

THE MAGAZINE FOR DENTAL PROFESSIONALS IN IRELAND

Ireland's

Dental

SUMMER 2021

RRP £5.50



Pioneering *prevention*

A Coleraine-based dental
hygienist is leading the way

Digital Solutions | Intraoral Scanner

3Shape TRIOS

Distributed by the Straumann Group.
Start your digital dentistry journey
with an **Official 3Shape Partner**.



Scan and book your demo.
Check out our financing options

Our 3Shape Official Partner accreditation
reflects our commitment to quality in sales,
installation, training and support.



3shape 
Official TRIOS Partner

straumanngroup
Digital Solutions

SUMMER 2021

- 05** Editorial: Are we training too many dentists?
- 07** Word of Mouth: Recalling Macbeth and Othello
- 08** News: Ireland's dentists call for action, not words

FEATURES

- 16** ISDC: Celebrating 50 years of children's dentistry
- 20** Wellbeing: A call to action for all dental teams
- 22** Run for your life: Ireland's fund-raising for mental health
- 24** New dawn: Launching The College of General Dentistry
- 28** Pioneering: A Coleraine hygienist leads the way

CLINICAL

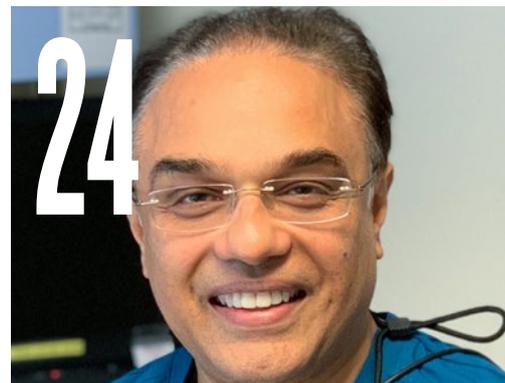
- 35** Aesthetic challenges overcome with composite restorations

PROFESSIONAL FOCUS

- 40** Dental Jobs Online
- 42** Merz Pharma
- 45** Reps Across Ireland
- 49** Product News
- 50** Quintess Denta

FOLLOW US

-  irelandsdentalmag.ie
-  [@irelandsdentalmag](https://twitter.com/irelandsdentalmag)
-  [irelandsdentalmag](https://www.facebook.com/irelandsdentalmag)



Ireland's
Dental

CONNECT
ENGAGEMENT IS EVERYTHING
connectmedia.cc

THE MAGAZINE FOR DENTAL PROFESSIONALS IN IRELAND

EDITOR
Will Peakin
Tel: 0141 560 3019
will@connectmedia.cc

EDITORIAL TEAM
Stewart McRobert
Tim Power

DESIGN
Scott Anderson

ADVERTISING
Ann Craib
Tel: 0141 560 3021
ann@connectmedia.cc

SUBSCRIPTIONS
Stephanie Koetsier
Tel: 0141 561 0300
stephanie@connectmedia.cc

1 year, 6 issue subscriptions:
UK £48; overseas £65;
students £25. Back issues: £5,
subject to availability.

The copyright in all articles
published in *Ireland's Dental*
magazine is reserved, and
may not be reproduced
without permission. Neither
the publishers nor the editor
necessarily agree with views

expressed in the magazine.
ISSN 2043-8060
Ireland's Dental magazine
is designed and published
by Connect Publications
(Scotland) Ltd
Studio 2001, Mile End
Paisley PA1 1JS
Tel: +44(0)141 561 0300
Fax: +44(0)141 561 0400
info@connectcommunications.co.uk

No Need for Patience

...works in as little as 2 minutes



Cleans in 2 minutes when used in an ultrasonic cleaner



Excellent material compatibility – will not damage instruments due to unique corrosion inhibiting ingredient



Effective against all enveloped viruses including Coronavirus (SARS-CoV-2)



Cost effective when used at 2% strength – 125 litres from one 2.5 litre of ID213

For more information visit www.duerrdental.com/en/products/hygiene/

Instagram @durr_dental_uk Facebook Duerr Dental UK



Are we training too many dentists?

'Maybe yes, maybe no,' but on the corollary to that – should we be training more hygiene therapists? – surely, the answer is 'yes'

'Are we training too many dentists? This provocative question has been posed by Professor Philip Taylor, Dean of Dental Surgery at the Royal College of Surgeons in Edinburgh. Professor Taylor was speaking during a question-and-answer session at a summit earlier this year hosted by the Scottish Dental Association, a new organisation founded as a result of the frustrations felt by some in the profession of how they were being represented to Government during the pandemic.

"Should we start to train more hygiene therapists? We actually need [them] if we are going to solve the periodontal problem," he said. "Like the model in some of the states in America, where you have one dentist, you have 20 hygienists or 20 therapists that are working away. They can do the job perfectly well – and the dentist would be the person doing the diagnostics, making the treatment plan, and doing the more complex treatment."

