

QUARTERLY MAGAZINE FOR PATIENTS

# Practice News

APRIL 2018

**THE STANDARD**  
**YOU'VE BEEN LOOKING FOR**



# The Campbell Clinic

Hello and welcome to the first edition of **The Campbell Clinic newsletter in 2018.**

We hope you had a lovely Christmas, new year and now spring has finally arrived a lovely Easter as well.

In this edition of The Campbell Clinic newsletter we will be discussing how digital technology is benefiting our implant treatment procedures.

We will also talk about our Research department. Kath Hare PhD joined the team back in 2016 taking control of our research department at the clinic, we're including an update of this for you and why it's beneficial.

New for 2018, we have decided to create what we call 'Peer Review' groups. We give everyone in the profession in Nottingham the opportunity to come together as a group for the benefit of patients. In this edition, we will tell you about these evenings and how they can help you overall.

And finally, we will introduce you to our newest recruit at The Campbell Clinic, Paul Lyons.

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

Best wishes

Colin





# Research at The Campbell Clinic

**Our November newsletter briefly introduced our Research Coordinator.**

**As a follow-up to this, here is a little more detail on how The Campbell Clinic is creating a research culture alongside its clinical practice:**

---

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. In fact, this was an important part of our ‘ethical approval’ – we have been approved by a national body to undertake research as long as work does not involve any change to patient care.

Our research involves collecting anonymous data from patients who are undergoing routine

treatments, storing that data (again, anonymously), until we have enough information to draw some reasonable conclusions. Importantly we always ask for patient consent to use this data, even though it doesn’t include any identifiable information, and if a patient chooses not to give consent this doesn’t affect their treatment.

As an aside, within the UK it is unusual to find a private dental practice with a research team – and our team now comprises a research coordinator, research clinician and research nurse as well as support from the rest of the practice.

Virtually all UK dental research takes place either within the NHS or in university environments. However, and especially as a large proportion of dental implants are placed in private dental practices, we felt that generating our own research findings would provide us with the most useful and relevant information to drive improvement. We are also quite proud to be different and initiating something new!



**Some of the areas we will be studying include information that will be of interest and benefit to patients considering implants such as:**

- Long term maintenance of dental implants – looking at patient response to setting targets for improving oral hygiene and hence implant care.
- Implant complications – minor or major, and at what stages of an implant lifespan these might occur (this is particularly important to us as it will support our 10-year guarantee).
- ‘Quality of life’ – the same questionnaire is given at different stages of implant treatment to see how the results of treatment impact on different areas of life, e.g. eating, speech, confidence.

Some studies are aimed at sharing good practice with other dentists, but the overall aim is the same: to improve patient care and experience.

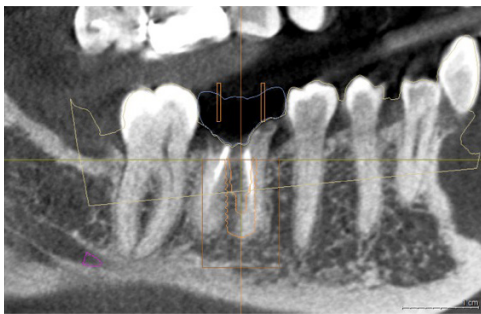
---

**Finally, 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.**



# An innovative digital dental implant treatment approach

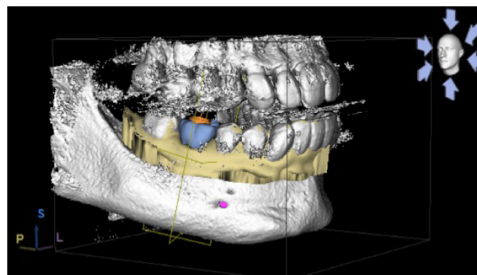
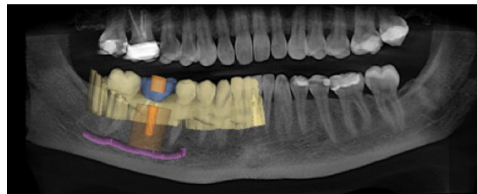
**Often and otherwise unrestored dentition is now subject to the worst possible event, the loss of a front tooth.**



A 42-year-old female attended the practice with a fractured lower right first molar crown on a root filled tooth requesting options for possible treatment.

As is always the case at the practice all options were considered and offered to the patient who decided to proceed with a dental implant reconstruction of the lower right first molar.

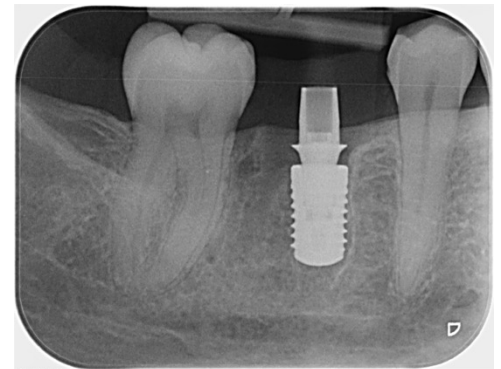
Thanks to advances in diagnostics and planning in implant dentistry we have been able to harness the use of immediate implant placements with guided surgery techniques in



cases such as this over the past 3-4 years with significant success, and this case was planned on that basis. A CBCT scan, a 3D image of the area that needs treatment, was taken to provide full digital planning with an intra oral scan, using an electronic wand that takes thousands of images per second, to provide a diagnostic 'wax up', this is then inserted into the scan. This is a technique that we use at the clinic for almost every implant case allowing us to plan ideal position of implants based on a digital diagnostic 'wax up'.

