

QUARTERLY MAGAZINE FOR DENTISTS

Practice News

DECEMBER 2019

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The Campbell Clinic

Hello and welcome to The Campbell Clinic's newsletter.

In this edition, you will find an article written by one of our clinicians Andy Legg on a patient who underwent full arch implant surgery in one day.

We will also share the exciting news about our NEW PRACTICE. We're proud and excited to announce that The Campbell Clinic is moving, to a larger facility only 10 minutes down the road. We have included all you need to know about this exciting venture and how we've got to where we are today.

Throughout 2019 we have hosted several social events for our referring GDP's, inside is more information about what we've been up to.

The Campbell Academy bring you some information about the Academy and what we have to offer in 2020, it's an exciting year and the first of our courses to be ran in the new facilities.

At The Campbell Clinic we have built a strong and trusting relationship with a company called Planmeca. They have kitted out the new practice, with new innovative equipment, modern touches and beneficial techniques, we wanted to share the company with you and explain to you why our relationship has grown and grown.

Thank you for taking the time to read this, we hope you have a very merry Christmas and happy new year.

Best wishes

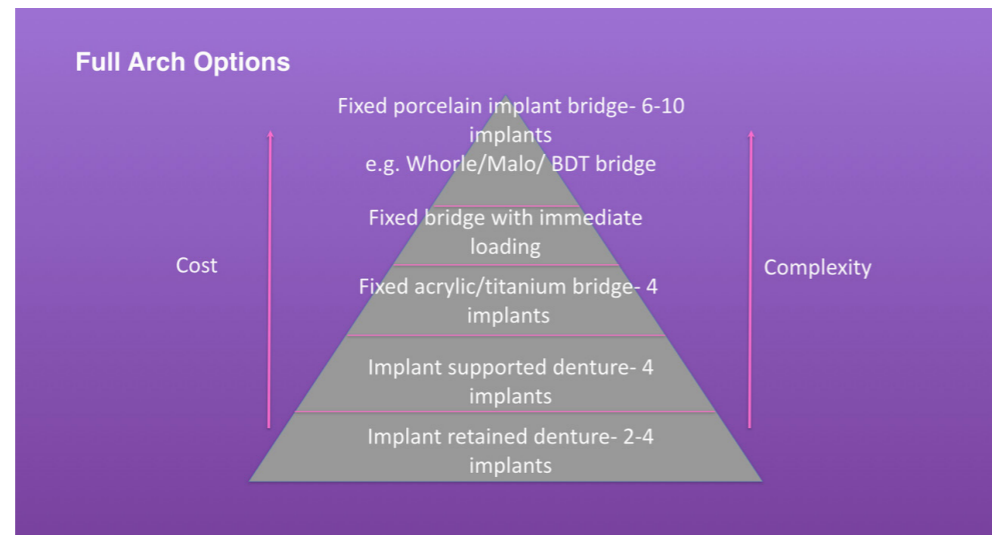
Colin

Treatment options for full restorations

At The Campbell Clinic, patients who attend looking for a placement of a full set of teeth have a variety of options. Starting with the most simple, removable acrylic dentures, moving all the way up to fixed porcelain teeth on 6-8 implants.

The decision on which modality is chosen starts at the initial consultation, there are a variety of factors that influence the final decision. These include:

1. What has been lost, i.e. teeth, teeth and gums, teeth, gums and significant bone loss.
2. What the patient wants, i.e. is the patient desperate for fixed teeth or would they be happy with something removable.
3. The patient's budget. Can the patient afford implants at all, or do they want the gold standard, all singing all dancing, porcelain bridge.



In the diagram above you can see the treatment options available for patients with a full set of missing teeth or terminal dentition. As we move up the pyramid you will see we move from a denture retained on two implants through a denture supported by a bar on four implants up through various options for fixed implant teeth.

As we go up this pyramid you will see the complexity increases and indeed the cost increases. It's also interesting that the cost and complexity of the complications also increases. So, unfortunately much like the rest of dentistry, once a patient enters this modality of treatment they're in it for life and would require maintenance and potential replacements as life goes on; they must be informed of this at the outset of treatment.