His comments were, perhaps not unsurprisingly, endorsed by Kyle Anderson, of the British Association of Dental Therapists. He told *Ireland's Dental* magazine: "There is a pivotal role that therapists and hygienists can play following the pandemic. Periodontal disease has been linked to health conditions such as diabetes, heart disease and Alzheimer's. The hygienist and therapist, if given the opportunity to provide their full scope of practice, could reduce waiting times for appointments with the dentist by triaging and providing treatment under referral or working under direct access."

This straw in the wind comes at a time when, in Northern Ireland, the British Dental Association has said further action is needed to ensure Health Service dentistry can recover from the impact of the COVID pandemic. Recently published figures have revealed the full extent of the collapse in attendance. The General Dental Services Statistics for 2020/21 show the volumes of dentistry delivered since April 2020 were less than a third of usual levels, with more than million fewer treatments delivered to adults and children. Just 40 per cent of patients were seen compared to the previous year, with over 440,000 fewer adults and nearly 70,000 fewer children. The BDA has long advocated a root and branch overhaul of Northern Ireland's oral

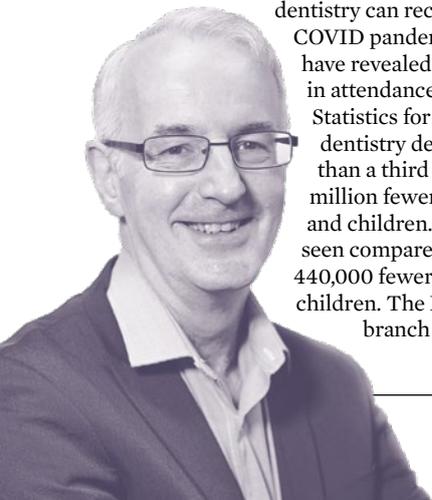
health strategy which is now over 14 years old. It says a new policy must run in parallel with reforming the decades old activity-based contract that Health Service Dentistry is based on, which is simply unworkable post-COVID. Meanwhile, in Ireland it is reported that dentists have "lost faith in the ability of the Department of Health to listen to the dental profession and bring about real and substantive change for the good of patients". Dr Anne O'Neill, the outgoing president of the Irish Dental Association, speaking at the IDA's AGM, said that dentists needed to see action, not merely words after "years of neglect" in the sector.

"Over the past number of years, the Irish Dental Association has repeatedly challenged the Department to discuss the problems within the sector, most recently with the Dental Treatment Services Scheme (DTSS), which has not happened," she said. "What we need to see now is action because, up to this point, dentists have lost faith in the ability of the Department of Health to listen to the dental profession and bring about real and substantive change for the good of patients. We must ensure that it is the patient that is prioritised."

The IDA believes the DTSS is outdated and unfit-for-purpose. Fewer than 800 of the country's 2,500 general practice dentists were actively treating medical card patients last month as record numbers of dentists abandoned the DTSS scheme following unprecedented funding cuts.

So, in both Ireland and Northern Ireland there is a clear demand for fundamental reform of how oral healthcare is provided. Professor Taylor's question is just one of many which need to be addressed. The answer may be 'yes', it may be 'no'. But it needs to be explored. The corollary to that is; should we be training more hygiene therapists? Surely, the answer to this is, unequivocally, 'yes'. The barrier to access should also be reduced. There should be standalone dental hygiene practices; underlining, in the public's mind, that good oral health should come first – not 'a visit to the dentist, followed by bad news'.

In fact, in the island of Ireland there are just two dedicated dental hygiene practices – both in the north – and we feature the most recent in this edition (see page 28). Joanne Knox's experience in setting up her practice in Coleraine has been bittersweet but it is, ultimately, an uplifting story – and its establishment demonstrates a way forward that both governments should get fully behind.



invis is dentistry for the digital age



Digitalisation is transforming the way we do dentistry. Combining Invisalign Go treatment with the power of the iTero scanner provides a seamless digital workflow for your practice, enabling diagnostic, restorative, and orthodontic workflows with just one scan. Through our digital technology you can easily incorporate the treatment of mild to moderate misalignment cases into your comprehensive treatment plans. And with the benefits from SmartTrack material and SmartForce features, combined with the expertise that comes from having treated more than 8 million smiles globally¹ you can be assured to provide more predictable tooth movement* for your patients.

Find out more at
www.invisalign-go.ie
www.invisalign-go.co.uk



invisalign go

*Compared to Invisalign aligners made previously from single layer .030 inch EX30 material
1. Data on file at Align Technology, as of January 29, 2020

© 2020 Align Technology Switzerland GmbH. All Rights Reserved. Invisalign, ClinCheck and SmartTrack, among others, are trademarks and/or service marks of Align Technology, Inc. or one of its subsidiaries or affiliated companies and may be registered in the U.S. and/or other countries. Align Technology Switzerland GmbH, Suurstoffi 22, 6343 Rotkreuz, Switzerland MKT-0005206 Rev A

Word of mouth

Dr Paul O'Dwyer BDS MSc (Healthcare Mgmt)

“It is her accustomed action with her, to seem thus washing her hands, I have known her continue this a quarter of an hour”

(Macbeth, Act 5, Scene 1)

Shakespeare lived in a time of many plagues – and often witnessed his plays being suspended to prevent spread of infection. The above quote from *Macbeth* came to mind recently, as we all practise proper hand hygiene. Unlike Shakespeare we are lucky enough to live in a world of vaccines to help in the fight against disease.

