporary orthodontic practice.

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During the planning stages, and even before, Peter, Stuart, Rob and Darren made a point of visiting a number of practices, both Farahbod's previous jobs and others that had been recently refurbished or renovated to gain inspiration. So, when it came to briefing NV, the Central Orthodontics team had a pretty solid vision in their minds. Their hope was for a modern and contemporary practice, with a good flow for patients and the ability for the nurses and support staff to go about their work unobtrusively.

Work started in May and the main part of the build was finished by the end of September. After the finishing touches and final few snags were ironed out, the old Stirling practice closed for the last week in October while equipment and sundries – including supplies and orthodontic appliances supplied by Orthocare – were transferred across to the new building. The first patients were seen at the beginning of November.

Peter and his colleagues are absolutely delighted with the results. He said: "I think it has actually exceeded our expectations. We have been delighted with the outcome and that is largely through the ability of Farahbod and his team to deliver what they said they were going to deliver.

"We've got nice big windows at the front of the property, which is north facing so you get a nice view above the frosted glass but you don't get beaten up because of the sun. The light is superb and the work environment is just fantastic."

The new practice is bright and modern, with a striking pale blue and white colour scheme, subtle lighting effects and clean, flowing lines. The curved reception desk leads patients away from the waiting area towards the surgeries, which all benefit from natural sunlight via full-length partially frosted glass windows.

The LDU is situated to the rear of the practice, along with the digital OPG, which has been linked to the practice IT system by Ian Wilson at IW Technology Services. Upstairs, the practice features male and female changing rooms, staff room, toilets, a lab, two storerooms, two offices and a seminar room capable of seating up to 30 guests. In fact, just a short while after opening, they hosted a meeting of the Scottish Orthodontic Study Group, with 25 orthodontists in attendance.

Peter said: "There is no doubt you feel very proud when you welcome people to the practice like we did recently. We had orthodontists from Glasgow, Edinburgh, Perth and Dundee, so it was really nice showing them round and we felt a great sense of achievement and pride in showing it off."■

Teamwork in orthodontics

The Orthodontic National Group offers its members access to a range of benefits, including discounted events and regular publications

The Orthodontic National Group (ONG) for nurses and orthodontic therapists was started nearly 20 years ago.

It is an independent group, affiliated to the British Orthodontic Society (BOS) and is run by its members for the benefit of its members. There is a small, hard-working committee and an ever-increasing number of colleagues are joining us each year.

Membership fees are modest at £30 per year but only £25 if you pay by direct debit. Even the higher rate works out at around 65p per week.

There are lots of advantages to becoming a member. These include many practical benefits, such as having massive savings on registration at all ONG events and specific BOS meetings. Last year at the conference this was in the region of £100.

There are also dedicated study days, DCP events and programmes at the annual British Orthodontic Conference. The next one is being held in Edinburgh in September 2014 and there will be a special delegate rate.

You will also receive three copies of *ONG News* and of *BOS News* a year, plus the *BOS Clinical Effectiveness Bulletin*.

And you will enjoy membership of your professional organisation and there is a die caste badge that is available for purchase.

Orthodontists are in the forefront of adopting the team approach in actively encouraging their staff to learn, develop their skills and interact with their colleagues.

You are an important part of your orthodontic team, maybe it is time you joined us?

You can contact us via our website www.orthodontic-ong.org and you can download a membership form today.

Who's Who in Scottish dentistry

We are lucky to have some of the finest dental professionals in the world on our doorstep. Here we celebrate the great and the good

This is the second time we have run this Who's who in Scottish dentistry feature – the first one appearing in the December 2011/January 2012 issue of the magazine.

We are very fortunate in Scotland to have some of the finest clinicians working in practice today. From GDPs and DCPs right through to consultants and specialists, we have a breadth and depth of talent to compare with anywhere in the world.

From well-established names and well kent faces, to the young, up-and-coming clinicians, this feature aims to celebrate the people that make Scottish dentistry great.

It's also a great way to put faces to names and names to faces. You will have probably met or rubbed shoulders with many of the people featured on the following few pages at events or seminars in the last year or so.

This is not a definitive list by any means, and it is arranged in no particular order whatsoever. However, we hope you enjoy this opportunity to catch up with old friends and work colleagues, or to possibly make contact with new ones.

Dr Philip Friel,
BDS BSc MFDS

Philip Friel heads a team of 18 at his eponymous clinic in Hyndland, Glasgow and also operates on a referral basis in Newtown, Edinburgh. The bespoke facilities allow referrals to the team for CBCT scanning, oral surgery, IV sedation, root canal treatment, dental implant treatment, bone grafting and advanced dental rehabilitation via a secure online facility.

The superb seminar facilities regularly host courses on many and varied topics presented by varied lecturers providing lectures, hands-on and live surgery experience to allow continuing verifiable dental education for the whole team. Details of upcoming courses can be found via www.philipfriel.com

Philip will shortly launch a unique dental implant course from these facilities using educational and hands-on techniques not yet seen for the safe and predictable training in implant dentistry. Details of this concept will be available shortly via the 'steppingstonesin-implantdentistry' social media platform. Philip has a strong commitment to education and regularly mentors colleagues wishing to embark on a pathway in implant dentistry, as well as lecturing regularly both in the UK and abroad on a range of topics.

Following a seven-year association with the Association of Dental Implantology (www.adi.org.uk), Philip was recently elected to the role of president of the association (see page 22). Having worked hard to achieve this position over many years, he looks forward to making a lasting difference in dental implantology in the UK.

Dr Agnieszka Milbauer, BDS, PhD

Dr Milbauer qualified in Poland in 1998 and in 2004 obtained her PhD in the field of prosthodontics. She has published numerous scientific articles in the dental press and her practice is focused on cosmetic dentistry and STO.

Dr Milbauer has attended numerous courses and been trained by leaders in their fields including Anoop Maini, Paul Tipton and Bob Khanna. In her practice, Dr Milbauer is treating highly challenging cases requiring a blend of STO and minimally invasive restorative dentistry. Dr Milbauer is a member of AACD and EPA. She practises in Your Perfect Smile Dental Clinic in Aviemore.

Eilert and Margaret Eilertsen

Eilert and Margaret were both born in Scotland and graduated from the University of Dundee. They were married in 1977.

They opened their first practice in Dingwall in the Scottish Highlands in 1978. This practice went on to become a very successful, all-private practice, winning the UK Denplan Practice of the Year award in 1996.

Eilert first became involved in implants in 1994, completing the Brånemark course at Newcastle University that year. He later trained with Ashok Sethi and Hilt Tatum, the originator of the sinus graft operation and a founding father of modern implantology.

In the intervening years, combined implant and advanced conservative treatments have become an increasingly large part of his life in dentistry. Eilert has been using intravenous sedation since 1976 as an adjunct to the treatments he offers.

Eilertsen Dental Care was opened in Inverness in November 2009, in a modern building which has been fitted out to the highest standards, winning awards for the most attractive practice in Scotland in 2013.

Many of the team transferred from the Dingwall practice to continue to put their qualifications and skills to good use alongside Eilert and Margaret. The practice is becoming increasingly busy and, in 2014, their daughter Dr Jennifer Eilertsen – who also graduated from Dundee University – will be joining them.

Neil Taylor,

BDS LLB DipLP

Neil is a dentist from 1991 to date, solicitor 2003 to date, advocate 2007-2012, and head of dental Services TDS 2012.

An innovator and visionary, Neil is the first Scottish dentist to launch a dental indemnity company for the benefit of his dental clients. Neil is the only dual qualified dentist and lawyer to have appeared at all levels in every Scottish court.

With vast experience in defence, he defends the rights of dentists against all who attempt to lay blame or criticise their actions.

As a solicitor, Neil deals with every dento-legal difficulty you can possibly encounter at a dental surgery by way of a contract, going way beyond levels of expectation to defend dentists' rights.

Andrew McGregor,

BDS MSc BSc MFDS RCS MOrth RCS

Andrew is a Glasgow graduate who attained his orthodontic specialist qualifications in 2010 from the University of Newcastle-upon-Tyne and the Royal College of Surgeons, Edinburgh. Since then he has become a partner at Park Orthodontics in Glasgow's west end and has regular clinical sessions at Philip Friel Advanced Dentistry.

While enjoying the challenge of guiding teenagers through their orthodontic treatment, the variety and advantages contemporary appliances such as Damon, Innovation and Clearguide offer mean that more adults are presenting for treatment.

Andrew has a special interest in the rising field of fixed lingual orthodontics, which are becoming increasingly popular among patients looking for high-quality results with discreet appliances.

Dr Bruce Strickland,

BDS DipImpDent RCS (Eng)

Dr Strickland has been placing dental implants within general practice for the last 15 years. To add qualifications to his experience, he completed the implant diploma with advanced certification in bone grafting with the Royal College of Surgeons England. He is a lecturer and member of the International Team for Implantology.

Bruce has placed about 3,500 implants and worked closely with referring dentists from all over Scotland. His aim is to partner with other clinicians as an extension of their team and to provide a referral service, which enhances the treatment portfolio offered to their patients. To some, this partnership is the delivery of a completed case, for others it means hands on clinical mentoring with full involvement in the restoration phase.

In recognition of the service provided to referring dentists, Care Dental Implant Clinic won Best Implant Practice in the UK Award in 2011.

Dr Girish Bharadwaj,

BDS MDS MFDS FFDRCSI

Dr Bharadwaj is a diplomate of the International Congress of Oral Implantologists (ICOI), a specialist oral surgeon at Meadowbank Dental Practice and associate specialist, Maxillofacial Unit, NHS Fife.

He is the principal of Ochilview Dental and Oral Surgery (www.ochilviewdental.co.uk) in Armadale, West Lothian, where he carries out wide range of oral surgical procedures under local anaesthesia and IV sedation in primary care.

He provides oral surgery and implantology service at Meadowbank Dental Practice, Edinburgh (www.theoralsurgeryclinic.co.uk). He is keen to contribute to training and professional development. He was awarded diplomate status in recognition of his commitment to oral implantology.

Chris Barrowman, BDS

Chris Barrowman, clinical director of Infinityblu Dental Care in Pitlochry has seen a busy 2013.

He was shortlisted for Dentist of the Year in the Scottish Dental Awards and Best Young Scottish Dentist in the Dentistry Awards 2013.

Chris started the squat dental practice late in 2007 and has grown Infinityblu Dental Care to become a well-known dental brand locally and nationally from single-handed to a team of 10. Chris and his team have added a further nine shortlistings in national dental awards this year.

Chris has taken his passion for dentistry and created a dental practice that prides itself on high-standard dental care with an emphasis on excellent customer service.

In July, Chris, along with colleague Bert Hay, partnered to purchase, rebrand, refurbish and re-open Inspire Dental in Kingussie. The completely restructured Kingussie dental surgery has already increased pre-takeover monthly turnover by more than 100 per cent in only the first four months of trading.

Dr Allan Pirie, BDS DGDP(UK) RCS MSc

Allan qualified in 1981 from Glasgow University and worked in London at the Royal Dental Hospital and Middlesex General Hospital Oral Surgery unit. Since 1994, the main focus of his dental and postgraduate education has been in the placement of dental implants. Allan was awarded DGDP RCS in 1995 and gained an MSc in implant dentistry in 2006. He has taught many dentists implant dentistry and been a tutor at the University of Warwick and the University of Glasgow Dental Hospital. He is an examiner at the Royal College of Surgeons in Edinburgh.

David Macpherson, BDS

David qualified from Glasgow in 1991 and has been the owner and principal of Whitemoss Dental Practice in East Kilbride for the last 20 years.

He is a director and club dentist at Clyde FC as well as being a CPD/PDP tutor for NHS Education Scotland (NES). He is also a TRAMS Team member, a mentor and coach accredited and West of Scotland audit team member for NES.

David is the GP sub-committee member of Lanarkshire Health Board's Area Dental Committee and Lanarkshire local dental committee member, as well as being a VT trainer for the last 12 years.

Awards and recognition include Scottish Dentist of the Year 2013, Healthy Working Lives Gold Award 2012, Silver Award 2011, Bronze Award 2009, Scottish Practice of the Year 2006, UK Dentist of the Year 04/05, UK Dental Team of the Year 03/04 and finalist in UK Boss of the Year 2013.

Dr Ross J Henderson, BDS, MSc (Endo)

After qualifying from Dundee in 2003, Ross worked in general practice, where he developed a keen interest in endodontics. He gained his masters in endodontics from the prestigious Barts and The London School of Medicine and Dentistry.

Ross works at Clifton Dental Clinic, where he limits his practice to endodontics, and accepts referrals for all aspects of endodontic care, including diagnosis, non-surgical and surgical root canal treatment. He is a member of the British Endodontic Society.

Sabina Kasem, BDS (Glas) MFDS RCS (Glas) MSC (Manc) MOrth RCS (Edin)

In 2011, Sabina opened Eden Orthodontic Centre, a specialist clinic in Coatbridge, Lanarkshire.

She qualified as a specialist orthodontist from the University of Manchester in 2003 and, having worked as an orthodontic associate for a few years, made the decision to open her own clinic.

After having had braces as a dental student at Glasgow University, Sabina understands how having a great smile has an impact on a person's self-esteem.

She says her favourite thing about her work is seeing how happy patients are when their braces are removed and their beautiful smiles are revealed!

Aubrey Craig, BDS FDS RCPS (Glas) MPhil MBA

Aubrey Craig is head of dental division and a dental adviser at MDDUS. He qualified at the University of Dundee in 1987 (BDS) before going on to work in hospital posts and as an associate and principal in general dental practice.

Aubrey was previously a partner in an NHS vocational training practice in the Kelvingrove area of Glasgow from 1994 until 2009. During that period, he also spent seven years as a part-time clinical teacher in restorative dentistry at Glasgow Dental Hospital and School, from January 1999 until December 2005.

In 1991, he gained an FDS from the RCPS Glasgow followed by an MPhil in Medical Law from the University of Glasgow in 2001. He was awarded an MBA from Glasgow Caledonian University in 2009.

Aubrey joined MDDUS in January 2006, becoming Head of Dental Division in 2009. He still works in general practice on occasional Saturday mornings.

David Offord, BDS MFDS RCPS Dip.Con.Sed.

David Offord is a specialist in oral surgery and practice principal at Vermilion – The Smile Experts, a referral-only clinic located in Corstorphine, west Edinburgh.

Vermilion launched in the summer of 2011, and the close-knit team of six clinicians practising there undertake the following treatments for referred patients: periodontics, orthodontics, endodontics, prosthodontics and oral surgery.

Dr Simon Milbauer, BDS

Dr Milbauer qualified in Poland in 2000. In 2008, he obtained his certificate in surgical and prosthodontic implantology from the Eastman Dental Institute.

His practice is centred on surgical and restorative implant dentistry. Dr Milbauer has developed a close working relationship with many leaders in the implant field, including Professor Tiziano Tealdo and Dr Abid Faqir.

Currently, Dr Milbauer is focusing on immediate implant placement and restoration techniques. He is a member of the ADI and is currently preparing for the certification in the implant-based therapy validated by the EAO.

Dr Milbauer is practising in Your Perfect Smile Dental Clinic in Aviemore.

Robert Leggett, RDT Dip CDT RCSEd

Robert qualified as a dental technician in 1997 from Edinburgh's Telford College. He has worked in a mixture of the private and public sector, spending 10 years working in the NHS, including Glasgow Dental Hospital and Edinburgh's Dental Institute.

In February 2009, Robert returned to study for the diploma in clinical dental technology, the first clinical dental technology (CDT) course to be run in the UK, qualifying through the Royal College of Surgeons in December 2009.

Following qualification as a CDT, Robert has worked in private practice in Fife doing all aspects involved in the construction and fitting of dentures.

In January 2013, Robert set up the Scottish Denture Clinic in Edinburgh and in October 2013 opened the Scottish Denture Clinic in Glasgow.

