

QUARTERLY MAGAZINE FOR REFERRING DENTISTS

Practice News

DECEMBER 2016

THE STANDARD
YOU'VE BEEN LOOKING FOR



The Campbell Clinic

Welcome to the latest edition of The Campbell Clinic's Practice News.

Some of you may have heard about this and some of you may have read about this but most of you will not.

At the start of October 1989 I started Glasgow Dental School and put the tip of my nose on to the grindstone. I worked hard throughout dental school (had a great time) but wasn't the cleverest guy there so I had to really work a lot to stand still.

On completion of dental school and graduation in 1994 I stayed on as a House Officer and immediately entered into studying for an FDS, the primary part of which I sat in 1995 in Dublin. After my year as a House Officer in Oral Surgery, Oral Medicine and Periodontology I moved to

Nottingham for one year prior to going back to Medical School to work in Oral Medicine (that was the plan). I met Alison.

I worked really hard as an SHO, sometimes doing 120 hours a week and then I moved from my job in Nottingham to Derby as I met Alison and wanted to stay. I continued to work hard as an Oral Surgery SHO and in 1997 passed my second part Fellowship and graduated from the Royal College of Surgeons of Edinburgh.

I went into practice and did VT and continued to work as a clinical assistant and set up an Oral Surgery service and an implant service. The rest, as they say, is history.

I feel the weight of how long I've been working and how hard I've been at it and I decided it was time to take a break. I always wanted to have a business that would allow that to happen and I have one, so it has!

On 20th December I finish work with a staff meeting from 3:30pm – 5:30pm where I'll hand over the reins to my amazing team in the practice. Andrew Legg will be Clinical Assistant and Hayley Brown will run every other aspect of the practice in conjunction with our Senior Management Team.

All the rest of the clinicians will still be here, working the way they usually do and the rest of the team will still be here.

My phone and laptop will stay at the practice so there's no way you will be able to contact me. I return on 6th February after my daughter's birthday.

I hope to be able to take a break from the crazy life I have had for almost 30 years, to think about what's next and to re-energise myself to work in dentistry for the next 40 years as my stated aim is to retire at 85.

I think by running as hard as I've done I won't be able to keep that pace so I've decided to slow down a little bit and have a recovery period. I'm not going anywhere particularly fancy (apart from a short cycling break) I am going to be at home – train, cook, see my kids and support my wife. I can't wait and I can't wait to return in February re-energised for the next stage of my career.

Hope you understand and I'll see you all soon!

Colin

Effective planning leads to efficient orthodontics

The basis of any orthodontic treatment should be a clearly defined list of problems, aims of treatment and a sound plan. If these 3 factors are formally written down and discussed with the patient, it is far easier to discuss the benefit and risks of comprehensive treatment over limited objective treatment.

Not all adults are looking for orthodontic perfection, but it is up to the professionals to decide what level of perfection they should accept based on the following factors;

- *Patients aesthetic concerns about brace treatment*
- *Time patient is willing to be in treatment*
- *Patient understanding of risks of treatment and repair/ replacement of existing dental restorations*

This case study summarises how orthodontic treatment can be successful and completed in a timely fashion when correctly thought out.



After discussion about the reasonable alignment of the upper arch and the risks associated with disturbing root treatments and crown replacement, the patient opted to have fixed appliances placed on the lower arch only.

In order to meet the aims of treatment the LR1 was extracted. This plan would instantly relieve the crowding, and create space to increase the overjet and overbite. This was an efficient alternative to considering copious interdental stripping of the lower labial segment and premolars, in an attempt to accommodate the LR1. Rotated teeth can be at a higher rate of relapse, and so additional retention regimes would have to have also been considered.

Treatment began on at the start of April 2016 with an initial alignment arch wire to level the arch.

Alignment continued until it was possible to place a working stainless steel archwire and start space closure...

Note; Lower lateral incisors are triangular in shape which can prevent complete space closure. A small amount interdental reduction is sometimes required to result in optimal tooth contact and space closure.

Patient: Alex

Concern: Unhappy with appearance of crowding of lower labial segment

Aims of Treatment:

1. Relieve crowding

2. Increase overjet and overbite
3. Maintain CI buccal segments

Problem list: CIII incisors on CI Sk base with 4mm crowding lower arch. Dental complications; LR1 rotation with labial recession. Root filling UR1 + UL2. UL2 heavily restored with post crown.



DURING TREATMENT

Debond September 2016.....Total treatment time 5 months.

This case highlights the ability to maintain class I buccal segments when a CIII incisor tendency exists.

Unless a tooth size (Bolton) discrepancy exists, extraction a single lower incisor usually results in an increased overjet and overbite (greater than 4mm) or compromised buccal segments with partially class III canines.