As the vaccination roll out continues across Ireland, I, like many other dentists, applied for the role of vaccinator. Many of us have felt quite helpless over the past year in assisting in a very practical way, the national effort in the fight against Covid-19.

From a professional viewpoint, we have, of course, continued to keep our own doors open – and facilitated the treatment of our dental patients – a key tenet in maintaining good oral health during these unprecedented times. This treatment need continues (as always) whether there is a pandemic or not. However, from a “fire-fighting” viewpoint, many of us felt that we could do more. And so, in March 2021, following the signing of a Ministerial Order, the scope of practice for dentists was extended to include vaccination (intra-muscular injection). This paved the way for recruitment to happen for dentists as vaccinators.

The majority of dentists reading this will be self-employed. They will be working as associates or principals. To that end, they will have probably never had to assemble the various pieces of paperwork required for a government or large organisation position/role. Others reading this will be working within the HSE and are well used to the various pieces of documentation required. Having worked in both worlds, I realised what was ahead. Suffice it to say that 18 distinct pieces of PDF formatted documents, three separate references (no mean feat when you have been self-employed for most of your career!) and finally various training modules – both online and in-person – with a two month lead in from initial application to appointment saw me take up the role on 29 May. Getting used to working in a different clinical environment can take time. For me, I've had the fortunate experience of working as Clinical Director across corporate dentistry, and thus visiting and working in many different general and specialist dental surgeries. This experience proves valuable, not just in identifying strengths and weaknesses in surgery design, and patient throughput, but also to better understand and support clinicians who find themselves in challenging workplaces. Patient throughput, however, is usually key to a happy workplace. And so, with both a clinician's

eye and a healthcare management hat, I started my role in a vaccination hub.

The first things that impressed me was the IT systems. A very streamlined process from patient entry – though they tend to call them clients – to patient exit meant very little delay. The processing through multiple onscreen drop downs, and harvesting the data from the online portal where the patient registered, was seamless. The step by step process on arrival at the vaccination booths is also an exercise in minimalism – with clear communication from start to finish. There is an eager movement in the queues, as patients line up for their vaccine. The vaccination itself is straightforward and demonstrably less technique sensitive than an intra-oral inferior dental block, and it's easy to adjust to the size and manipulation of the tiny syringes (which are very different to the plunger assembly syringe that is the bedrock of dentistry).

Like all new roles, it takes a while to become accustomed to your new position. The old habits of history taking die hard – and while I wasn't starting down a full dental or medical history, I did find it liberating to just concentrate on one single task rather than deploy the usual diagnostic and history taking skills! The patients too were also very happy to attend, and eager to proceed. All the decisions in relation to accepting the vaccine had been cleared – with a final check at point of administration. This meant that compliance is stratospherically high, and time/motion studies would reveal a very high productivity.

Finally, a note on culture. As the broad group of vaccinators come from disparate healthcare disciplines, there is a wide mix of variety, range and specialisation. This makes for an interesting – and somewhat eclectic – mix of healthcare professionals. As with all healthcare environments, each practitioner can learn from each other – and as we all have a common purpose, it tends to build good esprit de corps. And, as happens in our small country, the vaccinator in the booth next to me on my first day – was an old class mate from 6th Year days in the High School in Clonmel. We had lost touch and at our first coffee break realised that the last time we had seen each other was at the end of Leaving Certificate – some 31 years ago. Little did we think as we sat side-by-side listening then to the words of Shakespeare's *Othello* in May 1990 for Leaving Certificate English, that some three decades later we would be side-by-side once more, amongst our fellow vaccinators, helping in a small way to turn the tide on a global pandemic. I hope that we too have “...done the state some service” (*Othello*, Act 5, Scene 2.)





Dentists call for action

Figures show full impact of pandemic on service in Northern Ireland

THE British Dental Association Northern Ireland has said further action is needed to ensure Health Service dentistry can recover from the impact of the COVID pandemic as figures revealed the full extent of the collapse in attendance.

The General Dental Services Statistics for 2020/21 show the volumes of dentistry delivered since April 2020 were less than a third of usual levels, with more than million fewer treatments delivered to adults and children¹. Just 40 per cent of patients were seen compared to the previous year, with more than 440,000 fewer adults and nearly 70,000 fewer children.

Northern Ireland has traditionally been at the bottom of the UK league table for oral health, with just under a fifth (19 per cent) of 15-year-old children in Northern Ireland considered to have good oral health overall. Dentists are calling on all political parties to pledge to deliver a three-pronged approach to guarantee that Health Service dentistry in Northern Ireland can survive the impact of the pandemic:

- A new Oral Health Strategy aimed at delivering improved outcomes for the population and reducing oral health inequalities
- Work to begin on a new General Dental Services (GDS) contract to safeguard a future for Health Service dentistry
- Provide needed capacity at the Department of Health to be able to progress the major reforms needed in dentistry.

