QUARTERLY MAGAZINE FOR REFERRING DENTISTS

Practice News

JULY 2015

THE STANDARD
YOU'VE BEEN LOOKING FOR

The Campbell Clinic

Welcome to Volume 2

In December, the first volume of our ‘Practice News’ for GDPs was released and we are delighted we have made it to volume 2!

The danger in producing something like this for a group is that it runs out of steam after the initial burst but we have tried to put together something meaningful and interesting to keep you up to date with what is happening at The Campbell Clinic and to give you some thought provoking ideas.

Things are continuing to move on in the development of The Campbell Clinic and also The Campbell Academy. We have had some enforced changes in staff due to pregnancy and personal situations, which leaves us with a slightly different team at the clinic. We have welcomed Hayley Edwards to the team as Becky has nipped off to have a baby (hopefully returning soon). Eileen from reception has also left to return to her family in the South of England so we now have a new face on reception in the form of Sharon Charnley.

We are very busy at the clinic expanding all of the digital dentistry opportunities that have come with the introduction of the new CBCT scanner and the CEREC system, together with the new clinical team members we have added over the past few months including, Beatriz Sanchez-Inigo, Maria Fernandez and David Heath.

The Campbell Academy courses continue to be extremely popular and the academy is building all the time. You can read more on this later on.

We are aiming towards a situation where we can circulate this newsletter in electronic form as much as possible. If we don’t already have your email address and you are reading this in hard copy then please drop us an email at: **info@campbell-clinic.co.uk** and we will make sure you’re added to the list.

I hope you enjoy this with a cup of coffee in the practice and if you have any questions regarding the cases or the things that are going on then just give us a shout.

Hope to see you soon!

Best Wishes

Colin

CASE STUDY

Full Arch Restorations at The Campbell Clinic

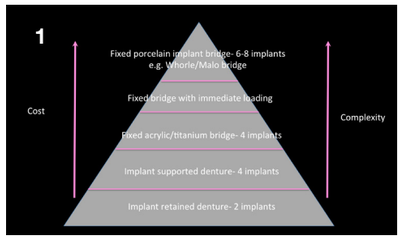
Since the very early stages of implant dentistry, one of the main quests has been to be able to provide restoration of an edentulous full arch. This was demonstrated with the traditional 'oil rig' restoration on six implants in the lower arch in the 1970's and since then has developed over time into many different options for patients which are advocated by many different people.

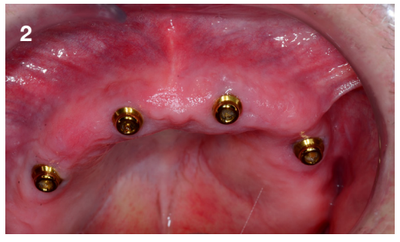
Fig 1. shows the options that are available at The Campbell Clinic and we believe that this is an exhaustive set of opportunities for patients who present to the practice with missing teeth in the upper or lower jaws or are progressing to missing teeth imminently.

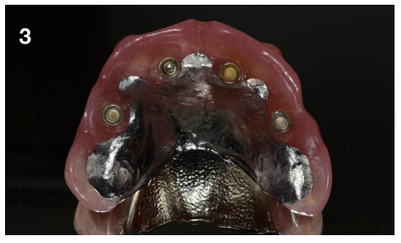
It is essential to stress at this stage that these are complicated cases that need long discussions with patients and a clear demonstration that all options have been offered to allow patients to provide informed consent. In the current climate of implant dentistry, and dentistry in general, this is extremely important and demonstration that discussions such as this have been undertaken with the patient are paramount.

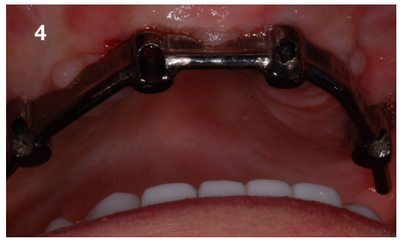
At the practice we have a system where we provide patients with a specific leaflet on the options related to full arch reconstruction and also a digital presentation. This allows them time to consider the options away from the practice and to discuss with their family members and loved ones who may be influential in the decision making process. Only when we have undertaken a full information exchange regarding possible options for treatment will we begin to consent patients for the treatment they are interested in. This can range (as the pyramid shows) from two implants in the lower arch to full arch reconstructions immediately, not to mention the potential for the provision of excellent complete upper and lower dentures from our CDT Mark Melbourne.

