

QUARTERLY MAGAZINE FOR PATIENTS

Practice News

NOVEMBER 2018

THE STANDARD
YOU'VE BEEN LOOKING FOR



The Campbell Clinic

**Hello and welcome to the latest edition of
The Campbell Clinic's practice news.**

This edition we have started our newsletter by bringing you information regarding a colleague of The Campbell Clinic. We at the Clinic also undergo treatment when needed and we wanted to share with you our experiences.

We will also be updating you on our Research Department and what goes on behind the scenes to help develop treatments for our patients.

At The Campbell Clinic, we donate 1% of our turnover to charity and good causes. We previously called this our Corporate Social Responsibility, however, we wanted to adapt this to our own standards so decided to change the name to Social Legacy Project. We have also started working with Mark Topley as our coach on this subject to make it as good as we possibly can. We will be telling you more about our legacy and how Mark Topley helps and supports our project.

As always at The Campbell Clinic, we focus on developing our team which can mean new

employees to help the progression of the business. We want to share with you our new members of the tribe and where they have been situated in the team.

Thank you for taking the time to read this, we hope you enjoy it and hope to see you soon.

Best wishes

Colin



Confessions of a Campbell Clinic Colleague

I had been pondering over the idea of having orthodontic treatment done as I was unhappy with my smile, I then got engaged which finalised the decision for me.

I had my initial appointment with Andrew Flett, our Consultant Orthodontist who took photos of me, completed an initial assessment and took alginate impressions of both my upper and lower arch. He also discussed my potential treatment plan.



Following that appointment, I instantly booked in my future appointments. The explanation of my treatment plan was simplified to my understanding with enough description that I would be aware of what will happen, a potential time line of my treatment and how the process will begin.

My next appointment was my 'bond up' appointment, this is where the brackets are bonded to my teeth, an initial wire is placed and attached using elastics.



I opted for a fixed brace over Invisalign as I thought, for me, this treatment option was more practical.

I had my upper arch bonded up first, and 6 weeks later I had my lower arch bonded. This was because I needed my upper teeth to move outwards creating space between my upper and lower teeth. Not doing so would mean when biting I would hit the lower brackets with my top teeth.



Having a brace fitted isn't the most comfortable of experiences. Initially when having the brace, I suffered with some aching and soreness for around 3-5 days, however this was easily manageable with regular pain killers and ibuprofen. I changed my diet to soft foods what was easier to chew for an 'easier life'. Eventually this began to settle and it was only when I had my brace adjusted I felt a similar, but a lot less painful, ache. This would disappear within 24 hours.



Once both arches were fitted I was then seen every 6 weeks for a 'fixed adjust' appointment. At every one of these appointments my teeth were assessed and altered accordingly. I would have photos taken at every visit which would show my progress in the treatment.

The treatment process itself I found to be very easy. The treatment ran smoothly and I was always aware of the progress of the treatment, what will occur and what the next stage of the treatment was working towards.

The photos which were taken at every appointment and made into a



presentation was brilliant to see and I was then able to visible see the changes in my teeth and the progress being made.

Knowing Andrew as a colleague of course made my treatment a lot easier, although, speaking as a previous dental nurse who has worked with Andrew on many occasions, he works with a mind-set of putting the patient at ease. The atmosphere is always open and friendly which allows the patient to ask questions if necessary and understand the treatment they're having.

When cleaning my brace, I used my Oral B electric toothbrush as I normally would. I used interdental brushes to clean both in between my teeth as part of my normal routine but also to remove any hidden or difficult bits of food that can get trapped within the brace.

I would regularly have an interdental brush with me to remove any food or debris I may get stuck during the day, but this became a routine for me and wasn't a bother. I stuck to a diet which wasn't particularly chewy or foods that were prone to getting stuck. I avoided types of food such as tomato soup or curries that would stain the modules (elastic bands) as well. All in all, I adopted a slightly different diet but found this to be an easy experience and definitely worth it throughout the process.

Since having my brace removed I have been given Essix retainers. Clear retainers for both the upper and lower arch to hold the position of my teeth. I wore these as much as I possibly could for the first six weeks after having the brace removed, I



then wore them at night.

I was given these retainers 24 hours after having my brace removed. When the brace was removed I had impressions taken which was then sent to the laboratory to be made. These were fitted the next day with very little discomfort.

When I put my retainers in initially they are tight, they hold my teeth in the perfect position. The tightness eases off and I find it very easy to sleep in them.

From initially having the brace fitted (my upper arch first) I had the brace on for a total of 64 weeks.

I would recommend the treatment to anyway who is interested in having braces. The process is simple and effective and the team around me helped massively.



