

QUARTERLY MAGAZINE FOR REFERRING DENTISTS

Practice News

DECEMBER 2015

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The Campbell Clinic

Welcome to the second edition of 'Practice News'

In this edition you will find an article based around the use of digital dentistry in the practice to provide a implant crown that was designed before the patient had even left the surgery after implant placement.

We are moving forward with digital dentistry in a big way at the practice and I discuss part of the reason why in my blog 'The day I went digital'

In our 'Strategic Alliance Partners' section I talk about Henry Schein who we have been working with for many years. We like to be transparent about the materials we use and feel we use the highest quality materials available. If you have any questions about any of the materials we use please feel free to ask!

I would also like to take this opportunity to say thank you to all of our referring dentists for your support and referrals throughout this year. We strive to provide the best service for all of your patients and hope that we achieve this. If you ever have any questions or suggestions please get in touch, we would be happy to hear them!

Wishing you all a very Merry Christmas and a Happy New Year.

Best Wishes

Colin

The revolution will be digitalised

I have been directly involved in digital clinical dentistry since 2009 when we first got hold of a CBCT scanner in the old Campbell & Peace days at the clinic. If truth be told, I had been looking to get a scanner for a considerable time before that but I was an associate at another practice and I couldn't convince my then boss that there was any value in it.

As with all of these projects with new technology there is a range of people from innovators to early adopters followed by the early majority, the late majority and the laggards. To get the most out of the technology you have to be in early:

If you wait and wait everyone else is ahead of you before you purchase or acquire the ability to move (everybody has got an iPhone now). In the practice though we have embraced digital planning from radiograph, photography, CBCT and over 18 months ago with the acquisition of a full CEREC system including intraoral omniscan scanner and milling machine. The system has been a revelation in the practice and although it has been quite hard work to get the protocols in place, we have finally reached a situation where we feel we can talk about it openly on how it is changing not only our lives but also the lives of our patients.

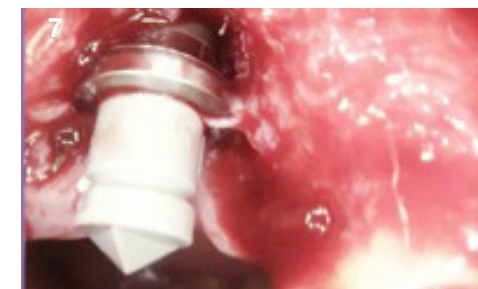
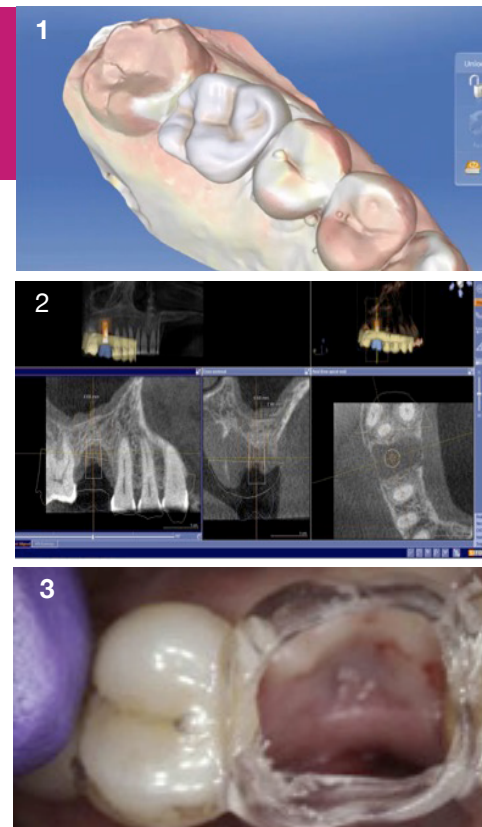
The case below demonstrates what we can do and how it is possible for us to go from start to finish with straightforward implant cases (some more advanced) without taking a single impression and considerably reducing down the patient's clinical time. We would be delighted to show this to anybody, in fact we are thinking of having some digital open days at the practice, so let us know if you are interested. If you want to come and see how we do it or have a chat with the guys it would be a pleasure. It has also allowed us to push our team forward at an enormous rate as the vast majority of the workload is carried out by team members and not clinicians.

A Digital Case Presentation

This patient presented complaining of a symptomatic upper right first molar with a furcation lesion, considerable recession and mobility. Following discussion of the possible options and a panoramic radiograph it was decided to extract the tooth, provide a single dental implant with an open sinus lift procedure including CBCT and intra oral CEREC scan to plan the case.