The BDA has long advocated a root and branch overhaul of Northern Ireland's oral health strategy which is now over 14 years

old. It says a new policy must run in parallel with reforming the decades old activity-based contract that Health Service Dentistry is based on, which is simply unworkable post-COVID. The change of emphasis being called for is to move away from 'counting widgets' to a model that recognises and rewards work improving the oral health of the population.

The profession has acknowledged the short-term support provided to dentists under Financial Support arrangements over the past year, and the Minister's recent confirmation that a new GDS Rebuilding Stakeholder Group will be established to help tackle these issues and that limited administrative capacity in DoH will be reviewed.

Richard Graham, Chair of the British Dental Association's Northern Ireland Dental Practice Committee, said: "A service long teetering is now broken and will require nothing less than a full rebuild if it's ever going to meet demand from the hundreds of thousands who have missed out on needed care. Morale across the profession has collapsed. Things were barely sustainable pre-COVID, and now many colleagues simply cannot see a future providing Health Service dentistry.

"There is much work to do to ensure access to Health Service dentistry can be sustainable going forward, and we urge every party that values it commit to taking that work forward in earnest. Our message to every MLA, candidate, and party is simple: it is high time to give oral health the priority it desperately needs, and to build back better."

¹Analysis of SDR Items of Service Claims by item number and Children/Adults 2019/20 and 2020/21, HSC Business Services Organisation, 22 June 2021

Align marks 10m milestone

ALIGN Technology announced that its charitable foundation has donated \$1 million to Operation Smile, a global surgical nonprofit, to help children around the world born with cleft conditions receive safe, effective, and timely cleft surgery and comprehensive care.

"Operation Smile's mission strongly resonates with Align's purpose of transforming smiles and changing lives," said Raj Pudipeddi, chief innovation, product and marketing officer and senior vice president, at Align. "We are proud to support a future where more smiles can be transformed through safe surgery and medical treatment - and hope to inspire others through our donation to help Operation Smile change the lives of more children."

The '10 Million Smiles. 10 Million Thanks' campaign is based on the transformative power of Invisalign treatment as seen through the eyes of Invisalign patients. The donation to Operation Smile builds on that goal and aims to help more children around the world to smile by raising awareness and generating support and funding.

"We are so appreciative of the dedication and support from Align Technology over the years and are excited for what we can do to bring families renewed hope and help children around the world smile even more as a result of this latest donation," said Kristie Magee Porcaro, chief strategy officer, Operation Smile. "Together, we're improving the health of many children and ensuring that they have the opportunity for a better future."

www.10MInvisalignSmiles.com
www.operationssmile.org

“

**WE ARE PROUD TO
SUPPORT A FUTURE WHERE
MORE SMILES CAN BE
TRANSFORMED”**

RAJ PUDIPEDDI

Introducing Scan – Plan – Guide

The convenient CT scanning service

Scan

We'll arrange a CT or CBCT Scan at one of 18 partner sites



Plan

We'll help with the treatment planning



Guide

We'll make the surgical drill guide



IDT Ireland, First Floor, 15 Market Street, Kinsale, Co. Cork
Tel +353 (0)21 470 9501 Email info@idtireland.ie

Call us on 021 470 9501 to discuss your CBCT options

Amalgam phase-out 'unworkable'

Europe urged to focus on prevention and increase research into mercury-free alternatives

BDA Northern Ireland has urged the European Commission to reconsider its plan for a full phase-out of amalgam by 2030. The BDA believes a 'phase-down', rather than a phase-out, is the only viable way forward that can avoid destabilising health systems already under considerable strain, and exacerbating health inequalities.

A report by the European Commission to the European Parliament and Council claims that the phase-out of dental amalgam –the largest remaining intentional use of mercury in the EU – “is technically and economically feasible before 2030”. Despite the UK having left the EU, under the Northern Ireland Protocol, European proposals on amalgam would apply to Northern Ireland, but not to England, Scotland or Wales.

A BDA spokesperson said: “We, alongside our colleagues in the Council of European Dentists and the FDI World Dental Federation, support a phase-down approach to dental amalgam use. However, dentists must continue to have the full range of restorative materials at their disposal, and at present there is no direct replacement for amalgam for durability, cost-effectiveness and ease of use. Alternative materials are also much



less extensively researched for their impact on the environment and direct effects on human health.

“COVID has dramatically altered the dental landscape, meaning that the feasibility study undertaken pre-pandemic must be reviewed in respect of the different context we find ourselves in. A phase-down, not phase-out of dental amalgam is the only viable way forward. This will avoid destabilising health systems already under considerable strain, and exacerbating health inequalities. We also want to see an increased focus on prevention, as well as additional research into mercury-free alternative materials.”

The spokesperson added: “We are concerned about many aspects of the feasibility study undertaken by Deloitte

that underpins the basis of these phase-out proposals, not least the data being incomplete. Any move to phase out dental amalgam as a low-cost restorative material will have the greatest impact on those most disadvantaged patients, increasing inequalities. These issues go to the heart of the right to access affordable healthcare and must be properly considered in a full impact assessment.