If you're interested in having braces contact the practice today.



Initial appt: Photos 6.12.2016

During this appointment I had photos taken, impressions, using alginate of both my upper and lower arch and an overall thorough assessment of my teeth. This then provided my treatment plan which was thoroughly explained to me prior to booking further appointments.



Bond up: 28.02.2017

My upper arch was initially bonded with ceramic brackets and a stainless steel wire. I opted for ceramic brackets to avoid them being seen so prominently.



Lower bond up: 28.03.2017

Six weeks later I had my lower arch bonded up. I couldn't have ceramic brackets on my lower arch due to my bite, in that would potentially hit the lower brackets with my upper teeth which would then shatter the ceramic and so I was advised to have metal brackets.



Fixed adjust: 09.05.2017

During my first fixed adjust appointment I had my teeth assessed and altered accordingly. Both wires were changed and re attached using both clear and silver elastics.

Each fixed adjust appointment was the same going forwards, my teeth were assessed, altered and photos were taken and added to my notes.



Fixed adjust: 27.06.2017



Fixed adjust: 08.08.2017



Fixed adjust: 19.09.2017 + elastics

After 24 weeks of wearing my brace on both arches my upper wire was changed to one which allowed elastic bands to be attached.

Elastic bands worn religiously help to move teeth and a patient's bite. I had to wear elastics on one side to move my bite further towards the left.

then changed my elastics every evening when going to sleep allowing a fresh elastic to work.



CASE STUDY

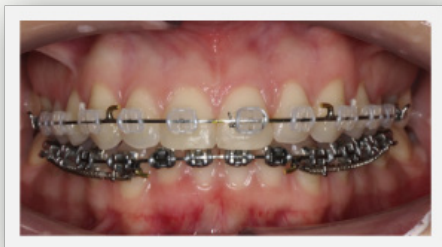


Fixed adjust: 31.10.2017
(Continue with elastics)



Fixed adjust: 12.12.2017
+ closing coils

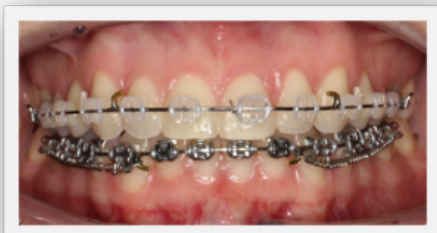
Once my lower teeth had moved to a straightened point I then had to wear closing coils to close the spacing. My teeth had naturally inclined and so wearing the brace brought them to the correct angle however it opened up the spacing between my teeth.



Fixed adjust: 16.01.2018
+ closing coils

During this fixed adjust appointment I was told that the use of the elastics had worked, however to wear them only at night to avoid them moving.

The coils remained on although my teeth were closing, but keeping these on meant they would hold in this position.



Fixed adjust: 27.02.2018

**Fixed adjust: 10.04.2018**

My final appointment before I had my brace removed, the coils were removed and stainless-steel ligatures were placed instead. These did more or less the same thing as the coils however were slightly less visible and easier to clean.

**De bond: 22.05.2018**

After 64 weeks from initially having my braces bonded on (upper arch) and 76 weeks since my initial appointment I had my braces removed.

I am extremely happy with my results.



Research at The Campbell Clinic

In our April newsletter, we gave you an update on how The Campbell Clinic is creating a research culture alongside its clinical practice. As a reminder:

'The work that takes place at The Campbell Clinic has always placed priority on excellent patient experience and achieving the most appropriate and best possible outcomes for those we treat. We aim to assess current practice in dentistry, particularly implant dentistry, in order to study patient satisfaction and long-term treatment outcomes. These findings will help us understand the level of care we provide and identify areas for improvement, so that we can maintain the high standard of care we pride ourselves on. It is important to stress that at no time does this impact on the care and type of treatment we provide – we are not involved in 'clinical trials', so we don't test anything new on our patients.' (you can read the rest of this article at <https://www.campbell-clinic.co.uk/downloads/The-Campbell-Clinic-April-2018.pdf>)

Research is without doubt a long-term process, and it is not commonplace in private dentistry. When we started out we thought our first publication would be about one of our research projects, but having spent so long learning how to carry out research in private practice, we felt we should share this journey. Therefore, earlier this year we published our first paper in The British Dental Journal: 'Initiating Research in a Private Dental Practice'. Rather than being specifically about some of our research findings, it became a guide for entering the world of research from an unconventional direction. We hope this article will inspire other dentists to consider research in order to enhance patient experience and outcomes, and will make their experience a little more straightforward.