He has developed a close working relationship with the Scottish Centre for Excellence in Dentistry, especially in the area of implant therapy.

He also currently lectures to student dental technicians at Edinburgh's College. Robert is committed to the care of his patients with the emphasis on high-quality treatment.

Yas Aljubouri, BDS MOrthRCS MSc LDSRCS MFDSRCS

Yas graduated in 1991 and worked as an SHO in oral and maxillo-facial surgery and orthodontics in England and Scotland.

He completed VT in London and worked as a GDP in Paisley. Yas became a specialist orthodontist in 2003 following his training at Glasgow Dental Hospital, where he also completed his orthodontic MSc in 2002. He has been principal orthodontist at Giffnock Orthodontic Centre since 2008.

Yas offers NHS and private treatments to adults and children and believes in having no waiting list. He is a Platinum Invisalign Provider and treats orthodontic cases using extraction and non-extraction techniques with Invisalign and fixed appliances. Yas is committed to long-term stability and retention following active orthodontic treatment.

Dr Pierluigi Coli, DDS PhD

Dr Coli graduated with honours in dentistry at the University of Genova, Italy, in 1990. He was trained as a specialist in periodontology and prosthodontics at Göteborg University's famed faculty of odontology from 1993-2005.

He was awarded a PhD in prosthetic dentistry and oral material sciences from Göteborg University in 1999 before being appointed associate professor in prosthetic dentistry at the university.

Dr Coli has authored several scientific publications in international peer-reviewed journals and has lectured around the world.

He has been involved in the training of undergraduate and postgraduate students at the departments of periodontology/oral rehabilitation at the Brånemark Clinic and of prosthetic dentistry/oral material sciences at the faculty of odontology, Göteborg University, where he worked as a specialist.

In 2007, he moved to the UK to join the staff at Edinburgh Dental Specialists. He still maintains research and teaching contacts with the University of Göteborg.

Dr Kevin A Lochhead, BDS (Lond), DGDP (RCS Eng)

Kevin qualified from King's College London in 1987. His interests lie in fixed and removable prosthodontics, dental implants, occlusion, aesthetic dentistry and teaching. In 2002, he was recognised by the GDC as a specialist in prosthodontics.

Kevin is clinical director of Edinburgh Dental Specialists (EDS), which for more than 10 years has been a referral only, multidisciplinary practice comprising GDC or GMC recognised specialists and an on-site dental implant laboratory.

Kevin used to play golf, but now prefers extreme sports including kitesurfing, mountain biking and waterskiing. He is currently Scottish over-35s water ski slalom record holder.

Tariq Ali, BDS (Glas) MJDF RCS (Eng) DipImpDent RCS (Eng)

Tariq is the owner of The Centre for Implant Dentistry, an implant referral practice in Glasgow.

He has been involved in implant dentistry for about eight years and has studied extensively throughout the world. Tariq's formal training at the Royal College of Surgeons in London and obtaining the Faculty of General Dental Practice Diploma in Implant Dentistry shows his dedication to his chosen field.

He acts as a mentor, training other dentists in the field of implant dentistry. He is also a clinical mentor for Dentsply implants and sits on the editorial board of Prodental CPD a dental education provider. He believes in a team approach, working with referring colleagues, to provide the utmost care for patients.

Dr Penny Hodge, BDS PhD

Penny Hodge is a specialist periodontist and an honorary senior lecturer at the University of Glasgow Dental School. She is a graduate of the University of Edinburgh and was awarded her PhD by the University of Glasgow in 1999.

She was admitted to the General Dental Council's specialist list in periodontics in 2002. Penny has served on the council of the British Society of Periodontology and the management committee of the British Society for Oral and Dental Research. She was awarded a fellowship in dental surgery without examination by the Royal College of Surgeons of Edinburgh in 2010.

Her research interests include risk factors for periodontitis and clinical trials. She is chairing the Guidance Development Group for the Prevention and Treatment of Periodontal Diseases in Primary Care on behalf of the Scottish Dental Clinical Effectiveness Programme.

Dr Carol Tait, BDS (Hons) MSc MFDS RCS(Ed) MRD RCS (Eng)

After qualifying from the University of Dundee in 1987 with honours, Dr Tait spent several years in general practice developing her interest in endodontics before moving to Cape Town, South Africa, in 1998, where she worked as a lecturer in restorative dentistry teaching endodontics and gaining an MSc in endodontics.

Following her return to the UK, Dr Tait initially worked as a clinical lecturer and specialist registrar in endodontics at the University of Dundee. She gained her postgraduate specialist qualification, MRD RCS Eng in 2004.

Dr Tait is presently a part-time senior clinical teacher in endodontics at the University of Dundee, where she teaches at both undergraduate and postgraduate level, and has an endodontic referral practice at Edinburgh Dental Specialists for three days per week.

She is proficient in the use of modern endodontic techniques and carries out non-surgical and surgical treatment using an operating microscope. Her areas of interest include endodontic microbiology and periradicular surgery.

Donald Thomson, BDS (Edin) FDS RCSEd FDS RCPSG DDR RCR

Donald graduated from the University of Edinburgh in 1994. After working in practice in Edinburgh and the dental hospitals in Bristol, Edinburgh and Glasgow, he trained in dental and maxillo-facial radiology in Glasgow and Dundee.

He has been a consultant in Dundee Dental Hospital since 2006, where his main interests are the investigation of salivary disease and cone beam CT.

He also has considerable experience teaching and examining undergraduate students and postgraduate dentists in the UK and abroad. He is a member of the British Society for Dental and Maxillofacial Radiology and the International Association of Dental and Maxillofacial Radiology and a member of the central council of the European Academy of Dental and Maxillofacial Radiology.

Dr Fran Veldhuizen, BDS, MFDS RCS(Ed) M Clin Dent MRD RCS(Ed)

Dr Veldhuizen qualified from the University of Dundee in 1996. She spent several years in general practice where she developed her interest in prosthodontics and gained her MFDS prior to taking up the position of specialist registrar in Edinburgh.

In 2007, she gained her masters degree in fixed and removable prosthodontics and in 2009 she was awarded her postgraduate specialist qualification, MRD RCS, from the Royal College of Surgeons of Edinburgh.

Mr Martin Paley,
BDS MB ChB FFDRCSI FRCS FRCSEd(OMFS)

Martin is a consultant oral and maxillofacial surgeon for NHS Lothian based in the Regional Maxillofacial Unit at St John's Hospital. His main NHS area of interest is head and neck cancer and he performs the often complex reconstruction and oral rehabilitation these patients require using free tissue transfer techniques and dental implantology.

He has introduced the newer minimally invasive techniques of sialoendoscopy to manage salivary gland disease to the unit. He has clinics at the Western General Hospital Oncology Centre, Edinburgh Dental Institute and the Borders. He also has a weekly clinic at the Spire Murrayfield Hospital.

A graduate of Dundee and Aberdeen Universities, his specialty training was in Wales. He completed a fellowship in head and neck surgical oncology in Liverpool before taking up his consultant post.

Robbie Lawson, BDS FDS RCSEd MSc MOrth RCSEd

Robbie is a partner in Edinburgh Orthodontics, a specialist orthodontic practice committed to achieving excellent outcomes for patients of all ages.

He graduated with honours from Dundee in 1989 before studying for his masters from the University of Wales. He is a fellow and examiner at the Royal College of Surgeons of Edinburgh, where he won the Gold Medal in the MOrth in 1996.

He has a special interest in adult orthodontics and aesthetic appliance systems, having used lingual appliances since 1999. He now regularly lectures nationally and internationally on invisible lingual appliance systems.

Mike Gow, BDS (Gla) MFDS RCPS (Gla) MSc HYP (Lon) PGCert (Edin)

Mike is a GDP with an interest in phobia management at the Berkeley Clinic, Glasgow. He has a masters in hypnosis applied to dentistry and a postgraduate certificate in the management of dental anxiety.

He has published many papers and contributed a chapter to *The fearful dental patient* by Ed A Weiner. He has appeared on television several times demonstrating hypnosis in pain control. Mike is a past-president of the British Society of Medical and Dental Hypnosis (Scotland) and is due to be president in 2014.

He recently founded the International Society of Dental Anxiety Management. The society aims to be international, interprofessional and to increase awareness of a wide range of management techniques. For more information, visit www.isdam.com

Professor Lars Sennerby, DDS PhD

Prof Sennerby graduated from the Faculty of Dentistry at the University of Gothenburg in 1986. He was trained in implant and oral surgery at the Brånemark Clinic, Public Health Service and Faculty of Dentistry in Gothenburg.

In 1993, he was appointed associate professor and, in 2000, professor in experimental and clinical oral implantology at the Department of Handicap Research/Biomaterials at the University of Gothenburg. From 2011, he is part-time professor at the Department of Oral and Maxillofacial Surgery, Institute of Odontology, Sahlgrenska Academy at Gothenburg University, Sweden, and works with implant surgery in private practice in Sweden, Italy and Scotland.

Prof Sennerby is co-founder and co-editor-in-chief of Clinical Implant Dentistry and Related Research, which is the third-highest ranked scientific journal in dentistry.

Dr Neil Heath, DCR(R) BDS MSc MFDS RCS DDR RCR

Neil works as an NHS consultant and honorary clinical senior lecturer in oral and maxillo-facial radiology at Glasgow Dental Hospital and School.

He qualified as a diagnostic radiographer from Sheffield in 1987, where he worked as a general radiographer at the Royal Hallamshire Hospital. He qualified BDS with merit in restorative dentistry from Newcastle in 1995 and completed his VT in Edinburgh in 1996. An MSc in restorative dentistry with distinction followed in 1997 and he became a member of the dental faculty at the Royal College of Surgeons in Edinburgh in 2001. He was awarded DDR, RCR on completion of specialist registrar training in Newcastle Upon Tyne.

Gillian Ainsworth, BDS Sheff 1996, FDS RCPS Glasg, MSc Edin MSurgDent RCS (Ed)

After graduation from the University of Sheffield in 1996, Gillian undertook vocational training in a Lincolnshire general practice followed by a year as a junior member of staff with Glasgow Dental Hospital.

It was there her interest in oral surgery was born and she gained considerable experience in the diverse environments of a district general hospital and a busy city maxillofacial surgery department.

In 2003, Gillian became one of the first two surgeons in the UK to complete the new specialist training programme in surgical dentistry, also obtaining an MSc research degree. It was during this time that Gillian first started to place dental implants.

On completion of her training, Gillian returned to Glasgow Dental Hospital initially as a staff grade then after personal regrading, as an associate specialist. She taught dentoalveolar surgery to undergraduates and junior staff, gaining extensive experience in conscious sedation and continuing to place implants. She now works solely with Edinburgh Dental Specialists.

Ruaridh McKelvey,

BDS (Glasgow), FDSRCS, MOrth (Edinburgh)

After gaining his BDS and FDS, Rhu spent three years on the Bristol specialist orthodontic training course, completing his MOrth in Edinburgh in 2002. He then served abroad as an Army Reservist in the UK Special Forces, before returning to the UK to get a proper job!

A series of locums in specialist practice and hospital orthodontic departments served as his apprenticeship, providing a solid clinical and business foundation to allow his own start up.

In 2005, he launched the innovative Beam Specialist Orthodontics (www.beam-ortho.com) with his wife Jane, which serves Dundee and the surrounding areas. In 2007, they converted a former church creating a stunning therapist-led clinic. The award-winning Beam team has since grown to 15 and is proud to provide the highest standards of care and treatments.

Rhu embraces new technology and techniques, even enthusing over particularly challenging lingual cases.

He currently sits on the MCN, LDC, and ADAC, is actively involved with Scottish Specialist Orthodontists Group, as well as hosting 'Beam Basics' inhouse events for referring GDPs and their staff.

Blackhills Clinic

Blackhills Specialist Dental Clinic (winner of Best Specialist Referral Practice, Scottish Dental Awards 2013) located near Perth, brings together a team of eight consultants and specialists in all aspects of adult dentistry (restorative, prosthodontics, periodontics, endodontics, oral surgery and dental and maxillofacial radiology).

This means patients are often seen by more than one specialist clinician, each having their own area of expertise. Clinical director Paul Stone and the team have more than 100 year's combined experience in helping dentists and their patients from all over Scotland, the UK and beyond.

Patients are treated only for the problem for which they have been referred and, on completion of the treatment, the patient is always returned to their dentist for continuing care. www.blackhillsclinic.com

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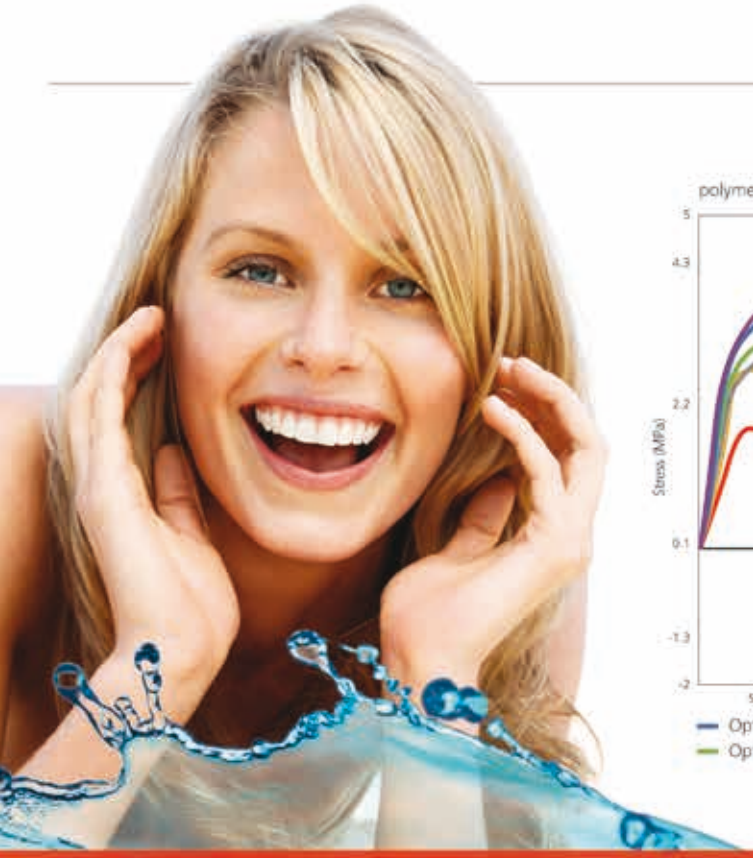

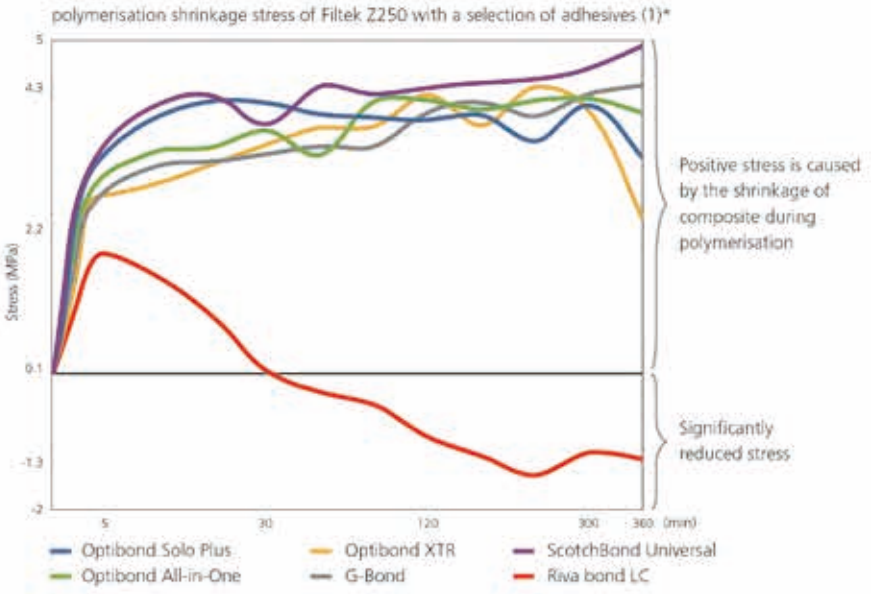

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Practice profile
Brightons and Polmont

David Martin thought extending his premises would help service his burgeoning patient list. Instead he moved to a whole new building...

