QUARTERLY MAGAZINE FOR PATIENTS

Practice News

NOVEMBER 2017

THE STANDARD YOU'VE BEEN LOOKING FOR

The Campbell Clinic

The Campbell Clinic

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

We hope you have all had a lovely summer and enjoyed the sunshine while it lasted.

This edition we have started our newsletter by bringing you information regarding a recent patient's treatment and how the outcome was produced.

We are a referring dental practice and retrieve many different referrals from General Dental Practitioners from across the East Midlands. We are involved in many elements of dentistry. From implant placements to endodontics, most commonly known as root canals. But in this edition of the newsletter we have decided to show you some excellent work done by our Orthodontist consultant, Andrew Flett, who also works at The Queens Medical Centre; we wanted to show you one specific case from a previous patient and their journey throughout treatment.

As well as The Campbell Clinic, we are partnered with The Campbell Academy, an educational team who provide amazing courses for dentists across the East Midlands. In here is a little bit about the team and how they help the dental education scene.

At the practice we have developed above and beyond and began a research team to help us help you. Kath Hare, our research coordinator shares a little bit about herself and how she is bringing some greatness to the clinic.

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

Best wishes

Colin

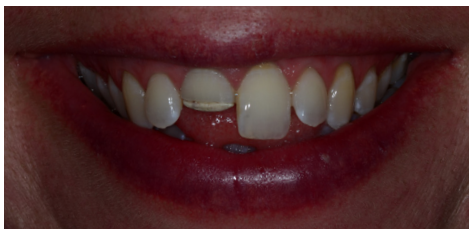

been looking for

An Anterior Replacement

One of the most common presentations we see in younger patients is the fractured upper front tooth. Whether it be while the patient was looking at their phone (!) or having had perhaps one glass of wine too many, the result is the same.

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

Charlotte (name changed) was at a friends wedding when an overzealous dance caused her to fracturing her front tooth. ***(figure1)***



An examination revealed a large fracture that extended into the gum. It became apparent that this was too deep to restore successfully so a replacement needed to be considered.

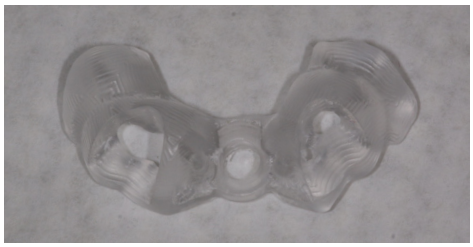
Whenever we look at replacing any tooth there are always 4 options to consider:

1. Nothing - unusual with a front tooth!
2. Denture
3. A tooth retained bridge
4. An implant supported tooth

In this case the patient wanted something fixed so a denture was out of the question. She also had very healthy unfilled teeth either side of the space. A traditional tooth retained bridge would be very destructive for a patient so young. This left the option of an adhesive bridge or a dental implant. Whilst an adhesive bridge can be successful a dental implant will give a much more secure and long-term result for a young patient. In fact we used an adhesive bridge as a temporary solution during her implant treatment.

Once the tooth has been removed and the temporary bridge fitted we then planned the case for implant surgery.

We use the very latest in digital planning software, combining the 3D scan of the bone with a scan of the patient's teeth. This allows us to mock up the proposed position of the tooth digitally and produce a surgical guide ***(figure2)***



that makes sure the implant is in the correct position for the tooth. This is especially critical for a front tooth as any deviation in the position of the implant may result in a poor outcome for the patient.

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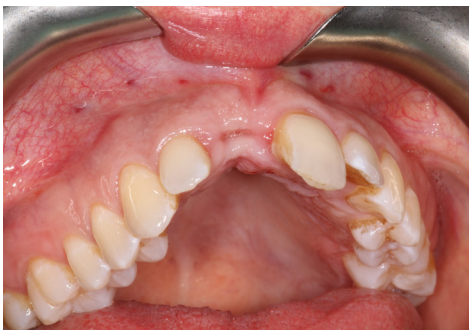
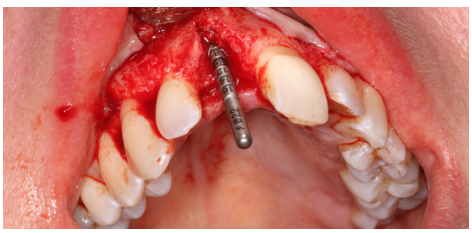
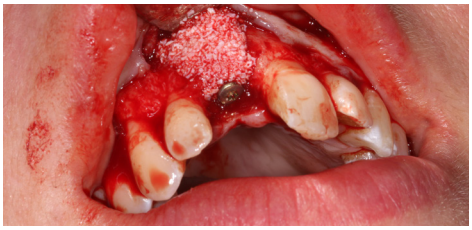
Charlotte's surgery went according to plan. After local anaesthetic was applied (***figure3)***,