The patient Alex commented:

"I had a brace put on and was told it would be on a year. After

6 months it was taken off. I was very happy with the result. All the staff were extremely kind and patient with me. I would definitely recommend using the clinic for dental work."

During the coming months and years, I hope to be able to showcase the simple and more complex orthodontic treatment service on offer at the Campbell Clinic. If you have any orthodontic related questions or queries, please don't hesitate to contact me here at the practice.

Best Wishes,



AFTER TREATMENT

Lots of new faces at The Campbell Clinic!

Andrew Flett

Earlier this year The Campbell Clinic was delighted to welcome our Consultant Orthodontist to add to the clinical team at the practice.

Andrew Flett is one of the appointed Consultant Orthodontists for Queen's Medical Centre and King's Mill Hospital and works between both sites. He works at The Campbell Clinic to provide Orthodontic treatment for patients including fixed and removable Orthodontics where appropriate.

He has the ability to provide fixed, removable and functional treatment and is an invisalign provider. Due to his training, he can also provide orthodontics for complex cases with multiple missing teeth or where patients are considering private jaw surgery and orthodontic treatment. He works closely with the other clinicians at the practice

including myself, Neil and Andy to provide the best possible care.

You can see a case study and a Q&A with Andrew further on in the newsletter.

Nish Yadev

In September The Campbell Clinic were delighted to welcome Nish Yadev to the practice to initially provide maternity cover for Maria Fernandez but to also add to the practice, particularly in research. Nish initially studied for and gained a PhD at Sheffield on the aspects of Oral Medicine. He then went on to study dentistry and has recently completed his vocational dental training.

He is already an experienced researcher and is becoming a more experience practitioner and we are delighted to welcome him to the team to assist us in providing exceptional levels of care and

to push forward our research project with Dr Kath Hare, our Research Coordinator at the practice.

Kirsty Howe

You will also see a new face on our reception. Kirsty has joined us recently and has lots of experience after working previously at two other dental practices. Kirsty will help augment our reception team and help us continue to provide a great service to our patients.

NEW LABORATORY EQUIPMENT

We recently invested in a Sirona digital lab set up in the practice including a 5-axis milling machine to be able to mill crowns, bridges, surgical guides and many other things. We have a Zirconia furnace, a simple porcelain furnace, a CEREC milling machine and a Sirona lab scan up. For all intents and purposes, Mark and Marta who work in our lab now work in a stand-alone commercial laboratory.

It allows us to provide much of our own implant restorative work from start to finish in the practice and also conventional restorative work together with digital implant planning.

Our ultimate aim is to open out the facilities of the laboratory to a select few customers who want to work with us and we already have one started at

the present. We will keep you updated and if you want any more information or would like a little tour of our lab equipment then give us a shout:

info@campbell-clinic.co.uk



RESEARCH

The research team at the practice is expanding and the work is developing a pace. We recently submitted an application for ethical approval for our clinical database in the practice, which will allow us to publish data without further ethical approval going forwards.

Our research co-ordinator is Dr Kath Hare, a post PhD scientist who is now

working closely with Nish Yadev, one of our new dentists who is also post PhD and other members of the team.

We currently have a study running on aesthetic implant placement and aesthetic outcomes, almost ten years of data on sinus grafting and complications together with early sinus grafting implant placements, a study on implant maintenance and overall implant outcomes.

We have developed links with Manchester University to begin researching with them and we hope that this will tie in with what we're able to teach in the practice and also to inform our clinical procedures.

It's a hugely exciting thing for us and is beginning to bear fruit. We're hoping to submit for publication as early as January or February next year. I look forward to updating you on this at a later stage.

OUR FIRST ZYGOMATIC IMPLANT CASE

In November we carried out our first Zygomatic implant case with the assistance of Richard Brookshaw (an exceptional, surgical and restorative clinician who's currently undertaking a PhD in Zygomatic implant treatments)

This is something that a few years ago I never would have considered but to have got to know Richard through some of the academy courses and to see the quality of the work he is able to provide we felt that we were able to provide such high level work with the team we have. So in November Richard attended to provide our first Zygomatic case.

These cases are extremely complicated and high stakes for people who it's simply not possible to provide other aspects of full arch implant care for - patients who don't have

enough bone present and patients who have been told that they can't have implants elsewhere.

Very careful assessment of the cases is required as you can imagine together with extensive digital planning. The cases are carried out under sedation at the practice with myself, Andy, Neil and Richard.

If you have a patient who may be interested in these who has been told they can't have implants elsewhere then it would absolutely be worth a chat with us to see what's feasible and possible. The reported success in controlled environments is extraordinary, as long as they're planned and carried out in an appropriate fashion.

Please let us know if you have anyone who might need our assistance.