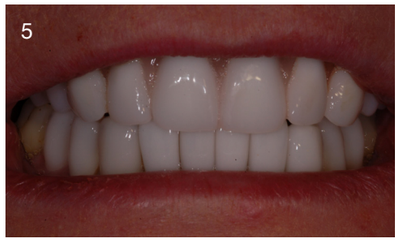
Over the last few years we have assembled a highly skilled team at The Campbell Clinic to be able to offer all possible options for treatment at the practice in-house without the need to bring people in externally. The implant team at the present time consists of myself (Colin Campbell – Surgery) Neil Poyser (Restorative) Andrew Legg (Surgery and Restorative) David Heath (Restorative) Mark Melbourne (CDT) and Karen Walker (Hygiene and Maintenance) together with an extremely well trained team of surgery and administrative staff. This gives us the opportunity to professionally offer patients all possible options for treatment of edentulous full upper or lower arches from the simplest to the more complex, depending on the patient's requirements.

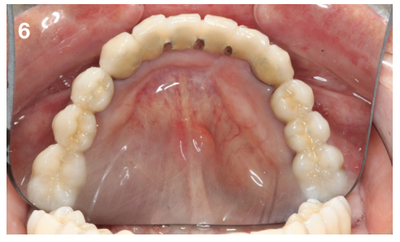


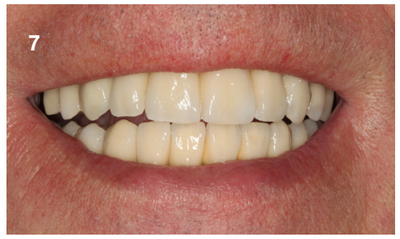


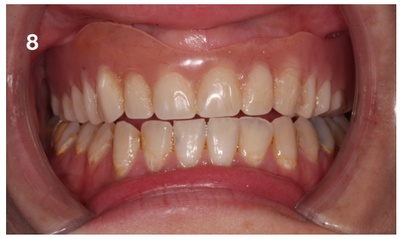


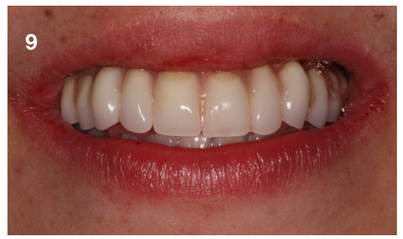












In its simplest form, the provision of complete upper and lower dentures may be sufficient for a patient, particularly one who has worn them for many years.

Apart from this the simplest option is provision of two implants in the lower arch between the mental foramena to provide an implant-retained denture. While this is an excellent option for treatment the denture does still move and patients must be consented for this process. This can be assisted further by the placement of two further implants to provide four implants in the lower arch to attach the denture in a 'press-stud' style fashion. This can also be mimicked in the upper arch **(Fig 2)** but it is important to be aware that locator attachment dentures in the upper arch should cover the palate as a conventional denture does and cannot be constructed as a 'horse shoe' shape dentures due to the risk this places of implant failure **(Fig 3)**. It is also important to mention that it is likely that implant failure is higher in locator implant restorations than in implant restorations where the implants are splinted.

This is one of the reasons we prefer the provision of bar restorations **(Fig 4)** in the upper and lower arch where possible to allow splinting of the implants and also a 'horse shoe' shaped denture in the upper arch which patients find much more favourable.

Bar retained dentures **(Fig 5)** are removed as little as twice daily for cleaning and can be worn for the remainder of the time whereas it is recommended that locator dentures be removed at night.

For patients wishing fixed restoration we provide a range of options including a staged approach where implants are placed then left to heal with the final prosthesis fitted at three – four months. **(Fig 6 & 7)**

The other option is an immediate approach where patients undergo placement of dental implants on the same day as extraction of teeth (if required) for placement of a provisional restoration which is fixed in place for three months followed by fitting of a definitive restoration at a second stage. **(Fig 8 & 9)**

For patients who are still dentate but progressing to full arch reconstructions we provide a range of creative provisional solutions on their existing teeth to provide fixed in restorations while implants are healing. This option can be utilised if they are not suitable or have decided not to proceed with an immediate restoration.