The patient case I am showing you below attended in April 2018 complaining of loose teeth. They had previously attended the clinic helping their auntie communicate with us as she was deaf, they would translate using sign language. They presented wearing a partial denture with the remainder of their teeth very loose. Socially they smoked 10-

15 cigarettes a day and had their own building company. Medically they were fit and well, although they were epileptic, that said it was well controlled.

On examination the majority of their remaining upper and lower teeth were grade I or II mobile. Their oral hygiene was compromised and they were diagnosed with generalised to advanced periodontal disease.



From our point of view this was quite an advanced terminal dentition for such an old patient. The patient was only 47 at the time.

With complex cases like these they often end up in our multidisciplinary team meeting where a team of specialists sit down and establish what the best course of action for these individual patients are.

In the first instance, the most important thing for this patient was to identify and own the risks he was bringing to treatment. They were made aware of their gum disease and the causes of that, as well as the compounding fact that they were smoking 10-15 cigarettes a day. We also informed them that they're bringing this risk through to any potential implant treatment and that unfortunately if they carry on with these habits that they're bringing to the consultation that there is a risk that their treatment will fail in the long-term.

In the first instance the treatment plan involves some initial planning including articulated study models, radiographs and some intensive hygiene to assess his motivation towards treatment. It was clear as a relatively young individual that they were mortified at the prospect of losing all of their teeth and was willing to do anything to ensure the long-term stability of whatever we replace them with.

After extensive discussions and consenting they decided that they would work towards a full upper and lower implant retained prosthesis supported by six implants in the upper and six implants in the lower. It's important with such a young patient that we plan for the long-term and make sure that we have enough implants to support the restorations that the patient wants. The patient was keen to pursue the best they could of the best option available which in this case was going to be porcelain titanium hybrid bridges incorporating individual e-Max crowns on a titanium framework with composite gum work.

The second stage of treatment involved planning

for his initial implant surgery, study models, wax ups and surgical guides were made as well as temporary upper and lower immediate dentures. These will be converted on the day of surgery to immediate temporary bridges to avoid the patient having to wear dentures.

On the day of surgery, the patient was sedated and his remaining teeth were removed. Six upper and six lower implants were placed with simultaneous upper left and right sinus grafts.

Following surgery impressions were taken of the implants and passed to the technician who then converts the immediate dentures into immediate full arch bridges.



The implant surgery and bridges are fitted in a single day which often lasts from 8am to 6pm and is quite an arduous day for the patient, although they do seem to appreciate that everything can be done immediately.

In our hands there are no increased risks of implant failure, and using this treatment modality with splinting the implants with temporary bridge work providing the stability to allow the implants to osseointegrate.

The temporary bridges are left in situ for three-four months after which we work towards construction

of the final bridge work. The temporary bridges are made out of acrylic supported with stainless steel bar reinforcements, and if treated carefully should last in excess of six-eight months if required.

After three or four months the bridges are removed, new impressions are taken and any implants that weren't utilised at the immediate loading stage are involved in the final reconstruction. The final reconstruction of the implants involves very similar stages to complete denture fabrication including impressions, bite registration, wax try-in and then bridge fit. Including lab-time the final bridge work can take up to three months to construct after which time the patient will have their new smile and new set of fixed implant teeth.

In conclusion it goes without saying that patient selection is key to assessing the motivation for these patients to look after such complex restorations. The treatment doesn't end with the fitting of the final prosthesis. The patient will then enter into considerable maintenance treatment, seeing the hygienist every three months to reinforce the extensive oral hygiene protocols we have in place at the clinic. The patient will then be referred back to you, but we will keep an eye on them seeing them regularly for hygiene, for implant reviews and for x-rays.





In case you were unaware or you haven't had any correspondence from us before *(and I doubt that)* here is the big news...

The Campbell Clinic is Moving...

The Campbell Clinic is moving in February 2020.

For a project that has lasted 4 years to come to its conclusion in a few weeks is quite staggering, and a little bit frightening.

Over the past few years we have lost many different sites in the search of the new home for the clinic. The truth is we outgrew the clinic

at least three years ago but it has taken so long to facilitate the move, and there was nothing else we could do.

