

QUARTERLY MAGAZINE FOR REFERRING DENTISTS

Practice News

JULY 2016

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 The
Campbell
Clinic

The Campbell Clinic

Welcome to the latest edition of The Campbell Clinic News.

This is the bit where 'the boss' spends time writing an introduction to the newsletter that nobody actually reads! I could probably write anything I wanted in this and in fact could play a game of writing absurd, ridiculous things to see if anybody actually commented on it!!

If you did read it and wanted to comment then my email address is: colin@campbell-clinic.co.uk it would be great to know that somebody actually read it!

Since we last put out a GDP Newsletter we have had some changes at the clinic which are worth reporting back to our friends out there in 'dentistry land'.

The most significant thing that happened I guess was an outbreak of pregnancy at the practice which 'infected' my Practice Manager Hayley and one of our associates Maria. As I write this Hayley is currently on maternity leave after the birth of a lovely little boy, Chester and Maria is due to finish up at the end of July.

Pregnancy is always an opportunity for other people to step into positions or gain to gain positions in the practice to advance themselves and I am delighted to say that Lynne Stanko, our Patient Care and Reception Manager has stepped

us as acting Practice Manager and has filled the role amazingly.

I have been demoted down to Reception Manager and I am enjoying the opportunity to work with the reception team and have a look at parts of the practice that I don't normally see.

We've also recruited a new member of our nursing team, Nicola Miller which allows us to move Hayley Edwards 'upstairs' to become part time Marketing Assistant and part time Treatment Coordinator (Hayley came to the practice for maternity leave cover approximately 18 months ago – these are the type of opportunities that exist in pregnancy)

During this time we have also accelerated our 'project research department' and the appointment of Dr Kath Hare, PhD to help build and run the research structure within the practice has been a huge step forward. Kath has been with the practice six weeks but has already achieved a huge amount more than I ever expected and we're moving towards a situation where we may be able to submit one or two projects for publication by the start of 2017.

The opportunity that Maria's absence in the practice creates meant that we were able to appoint Nish Patel who is a young dentist just finishing his first year in VT. It also allows us to take advantage of the fact that Nish has a PhD in Oral Medicine which he achieved before going to dental

school so he should work really well with Kath as he can spend part of his time working on research within the practice.

The digital development at the practice continues and we are into a situation where we have now used more than 100 CEREC Guide 2 digital surgical guides to produce guided surgery implant cases at the practice, many in situations where we can mill the restorations on the same day. We are also beginning to integrate 3-shape into the practice as a trial to compare to CEREC.

All of this and running out of space by the minute (it's getting pretty cramped in there) but the summer is a time when we push forward the development in the practice when we're slightly quieter clinically and we know this happens year on year.

We have just had The DES Conference and are looking forward to The Learning from Failure Conference in October and the now famous Charity Ball which will take place in November.

Please keep in touch, any comments then my email address is: colin@campbell-clinic.co.uk

Best Wishes

Colin

Managing implant failure

In May this year it was 17 years since my first implant was placed and over that time I have seen things change dramatically.

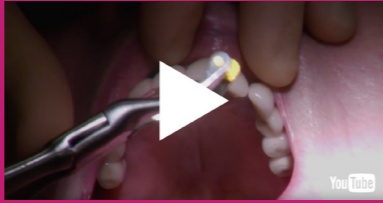
At that stage I had never seen any implants that had been in place for any length of time and never anticipated the type of problems we may encounter in later times. Now the prevalence of failure and failure management in implant dentistry is massive and growing all the time.

This case shows a not uncommon example of things that we see in the practice that have been provided elsewhere where attention to detail, attention to positioning or especially lack of maintenance begins to cause significant problems for patients.

This patient was referred by her GDP who also provides implant dentistry but who felt that the case should be managed by a team of people who have more experience of managing complications.

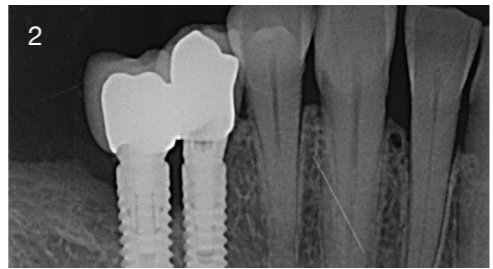
On presentation the patient was 64 year old, married female who underwent placement of multiple implants upper and lower arch by a single surgeon and restored by the same person. The treatment was less than 2 years old and the patient had had significant problems, particularly associated with the upper anterior implants for that time. The patient was requesting cleaning and resolution of

If you would like to see a video of the removal process of the implants in the upper arch click here.