David Martin started working at the dental practice in the Stirlingshire town of Brightons as a partner in 1995 and took over sole ownership in 1998. After expanding from two to three surgeries in 2000 and adding in a small LDU, the practice continued to expand its patient list and David soon realised that, if they were to carry on meeting the demand for their services, they would have to extend or move altogether.

When the shop next door to them on Main Street came on the market a few years ago, David initially thought that this could be the answer to their problems. However, his hopes were soon dashed as the building's interior was in a poor state of repair and they would still have the same lack of off-street parking that they were currently faced with.

So, the search continued and, after a few false starts – including exploring new build options – he heard of a potential property in nearby Polmont from a friend. He worked on the first floor of a recently renovated, former council building in Haypark Business Centre and suggested David viewed the empty ground floor premises.

The building had been empty for some time but it had been refurbished and prepared for business use. David and his wife Susan – who works as the practice manager as well as being a community dentist in Lanarkshire – decided it was the perfect space and started negotiations to take over.

They applied for a change of use application from office to retail and were fortunate to receive SDAI funding in October 2012. Once the formalities had been completed, they received the keys at the end of May this year and work began to transform what was an empty office-style space into a modern and welcoming five-surgery dental practice. Apart from knocking through a wall to create a new entrance to the practice just inside the building's front door, the main work consisted of installing the plumbing and drainage for the dental equipment. Once this was completed, it was a case of fitting out the surgeries, combined reception and waiting area, office and staff areas and finally the large LDU. David and Susan also took the opportunity to upgrade to a fully computerised digital X-ray system.

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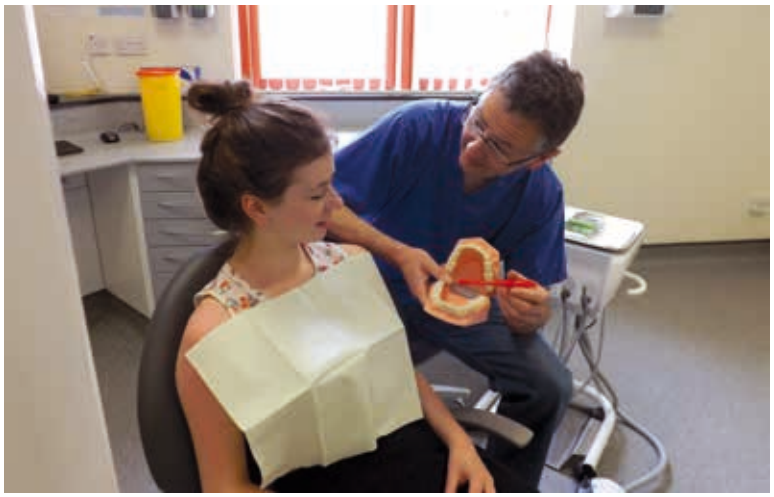

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The two best chairs from the old practice were recovered and moved over to Polmont, while the chair from the old third surgery was brought along for spares. The couple were very hands on during the fitting-out phase of the work, choosing colours (with a little help from their interior designer neighbour) and choosing all the furniture – both dental and for the staff and waiting areas.

In fact, David and Susan were so hands on that they spent several happy hours assembling Ikea furniture in the practice in their spare time in the run up to opening.

The Brightons practice closed its doors on Thursday 27 June and the new Brightons and Polmont started seeing patients in their new premises on Monday 1 July. The Friday, and the weekend, inbetween, was all hands on deck as they moved essential office equipment and supplies – including materials from SDI and sundries and other equipment from The Dental Directory – and got the new practice ready to see patients.

The reception and waiting area is a bright and airy space that succeeds in relaxing and welcoming patients from the moment they step through the door. The decor is clean and understated with prints of woodland scenes on the walls to provide visual interest for the waiting patients.

The surgeries are clean and clinical as expected, but with flashes of colour in the worktops and chairs, meaning no two surgeries are the same. The LDU, which is kitted out with Eschmann decontamination equipment – is spacious allowing staff to work in comfort and not worry about tripping over each other or equipment. The windows have been tinted to keep it warm in winter and cool in the summer, but

also so that anyone walking past can't see what goes on inside.

The practice also features a staff room set apart from the clinical areas so staff can enjoy their breaks and get ready for work away from the patient areas. David and Susan have installed lockers for staff belongings, as well as a shower and changing room for those members of staff who want to cycle or run to work, or in their lunch breaks. The compressor room – with equipment supplied and serviced by Dencomp Systems – is also situated apart from the patient areas, reducing unwanted noise and enabling them to be accessed without disruption.

There is always a concern when moving an established practice to another area – the Brightons practice had been on Main Street since 1984 – regardless of how close, of whether you will lose any patients as a result.

"I really couldn't have hoped for a better outcome"

David was very hopeful that the move wouldn't affect their patient base and he has been proved correct. In fact, in the first two months, they had managed to attract 360 new patients to add to their 6,000-plus strong list.

So, now that the dust has settled and they have been in the practice a few months, David is able to reflect on a very successful move. He said: "The patients have been very impressed. The old practice was cramped and tired by comparison and we have so much space here, it's great.

"I also have to pay tribute to the staff at the practice. It has been a big upheaval for everyone, but they have been fantastic – professional, helpful and a credit to the practice. I really couldn't have hoped for a better outcome." ■

Dispelling the myths

Dental radiation protection is relevant for every practice. Graham Hart looks at the facts – and the fiction – about the requirements for regular inspection

The profile of dental radiation protection has been raised in the last 12 months – along with the expectations of practice inspectors using the new Combined Practice Inspection Checklist. However, many myths abound, so here are a few of them – and the facts to go with them.

Myth – My X-ray sets have been tested/serviced so I don't need to appoint a Radiation Protection Adviser (RPA).
Fact – You need to appoint a certificated and suitable RPA and Medical Physics Expert (MPE). This is required under the ionising radiations and medical exposure regulations (IRR/IRMER). The RPA/MPE will assist the practice in writing the various documents required by the regulations and should work with the practice to ensure they remain compliant with the regulations.

Myth – My 'postal pack' X-ray QA results come back with comments about my X-ray set's dose and/or shielding. This means I have an RPA/MPE advising me.
Fact – PHE gives 'advice' on its postal pack reports, but, unless you have appointed them as your RPA/MPE, merely following this advice is not a substitute for appointing your own RPA/MPE.

Myth – My 'postal pack' QA report says that I should not fire my X-ray beam at an unshielded partition wall. This means that all the walls in rooms with X-ray equipment need lead lining.
Fact – There are often slight differences between the advice of different RPAs, but most would take this to mean 'do not fire an unattenuated X-ray beam at an unshielded wall'. You should always have a patient or a QA test object in the path of the beam.

A report on shielding published by the British Institute of Radiology in 2012 makes it clear that, unless the surgery is very small or the X-ray workload very high, two sheets of normal plasterboard will suffice for surgeries with intra-oral sets and even for OPTs. Also, X-ray equipment installers often over-specify shielding requirements, so this is one area where the RPA needs to be consulted at the planning stage.

Myth – My X-ray sets work okay so they don't need to be tested/serviced.
Fact – All dental X-ray sets need QA testing at least every three years (every year for CBCT sets) to ensure that they remain electrically, mechanically and radiologically safe, and they need to be serviced at intervals recommended by the manufacturer.

Myth – Getting someone in to test my set will be more expensive than doing it myself with a 'postal pack'.
Fact – This isn't necessarily true, but what is certainly true is that you will get a more thorough test and a more detailed report with a company who comes in and makes direct measurements on the X-ray set. You should also get instant feedback if there is a problem with the set.

Beware, though, some companies come to you, but still use a postal pack. In Scotland, YourRPA works closely with Medicert, an independent service/testing agent who makes direct measurements.

Myth – The pregnancy status of all women of childbearing age needs to be checked prior to taking any form of X-ray.
Fact – Radiation doses to the foetus from all forms of dental radiology are insignificant, and the published guidance is clear that pregnancy status need not be questioned. If a patient were overly anxious, however, she could be offered the opportunity to delay the radiograph for reassurance, if this were clinically acceptable. Lead aprons or their equivalent would provide no benefit whatsoever.

There are many more like this, so you need to find an RPA/MPE you can talk to and ask.

IRMER training courses (a requirement for GDC CPD and for practices operating the BDA Good Practice Scheme) should also help to clarify and dispel these myths, or at least the opportunity to discuss them with the trainer.

However, you need to ensure that your trainer has up-to-date knowledge and experience, and makes clear what is regulation and what is personal opinion. As with the RPA/MPE, your IRMER trainer should be chosen with care. ■

ABOUT THE AUTHOR

Graham Hart is an independent RPA/LPA/MPE and the owner of YourRPA radiation protection advisor service.

The journey

Edinburgh GDP Eimear O'Connell describes her experiences of studying for the RCSEd's Implant Diploma and becoming the first woman in Scotland to gain the qualification

After graduating from Edinburgh University in 1992, I took up a house officer position thinking I wanted to pursue a career in hospital dentistry. However, I soon realised that my preference was for continuity of care and so started in general practice the following summer.

After two years, I decided to set up my own squat and there began the journey. At first I rented premises but, soon after I married, I moved the practice to the basement of our house, which was very handy when my three kids were young.

Five years ago, I realised the property could not accommodate the decontamination room as required by the new Scottish guidelines, so we moved to our current location in Glen Street, Tollcross. It is an old schoolhouse and, being on the ground floor and has wheelchair access. As it was modified for purpose, it is a lovely premises to work in.

Since starting out, I have had further training in hypnosis, sedation, endodontics, occlusion and restorative (with BSOS) and implantology. I attained my MFGDP in 2007. Most recently, I passed the Diploma of Implant Dentistry at the Royal College of Surgeons In Edinburgh.

Six years ago, I was referring all my implant cases out of the practice. But, encouraged by Graeme Lillywhite, I attended a year-long Astra implant course, run by Dominic Hassell in Birmingham. I placed my first implant in 2007, with Robin Rother to mentor me. I have found that, as my knowledge has increased, so too has the patient uptake of this amazing treatment modality.

Fig 1
Single anterior implant case with healing abutment in place

The drive to maintain a fully functioning, healthy and aesthetically pleasing dentition will continue to encourage our patients to seek permanent, tooth-like replacements for missing teeth.

Six months ago, I attended a study day run by the Royal College to encourage people to sit the diploma. As the study and case presentations are self-directed, it makes the decision to present for the exam somewhat of a challenge – as life is always busy and there are nicer things to spend one's time doing than studying!

The exam preparation

After attending the study date, I decided there was no time like the present and would sit the next diet rather than wait a year. I had only four weeks to get four case presentations and my logbook ready, so the pressure was on.

Fig 2
Single anterior case with screw-retained crown in place

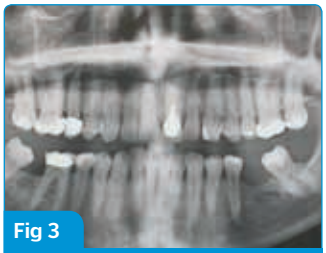

Fig 3
Pre-op OPG taken for assessment but also shows the anterior crown on UL1 before root fracture made saving it impossible

Luckily, I had good photos, X-rays and models from quite a few cases, ranging from very simple, single posterior, to more difficult multiple cases (pictured). I had to get each patient's permission and write everything up in a professional, comprehensive manner, so it was quite stressful. I bought a few good books (okay, eight!), then gave myself three weeks off in July and, once I returned from holiday, I knuckled down and followed the requirements suggested on the Royal College website. August passed rapidly, September arrived and the three days of examination were upon me.

The written parts I found

Continued »

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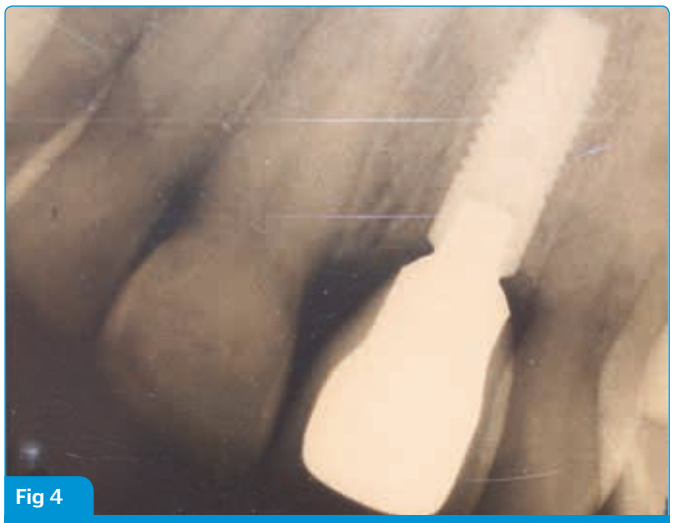

Fig 4

Peri-apical X-ray of UL1 screw retained crown on Astra 4.0s 11mm implant, 18 months post-operatively

Continued »

okay but the second day of 12 short OSCE stations in the morning, followed by two longer 15-minute stations in the afternoon, were stressful and exhausting. By comparison, I found the final day straightforward and was just relieved it was over. The results were released a few weeks later and I was delighted to have passed. It was made even better by the fact that I was the first woman in Scotland to have done so.

I have learned a great deal from my experience and would encourage others to take the exam. Over the years, I have enjoyed learning, and the great camaraderie of colleagues in BSOS, BACD, SAAD and ADI, and would recommend others to get involved as working as a dentist can be isolating and it is always good to meet up with like-minded professionals.

Why did I take this journey?

One wants to test one's knowledge against a set standard to ensure quality is been given to patients and to verify that the work undertaken on a daily basis reaches an acceptable level, when compared with one's peers.

In the longer term, if I want to accept referrals for other practitioners, or mentor colleagues, it lets them know that I have reached a certain point in my education. Dentistry is a subject that is continually developing and I want to continually learn and test myself so that each step I take along this lifelong learning pathway is taking my skills in the right direction.

Ultimately, it is the delivery of an end product to the patient that I can be confident will work and give them what they are paying for. I enjoyed the studying much more than I imagined, as it tied together things I learned 25 years ago as an undergraduate that I didn't really understand.

Re-learning anatomy, physiology and bone metabolism is much more interesting when you have been treating patients for 21 years and can really grasp the complexity of the human body and then utilise that knowledge to ensure long-lasting results. ■

ABOUT THE AUTHOR

Eimear O'Connell is a GDP working at Bite Dentistry in Edinburgh.

Emergency drugs kit for dentists

BOC Healthcare, the UK's largest medical gases business, has launched a new drugs kit to help dental practices manage medical emergencies. The Emergency Dental Kit contains a selection of drugs and information for treating the most common medical emergencies.

The kit has been developed in line with the recommendations of the Resuscitation Council UK whose paper, Medical Emergencies and Resuscitation Standards, reissued in December 2012, recommends practices have access to a list of drugs and equipment.

Among the emergencies most likely to be encountered in dental practices are asthma, anaphylaxis, angina and cardiac arrest, and BOC's drugs kit includes step-by-step instructions on what dental practitioners should do while awaiting professional medical help from the ambulance service.

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CBCT use in modern endodontics

Dr David Jones explains the uses and benefits of cone beam computer tomography in modern dental practice

Cone beam computer tomography (CBCT) is a modern, three-dimensional imaging system, which produces high-quality images using relatively low doses of radiation. Initially introduced to dentistry for implant planning and maxillofacial uses, CBCT is increasingly being used in endodontics. These systems are changing the way we diagnose, treatment plan and assess outcomes in endodontics.