At this stage, using an intraoral CEREC scan can act completely as the patient's study models and we're the patient's study models and we're able to position the patient's

study models and we're able to position the tooth in the ideal position on the diagnostic wax up. The wax up can be milled if we choose (**Figure 1 – digital wax up**) or it can be held digitally. Following on from this the patient undergoes CBCT scanning and planning and the intraoral CEREC scan can be overlaid on the CBCT scan to provide a diagnostic wax up and interlinked CBCT scan (**Figure 2 - scan of a patient's model overlaid with a CBCT scan with diagnostic wax up and implant in position, this allows us to provide detailed digital planning of the implant position**)



The patient then underwent surgical treatment for placement of a single dental implant with an open sinus lift (**Figures 3, 4, 5 and 6**) and immediate CEREC scanning of the implant in position with scan body present (**Figures 7 and 8**). This is where things become really interesting, as it is then possible to cheaply and easily mill custom healing caps, which can be placed on an immediate implant crown if that is desired. In this case an immediate implant crown was not placed due to the open sinus graft procedure.

The crown is designed before the patient leaves the surgery and this is shown to the patient (patients are amazed by this). The patient then attended for one short suture removal appointment and six weeks later attended for an appointment to have the implant uncovered and the crown fitted (**Figures 9, 10, 11 and 12**)

A periapical radiograph shows an excellent fit and excellent restoration of an all ceramic implant retained crown. (**Figure 13**)

This reduces laboratory costs enormously, but more importantly reduces clinical time which can be recycled to see more patients.

Much of the work is carried out by the dental team in the practice, both invigorating them and making greater efficiencies again.

The digital revolution in the practice continues to the point where we will soon be able to mill our own guided surgery guides in house without sending them out. We can make provisional crowns for implant restorations and custom healing abutments. All of our diagnostic wax ups can be done digitally and most of our study models can be done digitally. We will soon be able to mill full arch temporary bridges, moving onto Titanium frameworks within the practice, never mind what we can do with inlays, onlays and full coverage crowns.

The development of multi layer blocks for anterior aesthetics are stunning and our CDT and digital dental technologist Mark Melbourne is extremely skilled in the provision of this for same day anterior restorations.

The future is indeed extremely exciting as far as digital technology is concerned and we would be happy to chat to anyone and show them the way forward.





2016 Education Programme

You should very shortly be receiving, if you haven't already, the third edition of The Campbell Academy Education Programme.

This year sees the arrival of two new courses, the Immediate Full Arch Loading Live Skills Course and our introductory day to guided surgery. This follows a successful year in both the clinic and the academy where we have integrated more and more extensions of digital dentistry using our CEREC machine to provide digital wax ups and implant drilling guides.

For those of you who are looking at investing in digital dentistry we have our one-day introductory course in CEREC. This will provide a good overview of what the CEREC machines capabilities are and which treatments you can provide in house. Don't forget that CEREC cameras and intraoral digital impression cameras can also be used to send files to the laboratory for more complex restorations.

January 2016 will see the launch of our first cohort of delegates for The Campbell Academy Year Implant Course. We are delighted to have some eminent speakers including Michael Bornstein from the University of Bern, Colin Burns ITI Fellow and Shakeel Shahdad from Barts and The London speaking, in what we feel, is the most comprehensive introductory course in implant dentistry.

There are still a couple of places available for this course.

If you are interested please contact us as soon as possible:

0115 9823919 or
info@campbellacademy.co.uk

*2016 also sees the return of our most popular courses the **Live Skills Implant Course**, the **Sinus Grafting Live Skills Course** and the **CBCT Master Class Course**. For those wishing to dip their toe in implant dentistry without committing too much then the three day **Live Skills Implant Course** is ideal and would allow you to place your first implant on a live patient.*

*For the more advanced practitioners the **Sinus Grafting Live Skills Course** includes advanced surgical skills on fresh frozen cadavers and extensive didactic and practical assessments.*

*Finally the **CBCT Course** is our most popular course and will give practitioners **CPD** to fill their requirements in this area.*

The new **Education Programme** will be available on our website to download or please contact the academy Manager Tom Reason who will send out a hard copy if you wish: **0115 9823919** or **info@campbellacademy.co.uk**

Unveiling something special...

As a referral based practice it is hard to engage with General Dental Practitioners all the time because they are such busy people with so many hats to wear and plates to spin. We are always looking for new ways to give something back and to engage with our dental colleagues so it's with great pleasure that we announce (quietly) the launch of a very special dental conference to be held in **Nottingham** in **June 2016**.

Inspired by TED we have put together an astonishing line up of speakers to do short talks (under 20 minutes) on their subjects at a beautiful venue in Nottingham. It will be on a Friday, places are strictly limited and our best referring dental practitioners will be invited free of charge in the first instance. Following this we will open it up but it will be cut off exactly at 80 places and we expect, once we announce this properly, that demand will be extremely high. It will not get any bigger regardless of how many people want to come.

To express your interest please email us at:

marie@campbell-clinic.co.uk and we will put your name on file. We will be insisting on **£150 returnable deposit** for our best referring General Dental Practitioners to ensure they attend and don't just book a place on the off chance. To everybody else there will be a charge.

There will be more about this coming through the blog and other correspondence with practices.

We hope to see you there!