“Our response urges the EU to take a more considered phase-down approach to what is a largely environmental issue. Regardless of what happens, this serves as an important reminder of the need for governments closer to home to step up on prevention. We will continue to liaise with officials to mitigate any impact of these developments on the profession.”

Irish dental platform's US success drives growth

TOOTHPIC, the Dublin-based online dental care company, said it had achieved “significant business growth” over the past year, gaining major ground in the US market.

It said forming key partnerships with the world's leading toothbrush manufacturer, Philips Sonicare, and America's largest dental insurer, Delta Dental of California, has doubled revenue and users of its platform.

The company, which provides 24/7 instant access to a dentist via a smartphone and was set up in 2012 by three Trinity College Alumni, cited major landmarks in 2020, by not only expanding its Dublin and New York City teams, but also in becoming the first 'smart dental' company to integrate with a US-based

Insurance provider – offering 37 million American's remote dental care as part of their existing insurance package.

The agreement provides all Delta Dental of California insured members with a digital platform that will see problems diagnosed, oral hygiene monitored, and cosmetic consultations carried out from the comfort of their own homes. For Delta Dental members lacking access to a local dentist, or those with a disability or of an advanced age affecting mobility, the app ensures routine care and prevention. Additionally, the new offering also provides a COVID-secure way of maintaining regular dental check-ups.

As well as this, Toothpic announced a

partnership with Philips, the global leader in health technology, to launch a multi-service platform which provides all dental professionals with a secure and robust way to virtually meet their patients' needs anytime, anywhere, and can be used as a tool to build direct patient engagement, acquisition and retention while improving office efficiency, in-chair time and remote care.

The collaboration led to Toothpic being named as a Health and Wellness Innovation Honoree at the CES 2021 awards, where Philips and Toothpic were praised for outstanding design and engineering in the consumer market.

www.toothpic.com

Oral-B iO™



Professional Clean Feeling. Every Single Day.

For more information on Oral-B iO; to find out if you are eligible for a free sample, or to take advantage of our exclusive iO offer for dental professionals, please contact your local Oral-B representative directly, via customer services: customerservice@dentalcare.co.uk or head to our professional website at www.dentalcare.co.uk/en-gb/contact-us

Dentists have ‘lost faith’ in DoH

Time for action, not words, says IDA, after ‘years of neglect’ in the sector

THE outgoing President of the Irish Dental Association (IDA) has said that dentists have “lost faith in the ability of the Department of Health to listen to the dental profession and bring about real and substantive change for the good of patients”.

Speaking at the IDA’s AGM, and in response to a pre-recorded address to the AGM by Stephen Donnelly, the Minister for Health, Dr Anne O’Neill said that dentists needed to see action, not merely words after “years of neglect” in the sector. She said: “Over the past number of years, the Irish Dental Association has repeatedly challenged the Department to discuss the problems within the sector, most recently with the Dental Treatment Services Scheme (DTSS), which has not happened.

“What we need to see now is action because, up to this point, dentists have lost faith in the ability of the Department of Health to listen to the dental profession and bring about real and substantive change for the good of patients. We must ensure that it is the patient who is prioritised.”

The DTSS is the scheme through which medical card holders can access dental care. Dr O’Neill (pictured, right) said that the DTSS was “widening the gap” between those who can afford private dental care and those who cannot. The IDA believes the DTSS is outdated and unfit-for-purpose. Fewer than 800 of the country’s 2,500 general practice dentists were actively treating medical card patients last month as record numbers of dentists abandoned the DTSS scheme following unprecedented funding cuts. The IDA believes an entirely new approach is required and not just tweaks to a completely discredited scheme and contract in order to

“

THESE DENTISTS ARE WILLING AND ABLE TO MEET THE CHALLENGE OF BEING VACCINATORS, BUT IT IS IMPORTANT TO STATE THAT THEIR ABSENCE MEANS A LACK OF EARLY INTERVENTION”

provide adequate care to patients.

Dr O’Neill added that the redeployment of public sector dentists to the ongoing vaccination rollout programme was having a hugely negative effect on patients, particularly children. “These dentists are willing and able to meet the challenge of being vaccinators, but it is important to state that their absence means a lack of early intervention, a lack of early diagnosis and treatment of dental diseases to both children and vulnerable adults, some of which will result in the loss of teeth for life. This has led to significant issues, not least the fact that irreparable damage is being left untreated in our child population.”

She added: “If we are truly interested in providing a patient-centred system to support oral health, we must keep the needs of the patient in focus when considering any changes to the existing system.” Dr O’Neill concluded by reiterating the Association’s call for it to be given full collective bargaining rights on behalf of its private dentist members, saying that the satisfactory resolution of the matter would be a pre-condition to any discussions of dental reform with the Government.



Dentists surveyed on workplace culture

DENTISTS have been invited to complete a survey¹ by academics at Dublin City University (DCU) investigating the work-related experiences of dental healthcare professionals in both the private and public sector.

The survey is part of a research project investigating the work-related experiences of healthcare professionals generally. It aims to identify opportunities to improve the workplace culture and will contribute to informing

evidence-based programmes aimed at building a better working environment.