This article will address the following three questions:

1 What is a CBCT scan?

2 How do CBCT scans compare with intra-oral radiographs?

3 When is a scan beneficial?

What is a CBCT scan?

CBCT scanners use a pulsed beam of X-ray radiation to produce highly accurate three-dimensional images. A cone-shaped X-ray beam is directed through the area of the patient who is to be imaged, and a digital detector collects the attenuated beam. During the scan, the X-ray tube and the detector revolve around the patient's head in a manner similar to an OPT (Fig 1).

Scans can be performed over 180 or 360 degrees of rotation and typically take 10-20 seconds. The pulsed nature of the X-ray beam means that the actual exposure time of the scan is significantly lower than the time taken to perform the scan – for example, a 20-second scan can result in less than 3.5 seconds of exposure time.

Cone beam CT scans deliver a significantly lower dose to the patient than conventional CT scanning. Conventional CT scanners emit a narrow, fan-shaped beam of X-rays, which means that multiple rotations of the scanner must occur to image a volume of tissue. The cone-shaped beam enables CBCT scanners to gather all the required data in a single sweep. In addition, conventional scans are performed using a constant beam of X-rays, rather than the pulsed beam used in CBCT. This means that patients are exposed to radiation for less time with CBCT scanning and hence receive a lower radiation dose. Advances in detector technology have further lowered the dose required for CBCT scanning.

There are many different CBCT scanners on the market. Some scanners, such as the iCat, scan large volumes of tissue (e.g. both jaws) and are useful for maxillofacial surgery and implant planning. Other machines, such as the Accutomo, scan much smaller volumes of tissue (e.g. a single tooth) and are very useful in endodontics. Scanners capable of imaging variable volumes of tissue are becoming increasingly popular in dental practices because they are highly flexible and, therefore, have a wide range of applications.

Fig 1
An Accuitomo small volume CBCT scanning machine

In general, radiation doses are lowest when exposure parameters are lowest and field of view is small[1]. However, different types of scanner will emit differing doses even when the same exposure parameters and field of view are used[2] (Fig 2).

How do CBCT scans compare with intra-oral radiographs?

Intra-oral views, such as periapical radiographs, suffer from several limitations that can hinder diagnosis and treatment planning. For a geometrically accurate image of a tooth to be generated using a periapical radiograph, several principles must be adhered to: the film or detector must be parallel and as close as possible to the long axis of the tooth, the X-ray beam must be parallel, and it must meet the long axis of the tooth and the detector at 90 degrees.

While long cones and beam-aiming devices can help achieve this, in reality it is

Continued »

Fig 2
Comparison of scans from Essentials of Dental Radiography and Radiology, 4th edition, 2007

Type of scan	Approximate equivalent in terms of dental radiographs
Conventional CT scan	200-300 OPT's
Large volume CBCT	2-8 OPG's
Low volume CBCT	As Low as 2-3 Periapicals

Continued »

virtually impossible to produce an accurate image with intra-oral radiography; even the best periapical radiographs have approximately 5 per cent magnification. This can be complicated further by anatomical limitations, such as a shallow palate, which could bend the film or detector, rendering the image useless.

CBCT scans do not rely on this geometry to produce images and, therefore, these scans overcome distortion. Such scans have been shown to be geometrically accurate in three dimensions[3], enabling reliable measurements to be taken in any plane.

The second limitation of intra-oral radiography is anatomical noise. Anatomical noise is generated when unwanted structures are superimposed on the image. Such structures (e.g. the maxillary buttress or the cortical plate) can limit the information that is obtained from the image. CBCT scans do not have this limitation, because the anatomy before and beyond the tomographic slice being viewed is not visible, enabling a clear view of the desired structure to be obtained.

The final limitation of intra-oral radiography is a lack of reproducibility. It is virtually impossible to take two periapical radiographs from the same angle, even with customised film holders. This can make comparing two images, taken at different times, quite difficult. CBCT scans overcome this because they image a volume of tissue which can be viewed in any plane, allowing the comparison of exactly the same tomographic slice in two separate scans. It has been shown that measurements from CBCT scans are reproducible over time, regardless of variations in patient positioning, so different scans taken at different times can be reliably compared[4].

Despite these advantages, it is important to note that CBCT scans also have limitations. Even the best-quality CBCT scans have a lower resolution than digital intra-oral radiographs: CBCT scans have a typical resolution of two line pairs per millimetre, whereas digital radiographs can have a resolution of up to 20 line pairs per millimetre.

CBCT scans are vulnerable to beam hardening and scatter, which can reduce the image quality even further. Scatter occurs when X-ray photons are diverted from their path by the tissues they are passing through; some of these scattered photons will contact the detector and be incorporated into the data set, lowering the quality of the image.

Beam hardening occurs when an X-ray beam passes through a dense object, for example, a metal filling. The beam is said to be 'hardened' when the lower energy photons are removed by the dense object, leaving only the higher-energy photons. This phenomenon can produce dark bands or streaks in the image.

Computer algorithms are usually applied to CBCT scans to help reduce the effects of scatter and beam hardening.

CBCT scans and periapical radiographs should be viewed as being complementary. Good-quality periapical radiographs are an excellent diagnostic tool, but it

ABOUT THE AUTHOR

David graduated from the University of Glasgow with a commendation in 2005 and has held hospital training positions in oral surgery, restorative dentistry, paediatric dentistry, oral medicine and dental radiology. He attained his MFDS in 2009. Following his whospital roles, he worked in general dental practice in London, where he developed his interest in endodontics. In 2010, David entered the specialist training programme in endodontics at Guy's and St Thomas' Hospital in London, which he will complete in September 2014. His practice is now limited to endodontics, and he divides his time between his hospital role and private referral practice at Vermilion in Edinburgh.

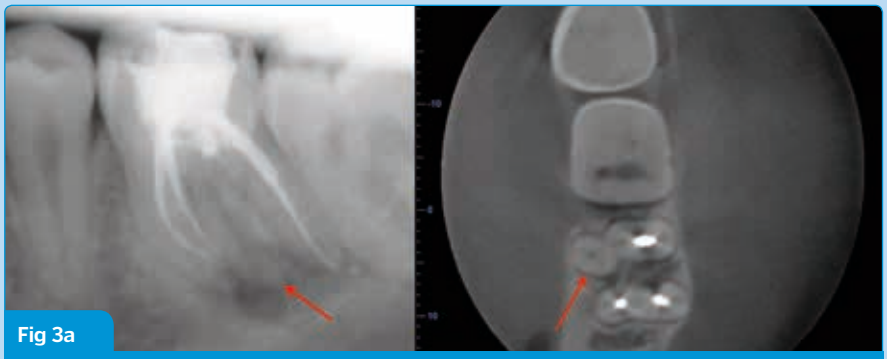

Fig 3a

Periapical radiograph of LL6 with unfilled root. CBCT scan used to determine the position of the unfilled root

Fig 3b

Access cavity after removal of gutta percha and identification of lingual canal

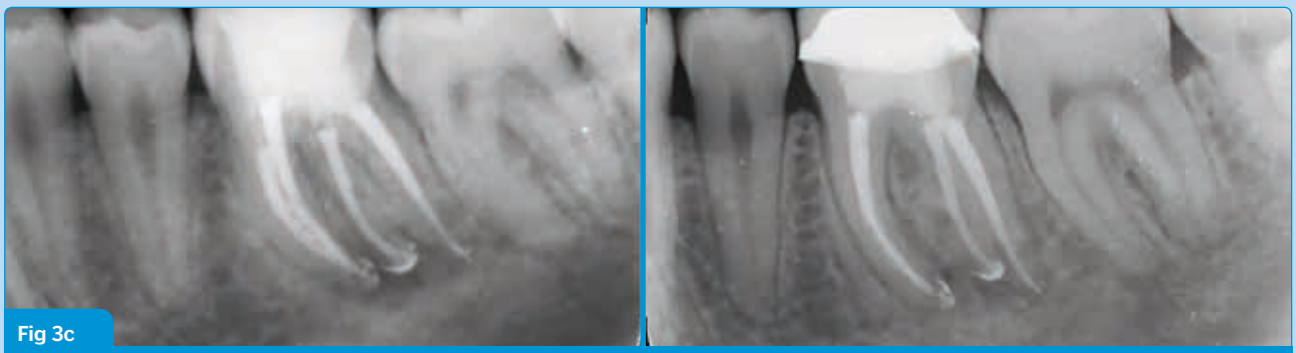

Fig 3c

Periapical radiograph following obturation (left) and healing in progress at six month review (right)

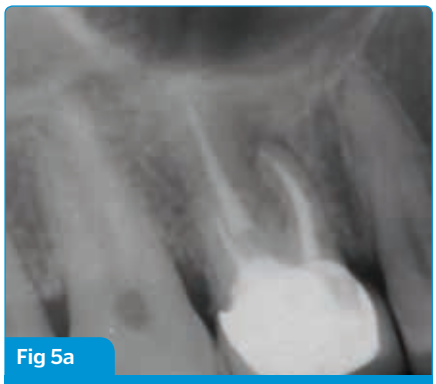

Fig 5a

Periapical radiograph taken prior to apicectomy which demonstrates a periapical radiolucency associated with the mesio-buccal root, however the distobuccal root does not appear to have apical changes

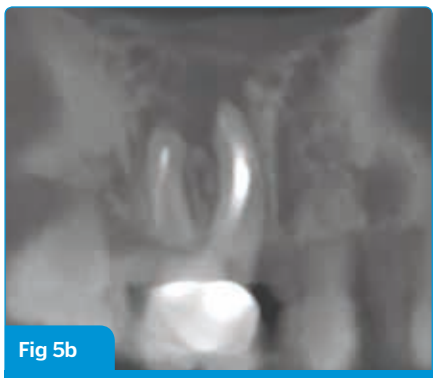

Fig 5b

CBCT capture showing true extent of the lesion which affects both mesio-buccal and disto-buccal roots

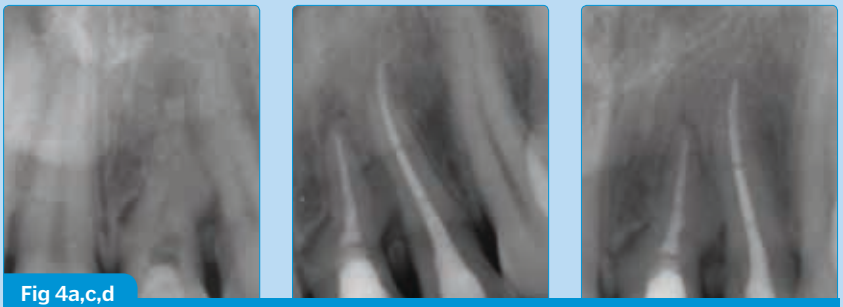

Fig 4a,c,d

a) Periapical radiograph of dilacerated UL1 which had been previously accessed
c) Post-operative periapical radiograph. The non-vital UL2 was also root-filled
d) Complete healing at one-year review

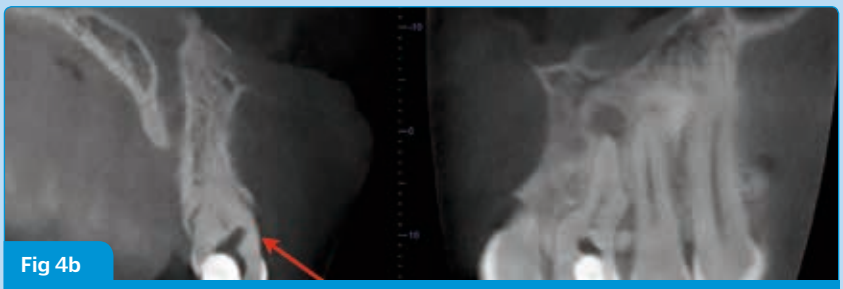

Fig 4b

CBCT scan demonstrating how close original access cavity came to perforating the labial aspect of UL1 (left). The periapical radiolucency associated with UL1 is clearly visible on the CBCT scan (right)

is important to be aware of the limitations of these images and how CBCT can be used to overcome them.

When is a scan beneficial?

Difficult diagnosis

Periapical radiolucencies are not visible on periapical radiographs until the apical granuloma has eroded into the cortical plate[5]. This is an example of the anatomical noise of the cortical plate masking the presence of the periapical lesion. This phenomenon can be frustrating for the clinician, when a patient reports a history of symptoms of apical periodontitis and no radiographic evidence can be detected. CBCT scans can be of use in such cases because of their ability to overcome anatomical noise. This has been demonstrated by ex vivo[6] and in vivo studies [7,8].

Difficult root canal treatment/retreatment

The high-quality images obtained from low-volume CBCT scans are very useful to plan the endodontic treatment of cases that are technically challenging. In particular, they are useful in the location and identification of additional/unfilled roots and canals. By scrolling through the tomographic slices in the coronal, sagittal and axial planes, it is possible to follow the path of individual roots and canals in order to determine their location, number, anatomy and patency (Fig 3).

Unusual anatomy

CBCT scans are also invaluable in the management of complex anatomical cases, such as dens invaginatus and dilaceration. In such cases, careful treatment planning is essential in order to ensure successful management. In unusual anatomical situations, often the canals are located in atypical sites and access can be extremely difficult, making the risk of perforation high (Fig 4).

Apical surgery

Planning apical surgery must always be done with consideration of local anatomical structures, as well as the location and size of the periapical lesion. CBCT scans allow the identification of structures such as the inferior alveolar nerve and the maxillary sinus, as well as identifying periapical lesions on other roots of the tooth which may not be visible on a periapical radiograph. Information such as this will help inform prognosis, risk of surgical complications and flap design (Fig 5).

Root resorption

Root resorption can broadly be categorised as internal or external. Internal resorption can be inflammatory or replacement resorption, whereas external resorption can be surface, inflammatory, replacement or cervical resorption. It can be difficult to distinguish between internal resorption and external cervical resorption. Traditionally, parallax radiographs have been used to determine the location of the resorptive lesion; however, it has been shown that CBCT is more accurate than parallax in distinguishing between internal resorption and external cervical resorption[9,10].

Accurate diagnosis of the type of lesion is essential for correct management. CBCT scanning will help determine the type, location and extent of the resorptive lesion, as well as aiding decision-making regarding restorability (Fig 6).

Trauma

Dental trauma can be one of the most challenging and stressful things to deal with in dentistry. Until recently, conventional wisdom to determine the nature and extent of a traumatic dental injury has been to take a standard periapical radiograph, as well as horizontal and vertical parallax views. Using this technique, three periapicals and one upper occlusal would be required to image the upper anterior teeth. Even with these

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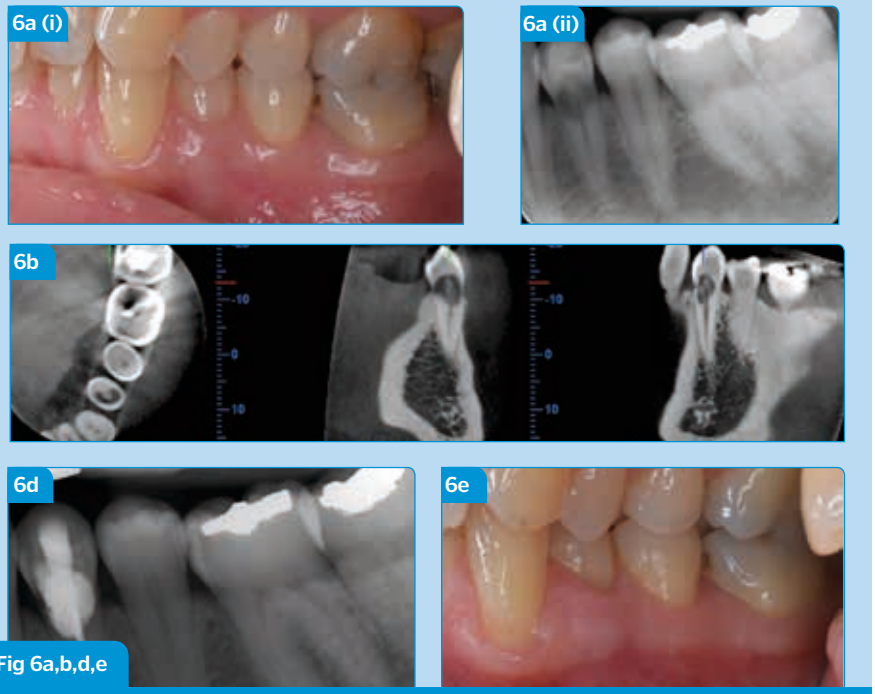

Fig 6a,b,d,e

a) (i) LL4 affected by external cervical resorption lesion (left), note the slightly pink hue of the crown. (ii) Periapical radiograph showing two-dimensional extent of the lesion
b) CBCT sections showing full three dimensional extent of the external cervical resorption lesion
d) One year review radiograph.
e) Clinical appearance at one year.