Immediate full arch restorations (IFAL) have become all the rage in implant dentistry in recent years but this has become a misused treatment modality for patients who are simply not suitable. It is really important for GDPs to understand that IFAL treatment in patients who are not ideal results in considerable removal of vertical bone in the upper arch, particularly in order to facilitate implant placement to ensure that the provisional restoration does not show in the smile line. In some cases, patients are undergoing removal of 5 – 7mm of alveolar bone height to facilitate this type of restoration. This is simply unacceptable and is a treatment which is, in some cases, provided by clinicians who are not knowledgeable enough to offer other solutions.

At The Campbell Clinic, we pride ourselves on being able to offer patients the full range of treatments and to consent them very carefully related to their possible options. We also have the facility to provide sedation for all treatment that is undertaken.

Patients must understand the advantages and disadvantages of immediate full arch restoration over a conventional staged approached and make a decision for themselves as to which would be the best option for them. For example, in patients with early aggressive onset periodontal disease, it may be more prudent to provide a staged approach in order to reduce the risk of peri-implant disease. Also for patients who have limited vertical bone loss, it may be possible to provide a much more aesthetic and healthy restoration using porcelain fused to metal over an acrylic restoration fused to a titanium bar.

> "If you would like to discuss any of these options further or refer any of your patients for treatment then please don't hesitate to get in touch."

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 will shortly be 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

An update from

The Campbell Academy

March saw the return of our popular 'Implant Live Skills' Course. The course, which ran **19th – 21st March**, was really well attended and saw all of the delegates place dental implants into patients pre-prepared by The Campbell Clinic. All placements went well and the delegates will be kept up to date with the patient's progress as they heal and proceed to restoration. The course covered topics such as case selection, treatment planning and surgical skills and is an invaluable introduction to dental implant surgery. So far, 100% of delegates who have attended a Campbell Academy Live Skills Course are still placing implants a year later.

The course will be running again **5th – 7th November 2015** and places are filling up fast. Please get in touch with The Campbell Academy Manager, Tom Reason if you would like more information or to book a place: **info@campbellacademy.co.uk / 0115 9823919**

The Campbell Academy is also committed to providing dental education for Dental Care Professionals. One of the most critical factors in determining a successful implant treatment is not just the surgeon, but also their support team. Dental nurses and hygienists with a solid foundation in implant surgery training and implant maintenance are invaluable. To this end we have two courses scheduled for October this year.

The first is the Nurses' Course, which will run on 1st & 2nd October. Over these two days delegates will learn all aspects of implant nursing together with getting the opportunity to place implants on models and learning some of the fundamentals of implant surgery.

The second course in this years programme is the Hygienists' Course. This course, facilitated by Karen Walker – Dental Hygienist and ITI Speaker, will provide the most up-to-date thinking in implant maintenance with patient compliance, oral hygiene and treatment of implant complications.

If you would like more information on any of these courses or would like to book a place then please get in touch with Tom: info@campbellacademy.co.uk / 0115 9823919

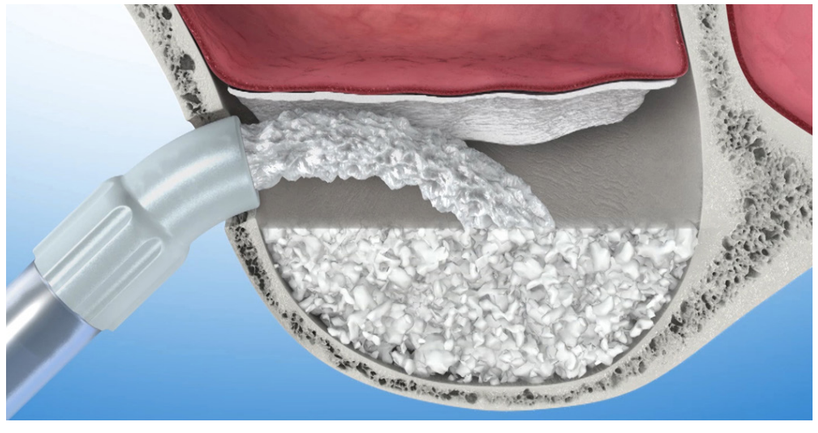
Geistlich Bio Materials

In the last edition of our 'Practice News' I explained how I have had a relationship with the Straumann Dental Implant System since 1998 and during the very early stages of that relationship they introduced me to Geistlich and the concept of Guided Bone Regeneration (GBR) in implant dentistry.

Bone and tissue regeneration in implant dentistry was in it's very early stages in 1998 and has developed massively over the past sixteen years with Geistlich at the forefront of providing exceptional, quality products which are seen as the industry standard throughout the world.