1: Note the considerable amount of inflammation associated with the central incisor implants.

2 & 3: These radiographs show the lower implants with positional problems and peri-implant disease already present.

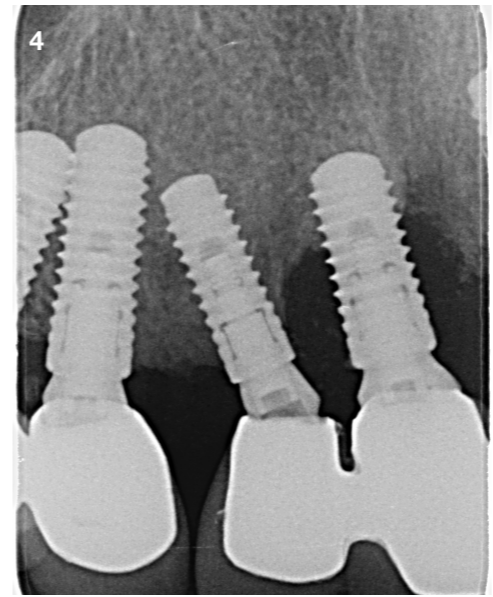


inflammation in the upper anterior region and the presenting photograph is Figure 1.

It was elected to treat these implants with hygiene maintenance and non-surgical therapy at the present time to try and prolong the life of the implants informing the patient that the likelihood is that they would be lost at a later stage and require some further treatment. This treatment is carried out by a hygienist at the practice under a non-surgical protocol moving to a surgical protocol as required.

On removal of the abutments UL1/2 the extent of the problem with the malpositioned UL1 is obvious.

The overall treatment plan was decided to retain UR2 implant which was well integrated and restorable (despite the angulation), remove the UR1 implant, remove UL1 and UL2 implants. On removal it became apparent that the UL1 implant was already fractured and removal of excessive soft tissue was already carried out.



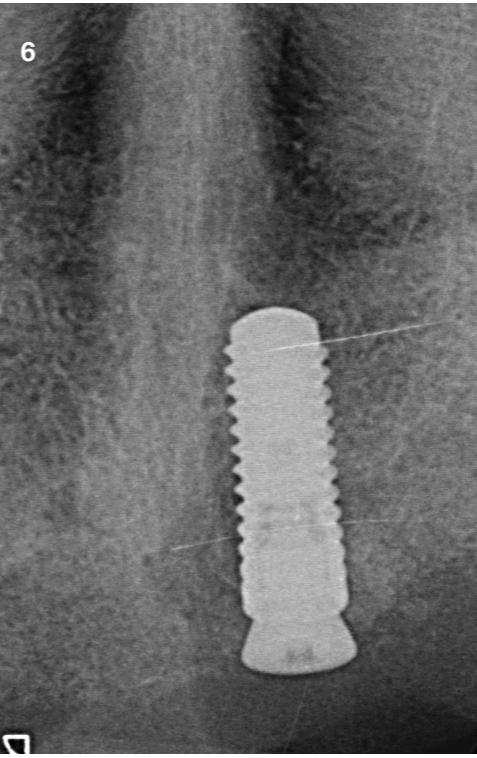
During the procedure it was possible to place a further dental implant in the UL1 region with associated extensive bone grafting.

The final postoperative results can be seen (Figures 9, 10 and 11) with the final post-operative radiograph of the anterior region with the new implant which has been grafted (Figure 12)

This case demonstrates the complexity associated with the treatment of failure and complication cases. Unfortunately for many patients who attend, they are hoping for cheap fixes for issues having already spent considerable amounts of money on the initial restorations.

Meticulous planning, meticulous positioning, grafting where appropriate and most importantly ongoing extensive maintenance of implant restorations are what are likely to lead to long-term success.

Implant dentistry is difficult enough without missing out on these key steps. If you'd like any information on failure management or assistance with patients who are struggling then please contact the clinic.



4: This shows the initial presentation of the upper right 2/1 implants and shows significant bone loss UR1 and significant angulation of UR2 for no apparent reason. The posterior implants are also placed in the upper arch right and left which at present time have no significant disease problems.

5: - This shows the presence of the abutments in place following removal of the bridge in the upper anterior region. Pus is present from UR1 and the positional error associated with UL1 is clearly visible.