This research study is being conducted by Dr Angela Mazzone and Professor James O’Higgins Norman of the National Anti-Bullying Research and Resource Centre (ABC) at DCU. The survey has been facilitated by the Orthodontic Society of Ireland.

Responses are non-identifiable, and data will be anonymised and aggregated

with data from other participants. The survey results will be used for writing papers for publication in scientific journals, and for presenting research study findings at academic conferences.

The survey coincides with the launch of an initiative to encourage all dental workplaces to make mental health wellness a priority. The Mental Health Wellness strategic steering group was formed through the Dental Professional Alliance, specifically

to co-design, develop and maintain a framework that encourages and enables all dental professionals to act in a timely, appropriate, and safe manner when identifying mental health wellness issues in the workplace.

The initial call to action from the initiative is that each dental workplace should have an identified individual who acts as a “mental health wellness lead”.

¹<https://tinyurl.com/2ey5m2nj>



Gum disease prevention 'could save billions'

Economic case for management presented to Northern Ireland Assembly and Irish Government

THE economic case for the prevention and management of gum disease has been outlined in a report by the Economist Intelligence Unit (EIU)¹. The most comprehensive analysis on the financial and human cost of gum disease in six Western European countries was produced by the EIU, commissioned by the European Federation of Periodontology (EFP) as an independent study, and sponsored by Oral-B.

Periodontitis affects around half of the world's population. Left untreated, it causes tooth loss and can result in difficulties chewing, speaking and smiling. In addition, gum disease is associated with nearly 60 other health conditions including heart disease and diabetes². It is largely preventable with good oral hygiene and regular dental reviews.

Yet the report states that in Western Europe, developments in prevention and management appear stagnant. The prevalence of periodontitis has remained largely unchanged over the last 10 years and its awareness among the general public and non-oral health professionals is poor. The document describes a situation in which many people only see a dentist when they have a problem and avoid regular appointments due to the cost.

Few studies have modelled the economic burden of periodontitis and return on investment (ROI) of treatment, particularly across different countries. The authors developed a model to examine the ROI of preventing and managing periodontitis. Separate modelling was performed for France, Germany, Italy, the Netherlands, Spain, and the UK.

To measure the impact of prevention

and treatment, the model used the EFP treatment guidelines which outline four intervention points in the progression from health to gingivitis, undiagnosed periodontitis, and diagnosed periodontitis. The estimated current national situation determined the number of individuals starting at each stage of the model.

The authors modelled the transition between the different health and disease stages during a 10-year period according to five scenarios: 1) baseline: current prevention and treatment situation continues; 2) rate of gingivitis management falls from 95% to 10%; 3) incident gingivitis is eliminated through improved oral homecare (periodontitis is thereby prevented); 4) no periodontitis is managed; 5) 90% of periodontitis is diagnosed and managed.

The model calculated the impact of each scenario on total costs, ROI, and the change in healthy life years compared to baseline. The cost of continuing with the baseline scenario ranged from €18.7 billion in the Netherlands to €96.8 billion in Italy over 10 years. In all countries, reducing gingivitis management lowered healthy life years and had a negative ROI. Eliminating gingivitis led to rises in healthy life years, reduced costs and a strong ROI in all countries. No management of periodontitis resulted in reductions in healthy life years and a negative ROI for all countries. Diagnosing and managing 90% of periodontitis increased healthy life years in all countries and despite cost increases there was a positive ROI.

The authors noted that both eliminating gingivitis (the precursor to periodontitis) and increasing the rate of diagnosing and treating periodontitis

to 90 per cent had a positive ROI for all countries and gains in healthy life years compared to business as usual. Neglecting to manage gingivitis had the opposite effects. They called for greater emphasis on self-care and prevention at the individual and societal level, including nursery-based dental care and tooth brushing workshops in schools.

The authors concluded that the cost-effectiveness of managing gingivitis and periodontitis shown in this analysis demonstrate that dental costs deserve a review from European policy makers and commissioners.

Professor Iain Chapple, EFP Workshop Committee member and a contributor to the report, said: "It is hugely challenging to determine the economic and societal costs of a complex disease like periodontitis, which is why we needed an independent expert group like the EIU to undertake this modelling. Their data clearly demonstrates that by far the biggest ROI comes from the prevention of periodontitis, i.e., by treating gingivitis, something traditionally regarded as trivial and ignored, with treatment being directed at periodontitis – which is of course too late."

REFERENCES

¹ The Economist Intelligence Unit. 2021. Time to take gum disease seriously: The societal and economic impact of periodontitis. London, The Economist Intelligence Unit.

² Monsarrat P, Blaizot A, Kémoun P, et al. Clinical research activity in periodontal medicine: a systematic mapping of trial registers. *J Clin Periodontol*.2016;43:390–400.

This work was supported by a sponsorship from Oral-B, part of the Procter & Gamble Company.