In December 2018 we secured the land, opposite Notcutts Garden Centre in Edwalton, Nottingham, to build four commercial buildings, covering around 26,000 square feet of office space. One of these buildings will be the new Campbell Clinic with others being let

to other commercial organisations and one site being kept for the development for us *(should we ever need it)*.

It will have 7,000 square feet of clinical, laboratory, education and office space.

It will have 6 state of the art treatment rooms, one of which is a multi-functioning treatment room for surgery procedures.



It will have three treatment coordination rooms and a full imagery room including SLR photography, intra oral x-rays and CBCT *(with ceph)*.

As you would imagine it will have state of the art decontamination facilities but also the system of instrument flow through the practice has been very carefully designed, it is like nothing that I have ever seen before in any practice I have visited.



The reception is beautiful, the building itself is stunning.

It's eco-friendly and fully solar with electric points for charging cars.

The upstairs is divided into a beautiful Academy teaching space, which is fully digitally integrated to provide education in the modern digital world. The Academy space will divide into two separate rooms, for 40 and 25 people respectively to allow us to teach a large group or two smaller groups simultaneously with two different projecting systems.



The upstairs is beautiful with a high peaked roof, with roof windows which lights the whole of the upstairs with a passive ventilation system. The other half is office space; its stunning and will be a wonderful place to work. It includes two wet rooms with heated lockers for people to be able to cycle to work and enjoy the activities which will be present before work in the clinic, activities such as yoga.

There is a board room, a fully kitted out laboratory of significant size and a recording studio for video and audio (we need to get those podcasts and YouTube videos out). On the third floor, which is a small mezzanine area, there is a beautiful staff room.

The outside areas around the practice are fantastic, there are features upon features in the practice to make it a stunning place to work but also for patients to be treated.

We said on the Launch Night in May that it was all about collaboration with the profession and trying to work together to make things better for dentists in the East Midlands and better for patients. We've been working really hard on collaboration projects following this to include as many exciting new courses, meetings and events in the practice to benefit local dentistry.

The first of our invitations to the Official Launch Night have been released and we're so excited to host this amazing evening.

I hope you will come and see us, I hope that you can find something here which inspires you to stay in dentistry for as long as possible to help as many people as you can.

See you on the other side!




Throughout 2019 we have been running several events and taking some of our referring General Dental Practitioners out as a thank you for their continued support.

On Thursday 26th September we went to see Russell Howard at the Motorpoint Arena in Nottingham.

We took 12 General Dental Practitioners to the Arena to watch Russell Howard live in a private suite with food and drinks.

The experience in a private suite is always

fantastic, the privacy makes such a difference and is a great way to get to know practitioners who make use of our services. We were able to discuss relationships with the clinic as well as have a great night, with great food and a great comedy performance.



We also took 11 General Dental Practitioners and their family and friends to the pantomime at Nottingham Playhouse theatre. Keeping it festive we decided to book 50 tickets to see Sleeping Beauty on Thursday 5th December and invite referring General Dental Practitioners to attend, along with family members or friends.

Staying festive, we were served mulled wine on arrival and had food prior to the show. We hired out a private area in the bar next the theatre, which again allowed us to socialize and communicate with our colleagues and build strong relationships.

The benefits of doing this are lengthy, but mostly we like to get to know our referring General Dental Practitioners to build relationships to benefit our patients in the East Midlands and beyond. We aim to be able to offer services to our colleagues' patients and help in any way.



For the sixth time running we held our annual charity ball. On Saturday 2nd November we hosted a Halloween themed charity ball at the Park Plaza in Nottingham.

We host these evenings to raise as much money and awareness as possible for four amazing charities; three local and one national.

We support Bridge2Aid, a dental charity based in Tanzania to help those living there gain access to emergency dental treatment. We have supported the charity for many years and in result of this have donated enough money to allow 150,000 people gain access to emergency dental treatment. We have had colleagues go out to Tanzania and help the charity and currently have a dental nurse, Michaela, going through training to travel with

Bridge2aid in June 2020. It's an amazing, selfless opportunity and will be an incredible experience. We're very proud as a clinic to support employees who wish to do this.

