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Summer Newsletter 2014

Undoubtedly the summer months are the busiest stretch of the calendar year. It is a time when the work life balance really comes under pressure juggling school holidays/ stroppy teenagers whilst trying to maintain a high level of service to patients many of whom face the same dilemmas.

School holidays also represent an opportunity for younger patients to get the ball rolling with orthodontic treatment without disruption to ongoing education or exams.

Our specialist orthodontist Justin Evans is fast establishing a referral base here in Monmouth with high treatment acceptance in both adults and children. A brilliant communicator, Justin establishes trust very quickly and guides his patient`s through treatment very smoothly. We accept patients on a private basis which has the following advantages.

-No waiting lists.
-Convenient appointment times.
-Primary and secondary consultation with a full treatment plan and options.
-In house extractions with an oral surgeon if required.
-Combined prosthodontic consults.
-Flexible payment options from £110 per month.

We are delighted to appoint Andy Mathews to our team in Monmouth. As many of you will know Andy is a Dental Foundation Advisor for West Wales and is a Primary Care Advisor in East Wales. Clinically he has a wealth of experience which will complement our existing specialties particularly in relation to orthodontics.

Oral Surgery

Dr Nirmal Patel`s oral surgery and sedation list is now very busy with a range difficult extractions and MOS. The value of a pre-operative radiograph upon referral cannot be underestimated as this allows us to schedule consultation and treatment simultaneously which can really help patients in trouble.

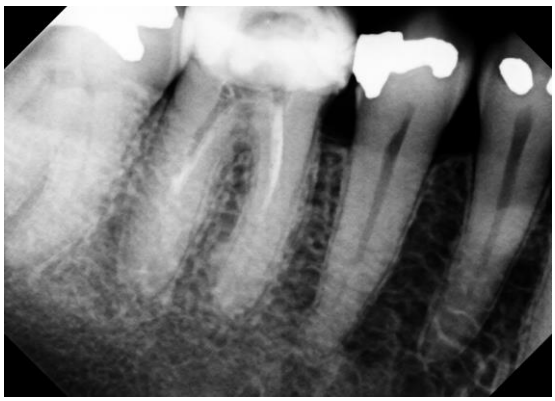
Personally it is real luxury to have Nirmal here to take these challenging situations away from me. Combined implant cases under IV sedation also open up this kind of treatment to a greater number of patients.

Endodontics
Whenever lecturing in relation to Endo the recurring topic of achieving effective anaesthesia crops up. I received the following case from a dentist for whom I have the utmost respect. She was slightly embarrassed by the outcome of treatment but

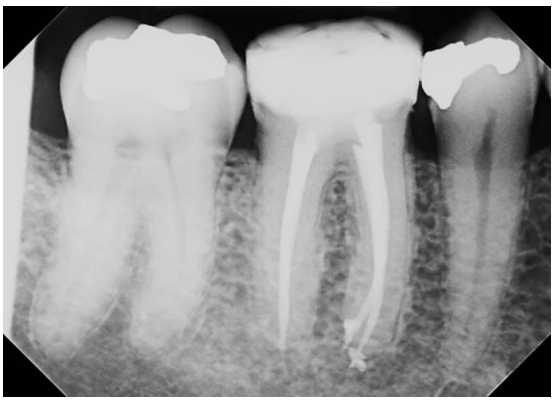
explained to me that her efforts to negotiate the root canal system were thwarted by failure to achieve profound anaesthesia in a particularly anxious patient.

My approach was as follows. I ask the patient to pre medicate 1 hour before their appointment with 600mg Ibuprofen. Alternatives like paracetemol are not quite so effective. An inferior alveolar block with 2ml Lidocaine 1;800000 Epinephrine is administered. There is proven synergy between the premedication and the block.

I supplement this with 2ml Articaine as an infiltration around the tooth. A small portion of this is given as an intra-papillary injection mesial and distal to the tooth at an angle of 45degrees to the long axis. The tissues should blanch and this will be a little uncomfortable. By the time rubber dam is placed invariably we have delivered profound anaesthesia enabling treatment to proceed to a technically sound conclusion.