Geistlich are a family owned, Swiss company who have developed in parallel with the implant companies to provide bio materials of the highest standard and reputation. Geistlich products, including Bio-Oss; the bovine bone products and Bio-Gide; the porcine resorbable membrane, are some of the most researched dental materials in the world and over the years Geistlich have been absolutely committed to an evidence based approach to the development and distribution of their products.

Geistlich Biomaterials



It has been a privilege to be involved with Geistlich, both in education but also recently in a prospective study that we have undertaken at the practice to demonstrate the effects of GBR procedures in aesthetic implant cases. Our work with Geistlich is again a demonstration of our commitment and loyalty to our suppliers who we endeavor to work with over a long period of time to develop productive relationships that are beneficial to our referring dentists and patients.

We are delighted that Geistlich are supporting The Campbell Academy and providing us with teaching materials and patient materials for the education of dentists for the next generation of implant dentistry.

If you would like any more information about Geistlich Bio Materials then I would be happy to discuss this with you and to explain why we have used them for such a long time.

Colin's Head!

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.

What we do in March

(a boring dental business blog)

I thought it would be worth sharing what we have developed over the last few years as our March protocol within the practice, to look forward to the following year and try to get systems in place for success. In the first instance and in line with 'Prethics' this ties in with the budget for next year.

This is a complicated budget setting process which takes a day in early March to re-assess the budget from the previous year; what has been successful, what hasn't been successful and what forecasting was good and what was outrageous. This also ties in with clinician interviews and this is the essence of good forecasting in dentistry.

It is essential that you know your clinician's gross in their surgery on an average day rate. It is also essential that you know what your surgeries cost everyday. With this information together you can forecast really accurately around anticipated clinician days in the following year. The clinician interviews are structured as follows:

1. *A face to face discussion between me and each individual clinician to discuss what's gone well and what hasn't gone well in the last year.*

2. *Listen to ideas about how to improve the quality of care and the quality and efficiency within the surgery.*

3. *To ask if there is any capital investment required for kit related to the clinicians carrying out their work.*

After this we look at the figures for each individual clinician with them to see how they have done in the past year. Average daily yield of clinicians in surgery is staggeringly consistent so we can say "this is how much you earned this year, this is how much the prices go up next year so this is how much you will earn next year. How many days do you want to work?" When we have committed the clinician to the amount of days they are working the following year we can budget really accurately what they will turn over. I do this for each individual clinician in the practice and that allows us to set what should be a pretty accurate budget that we can build upon with other initiatives throughout the year.

During March we also an intensive appraisal process for members of staff where we look at what has gone well for the staff and what we could do better. We look at their entire training needs and we budget that into the overall staff budget. It also allows us to allocate bonuses to staff for performance and we allocate these based on performances of poor, fair, good or exceptional performance.

We tie this all together towards the end of March and then we sit on the 1st April with a budget to fire at next year which should be realistic but similarly aspirational and allow us to understand how much we can invest in the team and the facilities for the following year to provide even better service for patients.

What's essential about the budget is that the budget is the budget. If it says that we are spending £100,000 on marketing then we should spend that. We shouldn't cut corners on marketing and not spend the budget.

Also, we should invest our capital and should have a wish list of capital expenditure projects that we spend on to make the practice better and better over time. I am happy to discuss this at length with anybody or share any of our sheets that we have to do this. I think it is essential for dental practices, if they are going to succeed, to get into the scheme of doing this type of budget management at the start of the year.

P.S *– I learned this from being a Governor at the local Primary School, that's where I learned almost everything about budgeting.*

Our team at The Campbell Clinic

Name:
Beatriz Sánchez Iñigo

Job Title:
Dentist - GDP and special interest in oral surgery and Implants

Email:
beasanchin@gmail.com

Having lived in the UK for almost 5 years, I have only just joined the clinician's team at The Campbell Clinic, so I am one of the newest smiles in the practice.

I am in the practice for 2 sessions a week, which I combine with an NHS practice job.

I am a general dentist with special interest in Dental Implants and oral surgery, I help to support specialists to carry out their duties and taking care of patient's oral health in the best way possible.

I enjoy my profession and I like the contact with patients, trying to make a difference in their lives and mouths.

The Campbell Clinic

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Contacting & finding us:

TEL: 0115 9823913*

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*Calls may be recorded for training purposes