We also support three local charities in Nottingham, which are We R Here, the Children's Bereavement Centre and Framework.

These charities were chosen by the employees at the clinic and hold close places to some.

This year's charity ball was Halloween themed and it was great to see everyone dressed up and make such an effort. It was a great night, enjoyed by employees, colleagues, suppliers and friends and we were able to raise an amazing £11,433 for charity.

Thank you to everyone who attended, it was yet again a great success and an amazing night!





The Campbell Academy have some amazing courses lined up for 2020, they range from Implant live skills courses, composite hands on courses, guided surgery masterclasses and so much more.

It's an exciting year for us in our new facility with some new speakers too. We will be joined by three new speakers to host our 1-day masterclasses, these are Tim Joda, Vincent Fehmer and Sebastian Kuhl.

First of the year though is our Year Implant course which starts in January. 15 days across 1 year with 10 speakers.

Here are what a few of previous delegates of this course have had to say about it:



Gregor McGlashan

Background

I chose this course as I did a wee bit of research on it and I was getting a lot of good feedback so I knew it was the course to get me on the right journey. It was all about the right philosophy and not just a case of 'teach and forget' but about mentoring and looking after you properly following the course.

What key features of the course stood out for you?

The openness of the teaching. The teachers are not afraid about talking about mistakes or how to avoid mistakes. There is a real feeling about it rather than an artificial feeling. They talk about the issues that other people don't want to talk about, they don't flash up all the perfect cases and instead show you the cases that have gone wrong, how they have gone wrong, how to correct them and how to avoid them.

Would you recommend the course?

I would recommend this course even if you don't place implants. What you would pick up from this course about how to run your practice or how to organise your practice or how to organise what you do as an associate. What you'd pick up would be unbelievable even if you don't place an implant and would change how you practise.

Andrew Isaac

Background

I chose this course following on from a previous implant course I had completed and I felt as though I hadn't gathered all the information that I needed and I wanted to look into other courses to bolster that lack of knowledge. I'd met Andy Legg previously and I'd heard some good reviews about Colin Campbell and through dental forums and I thought I'm going to look into this. When I was looking at their website there is a phrase or a tagline stood out to me and it was to be able to do implants both competently and ethically and that really struck a cord with me. So, I gave the guys a call I had a chat with them and I thought yeah this is the course for me.

Tell us about your experience of The Year Implant Course?

The course had fulfilled my aims and objectives because I've managed to fill in quite a lot of gaps that I didn't have for my previous course and I've found that I've picked up on a lot of bits of information that I felt that I was lacking and it gave me a lot more confidence now to approach what I do in practice on a day to day basis. I have placed implants on the course I found it was very easy very simple to do with all the planning and the lectures about the surgery beforehand the actual day of the surgery was very simple and it was well covered with their colleagues around us we all discuss the cases we were well supervised by the clinical staff and is well organised and well led so it was very, very simple day.

Would you recommend the course?

I would recommend the course and I have recommended the course to several friends. It's very thorough and it's very one to one and a direct course and I feel as though there's lots of implant courses out there that you can be taught how to do an implant but the difference with this course is actually being told how to do the implants well and ethically and for me that was a big, big difference.

If you're interested in finding out more about this course contact The Campbell Academy today by phoning 0115 982 3919 or email info@campbellacademy.co.uk

Johnny Stroud

Background

My name is Johnny Stroud. I am GDP from Leeds and I attended The Year Implant Course with The Campbell Academy. I chose this course largely from a recommendation from an implant dentist that we referred to locally. He said it was a very ethical course and that Colin is a good guy!

Tell us about your experience of The Year Implant Course?

I found the course very interesting and very well designed. The mentors were fantastic in terms of the support they provided. Both the teaching side and the practical side were great and very easy to follow. The protocols they have given us have been great along with the rest of the course material. The other delegates were also fantastic. We had a really good group who really just helped each other through the online forums and you know you won't feel judged when you put cases up and you're not sure of something.

Did you place implants on the course?

So, I placed two implants in two separate patients who came with me from Leeds. The mentoring was fantastic in terms of just letting you go and go at your own pace and doing it and stepping in when they thought that you required that help.