Continued »

radiographs, determination of the position of a root fracture following trauma is highly dependent on the angle of the X-ray beam[11], so fractures may still be missed. CBCT is more comfortable than intraoral radiography for recently traumatised teeth and there is a significant difference in the localisation and diagnosis of root fractures between conventional radiographs and CBCT[12].

The IADT guidelines have recently been amended to reflect the superior diagnostic ability of CBCT, however, scans are still not routinely recommended.

Conclusions

Obviously, whenever ionising radiation is used in dentistry, we must endeavour to keep the dose to the patient as low as possible and exposures must be justified. With this in mind, selection criteria for the use of CBCT in endodontics have been produced and these guidelines can be obtained from www.sedentexct.eu

Exposures should be made in line with published selection criteria and the principles of ALARA. As with any radiographic exposure, CBCT scans must be fully reported by an appropriately trained individual.

Cone-beam computer tomography has overcome the limitations of intra-oral radiographs and has improved our ability to diagnose and treatment plan. CBCT scanning is now being used in research to help us understand how teeth heal following root canal treatment and this, in turn, will drive improvements in how we perform these procedures.

Ultimately, these advancements allow us to improve the quality of care we provide to our patients, and allow us to be more confident in the treatment we provide. ■

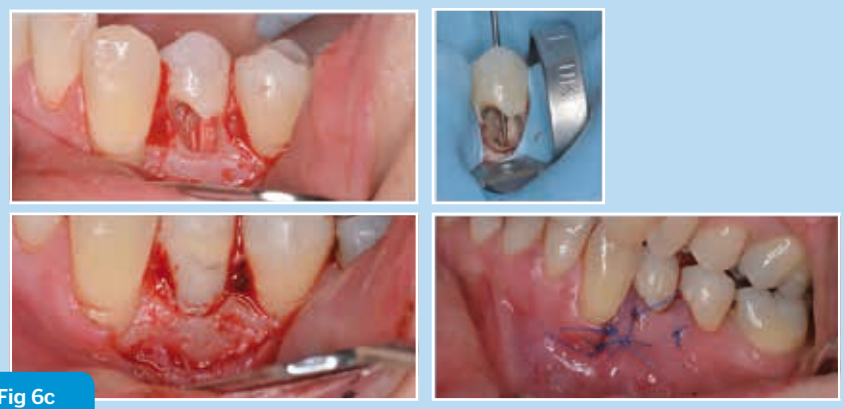

Fig 6c

Peri-operative images showing (clockwise from upper left) surgical flap raised and overlying tooth tissue exposed; tooth accessed and finger-spreader in situ to maintain patency of the root canal; composite restoration placed in buccal cavity; flap sutured back

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Avoiding 'featuritis'

Merlin Professional from the ComputerSurgery offers seamless compatibility and integration with all your Windows software

The Computer Surgery are first and foremost designers of state-of-the-art Windows software for dentists. Using today's cutting-edge design and development tools, the emphasis lies in trouble free and easy computing. The company's flagship software application Merlin Professional is easy to use and offers compatibility and integration with other Microsoft products.

The ComputerSurgery prides itself in designing easy-to-use Windows applications for Scottish dentists.

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tion just by cancelling your standing order mandate. With Merlin Professional, you are not tied into a long-term contract, so it really does remove the risky investment factor.

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Merlin Professional is a practical, real-world addition to your dental practice. While it is feature-packed, it does not suffer from 'featuritis'. Perhaps the single most important benefit of Merlin Professional is that you can start with a reception-based system, then add on more as your needs grow and you become more familiar with Merlin. ■

Hypertension in dentistry

Stuart Campbell and Nick Beacher describe the management of the hypertensive patient in general dental practice

Known as the 'silent killer', hypertension affects many dental patients. Defined as a persistently raised blood pressure greater than 140/90mmHg, this often symptomless condition is a major but modifiable risk factor for coronary heart disease (CHD), stroke and renal diseases.

The exact prevalence of the disease is unknown, but estimates suggest that a third of Scottish adults have hypertension, with almost one in five men (18.5 per cent) and one in six women (15.7 per cent) remaining untreated[1].

These figures are concerning since reports in 2010 confirmed that CHD represented Scotland's single highest mortality rate.

Hypertensive patients may attend their dentist more frequently than their medical practitioner. The role of the dental practitioner in the detection and management of hypertensive illness is a factor of increasing interest.

It is the purpose of this article to consider the management of hypertension under the following major headings:

- Pathophysiology
- Disease classification
- Prevalence
- Detection
- Impact of hypertension on clinical dental practice
- Impact of clinical dental practice on hypertension.

Pathophysiology

The heart works as a pump, forcing blood from the left ventricle through a complex network of arteries and arterioles, supplying the body's cells with oxygen and nutrients required for metabolism. Blood pressure within the vascular system is determined by:

1. Cardiac output = heart rate (number of beats per minute) x stroke volume (volume of blood ejected from the left ventricle at each beat)
2. Total peripheral resistance (TPR); resistance to blood flow through the peripheral vascular system.

The latter is increased following changes in the diameter and structure of vessel walls that occur with ageing and from calcific deposits. Consequently, blood pressure progressively elevates and the heart has to work harder to expel blood from the left ventricle; a bit like opening a door into a gale force wind.

As a result of these increased demands, the left ventricle becomes hypertrophic, which significantly increases the likelihood of future cardiovascular disease. The hypertensive patient is prone to renal failure, as well as diseases of the coronary arteries and peripheral vasculature.

Disease classification

A useful method of classification has been provided by a branch of the US Health Department, which is consistent with the British and European Societies of Hypertension, whereby the severity of the illness is classified according to the patient's blood pressure levels (see table 1).

This practical system is easily understood and facilitates communication between patients and medical colleagues.

Causes

It is well established that the majority (80–90 per cent) of patients with high blood pressure have primary or essential hypertension. While there is no direct identifiable cause, it is known that this form of the disease has a multifactorial aetiology, and causative factors include[3]:

- Genetic factors. However, debate exists about whether this association is a true relationship or simply an example of shared environment
- Lifestyle factors, such as high alcohol and sodium intake, obesity and stress

ABOUT THE AUTHORS

Stuart Campbell qualified from Dundee University in 2001. As well as being an LDFT trainer at Loanhead Dental Practice, Midlothian, he is currently undertaking masters degrees in both oral surgery and implantology

Nick Beacher graduated from the University of Glasgow in 2012 and is currently an LDFT at both Loanhead Dental Practice, Midlothian, and the Edinburgh Dental Institute.

Fig 1.1
Mercury sphygmomanometer and stethoscope

Fig 1.2
Automatic blood pressure monitor

Fig 2
Lichenoid reaction of right buccal mucosa
(Used with the permission of Science Picture Library)

- Low birth weight
- Metabolic syndrome, characterised by obesity, glucose intolerance, reduced levels of HDL cholesterol and elevated levels of insulin in the bloodstream.

Secondary hypertension occurs as the result of a specific and potentially treatable cause. Before being treated for hypertension, the secondary causes should be eliminated (see table 2).

For a full description of disease aetiology, see NICE guidelines: *Hypertension: management of hypertension in adults in primary care*[8].

TABLE 1

Blood pressure classification of The US Department of Health and Health Services National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure provided further classified hypertension during their seventh annual meeting

Blood pressure	Systolic blood pressure (mmHg)	Diastolic blood pressure (mmHg)
Normal	<120	<120
Prehypertension	120–139	or 80–89
Stage 1 Hypertension	140–159	or 90–99
Stage 2 Hypertension	>160	or >100

Prevalence

In a survey of patients attending a general dental practice for routine care, 114 were screened for hypertension. The results of the study showed 39 per cent had hypertension, of which only 7 per cent had previously been diagnosed[4].

Alarmingly, 63 per cent of those prescribed medication to control their hypertension still had elevated blood pressure readings[4]. Based on these results, it seems that, while hypertension is common among patients attending primary dental care, there is room for improvement with regard to diagnosis and management.

This is a concern, since early detection allows prevention of one of the most common causes of premature morbidity and mortality in the UK.

Detection

One possible, if controversial, solution, is that dental professionals could be commissioned to screen for high blood pressure. While such initiatives would undoubtedly contribute to disease prevention, current barriers include the cost of appropriate screening equipment, further demands on clinical time and the absence of a well-defined remuneration process.

Currently, blood pressure measurement in dental practice is only necessary for patients undergoing intravenous sedation. However, there are strong indications in the dental literature that assessment may be valuable for the following reasons[5];

1. To help make a provisional diagnosis of patients unaware they are hypertensive
2. To identify diagnosed hypertensive patients who do not comply with prescribed drug regimes
3. To assess if a patient is fit for dental treatment
4. To identify poorly controlled hypertensive patients who may be at risk of a cardiac medical emergency
5. To assess variability in blood pressure over a period of time, say, during a course of dental treatment. Such changes may be valuable in identifying patients at risk of stroke[2].

Blood pressure measurement

Traditionally, blood pressure was recorded using a sphygmomanometer (Fig 1.1).

New technologies in the form of automated machines have simplified and expedited the technique. Provided they are well regulated, these relatively inexpensive instruments could have a role to play in dental practice (Fig 1.2).

Irrespective of the method of measurement, diagnosis of hypertension should be based on at least two readings after five minutes at rest in the seated position[8].

Impact of hypertension on clinical dental practice

Safe treatment of the hypertensive patient

It is not safe for patients with accelerated hypertension (B.P. ≥ 180/110 mmHg) to undergo dental treatment[7]. If identified, a swift referral to a physician is required since prompt treatment may help to reduce the risk of target organ damage[8].

Stage one and two hypertensive patients are theoretically safe to treat, however, it may be sensible to have up-to-date bp values if surgical procedures are planned. Continued elevation of blood pressure indicates that the patient should seek medical advice before commencing dental treatment. Prehypertensive patients are safe to proceed with dental treatment but,

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should be re-assessed for hypertension after one year.

Anti-hypertensives
Different medications can be prescribed to treat hypertension, either as a single agent or in combination; these are described in table 3.

Typically, together with important lifestyle modification, ACE inhibitors or angiotensin II receptor antagonists are the primary prescribed medications in the management of hypertension in the under 55s, while for those over this age, and patients of Afro-Caribbean descent, are prescribed a calcium channel blocker[8].

TABLE 2. DRUGS AND HUMAN DISEASES INDUCING HYPERTENSION

Drugs causing hypertension	Human diseases causing hypertension
Non-steroidal anti-inflammatory drugs	Chronic renal disease
Corticosteroids	Cushings syndrome
Cyclosporine	Hyperparathyroidism
Erythropoietin	Phaeochromocytoma
Oral contraceptives containing oestrogen	Conn's syndrome
Tricyclic antidepressants	Diabetes
Nasal decongestants	

Lichenoid reaction
The ACE inhibitors, beta-blockers, diuretics, calcium channel blockers and methydopa have all been implicated in causing lichenoid reactions (Fig 2). Biopsy to confirm the diagnosis is required, after which liaison with the patient's medical practitioner may allow consideration to changing the causative drug. Resolution of the lesion may take many months after cessation of the medication.

Periodontal considerations
The association between hypertensive illness and periodontal disease is a continuing topic for discussion. Research has shown that hypertension and inflammatory vascular disease act as mediators for periodontal disease. Gingival overgrowth is a side effect of calcium channel blockers nifedipine and amolodipine, due to their effects on collagen turnover (Fig 3). The presence of dental plaque appears to contribute, so oral hygiene is of primary importance. Periodontal surgery and alteration of the drug is indicated in severe cases.

Dry mouth
Beta blockers can result in a reduced salivary flow creating problems with speech, mastication, risk of infection and denture tolerance. Management may involve rehydration, using saliva substitutes, together with caries prevention strategies.

Burning mouth syndrome
Amolodipine and ACE inhibitors have been linked to burning mouth syndrome. Characteristically, the tongue, lips and palate are affected, though relief can be brought about by eating or drinking.

Both aetiology and pathophysiology appear complex and ill-defined at present and diagnosis requires exclusion of all other possible causes. Management of the syndrome may require close collaboration with the general medical practitioner (GMP).

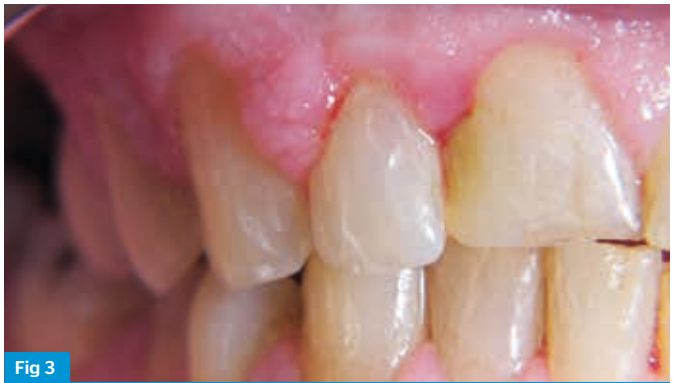

Fig 3
Amolodipine induced gingival overgrowth of interpapillary mucosa

Scalded mouth syndrome
Patients taking the ACE inhibitor elanapril may occasionally complain of a scalding pain in the palate, lips or tongue. Scalded mouth syndrome is relatively uncommon and the scalding pain is described as being similar to that caused by hot coffee or pizza.

Typically, the affected area appears healthy and reports suggest that changing the antihypertensive may be of benefit.

Angioedma
Allergy to the ACE inhibitors or angiotensin II blockers can result in angiodema. Clinical signs include the oedematous swelling of the lips, eyes and possibly tongue or the larynx occluding the airway and making breathing difficult.

Acute life-threatening cases, although rare, require immediate anaphylaxis management, while lesser cases are managed with the use of antihistamines.

Impact of dental treatment on hypertension

Local anaesthetic
Vasoconstrictors, such as adrenaline, improve the efficacy of local anaesthetic, minimising stress-induced increases in blood pressure.

In the hypertensive patient, it has been reported that up to two cartridges of adrenaline containing local anaesthetic can be used safely. Over-use of adrenaline increases blood pressure significantly and may lead to arrhythmias and hypertensive crisis.

Retraction cord
Retraction cord astringents products contain adrenaline which may enter the vascular system through the periodontal capillary network. It has been suggested caution should be exercised when using cord in the hypertensive patient. Knowledge of the patient's blood pressure values are required when making such decisions.

NSAIDs
NSAIDs are frequently used by patients suffering dental pain.

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The drug down regulates the inflammatory response through inhibition of prostaglandin (pg) synthesis. As well as mediating inflammation, pgs are at the heart of many intracellular functions. NSAID-mediated pg inhibition disrupts the normal function of the renal tubules, causing fluid retention, thereby raising blood pressure. Before NSAIDs are considered for pain management, a risk assessment, based on current patient blood pressure values, should be made.