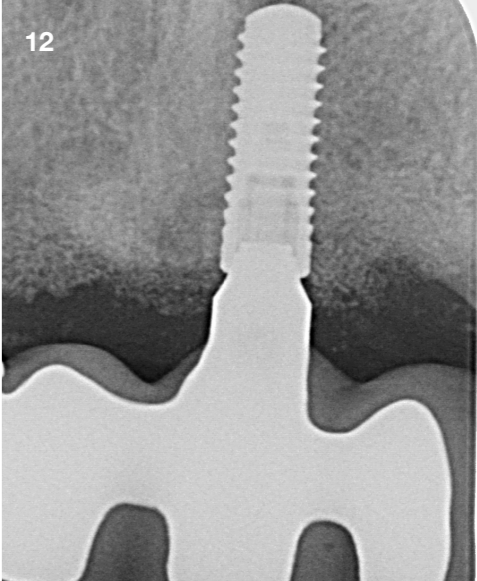
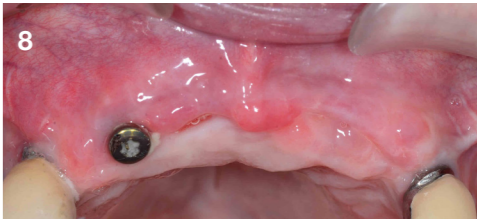
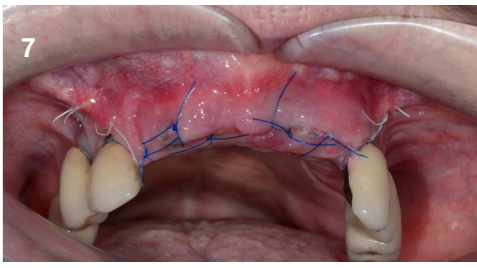
6: - Placement of further dental implant in UL1 region.

7: - One week healing.

8: - Three month healing (including debris associated with UR2 implant)

9,10 & 11:Final postoperative results.

12: Postoperative radiograph.



The Campbell Giving Charity Ball... Volume 3

It's hard to believe it has come to the time again that we are talking about our ball in November but for the third time and the third year in a row we are launching The Campbell Giving Charity Ball.

This is fast becoming one of the best things we do as a practice (and we're not event organisers, we are a dental practice) and The Campbell Giving Ball has become one of the highlights of the year for us. Last years was such a huge success and we are very excited moving forwards to this one.

The ball is being organised almost entirely by Hayley Edwards at the practice. Hayley has joined us fairly recently, initially as a Dental Nurse, but has shown her skills in event management and has taken over organisation of the ball. The first two balls raised in the region of £14,000 for different charities but in particular Bridge2Aid. Again, this year's ball will be in support of Bridge2Aid and The Friary in Nottingham.

We have changed the venue this year to The Crowne Plaza so that we can fit more seats in and we are hoping to have 250 attend on November 19th for an amazing night of great fun, great costumes and fundraising.

This year's theme is 'A Night in Hollywood'. Guests will be encouraged to dress as their favourite movie characters or if you're not into fancy dress you can come dressed ready for the Oscars!

We will be releasing tickets for the ball first of all to everybody that was there last year on a first come, first served basis and then opening it up to the wider world.

If last year is anything to go by it will sell out quick – we did have to turn people away which is why we have moved to a bigger venue.

We look forward to seeing old and new friends and can't wait for the evening to come.



Who we work with: Cherry Dental

As a continuation of the feature of people we work with to try and help to make our business successful and build long term relationships, our main laboratory partner is Cherry Dental Design in Nottingham.

Over the years we have worked through different laboratories for different reasons and with multiple high level clinicians in the practice it's sometimes difficult to limit everybody to a single laboratory source. My feeling though is that that is essential because we all learn and grow up together over time; understanding each others needs, skills and even deficiencies so that we can improve the service overall for patients to gain a more predictable and higher quality result in the end.

Dental technology is hugely complicated, not least in dental implants, so to have a range of expertise through the laboratory but also through the clinicians to be able to exchange, discuss and develop ideas is absolutely essential.

Led by Sally and assisted by Ceri, the team at Cherry Dental Design is fantastic. Hugely friendly and welcoming to patients, happy to attend to see someone at the practice at the drop of a hat if there are any issues or problems or someone just requiring shade taking or reassurance and they are genuinely interested in the work they provide. They have been a huge asset to the practice over the past few years and we will continue to work with them for the longer term, hopefully all developing an exceptional service together.

To change laboratories or other suppliers simply on cost at short notice is real short-term thinking, which doesn't develop trust or long term relationships. All the people we work with at the practice are there to develop long term relationships to make systems smoother, easier and of higher quality.