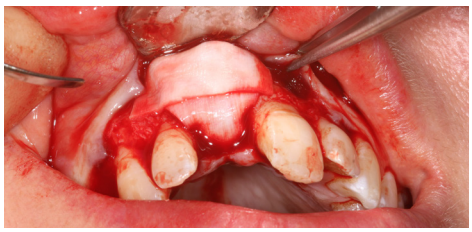
We made the initial incision and placed the digitally produced guide to identify the ideal position for the implant ***(figure 4).***



After the bone was prepared and the implant was placed it was apparent that there was a small bone defect. This is very common when we place implants in the front of the upper jaw. In order to repair this defect and to secure the implant with enough bone we carry out guided bone regeneration using a combination of the patients bone, bovine (cow) ***(figure5)***



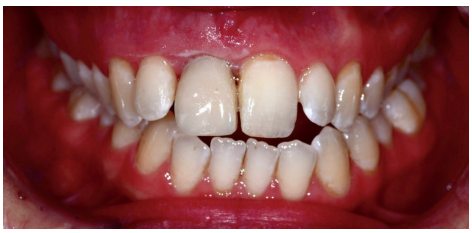
derived bone and a porcine (pig) collagen membrane ***(figure6).***



This provides a scaffold for the patients own bone to grow and will give an excellent final contour to the bone.

After surgery the temporary bridge is refitted and then the area needs to be left for 3 months. This allows the implant to integrate with the bone and also for the bone augmentation to stabilize.

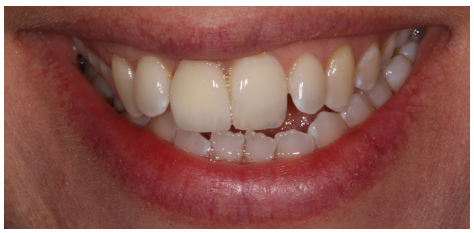
Following 3 months healing a small surgical procedure was carried out to expose the implant. An implant impression was then taken and a temporary acrylic crown made to begin the final reconstruction ***(figure7).***



The temporary crown is used to contour the gum around the tooth and establish the final soft tissue architecture. It also gives the patient a preview of what the final crown will look like and allows us to alter the shape to suit the patient's wishes.

Once we were happy with the shape of the gum a final impression was taken and the final porcelain implant crown was made.

As you can see we have managed to copy the position of the original tooth well ***(figure8)***



and the patient was delighted with the final result and even had a 'Tooth Party' to celebrate, complete with 'Pin the crown on the teeth' and denture shaped ice cubes!

Orthodontic Treatment Corner – Interceptive Orthodontics

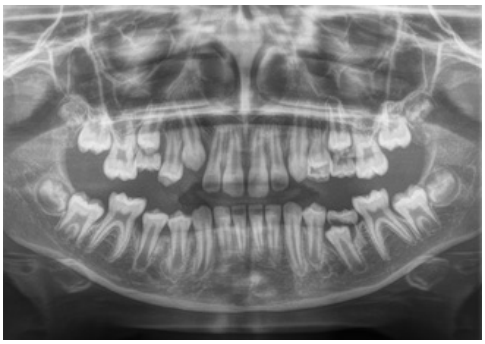
Monitoring dental development is an important aspect of dental care for a General Dental Practitioner. Occasionally the normal dental development and replacement of baby teeth with adult teeth can become disrupted. Baby teeth can become 'fused' to the jaw bone, and as a result, begin to submerge under the gum. It is estimated this can occur in up to 9% of children.