Orthostatic hypotension

When returning a patient from the supine position to an upright position in the dental chair, blood flows with gravity to the body's lower extremities, reducing the venous return of blood to the heart. Failure of the body to counteract this effect can be observed in patients taking antihypertensives. The result is orthostatic hypotension, a rapid decrease in blood pressure that occurs during this positional change and can result in a faint.

Conclusion

Hypertension is of significance to dentistry and knowledge is required to care for patients. The profession could play a role in the assessment of patients for hypertension, with onward referral to a physician for appropriate management.

Antihypertensive medications have several effects associated with the head and neck, which the dentist should be able to recognise and manage or refer if outwith their skills. ■

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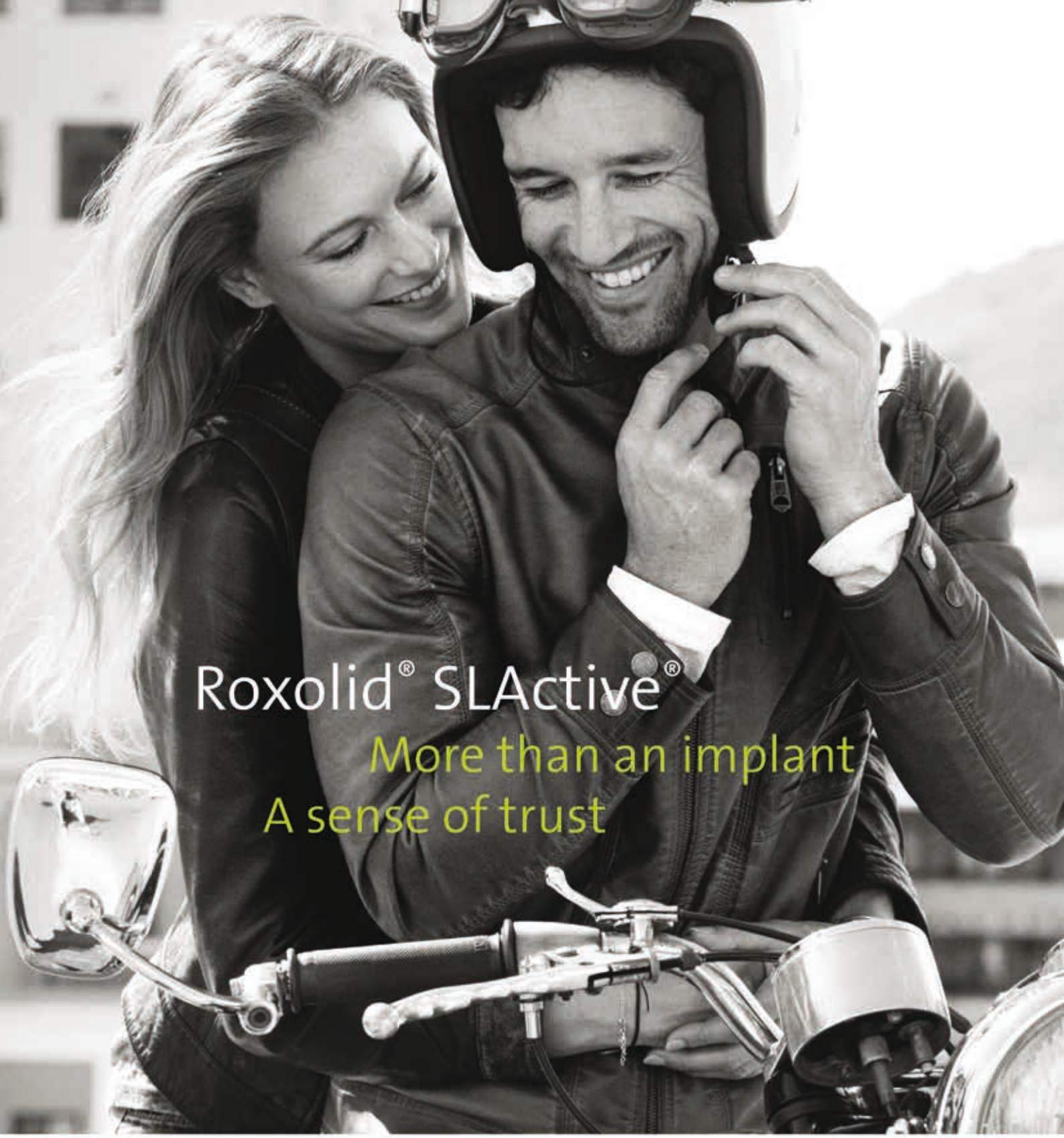
A full list of references can be provided upon request.

TABLE 3. LIST OF ANTIHYPERTENSIVE DRUGS AND MODE OF ACTION [6]

Type of Antihypertensive Drug	Prescribed Drug Name	Mode of Action
Calcium Channel Blockers 1. Dihydropyridines 2. Non-dihydropyridines	 Nifedipine, Amolodopine Verapramil, Diltiazem	Binds to Ca+ channels in smooth muscle preventing the channels from opening, thus intracellular Ca+ available for muscle contraction is lessened, reducing peripheral resistance. The dihydropyridines can additionally bind to coronary L-type Ca+ channels, reducing heart rate and contractility.
Diuretics 1. Thiazide 2. Loop Diuretics	 Bendroflumethazide Frusemide	Act on the renal system to reduce re-absorption of Na+ and thus increase water loss, reducing extracellular and plasma volume.
Angiotensin – Converting Enzyme (ACE) Inhibitors	Lisionpril, Captopril, Enalapril, Ramapril	Inhibit ACE from catalysing the conversion of angiotensin I to angiotensin II, with resultant vasodilatation.
Angiotensin II Receptor Anatagonists	Losartan	Block angiotensin II receptors with resultant vasodilatation.
Sympatholytic	Clonidine, Methyldopa	Act centrally on the nervous system to inhibit the adrenergic outflow from the brainstem.
Beta Blockers	Propanolol, Atenolol	Block the Beta adrenoceptors, reducing cardiac output. Initial compensatory rises in peripheral resistance soon fall, reducing blood pressure.



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On the straight and narrow

Specialist oral surgeon Paul Stone describes how reduced diameter implant Roxolid is revolutionising treatment at this Perthshire clinic

For many years, the two main dental implant materials available were either grade IV 'pure' titanium (with very strictly controlled minimal percentages of other elements), or a variety of titanium alloys of which titanium-aluminium-vanadium ($TiAl_6V_4$) was the most common. Both performed well enough in the clinical environment, with the grade IV titanium exhibiting the better biological interaction with the neighbouring bone and the titanium alloy having the greater strength.

As time passed, and the expectations of clinicians and patients increased, the boundaries for the existing materials began to be pushed. Implants needed to be placed into narrower spaces; usually due to lack of bone width (and the patient's or surgeon's wish to avoid more extensive bone grafting – Fig 1) but also reduced space between teeth (upper laterals, lower incisors and small premolars).

While 'narrow' implants were available (usually between 2.5mm and 3.5mm diameter), they came with guidelines as to when and how they should be used to reduce 'overloading' issues and were accompanied by publications indicating (not surprisingly) higher fracture rates for grade IV titanium designs.

There was often a reluctance to use one of the titanium alloys because, although stronger, publications indicated poorer cell integration (inhibition of osteoblast differentiation) and there were concerns that, in narrower diameters, the surface area available for cell attachment was even less.

Fortunately, the arrival of a new implant material (the first that was developed exclusively for dental implants) has begun to change some of our previously-held concepts. The Swiss dental implant company Straumann has been at the forefront of dental implant innovation from the very beginning, and they looked at evidence from papers published over the last 15 years to develop an alloy of titanium (~85 per cent) and zirconium (~15 per cent), which they called Roxolid.

This new alloy also allows for preparation of the implant using the well-evidenced SLActive surface technology, providing optimal surface texture and hydrophilicity with the highest rates of bone attachment (Fig 2).

Blackhills Clinic were fortunate to have carried out the first ever treatment in a human using this new implant as part of a pilot study. Our three-year published results have confirmed that the 'test' implants were stable and

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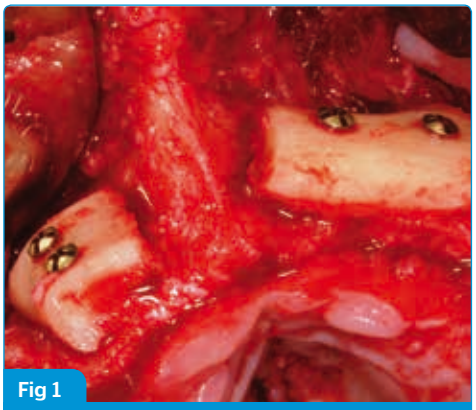

Fig 1
Conventional onlay bone graft augmentation

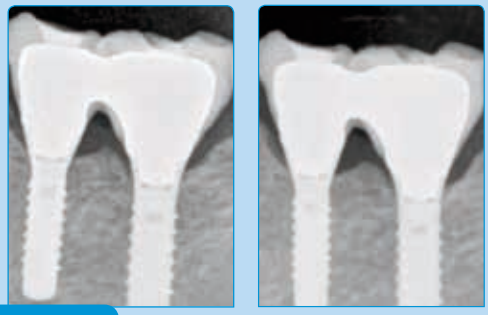

Fig 3a & b
One and three-year radiographs of first ever Roxolid implant patient

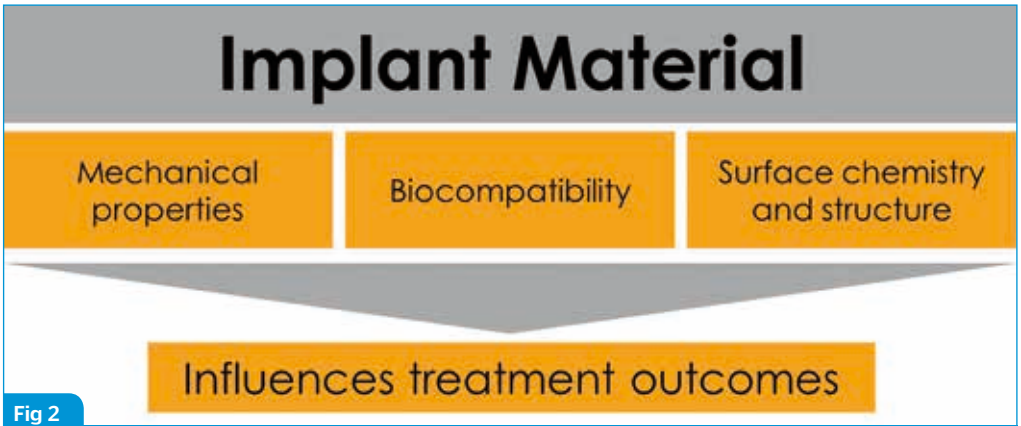

Fig 2
Implant material factors influencing treatment outcomes

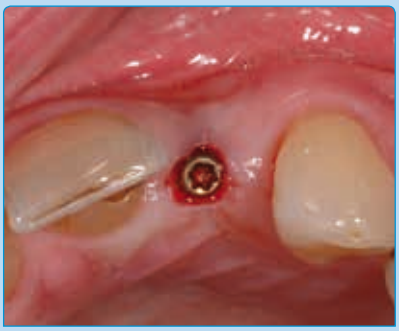

Fig 4a & b

Reduced bone width with more palatal placement of more narrow implant. Labial over-contouring of implant crown to achieve required aesthetics

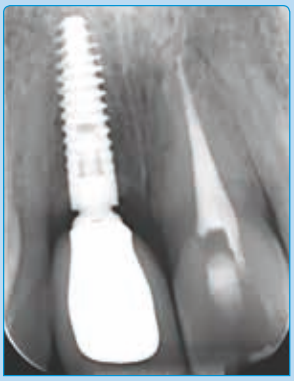

Fig 5a & b

Extreme example of wide diameter restoration on narrow implant (not Roxolid or treatment by author)

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functional, and demonstrated good osseointegration and no mechanical failure (Fig 3).

The mean bone change in functional bone level over the three years was only 0.3mm. All surviving implants and restorations were considered to be successful.

Since this initial study, many more researchers have looked into this new material and there is now increasing evidence that, not only is the material stronger than grade IV titanium (by up to 55 per cent and similar to $TiAl_6V_4$ alloy), it also exhibits better bone attachment at a cellular level. This means that, for the first time, clinicians can have confidence in using reduced diameter implants, both mechanically and biologically.

At Blackhills Clinic, we now have more than five years' experience with reduced diameter Roxolid implants and are in a position to comment on our findings and the implications. It is fair to say that, previously, narrower implants were placed with some degree of scepticism and patients were always warned of the increased risk of mechanical failure. This affected confidence and could limit the number of treatment options available, often resulting in more bone graft augmentation to create adequate bone for the wider, stronger implants.

With Roxolid, we can confidently explain to patients the nature of the new material, and now find that bone grafting is required less frequently. Even where it is necessary, this is now often a straightforward, simultaneous procedure, with significantly reduced morbidity, healing time and cost to the patient.

As well as the need for less grafting, the narrower diameter also ensures that there is relatively more bone thickness surrounding the implant which, in turn, results in better long-term stability for both the bone and the overlying mucosa. A more predictable long-term aesthetic result is one of the most desirable benefits from using Roxolid implants.

Despite all the advantages of Roxolid, there needs to be some caution when using any reduced diameter implant. The narrow size necessitates additional restorative considerations regarding the maintenance and appearance of the final restoration. A considerable over-contour, or 'overhang', can result from the abrupt change in diameter from the narrow implant head to the final restoration diameter (Fig 4). This can adversely affect the final appearance, especially if the lip line is high or the oral mucosa is particularly thin, creating an unsightly shadow, which can then look even worse if there is subsequent shrinkage of the labial soft tissues.

The over-contouring can also cause problems with oral hygiene measures and, with accurate peri-implant clinical probing assessments, preventing cleaning aids and metal periodontal probes from adapting to the submucosal concavity.

It is therefore important that careful consideration is given to the design, manufacture and maintenance by all involved; this includes the technician and patient (Fig 5).

In summary, Roxolid dental implants show better bone attachment than has been observed with grade IV titanium or other alloys. Its increased strength means that there are more options for using this narrower implant in more sites, and with the need for less grafting (Fig 6). Inevitably, this results in a higher patient acceptance.

The reduced diameter allows for more favourable bone thickness around the implant than an equivalent "regular" diameter implant which, in turn, gives better long-term, more predictable support for the overlying soft tissues.

On the downside, the reduced diameter (rather than a particular material) means that care is needed when planning the use of any narrow implant, particularly with a more borderline case or where higher aesthetic expectations are involved. ■

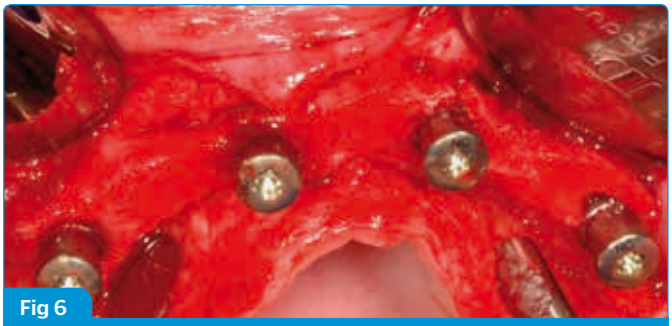

Fig 6

Reduced diameter Roxolid implants placed in a narrow bone ridge without the need for bone graft augmentation

ABOUT THE AUTHOR

Paul Stone is a specialist oral surgeon and clinical director of Blackhills Specialist Dental Clinic, Perthshire

eSign of safety

Do you want an easy way of acquiring and demonstrating your patients' consent?