Who we work with Part 2: Henry Schien

I have to say that when I initially moved to the practice in West Bridgford in 2008 my experiences at that stage were not fantastic due to a single individual I had encountered (it's amazing how one person can ruin your brand)

Soon after that though I met up with Debbie Meehan who is now our Field Sales Consultant for Henry Schein. Debbie and I go back a long way from working in hospital together in Derby in the mid 1990s. I think it is fair to say that Debbie should be credited with our now long term and developing relationship with Henry Schein which seems to be mutually very beneficial for both of us. Debbie was able to be appointed as our Field Sales Consultant at both practices I had at the time and our customer service level increased dramatically (the USP for Henry Schein is exceptional customer service) Some time after that Debbie introduced me to Patrick

Allen who is now the 'big boss' at Henry Schein in the United Kingdom and someone I have great respect for and look up to enormously for the job that he does and how he goes about his business. We had long discussions about how we might proceed with development of the practice and at that stage we entered into discussions about the digital pathway. Patrick can be accredited for getting us involved with CEREC at the practice and that has moved us forwards at an enormous rate.

More than this though, Henry Schein have been helpful in so many regards in helping develop the business and also over the time I had the practice in Alfreton. They have all the expertise we could require and people we can call on at the drop of a hat including surgical specialists, equipment specialists and digital specialists. It genuinely is a pleasure to work with Henry Schein.

We have many plans and big ideas going forwards and feel they are in the best position to help us. I don't think they are the cheapest for cotton wool rolls in the market place but I'm not racing to the bottom of the pile. In terms of expertise, experience and ability to provide a high-end service I think there is probably nobody better. They have a full range of materials and equipment to choose from and a supply chain that is generally better than most. They have been very generous in their support for the development of our Academy but also in our charity projects and for that we are eternally grateful.

We are proud to stand side by side with Henry Schein looking forward to the future.

 **HENRY SCHEIN®**
DENTAL

David Cohen

Job Title:
Specialist in Endodontics

My responsibility is to undertake the root canal treatments requested by referring dentists. I have been a dentist for over 40 years, and in specialist practice for the last 30. I still enjoy working with patients and staff and what gives me the greatest buzz, getting patients out of pain.

I have been at the practice for over 2 years, and work there the first and third Mondays and Tuesdays of each month.

David Cohen is our Endodontic Specialist at the practice and sees and treats all of our endodontic referrals. If you would like to send a referral to David this can be done in the usual ways:

Phone - You (or a member of your team) are welcome to contact the practice directly by phone on 0115 9823913. We will ask for all of the patient's details and then will be able to contact them directly to schedule an appointment.

Email - You can email our reception team at reception@campbell-clinic.co.uk. Please be sure to include all of the patient's details and we will contact them directly.



Post - We would be delighted to send out referral forms and prepaid envelopes to allow you to send you referrals by post. Please contact us on 0115 9823913 or reception@campbell-clinic.co.uk if you would like us to send out any referral material.

Online - There are a couple of ways you can send your referral to us online:

Referral Form: There is an online referral form available on our website at www.campbell-clinic.co.uk/dentists/professional-referrals.php

Online Referral Portal: You can access our online referral portal here - www.campbell-clinic.co.uk/dentists/site-referral.php



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.

The day I went digital (a boring dental business blog)

The day I fully embraced digital technology in dentistry was not when I bought my first CT scanner in 2009 nor was it when I bought my CEREC machine and new CT scanner in 2014. They were preludes to the main event.

I knew instinctively that I as a clinician needed to have more control over the things was doing in implant dentistry because I knew that judging things by eye, or even by surgical guides that were made directly for me in the practice by my own technician were still not accurate enough for what I was trying to achieve.

I'm not talking about mm accuracies here, I'm talking about the cases where you lose your way, where things go wrong and it's difficult to see your landmarks; things I think happen to all surgeons because even the very best that I have seen and worked with have had difficulties and encountered situations like this.

In the development of the digital world of dentistry it is possible to reduce dramatically these issues

and problems during problems in surgery but only by a strict and rigid digital planning protocol where implants are placed electronically and then used to construct a guide after the implants are in the ideal position but also clearly within the bone. Our obsession with restoratively guided implant dentistry is all well and good (it has to be top down planning, it's the only way we can get good results) but that ignores the ability to put the implant into the position that we need to do to gain stability and to gain a good solid grounding for long term implant success.

The day I went digital was when I got it wrong (again) in a lower anterior cases, attempting to place two implants where only one would actually fit and then perforating the lingual plate because I followed the surgical guide that I had constructed which was actually in the wrong position. I came out of that procedure and went and sat straight down with my technician, Mark to look at the CBCT scan and say, "what would have happened if we had done it digitally?"

It's clear that that situation would not have arisen and that was the day that I went digital.

The investment is enormous, not just in financial terms to get the kit on board but the time and the emotional labour it takes to make it work. It will take me another five years to get any good at it but I am committed to this and I don't think it will detrimental to my patients along the way.

It's very exciting, it's something new and different but we need to measure it to be able to prove that it is effective, accurate and that it works. We need to teach our colleagues who are interested about our successes and our failures in the process along the way.

Every single one of these cases that goes awry, that doesn't go the way I want it to go chips a little bit off my block and there is not so much of the block left. I therefore have to reduce the impact of cases like this and the best way for me to do that is to plan the cases digitally.

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