Normally deciduous (baby) teeth naturally exfoliate when the permanent (adult) dentition erupt. Baby teeth can become 'fused' to the jaw bone and as a result, they begin to submerge under the gum as the jaw continues to grow. Further investigation via appropriate radiographs can be helpful when justified. The most common condition associated with submerging teeth is congenital absence of adult teeth (hypodontia) and this should be excluded if submergence of the baby teeth is seen.

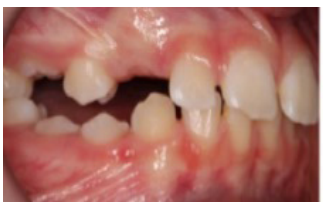
Any submergence of the deciduous dentition should be a red flag for general dental practitioners to determine if any adult teeth are missing.

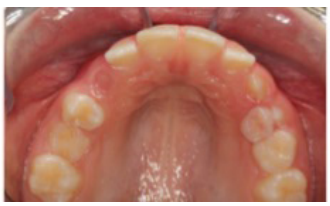
The case below shows children can also suffer from submergence when the permanent dentition is present, this is idiopathic in nature and no cause for this type of phenomena has been determined.

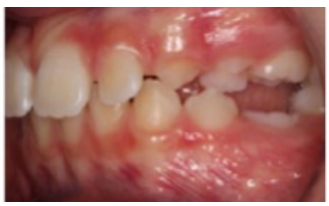
The case below shows how to manage submerging deciduous dentition in the best possible way. Interceptive orthodontic treatment aims to reduce the severity of the dental disturbance or remove the issue as a problem.



Charlotte attended the clinic at 8-years old with concerns about a submerging upper right E and a lower right E. (2 baby teeth)



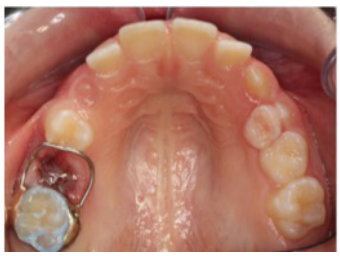


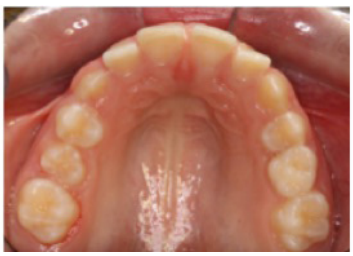


Charlotte otherwise presented with a relatively normal dentition. After clinical examination an OPT (radiograph) was taken to investigate further. This showed that the upper right second premolar and lower left second premolar were present, under the submerging baby teeth. The lower left second premolar was close to the surface and imminent to erupt. The upper right second premolar still had some way to go.

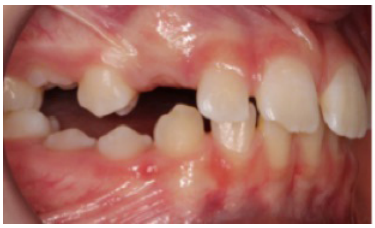
After discussion, the treatment plan agreed upon was as follows:

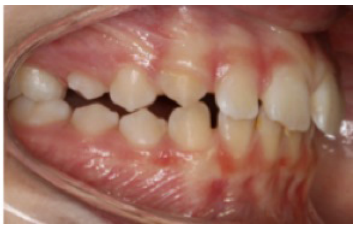
1. To extract the upper right E and lower left E *(2 submerging baby teeth)*
2. To take an impression to bond a band and loop (space maintainer) from the upper right first molar to maintain space for the upper right second premolar's eruption.
3. To review eruption of the upper right second premolar and then remove the band and loop once tooth has erupted. It was expected the lower right second premolar would erupt by itself.





The aforementioned deciduous teeth were removed in mid-March under local aesthetic. After fitting of the space maintainer, Charlotte was reviewed every 8-weeks and by July 2017 the upper right second pre molar had erupted satisfactorily. At this stage the band and loop appliance was removed and no further orthodontic intervention was required. The lower left second premolar erupted without incident. This case demonstrates how timely intervention and appropriate monitoring can reduce the severity of tooth submergence for our patients.





PARENT LEARNING POINT

If you notice any of your children's baby teeth submerging as they grow, consult your local dentist or orthodontist for assessment, advice and treatment may be required. Submerging baby teeth can be an indication that adult teeth may be missing.