DATES FOR YOUR DIARY

Note: Where possible this list includes rescheduled events, but some dates are still subject to change. There is "no reason" for England's final Covid restrictions to last beyond 19 July, new Health Secretary Sajid Javid has said. Scotland aims to lift all major legal lockdown restrictions by 9 August. The next review of measures in Wales is due on 15 July. Some rules in Northern Ireland will be reviewed on 1 July. As Scottish Dental went to print, 14 areas in Scotland were at COVID protection level two - Glasgow, Edinburgh, Midlothian, Dundee, East Dunbartonshire, Renfrewshire, East Renfrewshire, North Ayrshire, South Ayrshire,

East Ayrshire, North Lanarkshire, South Lanarkshire, Clackmannanshire and Stirling. Some districts have moved to Covid protection level one (down from level two) - Highland, Argyll and Bute, Aberdeen City, Aberdeenshire, Moray, Angus, Perth and Kinross, Falkirk, Fife, Inverclyde, East Lothian, West Lothian, West Dunbartonshire, Dumfries and Galloway and the Borders.

26-27 JULY

Dental Health Forum
CTF, Manchester University
[10times.com/e11s-rx6x-gs52](https://www.10times.com/e11s-rx6x-gs52)

1-2 SEPTEMBER

International Conference on Medical and Health Sciences (ICMHS)
Dublin
www.10times.com/icmhs-dublin-ireland

26-29 SEPTEMBER

FDI World Dental Congress
Sydney
www.world-dental-congress.org

29-30 SEPTEMBER

38th International Conference on Dental Surgery and Medicine
Dublin
dentalsurgeons.conferenceseries.com/

1-2 OCTOBER

ITI Congress UK & Ireland
EICC, Edinburgh
www.tinyurl.com/yym8cyw

18-19 OCTOBER

8th Global Conference on Smart Materials and Nanotechnology
Including dental implants
Venue TBC
www.smart.materialsconferences.com

11-13 NOVEMBER

BACD 17th Annual Conference
EICC, Edinburgh
www.bacd.com/annual-conference/bacd-17th-annual-conference-2021-seeing-is-believing/

12-14 NOVEMBER

BSP Conference
The Royal College of Physicians, London
www.tinyurl.com/yjh2bcq3

POSTPONED FROM 2021 to 2022

13-14 MAY 2022

British Dental Conference & Dentistry Show
NEC, Birmingham
www.thedentistryshow.co.uk

15-18 JUNE 2022

EuroPerio10
Copenhagen
www.efp.org/europerio/

24-25 JUNE 2022

Scottish Dental Show
Glasgow
www.sdshow.co.uk

11-13 AUGUST 2022

International Symposium on Dental Hygiene
Dublin
www.isdh2022.com



eastcoast
orthodontics

One of Ireland's leading orthodontics practices.

Dr Jim Griffin invites referrals for Aesthetic Orthodontics especially Adults with complex treatment requirements.

Available for consultation early mornings, late evenings, Saturday mornings.

Referrals welcome

- Invisalign techniques
- Lingual orthodontics
- Aesthetic appliances

Cubes 1 Suite 7
Beacon South Quarter
(Opposite Beacon Hospital)
Sandyford
Dublin D18VF70

Phone: 01 697 9184
e mail: info@eastcoastorthodontics.ie
www.eastcoastorthodontics.ie

(Good access from M50, and the green line on the Luas)



Ban junk food from sport, says BDA

THE British Dental Association said it welcomed what it described as "leadership" from the footballer Cristiano Ronaldo, in shunning UEFA Euro 2020 sponsor Coca-Cola - but warned that sustained effort WAS required UK and worldwide to remove the deep-rooted and pernicious influence of junk food brands across sport.

The captain of the Portuguese national team has promoted KFC - together with its partner brand Pepsi - while his Italian Serie A Club Juventus receives funding from both Coca-Cola and M&M's. Dentists are deeply concerned that oral health inequality among children will widen as result of the pandemic, as a result of unhealthy lockdown diets, limited access to services, and the suspension of public health programmes. The BDA believes the Government

should apply the same logic to junk food sponsorship as has been previously applied to alcohol, tobacco and gambling. While there are moves to ban junk food advertising in primetime, sports sponsorship appears to offer a get-out clause.

Dentists have previously warned that even diet versions of fizzy drinks are more acidic than lemon juice or vinegar and are helping to fuel an epidemic of dental erosion.

Eddie Crouch, the BDA's Chair, said: "Sporting heroes provide wall-to-wall marketing for brands that actively undermine the oral health and overall health of consumers. As dentists, we know that no amount of exercise will protect against tooth decay. If ministers are serious about taking junk food advertising off the menu for children, they cannot leave sport untouched."

Biodentine™

Updated Indications

Reverse the Irreversible!*



Irreversible Pulpitis

Biodentine™ saves pulps EVEN with signs and symptoms of irreversible pulpitis*

Biodentine™ brings one-of-a-kind benefits for the treatment of up to 85%** of irreversible pulpitis cases:

- Vital Pulp Therapy allowing complete dentine bridge formation
- Minimally Invasive treatment preserving the tooth structure
- Immediate Pain relief for your patients' comfort
- Bio-Bulk filling procedure for an easier protocol

Innovative by nature

Please visit our website for more information
www.septodont.co.uk



ACTIVE
BIOSILICATE
TECHNOLOGY



* If haemostasis cannot be achieved after full pulpotomy, a pulpectomy and a RCT should be carried out, provided the tooth is restorable (ESE Position Paper, Duncan et al. 2017)

** Taha et al., 2018

Celebrating 50 years

The O'Mullane Prize competition is open to any person or group providing or organising dental care for children in Ireland. Topics can include technique description, audit, case report, literature review, research, or service organisation. The winner receives a cash award and a medal after the annual scientific meeting (ASM) of the Irish Society for Dentistry for Children (ISDC), which is celebrating its 50th anniversary. Finalists were selected by the ISDC judging panel, based on submission of an abstract, and were invited to submit a presentation that was shown at this year's ASM. The prize honours those pursuing excellence in all aspects of dentistry for children. This year's winner is Breda Martin - congratulations Breda!