The surgical procedure was carried out in December 2015 with extraction of the retained roots of

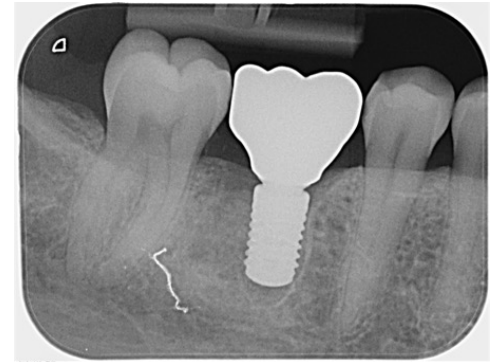
the lower first molar and placement of a single dental implant at the same time.



An interesting factor to note is that in these situations when previous immediate implants are placed the distal socket of the molar site would require some form of graft material to fill the void before primary closure was achieved but in this instance, we were able to seat an implant abutment immediately in the implant and provide another intra oral scan to collect the data of the position of the implant. From this, we can design the full implant crown and mill this, on sight, in a temporary material. This material is then cut back to a 33% crown as a custom healing abutment and inserted into the site.



Note from the x-ray; the excellent bony contour, healing around the implant and the excellent shape of the implant retained crown.

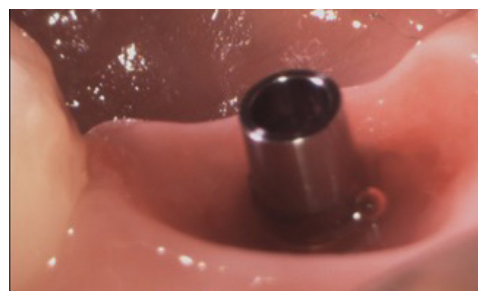


**This case was carried out without any form of conventional impression taking, an example of this is alginate impressions. Because of this, appointments were reduced dramatically due to the placement of an immediate 'provisional crown' allowing us the opportunity to construct the final crown as the patient attends back for an exposure appointment.**



This then allows healing of the socket to take place around the new emergence profile of the crown together with acting as a barrier over the existing socket allowing bony healing.

Following 6 weeks of healing an excellent emergence profile has been achieved and the final implant crown is fitted.



# Paul Lyons



Dental  
Practitioner



**As David Cohen, the clinics endodontist, has reached his 70th birthday and is still going strong providing our endodontic service we decided it was time to give him some assistance; and with that we are very proud and excited to announce the start of our new endodontist Paul Lyons, a long-term friend and colleague of Colin's.**

Paul and Colin have known each other for almost 20 years, initially from Paul's time as the principle at Cripps dental practice in Nottingham and also from their previous time together on the local dental committee.

Paul joined us back in October 2017 and has made a fantastic influence on the Campbell Clinic team. As part of our endodontic sector he's enabled us to see many more patients and dramatically decreased waiting times for our incoming referrals.

Paul has developed an extensive 32 years of

experience in General Practice in the Nottingham area. After qualifying from Leeds University in 1986 Paul has since completed many postgraduate training courses to allow him to continue to update and develop his skills as a dentist.

He has completed research in effective pain management during endodontic treatment and uses the outcomes of this throughout his treatments; because of this he enjoys working with anxious patients and putting them at ease, a skill essential for all patients and treatments.

Paul is committed to providing care for all patients to the maximum benefit and optimum dental health, he's settled in well with The Campbell Clinic team and reflects the ethical and honest approach we desire towards our patients.

He is a member of the British Endodontic society and outside of work enjoys cycling, football and skiing.



# Peer Reviews with The Campbell Clinic



**Recently the Campbell Clinic team decided that the profession of dentistry didn't come together enough to work as one for the benefit of ourselves, our careers and our patients.**

It is with that that we decided to run a monthly Peer Review evening which allows us all to come together to discuss topics of dentistry and queries that may occur. These evenings run from 6-9pm every third Thursday (most of the time) of the month. We run them out of normal working hours to avoid them interrupting patients time with their General Dental Practitioner.

We choose to come together as we are aware how this is beneficial in more ways than one.

During these meetings we're able to discuss hot topics of dentistry and explore different types of treatments to suit different patient's needs.

Technology and equipment are forever evolving in dentistry and these evenings give us the perfect opportunity to discuss what's new, what works and what we can expect for the future.

By bringing more than one mind together means we're able to explore the knowledge from all our colleagues, learn and develop skills and ways of thinking; overall benefiting patients through the East Midlands.

## How we can help you?

These evenings help our patients as we're able to discuss as a profession treatments and details of treatment plans (anonymously) to gain further knowledge and develop individuals training. As with all things, people's perspectives on things differ,

these evenings mean we can collaborate these perspectives to gain the best overall plan.

There are dentists within the profession that desire different areas of treatment or are specialist in certain areas, either through further training or a general interest. Discussing treatments and cases with each other allows dentists to get to know one and other, whether this be for some top tips, general knowledge or help on a specific treatment.

In some cases, we're able to refer our patients to other practitioners to help with specific treatments, these evenings allow us to get to know those specialists on both a formal and informal level. It's always nice to put a face to a name and also explain to our patients who they're meeting if needs to be for their sake before meeting them.

If you want to find out more about our Peer Review evenings and how they are beneficial to our patients please contact the practice on

**[info@campbell-clinic.co.uk](mailto:info@campbell-clinic.co.uk)**

# 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](http://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