The new eSignatures module from Carestream Dental is designed to ensure the quality of patient consent recorded. The system uses a DTU signature pad with biometric technology to authenticate the individual's signature. The biometrics record the pressure points, time taken and angle of the pen to ensure illegal duplication of the signature is almost impossible, offering a whole new level of security for your patients.

Signatures can also be provided in 'real-time', as patients can view the forms on the pad before signing the same document.

Approved by the BSA and NHS Protect, the eSignatures module from Carestream dental is now available throughout the UK. To find out more and to see exactly how it could benefit you and your team, contact the experts today.

For more information, please contact Carestream Dental on 0800 169 9692 or visit www.carestreamdental.co.uk

DTE D7 Ultrasonic Piezo Scaler

Manufactured by the world's largest scaler manufacturer, this product, which is suitable for Scaling, Periodontal and Endodontic procedures, has a Satelec compatible, detachable, autoclavable handpiece.

Complete with eight tips and a tip holder, the DTE D7 also has its own independent water supply, giving it great flexibility.

Priced at only £295 plus VAT, the DTE D7 Ultrasonic Piezo Scaler offers outstanding value for money.

For more information, call Andrew Carr 01485 529363, email: fairdent@btconnect.com or visit www.fairdent.co.uk to see our full range of scalers, tips, handpieces etc

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New technology is having an increasingly positive impact on the day-to-day operation of practices and Henry Schein Dental's specialist teams guide practitioners on the best solution for their needs.

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DÜRR DENTAL

The smile **experts**

Meet the team who make Edinburgh-based Vermilion a leading private referral-only dental clinic

Vermilion is a private referral-only dental clinic situated in Corstorphine, west Edinburgh.

There are seven clinicians:

- David Offord – specialist in oral surgery
- Grant Mathieson – specialist in prosthodontics
- Madeleine Murray – specialist in restorative dentistry, practice limited to periodontics
- Zannar Ossi – practice limited to prosthodontics
- Robert Hill – specialist in orthodontics
- David Jones – practice limited to endodontics
- Colette Ballantyne – dental hygienist.

The team at Vermilion is committed to providing a consistently high standard of service and clinical support to referring general dental practitioners and their patients.

Vermilion - The Smile Experts, 24 St John's Road, Edinburgh EH12 6NZ. Telephone 0131 334 1802, email smile@vermilion.co.uk or visit www.vermilion.co.uk

Working together

Care Dental Implant Clinic now offers a full referral service

Our aim is to partner with you to deliver success to your patients and help you to integrate implantology into your practice. We offer a full referral service, from treatment planning to the delivery of cases for implants and endodontics. Alternatively, for those who want to get involved, we offer:

- Clinical training – mentoring, training and accrediting you to complete all phases of the implant restoration
- Treatment planning support – help to decide the best options for your patients
- Laboratory support – from our experienced technicians
- Implant consultations in your practice
- Use of our facilities.

Lead clinician Dr Bruce Strickland, BDS DipImpDent RCS (Eng) ITI lecturer and ADI member, has placed more than 3,000 implants. He is passionate about encouraging others to be involved in implant dentistry and exceeding patient expectations. A large part of his work includes soft tissue/augmentation and guided tissue regeneration.

Dr Will McLean, BSc (Hons), BDS, PhD PgDip (Endodontology), works between Glasgow Dental Hospital and general practice. He covers all aspects of endodontics referrals and routinely uses magnification and, occasionally, CT scanning.

Come to our open night on the 28 March to have a look at our brand new facilities and enjoy some musical entertainment and a glass of wine. Please call us for details. ■

Contact Care Dental Implant Clinic on 01764 655745, email referrals@care-dental.co.uk or visit www.care-dental-implants.co.uk

Images of perfection

In August 2013, Clyde Dental moved its referral base from Clyde Dental Practice, in Clydebank, to the new Clyde Dental Centre (CDC) at 260 St Vincent Street, in the heart of Glasgow. All advanced dentistry is now undertaken in this dedicated facility.

The new premises are easily accessible for patients throughout central Scotland by car (the M8 is one minute away) and public transport. The practice offers patients a comfortable experience in a relaxed environment.

Clyde Dental Practice was the first in Scotland to install a cone beam CT (CBCT) scanner in 2005. The new digital imaging suite has two CBCT scanners – an iCAT and Gendex DP700 – for small, medium and large volume 3d images. The Gendex machine can also take 2d digital images – pan oral and ceph views. Free imaging software – iCAT Vision and Invivo – are available to referring dentists, as well as Simplant planner files. The planning of implant cases has been transformed with 3d images from CBCT.

CDC works closely with referring dentists, whatever their implant experience. Whether referring patients for all aspects of implant treatment, surgery only (dentist restores), or for bone grafting/sinus augmentation, CDC can help develop the implant treatments you provide for your patients.

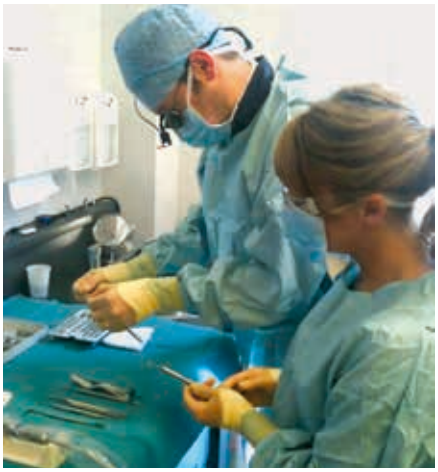
With in-house CBCT, specialist orthodontist Nadia Gardner uses 3d imaging to accurately access impacted canines, supernumerary and unerupted teeth for cases where conventional 2d imaging is insufficient. Nadia welcomes children and adult orthodontic referrals for both NHS and private treatment.

The sedation surgery at CDC provides a full range of conscious sedation for restorative and/or surgical dentistry. In addition to dentist-ledintravenous, inhalation and intranasal sedation, consultant anaesthetist Kenneth Pollock offers sedation using propofol. ■

Patients can be referred online at www.clydedental.com/irefer

Creating beautiful results

No9 Dental Practice helps you to deliver great results, every time, for implant patients



We are now in our fourth year of accepting referrals for implants. With a background in oral surgery and restorative dentistry, Peter Buchan has worked from his first case to create beautiful results.

West Lothian does not always feel like the hub of UK dentistry, so, as a practice we have sought to work with, train and learn from other practices to increase the treatment options available to local patients.

ITI Fellow Colin Campbell said: "I follow Pete's blog and social media output. He is a wizard with CEREC and is developing into a fine implant dentist with an amazing study club for GDPs in Edinburgh."

Through our Study Club, we aim to train and encourage whole dental teams, with great speakers and good food. A number of dentists have gone on to train in restoring implants and many of our referrals now involve working with them on a treatment plan. This has been an exciting journey and we hope to see this grow, both in the number of dentists restoring and in the types of restorations they can provide.

Colin Turnbull, referring dentist, said: "The feedback from my patients who have consulted with Pete has been extremely positive. They are very comfortable, never pressured into anything and feel No.9 only has their best interests in mind."

Pete continues to train clinically. His skill levels have been recognised by the ITI who have given him speaker status and he has presented to those trained in implants, as well as those learning how to restore for the first time. He is also a full member of the BACD, maintaining a focus on excellent aesthetics and great clinical standards.

We would love to work with anyone locally who would like to offer implant treatments to their patients. ■

The tooth doctor is in

...and is embracing the digital revolution

The digital revolution is touching every aspect of our lives, and this is no more apparent than in modern dental techniques. We have seen huge strides forward in the CEREC CAD-CAM system and the development of small volume CBCT scanners.

With Sirona developing their 'CEREC Guide' protocol, they are the first manufacturer to offer a complete in-house system for scanning and planning implant placement, manufacture of drill guides and temporary restorations through to fitting of the definitive restorations.

We have also seen improvements in dental lasers and an expansion of the treatments they can be used for. They have a rapidly-growing reputation for positive and predictable outcomes for treatments, such as periodontitis, peri-implantitis, endodontics, oral surgery and implantology, frenectomy, crown lengthening, mole removal and facial aesthetics, fillings and many restorative procedures.

The main advantage of lasers is their ability to ablate bacteria, disinfecting and sterilising in a way that may be difficult to achieve by conventional debridement and pharmacological techniques alone. In the case of periodontitis and peri-implantitis, the root/implant surface and pocket are reconditioned to allow the proliferation of fibroblasts prior to epithelial cell regrowth and long junctional attachment.

Two practices to wholly embrace these techniques are Toothdoctor, in Carluke, and Queens Drive Dental Practice, in Glasgow's southside. Both have been instrumental in helping introduce these innovations keeping Scottish dentistry at the cutting edge and are delighted to offer their services on a referral basis. ■

For further information regarding any of the treatments above, or to refer a patient, please visit www.tooth-doctor.co.uk

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Maintaining oral **health confidence**

Somerset Place Consulting is dedicated to the specialist treatment of periodontal diseases and placement and restoration of dental implants. We aim to help patients achieve and maintain the confidence of excellent gingival health, based on outstanding levels of care from our dedicated, friendly dental team.

We welcome new patients, referred by general dental practitioners, for assessment and provision of a great range of dental treatments, such as: chronic periodontal diseases; surgical periodontal treatment and periodontal regeneration; gingival recession; surgical crown lengthening; implant dentistry; peri-implant diseases (peri-implant mucositis and peri-implantitis); and aesthetics following periodontal disease and periodontal treatment.

Dr José Armas is a specialist in periodontology. He works as a consultant periodontist at Glasgow Dental Hospital, where he also directs the School of Dental Hygiene and Therapy. He has a special interest in the treatment of peri-implant disease. He will be supervising all periodontal referrals made to Somerset Place Consulting.

Dr Duncan Black is an implant dentist with considerable experience in all aspects of implant dentistry and advanced restorative care. He has more than 25 years' experience in practice and is dedicated to giving the highest standard of patient care. At Somerset Place Consulting, we also have two dental hygienists who are very experienced in providing care for patients who present with complex periodontal problems.

Please contact any member of our team to find out how you can refer patients or for further information on any of our available treatments. See below for details.■

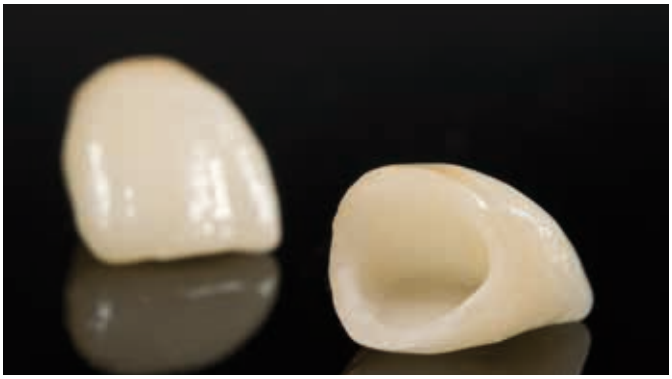
Expert advice and assistance

The partners of Porter Boyes – Bryan Porter and Craig Boyes – have more than 40 years combined experience in restorative dentistry. Bryan was previously employed by DTS, where he gained the majority of his training and experience over 25 years and was manager of the crown and bridge department. Craig also gained 10 years training and experience at DTS in the ultra laboratory.

Porter Boyes' team of highly-skilled dental technicians provide a complete range of professional dental services, using the latest technology to produce a range of precision fitting restorations.

The team works hard to ensure their products have an excellent shade compatibility and translucency, allowing patients a more natural looking smile. All of the work undertaken at Porter Boyes is quality checked and British Bite Marked as members of the Dental Laboratory Association. They are also accredited Platinum Approved by Straumann for implant work.

Since the business started up in 2007, it has continued to maintain close working relationships with its existing client base and is able to offer expert advice and assistance, from initial contact to the satisfactory completion of all work. Porter Boyes strive to provide clients with the highest standard of professional service and craftsmanship at very competitive prices and would be delighted to be of assistance to make your patients smile with confidence.



The company's website, www.porterboyes.co.uk, contains a number of testimonials. The site is currently being developed and the new version will be live in January 2014. ■

For details of our services and price list, please contact Bryan (mobile 07769 960 688) and/or Craig on 0141 774 8555 or 0141 778 2184.

Supporting the needs of a **modern practice**

Dental practices have always been at the very forefront of dental technology and, over the past few years, NHS contracts seemed to be squeezing and limiting practices into offering only mainstream dentistry. It is no surprise then that many practices are now looking to carefully grow the percentage of their private work.

Dentistry is always evolving and, as such, clinicians have always been able to offer patients state-of-the-art technology to provide them with newer, better, lighter or brighter options when it comes to treatment plans. But there is a flaw. The dental industry is a double-sided coin. On one side, we have the practice that has injected significant investment and time into its services, and actively promotes products to the patient and offers the very best that modern dentistry can offer.

The flip side is the laboratory, so often they are unable, or reluctant to, invest in the same expensive new technology which means that dentists are restricting what portfolio of products they are able to offer the patient.

Prodent are private laborotory that are proud to be different. In today's competitive environment, our laboratory understands the clinical and technical needs of the clinician. With our significant investment in milling, scanning and implant technologies, we are there to assist practices to offer more, grow more and save more. ■

Quality care and service

Pearl White Dental Laboratory is a shining example of a prime Scottish establishment, with highly-skilled staff and state-of-the-art equipment

In the short time our laboratory has been trading, it has established itself as one of Scotland's prime dental establishments with a focus on quality care and service.

This is the vision of partner Joe Jackson, who took inspiration from the precision and creativity of the Germans, the networking and expansion of the Americans and the productivity of the Chinese, to create all that is good in Pearl White Dental Laboratory.

With a keen interest in the politics and principles of the dental trade, he has been optimistic, not only in the new technology now at his disposal, but in the directives adopted by the governing bodies to regulate and instil pride and self-respect in the careers chosen by his technicians. That being said, he feels the GDC registration, policed correctly, brings dental technicians in line with all other dental professionals.

We are also members of the Dental Laboratory Association and are DAMAS approved, meaning we are a regulated dental laboratory, assuring that all appliances manufactured within our laboratory have been approved by a GDC registered technician and we have used tried and tested materials permitted under UK guidelines. This ensures we meet the strict requirements of the Medical Devices Directive and the Medical Devices Regulations, providing surgeries with the comfort of knowing that all work has met UK regulations.

In house, our time and expertise is spread over the NHS crown/bridge market and the Private implant crown/bridge and denture market.

We encourage the same care and service instilled in our implantology department to be adopted in our NHS department, ensuring all work arrives on time and ready to be fitted.

All enquiries can be handled by our knowledgeable office staff, Wendy and Bernadette, who will be quick to help you with your query, or hand you over to Joe for more in-depth, technical enquiries.

Wishing you all a happy and prosperous 2014. ■

pearl white DENTAL LABORATORY

Putting patients first

Edinburgh Dental Specialists celebrates 20 years of delivering first-class care

Edinburgh Dental Specialists share a common goal with all of their referring dental practitioners – patient care.

Since opening the practice 20 years ago this month, Dr Kevin Lochhead has built a team of prosthodontists, endodontists, periodontists, oral surgery specialists, laboratory technicians, nurses and support staff, who work together closely to provide comprehensive specialist care.

In order to consistently deliver a high standard of care, EDS work closely with the patient's own dentist, always returning them to their care after specialist treatment.

This ensures that the patient receives the best possible care and ongoing treatment, and allows EDS to solidify the trusting, long-term relationships they have built with more than 800 dental professionals.

During and after treatment, the specialists are just a phone call away, readily available for ongoing advice and support to both patient and dentist.

EDS' commitment to patient care extends to their in-house implant and ceramic laboratory, which can also be used by referring practitioners. Having invested in the latest technology and formed a team of registered dental technicians, the experts create high-quality fixed and removable prosthetics. The highly-experienced technicians understand patient needs and work tirelessly to achieve optimum results every time.

EDS recognise patients will benefit from improved knowledge and experience across the industry and dental professionals are therefore invited to attend their CPD courses, clinical round-tables and seminars, many of which are free.