Kath Hare

Research Coordinator

The Campbell Clinic

I started working here in May 2016. My background includes a PhD and 8 years in laboratory-based research but I had worked in Outreach in both Industry and Higher Education for the last 10 years.

In a chance conversation with Colin about my wish to return to research led to the position of Research Coordinator at The Campbell Clinic.

Our research team aims to use data generated in routine patient care to study patient experience and long term outcomes. I am responsible for the ethical approval of any research work we do, and coordinate the collection of data from treatments (with patient consent: you may have seen our research consent forms). I am also involved in the analysis and publication of any key findings.

The effect of this on the practice is that we can use this research to continually improve the service we provide to our patients. We can provide our own evidence for treatment options and patient satisfaction with results, to help patients make a fully informed decision.

I live in Nottingham with my family, with whom I enjoy Park runs and long countryside walks.

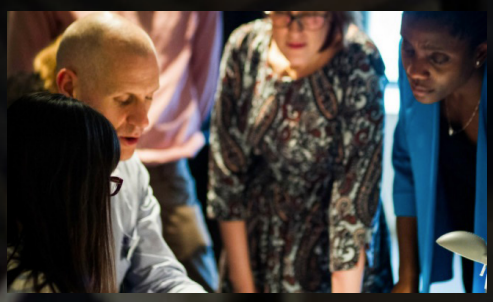
Who we work with:

The Campbell Academy

As well as The Campbell Clinic, Colin is a joint partner of the clinic's sister business The Campbell Academy. We want to share some information with you about The Academy that is truly marvellous that unfortunately our patients don't always get to see. However The Academy and The Clinic work closely together and we thought it was a great idea to share with you who what and how The Academy came about.

The Campbell Academy is a national education business, training dentists largely in implants and digital dentistry. Officially set up in 2014, The Campbell Academy has now been responsible for the training of hundreds of dentists from all areas of the United Kingdom.

The Campbell Academy have two directors who work closely to provide amazing dental education. These directors are Colin Campbell and Andrew Legg. Both Colin and Andrew formally went into partnership with The Campbell Academy in late 2014. They both share a very similar philosophy in the way they want to provide implant dentistry to their patients and are passionate about providing a clear pathway for dentists looking to begin a career in implant dentistry.



In December 2014, Tom Reason was appointed General Manager of The Campbell Academy. More recently, Becky Sharman and Hayley Edwards, both employed by The Campbell Clinic, have begun some part time work with the Academy helping to provide support for the growing needs of an expanding business.

We are proud to boast a fantastic faculty from both academic and practice backgrounds. Several members of The Campbell Clinic team are now involved with some of our courses and we are particularly proud to have several past delegates now speak at our some of our events.

We now run a wide range of courses that welcome all levels of experience including events for beginners and advanced courses for the more established dentist. The beauty of our courses is that they have been designed to guide our delegates through a 5 year pathway from complete beginners to a position where they are placing a minimum of 50 implants per year.

The Academy was born largely due to the belief that there wasn't a clear structure in place in the UK for implant dentists to move from complete beginners to established practitioners. We believe we have provided this pathway ensuring dentists exit our courses with the skills and support network that is required to deliver the very best care to their patients.

We are truly passionate about organising and delivering high quality implant education and are proud of the courses we run. Over the past three and a half years we've been growing a 'tribe' of dentists who are dedicated and invested in their continued education and we look forward to providing more innovative, informative and exciting implant courses over the coming years.

If you are interested in knowing more about The Campbell Academy Colin is always happy to discuss this with patients of the clinic and can let you know how you could possibly get involved. The Campbell Academy and The Campbell Clinic are coming on leaps and bounds and we are all very excited for what is to come.

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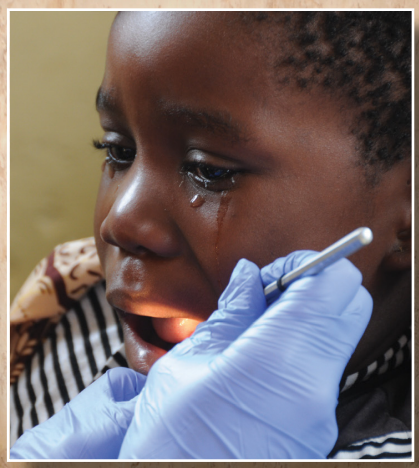

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