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DENTAL LOCKDOWN LIFTS BUT **CESS**

The resumption of dentistry in England is now officially underway.

An announcement from chief dental officer (CDO) for England Sara Hurley last month (28 May) set out her expectation that NHS practices reopen from Monday 8 June.

The guidance is not the same across all countries in the UK, with each nation adopting a different policy.

Scotland is introducing a 'threephase' plan, with practices provisionally expected to be permitted to offer aerosol-generating procedures (AGPs) by 31 July.

Northern Ireland also announced a phased approach, with practices opening by 8 June but stipulating that AGPs must be provided by urgent dental centres until the final phase is reached.

Dentists in Wales, meanwhile, have been warned that routine dental care may not resume until January 2021.

'Logistical nightmare'

However, the move has thrown many NHS practices into disarray, with concerns mounting over the lack of time to prepare afforded by the CDO's letter.

Figures from the British Dental Association (BDA) estimate that just over a third (36%) of practices were ready to open on 8 June

BDA chair Mick Armstrong said: 'Anyone expecting dentistry to magically return... will find only a skeleton service.

'Dentists returning work still lack support offered to our neighbours on

the high street... Ministers must change tack if dentistry is going to survive the new normal.

More than 80% of practices expect to reopen to some level by the end of June, said the BDA, but major constraints including a lack of access to personal protective equipment (PPE) are likely to remain an issue.

Private dentist Andrea Ubhi told Dentistry Online: 'We are one of the only countries in the world that turned its back on our dental patients. The price has been too high.

'I am overwhelmed and excited that we have the green light to start again. However, one week's notice is tight to train the team and source adequate PPE.

> 'Let's make the best of this mess now. Let's rise from the ashes, share resources between practices, work together, get restarted together - and get back to caring for our patients.

Practice owner Neel Kothari added: 'The news that we are allowed to resume routine dentistry has certainly been welcome message for some and a logistical nightmare for others.

'Many practices will have serious issues sourcing the appropriate PPE and staffing. And many will have their own issues such as sourcing childcare whilst the country remains partially in lockdown.

Reopening private practice

The move brings NHS-committed practices more in line with the fully private dental sector, where Dentistry understands larger numbers of practices were planning to reopen in June even before the CDO's letter.

Following the release of numerous sets of operating protocols, last month, evidence emerged that practices with no tie to the NHS may not be bound by the chief dental officer's guidance.

The Care Quality Commission (CQC) issued a statement explaining: 'CQC cannot require providers of dental care services to close, unless we find clear evidence of a breach of our regulations that requires consideration of the use of our powers under the Health and Social Care Act 2008 and associated regulations.'

Indemnity organisation Protection also clarified that it would continue to indemnify private practices that decided to reopen, pointing out: 'The position regarding private practice has been less clear and has left those dentists - many of whom are facing financial difficulties - concerned about when they can return to work and whether they would be protected if they choose to do so.

However, it added that strict adherence to standard operating procedures backed by the 'widely-accepted evidence base' was essential to do so safely.

Back to practice campaign gets vote of confidence

As many practices go about the business of protecting the nation's oral health. Dentistry is celebrating the success of its national campaign to get professionals back to work.

Dentistry and Dentistry Online have been jointly running a 'Back to Practice' campaign to support the profession in returning to work. The campaign has been backed by a partnership with GSK, which supported the drive in an effort to keep patients motivated and smiling.

'As one of the world's largest providers of specialist oral health products and manufacturer of Sensodyne, we appreciate that the COVID-19 outbreak

has brought significant changes to the dental profession, their patients and daily life,' Christie Matthews, marketing manager at GSK, said.

'Now more than ever, it is essential to stay in touch and up to date with the latest information in the dental industry.

'That is why we are partnering with Dentistry and its "Back to Practice" campaign. This will make it easier for dental healthcare professionals to stay up to date with the latest stories, news and guidance regarding the push to get dental practices back up and running. And consequently to help us keep

in touch, keep patients motivated and keep them smiling.'

GSK's support has helped Dentistry play its part in supporting the dental profession,' said Ken Finlayson, CEO of FMC.

He explained: 'Dental practices around the country have struggled during these tough times.

'Dentists and dental professionals are well-versed in cross-infection control and the use of PPE.

'Dentistry's "Back to Practice" campaign exists to both inform and



show our support for the safe reopening of dental practices.

Visit the home of Dentistry Online, www.dentistry.co.uk, for the latest guidance on returning to work safely and stories from practices sharing their own experiences in doing so.

Clinical

Patient celebrates finally having 'normal-looking' teeth

Manrina Rhode presents a case in which a young female had her remaining deciduous teeth bonded with composite to improve aesthetics, while retaining a natural-looking smile

Dr Manrina Rhode BDSAesthetic dentist



A 26-year-old female teacher came to see me because she had been self-conscious for several years about her visible deciduous teeth and missing permanent teeth (Figure 1). She wanted a long-term plan to achieve a more even, but natural, smile. Her regular dentist had been unsure of the treatment options.

Patient examination

The patient was missing the adult upper right and left lateral incisors, and had retained deciduous teeth B and C in both upper quadrants (Figures 2 and 3) and the upper right second molar (E). She was missing the second premolar on the lower right and left, having retained the deciduous second molar in both lower quadrants.

The upper deciduous teeth were comparatively small, making the maxillary central incisors look out of proportion (Figure 4). As they framed the anterior teeth, the impact was noticeable. The patient also had a diastema between the upper central incisors, and an upper left canine partial crossbite with the lower left premolar. There were no signs of parafunction on examination.

