

## News Letter Mayhill March 2013



Spring is in the air and I am almost certain that I can see a glimmer of sunshine through the clouds. Incredibly first quarter is almost over and we are now fully operational. Last month we were in negotiation with a consultant orthodontist to join us and I am now happy to say that we can open up a referral list. Access to orthodontics is becoming more difficult especially if the treatment need is purely cosmetic. This has led to a growth in computer based and model based invisible systems which are very good. Sadly we have seen a major player in the market go into receivership throwing lots of mid treatment cases into confusion. It might be that conventional orthodontics offers assured continuity.

### Oral Surgery & Sedation

We are thrilled to offer this service which has thus far proven to be very popular. In the last month Nirmal has dealt with a multiple extraction case in a patient with an unstable INR. He has also had the unenviable task of surgically extracting an upper molar on a 95 year old gentleman.

This highlights the fact that we are now dealing with an aging and often highly medicated population. In the past we could rely on periodontal disease to assist us in the removal of troublesome or painful teeth. Personally I am encountering extraction cases in these groups of patients which are becoming ever more challenging. They are not practice builders and often take up a lot of scheduled time.

**The next session on March 18th is almost full and we are now booking March 25<sup>th</sup>.** If we can receive referral by E mail with radiographs then consultation and treatment can be simultaneous.

### Implants

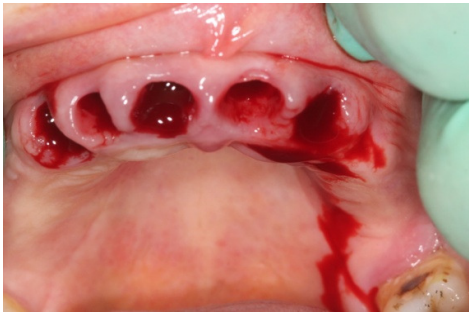
Cone Beam CT opens up a huge range of diagnostic and planning possibilities. I really enjoyed a training session with Harry Kim from Vatech UK this week enabling us to get the most from the planning software. Comparative dosage is low and diagnostic value is reassuringly good and in anatomically sensitive situations the use of this technology is essential.

The other major driving force behind the use of CBCT is same day teeth. This is something I have done successfully with model based planning for over 10 years. In promoting computer guided systems we have to be mindful that due to the tolerances involved it is rare to provide a patient with a definitive prosthesis from day one. Additional cost of updating or renewing the prosthesis is not inconsiderable and may be a barrier to treatment uptake. In my experience treatment can be staged with effective and reliable temporization allowing the healing process to continue without interference toward a definitive solution.

## Case Study



Failing upper dentition with poorly fitting partial dentures in an 80 year old patient. Patient scheduled for clearance, six implants and fixed bridge. Estimated treatment time 4 months.



Provisional partial dentures retained by distal molars. This gives the patient a clear guide to future tooth position and appearance.



Healing phases following extraction and delayed placement of six Nobel Conical Connection implants.



Metal try in and definitive screw retained prosthesis is delivered to the patient within an acceptable time frame and at reasonable cost.



A delighted patient six months post operatively. The transitional phase is now a distant memory. Provided the patient is fully committed to maintenance she is likely enjoy a permanent uplift in her quality of life.

## Endodontics

Over the years I have been asked to lecture on the merits of Endodontic treatment versus Implant therapy. Relative cost has been one factor that has always favoured the former. I am no longer sure this holds true. I recently saw an implant on sale at 35 Euro : which is around the same cost as a packet of Protaper rotary files. As Pete Davies keeps on reminding me Nobel implants are reassuringly expensive.

Our default position must be to save teeth and retreatment with rotaries has never been more straight forward and my default file for this procedure are Profiles. Call me a dinosaur but I believe this file has tremendous durability and when removing gutta percha can be used at higher speeds up to 800 rpm. When used aggressively the GP points are ripped out which avoids the use of solvents which can make the canals even more difficult to clean.



Finally I`d like to thank those dentists who continue to support us in Monmouth. If we can improve our service please do not hesitate to contact or call in and see us. In the Autumn we will be running a series of prosthetic courses aimed at practitioners who want to start restoring implants. I think this will be a very rewarding partnership. We will be sending out invitations to join us on this course next month. Places will be limited to six so please let us know if you are interested.

The waiting list for orthodontic consultation is open and currently running at six weeks. Referral by Email will speed up the process though we enclose referral forms which we will respond to as quickly as possible.

*Kind Regards*

*David*