Sharing learning outcomes from anonymous clinical data is an excellent way for clinicians to learn from each other, both within our practice and in the wider dental field. With this in mind, we presented two posters (a visual poster-sized presentation) at the International Team for Implantology UK & Ireland Congress, in London in April 2018. We were able to share some of our findings, and invite feedback and discussions with other clinicians. Research posters are becoming an excellent way for us to demonstrate we are committed to a research pathway, and they provide a really good learning opportunity for us too. Our next poster presentation will be at the British Society for Dental Hygienists and Dental Therapists, where we will present some of the excellent work our hygienist team carry out.



In the meantime, behind the scenes we continue our research studies, and we hope some of the data we are studying will influence our suggestions and decisions for your future treatment. We are particularly interested in long term outcomes of implants placed at the front (visible) area of the mouth, and the effect of the practice going 'digital' in its implant planning. We are also studying the frequency of complications associated with implant treatment in our practice, which will support our 10-year guarantee – it is important to us that we are not only able to tell you what complications may arise, but how frequently these occur in our hands. This goes hand-in hand with the drive behind a lot of our work – we aim to inform you how effective/ efficient/successful different treatment types are here at The Campbell Clinic, rather than based on someone else's findings.

Finally, a reminder of how our research consent works: if you are given or sent research consent forms ahead of an appointment, it is so that you have time to read the research information through and see if you are happy to give consent for your anonymised treatment data to be part of these ongoing projects. We hope this additional information will help you decide, and understand that all the studies we carry out are aimed at maintaining a high standard of service and care.

The Continuous Development of The Campbell Clinic



At The Campbell Clinic we focus on developing our team and sometimes this means introducing new team members.

Within the past couple of months we have introduced three new team members; two new nurses and a new receptionist.

Marie is one of our new dental nurses. She has an incredible amount of dental nurse experience and has expertise in oral health education. This will be a massive asset to us will be of huge benefit to our patients. She joined us at the beginning of summer and has been a great addition to our team.

Michaela, our second new dental nurse, also joined us in the summer. With nearly 7 years of experience in three different practices, Michaela has a large amount of dental knowledge and experience to bring to the team. She is already proving to be a great asset to the team.

Last, but not least, we have Kerrie who has joined our reception team. Kerrie has lots of experience in customer service and she will help augment our reception team and help us continue to provide a great service to our patients.

Who we work with:



Mark Topley

The CSR Coach



In April 2018, we decided to join Mark Topley in his pathway to developing Corporate Social Responsibility in the work place.

Mark Topley is a CSR coach and a long-standing friend of The Campbell Clinic.

He has a wide experience designing, implementing and developing CSR programmes and partnering with companies from one-man consultancy businesses to global corporates and everything in between.

Over the past 23 years, he has worked with charities and businesses on four continents. We have previously worked with Mark when he was working for Bridge2Aid, a charity we at The Campbell Clinic are passionate in supporting.

Mark began his career as a teacher, before moving into community project management, charity start up, and the music industry. A chance encounter involving a curry saw him enter the Oral Health world and start work with Dentaaid and then Bridge2Aid in 2003.

Mark was deeply challenged by the pain and suffering he witnessed first-hand affecting millions of people caused by untreated dental disease across East Africa. His response took him and his wife Jo to Tanzania in 2006 to work alongside the Founders of Bridge2Aid, Ian and Andie Wilson.

Over 10 years, whilst living in Tanzania, Bridge2Aid grew to become the UK's foremost dental charity, now run in Tanzania by Tanzanians, respected and recognised at the highest levels of Government, with an impact on millions of East Africans.

In 2017 Mark made the decision to take his experience and passion into a new role, inspiring businesses to maximise the benefits to be gained from CSR, and work productively and meaningfully with charities.

Hearing this The Campbell Clinic wanted to get on board and introduced Mark and his new project into our business maximising our charity and good causes involvement and creating what it is today.

Our Social Legacy Project is an ongoing project and with Mark's help we will develop this into something extraordinary.

We continue to support Bridge2Aid, however, have taken on three local charities in Nottingham as well which are We R Here, The Children's Bereavement Centre and Framework, which we will support throughout the year with donations, support and fundraising activities.



WHAT IF YOUR CHILD had toothache and no hope of help ●

Its effects are **not mild** or inconsequential,
they are **agonising, debilitating** and
inescapable.



70%

of the world
has **no access**
to a dentist
but

£5 will give access to **emergency treatment**
for the **whole family** in East Africa

Visit www.bridge2aid.org/whatif to find out how you can help

0845 8509877  @Bridge2Aid  Facebook.com/Bridge2Aid

Bridge2Aid is a UK registered charity no 1092481