Pre op



Post op

Implants

If cost was not a consideration then I don`t suppose we would see many denture wearers. Finance or lack of it remains the biggest barrier to treatment. Obviously you can reduce costs by cutting a few corners in treatment planning stages. Not only is this a false economy but also medico legally it leaves us vulnerable.

ACME implants? There are considerable savings to be made by using one of the many copy systems manufactured in the Far East or the darker parts of Europe. Unfortunately these systems are not future proofed as companies can go out of business or simply disappear leaving the implantologist bereft of technical support and no spare parts!

Placing fewer implants is an obvious cost benefit to the patient and the All on Four protocol has become very popular. We know that increased occlusal loads around implants can cause bone loss so careful case selection is essential to avoid a decline into an All on Three or worse!

I think reduced cost can come from a re think in terms of the superstructure. Traditionally we have used porcelain fused to metal as the superior option typically at

a unit price of around £600 per unit. The maths becomes eye watering when considering a full arch. Yes, the aesthetics can be superb but from a mechanical and pragmatic point of view is this best option? There is little or no resilience built in, porcelain fracture is not uncommon and retrievably is difficult and risky.

We have recently been looking at a system developed by Bredent in Germany. So far we have used only four implants to support the superstructure which is milled titanium. This is incredibly light but very strong. Technically acrylic is wrapped around this to replace hard and soft tissue deficit.

The tooth form, position and colour are accurately transferred from the aesthetic try in stage so the patient can see and approve the final outcome prior to processing. This is a massive advantage over even the computer based systems. The final restoration Fig.3 is effectively a series of veneers. This is a definitive, resilient and repairable outcome at half the cost of PFM but is not in my opinion a compromise option.

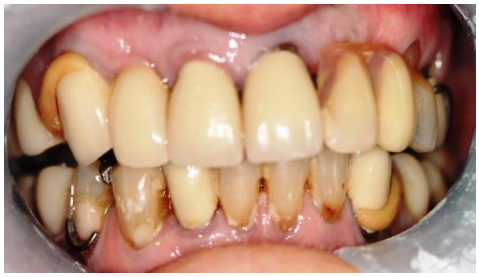


Fig.1

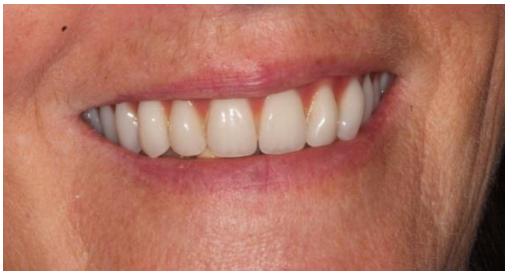


Fig.3

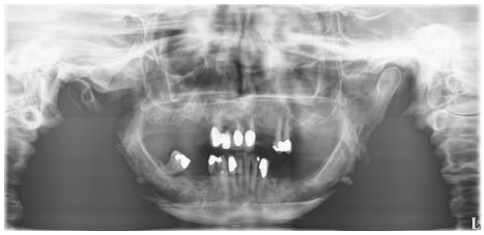


Fig.2

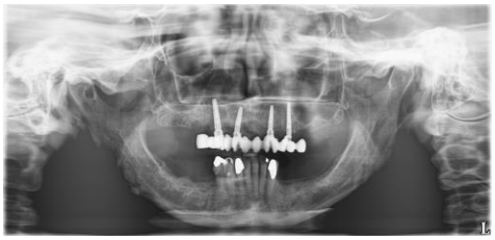


Fig.4

We are in the process of finalising the line-up of a Nobel Biocare Spring 2015 conference at the Celtic Manor Resort. We will be joined by a top international speaker and we will look forward to entertaining our referring dentists at this event. If you would like to discuss how we can make implant therapy part of your practice, we would be happy to hear from you.

In the meantime enjoy the summer with a little rest and relaxation.

Kind Regards

David Guppy