Cherry absolutely fill that role and we are very lucky to have them as our laboratory partner.



Implant Consultations at The Campbell Clinic

The Campbell Clinic provides a complete implant referral service for patients of all complexities of implant treatments, from the most straightforward to the most complex with all potential options available.

In order to give our patients the best possible service we offer a solution where patients can pick a named clinician to see for consultation and management of their treatment or choose the fastest route through the clinician with available appointments.

If you would like your patient to see a specific clinician please don't hesitate to put that on the referral form, email or telephone call that is made and arrangements will be made for them to see that clinician.

If no specification is made we will discuss with the patient on contact who they would like to see and make arrangements for the patient's wishes to be met.

As an update the clinicians providing consultations at the practice and their biographies are listed below. If you would like your patient to see a female, a Specialist or have any other requirements please just specify who you would like them to see and we will be happy to oblige.

Colin Campbell BDS FDS RCS

Colin qualified in dentistry from the University of Glasgow in 1994.

In 1997, he became a Fellow of the Royal College of Surgeons of Edinburgh (by examination) and in 1999 became a General Dental Council Registered Specialist in Oral Surgery.

In 2005, he was elected to Fellowship of the International Team for Implantology, a network of 15,000 professionals worldwide who promote implant dentistry by research, education and development. He was formerly a Member of the ITI education working group and sat on the Leadership Team of the ITI UK & Ireland Section.

Colin has placed over 4,000 implants and restored many of these, he has also carried out over 10,000 surgical procedures.

Neil Poyser BDS MFDS RCSEd FDS (Rest Dent)

Neil is a specialist in Restorative Dentistry and was appointed as Consultant in Restorative Dentistry at the Queen's Medical Centre, Nottingham. His specialist training was completed at Guy's, King's and St Thomas's Dental Institute, and St George's and Mayday

Hospitals, London. Prior to this, he worked in the dental teaching hospitals of Sheffield and Leeds, having been in general practice in Norwich.

Neil is also a Fellow of the Royal College of Surgeons of Edinburgh and a General Dental Council specialist in Endodontics, Prosthodontics, Periodontics and Restorative Dentistry.

Andrew Legg BDS MFDS RCS

Andrew graduated from the University of Manchester in 2001. Extensive experience in general practice has given Andrew grounding in all aspects of dental care allowing a fully comprehensive approach to patient care.

Andrew has undertaken countless hours of training, including an 18-month Clinical Certificate in Implantology at the University of Sheffield and Advanced Surgical Training at the Royal College of Surgeons.

More recently, Andrew passed his Membership of the Faculty of Dental Surgery, Royal College of Surgeons Edinburgh.



Rajan Nansi BDS(Hons) MFDS RCS Eng MJDF RCS Eng MCLinDent (Periodontology) MPerio RCS Ed

Rajan is a registered Specialist in Periodontics. He has extensive experience in private practice and working within multi-disciplinary specialist teams. Having graduated from Guy's, King's and St. Thomas' Dental Institute, King's College London, with a distinction in 'The Practice of Clinical Dentistry', he went on to pursue wide-ranging in experience General Dental Practice, the Community Dental Services and Hospital Services. Rajan can provide a comprehensive range of advanced periodontal care and implant dentistry.

Beatriz Sanchez Lic Odont Barcelona 2009 PgDip Implant Dentistry

Beatriz qualified as a dentist in Barcelona, Spain in 2008.

She has undertaken training in Oral Surgery and Prosthodontics and is completing an MSc in Dental Implants which mix both of her interests in a British University at the moment (UCLAN). This helps her to support the Specialists in the practice to carry out their duties and taking care of patient's oral health in the best way possible.

David Heath BDS (Hons) M Med Sci (Restorative Dentistry)

David qualified as a dentist from Sheffield University in 1993 with a BDS Honours degree and has developed an extensive additional post graduate education portfolio whilst working in private practice.

In 1999 he obtained a Masters Degree in Restorative Dentistry with distinction, majoring in

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The Campbell Clinic The Campbell Academy Conferences



Last year, in a moment of madness, Marie and I decided to put together our version of a TED Conference as part of our marketing plan and to encourage contact with our referring GDPs and anyone else in the industry that wanted to come.

We identified the key elements of what we thought would make a good conference including venue, speakers, food and refreshments and general atmosphere and decided to try and model the format of that on TED.