OGN

We are working in conjunction with Dilip

Srinivasan, Consultant Maxillofacial Surgeon and Clinical Lead in Head and Neck surgery for Queens Medical Centre and Andrew Flett, our Consultant Orthodontist to provide a private Orthognathic surgery service within the practice which is one stop, back to back.

This will allow us the opportunity to assess patients in the practice with both Dilip and Andrew, provide all the Orthodontics in house followed by digital Orthognathic planning and surgery provided privately by Dilip Srinivasan.

The huge advantage to this system is that the waiting times are basically eliminated and the patient treatment protocol can travel seamlessly from start to finish without having to wait for NHS availability.

This service is applicable to both children and adults and if there is anyone you would like us to work with on that basis then please don't hesitate to contact

the practice to let us know. We can arrange an initial consultation with Andrew (quite an expert in Orthognathic surgery) to see what would be feasible. Running on aesthetic implant placement and aesthetic outcomes, almost ten years of data on sinus grafting and complications together with early sinus grafting implant placements, a study on implant maintenance and overall implant outcomes.

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Andrew Flett

Who are you?

Hi, I'm Andrew and I've just joined The Campbell Clinic over the last couple of months. I'm originally from Liverpool, although I have been in the Yorkshire region for the last 5 years training as an Orthodontist. I work as a Consultant Orthodontist at Queen's Medical Centre in Nottingham and King's Mill in Mansfield. At these units, we treat the most complex malocclusion (bad bite) such as cleft lip and palate, jaw deformity and complex hypodontia (where teeth have failed to develop).

Why did you join the Campbell Clinic?

I was really impressed by the ethos of The Campbell Clinic when I first visited and like the way all the staff work hard for patients at every visit. All the treatment provided is of the highest quality and always tailored to the specific needs of the individual. The practice benefits from many specialists and different perspectives on what would be the 'best' treatment in any given situation. I look forward to bringing my specialist knowledge to the mix and integrating with the team already in place.

What will you bring to the team?

As well as providing Orthodontic only treatment, I hope to be able to add to The Campbell Clinic by providing complete multidisciplinary team working when planning complex cases. If a patient requests implant placement for example, in order to get an optimal occlusion and aesthetics, Orthodontics can be called upon to provide the ideal space requirements to give the highest quality finish. Why work within the confines of the malocclusion in front of you, when orthodontics can solve most of those problems synergistically?

What do you do outside of dentistry?

I love good food and drink, so to unwind I enjoy cooking a good meal with a glass of decent wine. At present, my wife and I have our hands full with our 1 year old son. When he is not giving us the run around, I try to get out of the house for some gardening or running to relax.

Q+A WITH THE NEW ORTHODONTIST



New Patient Information Brochures

Here at The Campbell Clinic we are always looking for ways to communicate more effectively with both our patients and our referring practitioners. We would just like to introduce a couple of information leaflets that are available at the practice:

"You've been referred to The Campbell Clinic"

This leaflet is intended to be used by our referring practitioners to pass onto patients that they are referring. It contains information about the practice together with an overview of the referral and consultation process. We are also working on inserts for individual clinicians which can be inserted into the back page on the brochure. This will allow you patients to be introduced to the practice and the clinician to whom they have been referred before they attend.

Full Arch Options

We were really keen to put this brochure together to try and tidy up some of the cloudy messages that seem to exist in the profession about possible options for patients who have lost teeth in a single or both arches.

This brochure is quite comprehensive and explains all of the possible options for someone who is edentulous. This is a first stage of discussing possible options with patients who have lost their teeth and covers everything from a denture to immediate full arch loading and everything in between.

These are just the first two brochures to come but we are hoping to add to our collection extensively in the coming months.

They are available to download from our website, you will need to register to receive a password for the download area which you will then be able to access as many times as you like.

We can also send you hard copies to hand out to your patients. If you would like any please contact: marie@campbell-clinic.co.uk with your address and how many you would like then we would be happy to send these on.

We are really happy to be able to provide all of this at the practice and feel that we worked in a very privileged environment that allows us to do that with a great team.

**If any of your patients need any assistance
then don't hesitate to give us a ring.**

www.campbell-clinic.co.uk

0115 9823913

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ATTENTION PLEASE!!

This will be the last printed version of the newsletter you will receive.

Together with reducing unnecessary printing and paper wastage, we are able to produce much better newsletters digitally that can be more interactive and include videos.

For these reasons, from now on, The Campbell Clinic Practice News will only be available digitally.

We hope you find the newsletter helpful and really hope you want to keep receiving it.

If you would like to be added to the mailing list to make sure that you receive future editions please send your email address to: marie@campbell-clinic.co.uk or call **0115 9823913**

Thank you and we hope you have a very Happy Christmas!

The **Campbell** Clinic Team