Treatment planning

A number of treatment options were possible. Oral hygiene and whitening were discussed with the patient, and the risks of whitening treatment on the deciduous teeth were explained. Orthodontic treatment was considered, to create better spacing and correct the upper canine crossbite (Figure 5). The option of deciduous teeth extraction was explored, followed by a denture, bridge or dental implants to replace the missing dentition.

Radiographs had revealed good root length on the deciduous teeth. Therefore, composite bonding was also contemplated, with a view to providing veneers in the longer term, after bonding was kept under review.

The patient's preference was for a quick and costeffective plan and she was not striving for perfection. I explained that there were limitations in what could be achieved without correcting the crossbite or spacing.

She was hoping for some improvement in her smile without too much intervention and therefore dismissed the option of orthodontic treatment. Enhanced hygiene, home whitening and bonding of the deciduous teeth was chosen for the treatment plan. The patient elected to keep the upper midline diastema.

I planned to retain the patient's group function, with as little pressure as possible on the deciduous teeth moving into excursions. The gingival zeniths were not a

More about Manrina Rhode

Manrina has an interest in aesthetic dentistry and runs the 'Designing Smiles' smile makeover course in central London. For more details, visit www.designingsmiles. co.uk or email info@designingsmiles.co.uk. Manrina has been featured as a 'Sensodyne' dentist. In recognition of her charitable work, she was named 'Marie Claire's 21st Century Woman'. Manrina graduated from Guy's Hospital London in 2002. Visit www.londonsmile.co.uk or email manrina.rhode@londonsmile.co.uk for more details.



Figure 1: The patient was self-conscious about her visible deciduous teeth and missing permanent teeth



Figure 4: The upper deciduous teeth B and C were comparatively small, making the maxillary central incisors look out of proportion



Figure 6: A light-cure, total-etch, two-component adhesive was applied with a total-etch technique

consideration in this case as, for this particular patient, they were not normally visible.

Tooth whitening

Impressions were taken and trays were produced by the lab for home whitening treatment. The patient was instructed to carry out home whitening for one hour a day for two weeks with Philips Zoom! Daywhite six per cent hydrogen peroxide formula. The lower 4-4 teeth and upper central incisors and permanent canines were whitened with the help of customised trays, using dots to remind the patient where the whitening gel needed to be applied. The retained baby teeth were not whitened, in particular to avoid the risk of irritation to the large deciduous pulp,





Figures 2 and 3: She was missing adult upper right and left lateral incisors, and had retained deciduous teeth B and C in both upper quadrants and the upper right second molar (E)



Figure 5: Orthodontic treatment was considered, to create better spacing and correct the upper left canine partial crossbite with the lower left premolar



Figure 7: Bonding of the deciduous teeth was carried out using Kulzer Venus Pearl B1 shade

but also as they would be bonded at a later stage in the treatment programme.

Minimal tooth preparation

After two weeks, the upper baby teeth were bonded. Preparation was minimal. The smear layer was removed with a diamond polishing bur. A bevel was created at the gingival margins and taken to the interproximal margins. The bevel edges were smoothed off at the gingival margins with the polishing bur.

Polytetrafluoroethylene (PTFE) tape was used to separate the teeth and a 35% phosphoric acid etch gel was used to roughen the teeth surfaces. A light-cure, totaletch, two-component adhesive was applied with a total-



Figure 8: The material is predictable and hard wearing, capable of achieving highly aesthetic results, with ease of handling and polishing



Figure 9: The restorations were completed using diamond paste



Figure 10: Achieving a highly natural effect, Venus Pearl has all the qualities I need from a composite for aesthetic bonding

Figure 11: The patient was delighted with the result, which has given her greater confidence

etch technique in accordance with the manufacturer's instructions (Figure 6).

A key consideration was the extent to which the deciduous teeth could be built up with composite, while avoiding the risk of excess pressure on them during normal function. Canine guidance also presented a challenge. The interference caused by the upper canine crossbite was mentioned once more to the patient and she was reminded about the limitations of not correcting it. However, the patient reaffirmed her decision to decline orthodontic treatment

Predictable and hard-wearing material

The restorations were made freehand and each deciduous tooth was bonded, one at a time, using Kulzer Venus Pearl (Figure 7). I have been using Venus Pearl for composite restorations for many years. The material is predictable and hard wearing, capable of delivering highly aesthetic results, with ease of handling and polishing (Figure 8).

In this case, the dentine layer did not require building

up. The teeth were already a reasonable colour so there was no need to block any staining or discolouration. I chose the single shade Venus Pearl B1 for the shaping and layering. I generally use this shade for most of my composite bonding work where patients have undergone whitening. Finally, the restorations were shaped and polished with Sof-Lex discs and completed with diamond polishing paste (Figure 9).

Natural-looking smile with aesthetic bonding

I was very pleased with the final result. Achieving a highly natural effect, Venus Pearl has all the qualities I need from a composite for aesthetic bonding (Figure 10).

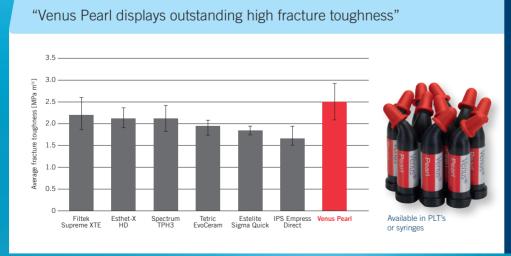
The patient had known for several years that she needed treatment on the retained baby teeth but it was a question of finding the right practice.

She was delighted with the outcome (Figure 11) and commented that finally having 'normal-looking' teeth had given her greater confidence. D



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