That meant 18 minute lectures, an air horn to blow speakers off the stage if they were too long, a countdown on the wall beside them, a range of speakers who would be both informative and inspirational and this conference took place on 17th June. You can read more about the conference

on the blog but we feel it was a great success, especially as at times we only had 6 people booked on and didn't know if it would go ahead at all.

In the end we had nearly 70 people in The Carriage Hall in Nottingham, which was an extraordinary venue and even our own free, unlimited coffee van!!

Based on the feedback, not only from the delegates, but from the speakers too we had an amazing day with some amazing donations for Bridge2Aid and we have managed to raise in the region of £3400 for them (Mark Topley the CEO of Bridge2Aid was our first speaker)

The DES Conference was only the first step though because we decided to try and use this as our conference format to provide

a second conference later in the year which will be our 'Learning from Failure Conference'.

The idea for this conference came about after I read the book 'Black Box Thinking' by Matthew Syed and wanted to be able to embrace things that went wrong as learning opportunities to improve us and make us better both as a practice but also as a profession.

So next up on the same format at The Carriage Hall on 7th October will be the TCC / TCA 'Learning from Failure Conference'.

The format for this is slightly different though; this is a 'not for profit' conference to try and improve the profession and learn from each other. The fee will be £150 per delegate and accounts will be presented on the day.

There will be 7 – 8 speakers presenting for 20 minutes on a case or situation that went wrong with 20 minutes discussion amongst the audience as to how it might work.

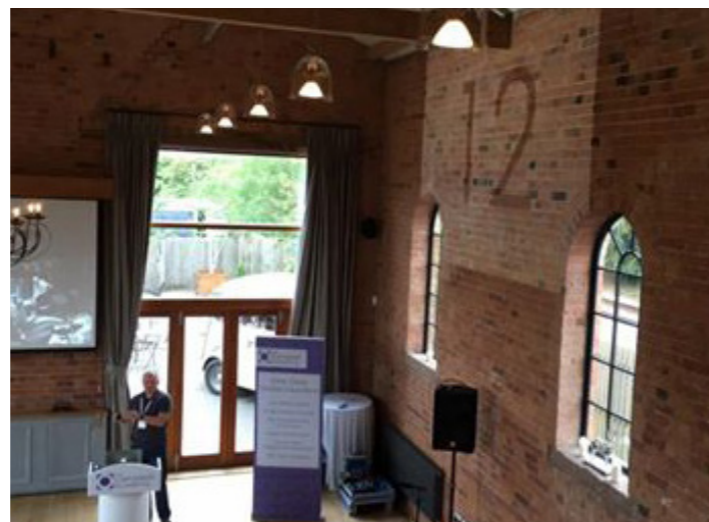
It will not be filmed and it won't be minuted, there will be no sponsors present.

The hope is that we can take this open forum of discussion of problems and issues that occur across the whole range of dentistry (this is not just about implants or oral surgery) so that everybody in the room can learn and take this away, hopefully able to affect positive changes on all their patients (a massive droplet effect)

There will be early release of the 'Learning from Failure Conference' in the next few weeks and it will be available to book through The Campbell Academy website: www.campbellacademy.co.uk

Going forwards from this, if the 'Learning from Failure Conference' is a success it will probably run the same day as The Campbell Giving Ball in the future allowing us to have the conference during the day and the ball in the evening.

We hope to see as many of our referring GDPs at the conference as possible as they will be offered the opportunity to come in the first instance.



Andrew Legg

**BDS MFDS RCS Ed
England
GDC No: 79203**

Andrew Legg graduated from the University of Manchester in 2001. Extensive experience in general practice has given Andrew grounding in all aspects of dental care allowing a fully comprehensive approach to patient care.

Andrew has undertaken countless hours of training, including an 18-month Clinical Certificate in Implantology at the University of Sheffield and Advanced Surgical Training at the Royal College of Surgeons.

More recently, Andrew passed his Membership of the Faculty of Dental Surgery, Royal College of Surgeons Edinburgh.

Andrew also works as a Clinical Teaching Fellow in Oral Surgery at the University of Manchester.

Andrew is passionate about the use of dental implants in helping restore patients to a more natural form and function and believes they play a pivotal role in improving the quality of life and general health in patients.

Andrew is proud to be an endorsing dentist for the major UK charity Action for Sick Children and has been involved in the launch of the Dental Playbox Scheme which



aims to dispel the myths of visiting the dentist, educating under-privileged children countrywide. He is also a Bridge 2 Aid Unity Partner having raised money to help train dental officers in Tanzania.

Andrew is married with four young children. He enjoys following most sport, particularly rugby.

ANDREW LEGG



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YOUR CHILD



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