Would you recommend the course?

I would definitely recommend this course for any young dentist who's trying to start off simply because I think it's a great starting point in terms of getting the technical side right but also getting the planning and the ethics side right.

PLANMECA

I've been writing this little series of 'People we Work With' for a long time, but it's time to mention Planmeca who we have got together with as a partner in the clinic recently after they became involved in the design for the new practice.

Much of the credit of the relationship with Planmeca must go to Karl O'Higgins who was the former Managing Director of Planmeca UK who moved on earlier this year.

He was fundamental in designing the new layout for the clinic and his personality will be stamped all over that first floor.

In the process of discussing this, we went to Helsinki to the head office to chat to Planmeca about their previous reputation of having things that break down but their long-term reputation of having fantastic imaging.

The first thing that we put into the practice was the CBCT scanner which was introduced last November. It's fair to say that this is one of the best pieces of dental kit that I have ever brought. Not only due to the functionality of the software and the quality of images that we can create but also because of the fantastically low dose that the patients experience through this scanner which is lower than almost anything that is available; and considerably lower than most.

Their software package is brilliant, and their service with James Smith and Luke who heads up the team has been absolutely fantastic.

We're all about long-term relationships and we can see ourselves working with Planmeca for a really long time, overcoming all the hurdles and difficulties that surround us when we try to become involved in this type of dentistry.

Planmeca have also come on board as a strategic partner for The Campbell Academy, and are involved in the courses where their products are present, particularly CBCT and implant planning.

If you want to have an honest conversation about what it is like to work with someone like Planmeca then please contact me, I would be happy to tell you why I think they're one of the best companies we have worked with.



Colin writes a regular blog which is published on his website:

www.campbellacademy.co.uk

An example of one of the recent blogs is listed below, just to give you an insight into what goes on inside his crazy head. If you are interested in receiving the blog either email, RSS feed or through Facebook, just contact Colin at: colin@campbell-clinic.co.uk and we will sign you up.

Why not have a look and why not comment it is great for discussions overall.

On Friday of last week, we had a Team Day at the practice. This was an extraordinary day, a collection of people that work together trying to make a difference and trying to make it better.

It was quite symbolic because it will be the final team training day that we will have at the old site because the next time we hold one we will be moving.

These training days have become a corner stone for communication in our practice for many years and we meet quarterly as a team, usually with work in the morning and fun in the afternoon, but on this occasion work all day (although much of it was fun).

The dynamic of team days in the dental practice are interesting because in many situations such as ours is almost impossible to get the whole team together and absolutely unfeasible to get the majority of the clinician's present. Dentists that work in practices like ours are, by their nature, traveling salesman, who are somewhere else the day that we have a team day.

That said, we redesigned and re-created huge parts of our business and set work for the next 3 months which will definitely make us better than we were today.

One of the things that I did as a small exercise though, was to demonstrate how jobs have changed in the practice and how people have progressed.

I asked the team (that were around 25 of us) to shout out my unique ability list so that I could write it at the front.

This is an ancient exercise in management and for individual and personal development.

The exercise goes like this; take a sheet of A4 in portrait and draw a vertical line down the middle, on the left-hand side at the top write M.U.A on the right-hand side write E.E.

M.U.A stands for My Unique Ability and E.E stands for Everything Else.

The trick in my role (in any role really) is to retain and develop everything under my unique ability list and to give the rest of it away to someone else.

And so, I asked the question to the group "what (if any) unique abilities do I retain in the business?" there was quite a lot of silence and quite a lot of scrabbling around before a few answers started to come, in no particular order they looked like this.

1. **New patient consultations**
2. **Vision**
3. **Example**
4. **Passion and drive**
5. **Ideas**

It went along like this for a little while, but once the answers all dried up and ran out, it was fascinating to see that surgery or dentistry were not on the list.

To be valuable and continued to be valuable, one must get past the role of the technician and into the role of the entrepreneur (Michael Gerber style).

In plotting the charts of where we go next, it is worth remembering that even my team don't think that my surgical abilities are particularly important, let alone anybody else.



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