Edinburgh Dental Specialists know that their commitment to patient care is mirrored across the profession and look forward to working with existing and new referring professionals to jointly deliver exceptional patient care. ■

The perfect year

It seems like only last week that Scottish Denture Clinic opened its doors, and yet it is now just over a year ago, explained CDT and owner Robert Leggett.

The two clinics (centrally located in Edinburgh and Glasgow), have seen a meteoric rise in interest from the profession and the general public.

CDTs and dental technicians at the clinics are involved in the provision of full dentures to the public, as well as providing removable dental appliances in the form of partial dentures under the prescription of a dentist.

Rob said: "Many dentists have commented to me how they love the fact that they can now refer their denture cases to a team that is working on this type of work, day in and day out.

"They feel that their patients benefit from that expertise and experience.

"We also work very closely with a number of practices on advanced procedures, such as implant retained dentures and even techniques such as same- day dental implants, such as the All-on-4 system.

"I get a real kick out of seeing patients leave us with their function restored, and knowing that they will regain their quality of life. I think it can be difficult for others to appreciate just how much loss of teeth and function can detrimentally affect a person's life.

"Our patients come back to us saying they can eat without concern again and simply smile a lot more."

Scottish Denture Clinic is keen to work with dental practices on a referral basis, helping even more Scottish patients get their quality of life back. ■

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"Having worked with William Duncan throughout the incorporation of my business and also moving and expanding to new premises, I can highly recommend them to other dental colleagues."

Mark Fitzpatrick, Sandgate Dental Practice, Ayr

"I have worked with William Duncan since setting up my practice – I would recommend them to any dental professional – their support has been excellent"

Dr Ainsley Ness, Breeze Dental Clinic, Troon

Learn more, contact one of our dental sector specialists:
stephenbargh@williamduncan.co.uk, sandydargie@williamduncan.co.uk, hazelmurphy@williamduncan.co.uk

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Chartered Accountants & Business Advisers

Verus Wealth scoops award

Verus Wealth Chartered Financial Planners has been serving dentists since 2005 and, in November, won the 2013 Chartered Financial Planners of the Year award. Directors Paul Lothian and Jonathan Gibson received the award from actor and comedian Hugh Dennis at the ICC Birmingham.

Total Wealthcare to address dentists' key concerns...

Wealth management means more than just taking care of investments. It should address dentists' entire range of financial issues. Verus Wealth refer to this as Total Wealthcare and its purpose is to 'take time to understand your values and goals and to help you face your financial future with increased confidence and security'. Total Wealthcare focuses on: wealth creation, preservation, transfer and charitable planning.

Wealth creation

Aims for the best possible investment returns, consistent with how much risk you are 'willing', 'able' and 'need' to take, while minimising the impact of tax e.g. income tax, capital gains tax and inheritance tax.

Wealth preservation

Aims to eliminate potential risks from long-term illness and/or disability, critical illness and death by transferring the risk to insurance companies. Also, to preserve the value of your investments in the medium to long term. Your assets can also be exposed to business risks and risks from incapacity, relationships and taxation.

Wealth transfer

Aims to efficiently transfer your wealth to your selected heirs.

Wealth charitable planning

Aims to help you and your family make a real difference to the causes and communities you care about in a strategic, organised and tax-efficient way.

"It is more difficult to give money away intelligently than it is to earn it in the first place" – Andrew Carnegie. ■

Contact Jonathan Gibson and Paul Lothian at Verus Financial Planning Limited in Dundee on 01382 22 34 55 or email jgibson@verus wealth.co.uk or pmlothian@veruswealth.co.uk

Keeping you filled in on financial matters

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Expert team keeps clients updated on accountancy and business issues

Our specialist dentistry team at Martin Aitken & Co ensures that their client base is kept abreast of all accountancy and business advisory issues facing them today. Part of our communication with our clients includes a regular dentistry e-newsletter, filled with interesting topical articles.

Here are some of the highlights from the latest issue:

We exhibited at this year's Faculty of General Dental Practice (UK) Scotland Study Day at the Glasgow Science Centre. There was a guest appearance from Gordon Christenson, one of the world's leading independent dental experts, who shared his thoughts and experiences on the latest products and treatments.

With less than a year to go until the Referendum on Scottish Independence, there's been a barrage of stories from both sides of the debate. Within an article entitled 'Scottish Independence – a real mouthful' the pertinent issues of pensions and tax are highlighted.

To give you a brighter future, our sister company, Martin Aitken Financial Services Limited, provides specialist independent financial advice to the healthcare profession, including dentists. Within this article, issues which you may already be considering and that will have an impact on you in the very near future – from 6 April 2014 to be precise – are discussed. This includes changes to the Annual Allowance and Lifetime Allowance for pension schemes.

Martin Aitken & Co Ltd is a leading Chartered Accountancy and Business Advisory firm with a specialist dentistry team. Whatever the size or nature of your business, our highly-trained staff can help. If you would like to talk to us about any issues outlined, or if we can help you in any other way, please call us on 0141 272 0000 or email Jayne Clifford at jfc@maco.co.uk, or Stephen Nevillle at scn@maco.co.uk ■

See the newsletter at www.maco.co.uk/dentistry-newsletter-november-2013/

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GC everX Posterior is big-size solution

GC everX Posterior is a fibre-reinforced composite designed to be used as dentine replacement in conjunction with a conventional composite, such as G-ænial Posterior used as enamel replacement.

The short fibres of GC everX Posterior make it a perfect sub-structure to reinforce any composite restoration in large-size cavities. Fibres will also prevent and stop crack propagation through the filling, which is considered to be the main cause of composite failures.

Thanks to its unique properties, GC everX Posterior opens new possibilities for restorations of extensive cavities at chairside and is the answer to the growing demand for an economic restorative alternative for big-size cavities.

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

The complete solution

At dbg we offer complete equipment and engineering solutions. We are an official A-dec partner, so we can help with anything from a chair purchase to emergency repairs for A-dec products.

As an official A-dec supplier, we can arrange a showroom visit, come to your surgery to complete a site survey, and assist with any questions you have about a potential A-dec purchase.

Beyond supplying your A-dec dental chair, we can also service it. Our A-dec qualified engineers will carry out any necessary pre-planned maintenance or servicing you require, and are trained across a range of disciplines to service any other equipment. This means we can carry out all of your engineering work in just one visit, minimising disruption, and giving you more time to focus on the things that really matter.

For more information, please call dbg on 01606 861 950 or visit www.thedbg.co.uk

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New Proxeo air scaler

The new Proxeo ZE-55 air scalers are designed for fast, gentle, powerful and thorough plaque and calculus removal, even in hard-to-reach areas.

They offer an extensive range of ergonomically perfect tips for ideal cleaning of root surfaces. The integrated spray ensures continuous cooling and simultaneous washing away of debris. The new design also allows easy cleaning – making it the ideal choice for everyday use.

For information on products, ervices and handpiece rental options, contact W&H (UK) Ltd on 01727 874990 or marketing.uk@wh.com For a free handpiece trial, go to www.wh.com

Life-changing 4 all

The pioneering All-on-4 concept from Nobel Biocare requires only four implants to support an immediately loaded full-arch prosthesis, providing edentulous patients with a fully functional, aesthetic restoration.

Dr Chris Lucas is the lead dentist at Lavender Road Dental Practice in Leicester and he has been using Nobel Biocare products for the past 20 years.

He said: "All-on-4 added another string to our bow and I've done a huge number of cases over the past seven years.

"You get amazing comments from patients. They frequently say that it's the best money they've ever spent. One patient was practically skipping out the door after her final treatment. It really is life changing, to be able to look them in the eye and see this positive transformation to their whole personality.

"For me, it's a really satisfying thing to do, to see the difference you make to patients and their quality of life."

For more information on Nobel Biocare, call 0208 756 3300, or visit www.nobelbiocare.com

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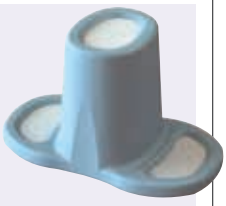

Professor Raman Bedi, former Chief Dental Officer of England and a leading figure in the UK's dental industry, has launched Edinburgh-based Bedi OralCare – which provides quality dental products to help improve the oral health care of those with specialist dental needs.

The BediShield is a unique 'mouth prop' for people with special dental care needs, from the elderly, those with disabilities, dementia, stroke sufferers through to young children with challenging behaviour.

It is a simple, effective and respectful way of keeping the patient's mouth open and steady for dental hygiene procedures. It is safe, cost effective, comfortable and easy to clean.

The BediShield is for sale online via www.bedi-oral care.co.uk or call 0131 202 1039.

New Synea Vision

Discover the new Synea Vision range with unique innovations, including the amazing TK-94 L, at Ø 9mm, the smallest and most powerful micro head turbine currently available with five-hole spray.

The TK-94 L offers bright LED light, even in the most restricted areas, making it ideal for minimally invasive treatments.

The Synea Vision range offers a choice of four turbine head sizes and two speed-increasing contra-angle head sizes to meet your treatment requirements.

The incredible scratch-resistant coating makes cleaning easy and protects your handpieces, ensuring they always look as good as new. The ergonomic lightweight design and high-quality ceramic bearings make the Synea Vision range comfortable, light and quiet to use.

Synea Vision offers optimal illumination with perfect positioning of the LED+ optics and the five-outlet Penta spray ensures optimum cooling.

For further information, contact W&H (UK) Ltd on 01727 874990 or marketing.uk@wh.com

Cherry on the cake

Quality Endodontic Distributors recently launched the 11th edition of their Endodontic Specialist Catalogue, with a distinctive new cover.

Laid out in a very clear and concise format, with drop-down headings which mimic their online catalogue with its built-in ordering facility, it is extremely easy to locate and identify precisely what you need. The 11th edition includes all QED's established products, plus many new additions, including an extended range of high performance own-brand consumables, and the complete Reciproc range. Illustrated throughout, with every item coded and priced, QED believe it is the easiest endodontic catalogue to use, and every oractice should have one.

To obtain your copy, telephone Quality Endodontic Distributors Ltd on 01733 404999, email sales@qedendo.co.uk, fax 01733 361243, visit www.qedendo.co.uk or contact your local QED salesperson.

Helping you save hundreds or even thousands a year

Reciproc, from Quality Endodontic Distributors Ltd, is not just a new file, but a new concept in canal preparation. It can help you save hundreds, if not thousands, per year!

Reciproc is the first one-file system where no glide path is required (in most cases). It works with a reciprocating action, driven through the VDW Silver Reciproc motor, which can also be used with conventional rotary file systems.

If you currently use ProTaper, and perform 100 endodontic procedures a year, switching to Reciproc will save you £1,000.

Reciproc is made from M-wire NiTi, which is stronger and more flexible than standard NiTi. There are three files in the range, all with a regressive taper.

Contact 01733 404999 or email sales@qedendo.co.uk

Individually packed sterile endodontic instruments

It has been scientifically proven that it is impossible to adequately sterilise endodontic instruments. Quality Endodontic Distributors Ltd have introduced sterile, individually blister-packed triniti Nickel Titanium Instruments and SteriFiles.

An innovative cross section allows more free space for debris removal, while retaining its core strength. It also maintains a perfect cutting edge. Clinicians can prepare root canals in a simple 'crown down' technique, requiring fewer instruments. SteriFiles are supplied in K and H Type files. The K Type has an enhanced non-cutting tip, the first choice for curved and narrow canals.

Contact 01733 404999 or www.qedendo.co.uk

Water line solutions

Dental unit water lines are an ideal environment for bacterial bio-film formation, due to the high surface to volume ratio utilised within the unit's delivery system, regardless of water continuously moving through the unit.

Alkazyme-W is a proven cleansing agent scientifically developed for water line decontamination. With a combined protease enzyme and detergent/disinfectant formula, it will rapidly break down and remove bacterial bio-film rendering all treated internal surfaces thoroughly clean and disinfected.

Used as directed, a simple minimum routine weekly service clean using Alkazyme-W will ensure the water line system will remain free of bio-film contamination and, providing clean water is routinely used, it will also negate any need for daily disinfectant additives.

Alkazyme-W in tubs containing 500gm of powder concentrate is available from all major dental wholesalers.

For information, please visit www.alkapharm.com

Fast filter change

Just as batteries should be replaced annually on your smoke alarm, so too should the filter on your compressor. With Dürr Dental compressors, the process is just as easy as changing batteries.

Simply log onto www.duerr.de/filter, enter the code number for your compressor and click 'Find Filter'. The model you require will be displayed immediately. Replacing the filter annually will preserve the service life of your compressor.

Dürr Dental compressors have a good track record for longevity and efficiency. This is ensured by their antibacterial tank coating, designed for permanent operation, and their novel use of dry air technology. Not surprising then, that all Dürr compressors carry a three-year warranty.

To find out more, call 01536 526740.

Piezo Smart thinking

General Medical now offer the complete range of Mectron Prophy Units, including the stand-alone Piezo Smart.

The Mectron Piezo Smart incorporates the latest technology and ergonomic design. It has a safe, easy-to-use bottle system, with various flushing solutions for optimised therapy without any dripping or leaking. There's no need to plumb it in, simply fill the bottle, and off you go. Touch-screen controls enable operators to select the appropriate function and flow rate.

Contact 01380 734990, www.generalmedical.co.uk or email info@generalmedical.co.uk

Dental Protection

We understand the changing nature of dentistry and the need for protection

Dentistry is an ever changing industry. Our flexible and inclusive approach to implant dentistry, botulinum toxin, fillers and other forms of dento-facial aesthetics demonstrates that we are looking for additional ways to support our members without increasing subscriptions unless absolutely necessary.

Further details are available on our website:
www.dentalprotection.org/aestheticdentistry

the **complete** package

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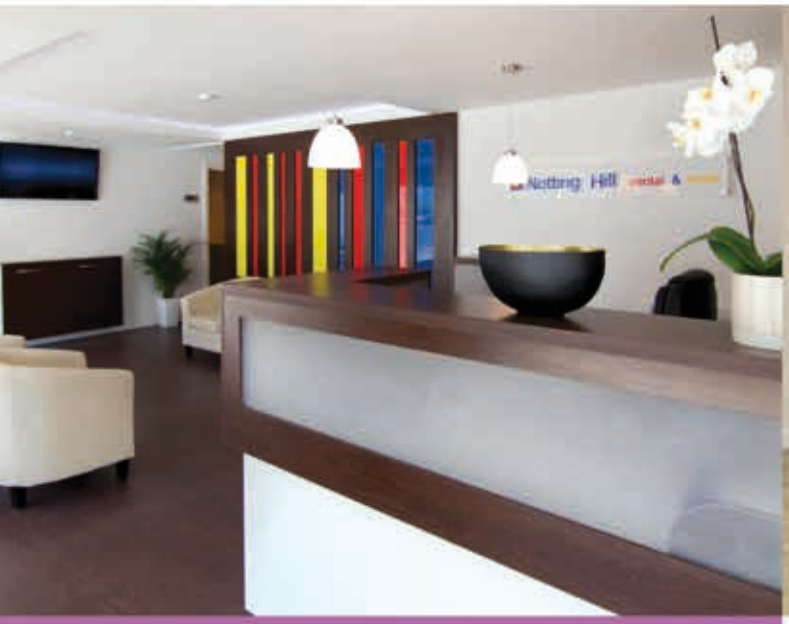
SURGERY DESIGN & DENTAL EQUIPMENT

At Pars Dental, we provide a complete turnkey service for your surgery, allowing you to take your project from the initial idea right through to completion.

Using our experience gained from commercial building and the dental industry, we are able to utilise our knowledge to provide full architectural services from feasibility, planning, design, through to project management, construction and final fit out.

Our aim is to always create a workspace that helps you work more effectively in a comfortable and aesthetically pleasing environment.



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