Methoxyflurane (Penthrox) as an alternative to GA for paediatric extractions.

Preston S, McNally S, Dowd H - Northern Health and Social Care Trust

Purpose: Evaluation of a novel use for an anxiolytic analgesic agent (Penthrox) in outpatient paediatric dental extractions, in light of Covid-19 pandemic impact on dental care.

Methods: Observational study supported by structured questionnaires. Parents/careers of children aged 5-16 years, who had been on the NHSCT GA waiting list were invited to participate in a pilot study after the introduction (including training and in situ supervision of qualified sedation dentists) of this approach by a Paediatric Emergency Medicine Consultant.

Outcome measures:

- If extraction/s was/were carried out

- Observed anxiety and sedation scores
- Parent/career feedback questionnaire and post-op questionnaires at two weeks
- Successful Safety Competency Team Framework

Results:

- 40 children participated over 7 Outpatient Clinics March-April 2021
- Age ranged from 5.6 -15.7 with mean of 7.8 SD 1.95
- Mean teeth extracted: 2.35 SD 1.05
- Mean attendance per session was 5.71 SD 0.76
- Comparisons to GA sessions (2017-18) p-value <0.314
- All planned treatment was completed, compared to GA (2017-18) 9% cases abandoned on the day (p-value <0.0001)
- Ellis scores- ES1=70%; ES2 = 25% ES4 = 5
- No adverse outcomes recorded at two weeks
- User opinion: 97% very satisfied/Satisfied, 3% non-responders; 95% positive visit, 5% non-responders.

Conclusions: Penthrox was successful as an anxiolytic analgesic agent in paediatric dental extractions, administered by sedation dentists in an outpatient environment. Consequently, this warrants continuation of the study.

Oral Health Promotion for Fluoride Toothpaste Use in Socially Disadvantaged Children.

Lim YR, Harding M - Cork University Dental School and Hospital

Background: Dental caries is rampant, especially among children with low socio-economic statuses. For many countries, fluoride toothpaste is probably the most practical community strategy.

Purpose: To appraise available evidence presented in randomised controlled trials on effective oral health





We understand you're more than a credit rating

In fact, all our lending decisions are made by real people with experience to recognise the challenges many have faced, particularly through the Covid-19 pandemic.

Our team of specialists can tailor a finance solution to meet your needs and our trusted, reliable lending decisions ensure we can continue to support you through all business cycles.

Speak to us today.

 **081 882 7893**

 **braemarfinance.ie/supporting**



promotion programmes for fluoride toothpaste use in children living in socially deprived communities.

Methods: PubMed and Cochrane Library databases were searched for English-language articles published between 2005-2020. Of the 154 articles identified, seven met the inclusion criteria. These were assessed for validity, risk of bias, and grouped according to their interventions: supervised toothbrushing with fluoridated toothpaste (i) with, and (ii) without oral health education (“OHE”), and (iii) toothbrush and toothpaste (“TFT”) distribution with OHE.

Results: The results suggest that supervised toothbrushing with and without OHE were effective in reducing caries, especially in high-caries risk groups and younger children. OHE was effective in reducing plaque, but more so when combined with TFT distribution. Teacher-led interventions were more effective than dental team-led ones, with participatory OHE outperforming didactic OHE in toothbrushing-related knowledge and behaviours, but not attitudes. Quarterly TFT and OHE leaflet distributions served as reminders to children and their caregivers to maintain the improvements in plaque scores and toothbrushing knowledge and behaviours after six months; results after twelve months were conflicting.

Conclusions: More high-quality low-bias studies are required to confirm these findings. The most jarring inadequacies were the lack of participant-blinding and objective outcome measures. Research with various intervention combinations, together with clinical and financial cost reporting, should be conducted for a more holistic evaluation.

Dentist’s Perceptions on the Management of Children with Dental Anxiety

Martin B - HSE Dental Department, Louth Primary Community Care & Crowley E - HSE Dental Department, Midleton Hospital, Co. Cork

Background: Dental avoidance, higher levels of dental decay and a poorer oral health related quality of life (OHQL) are some of the reported clinical implications for children with dental fear and anxiety (DFA). However, little is known about the management of children with DFA in Ireland.

Purpose: The aim of this research is to determine the perceptions of dentists working in Ireland on the prevalence and management of children with DFA.

Method: Anonymous web-based questionnaires were sent in April 2019 to all 17 Primary Care HSE Dental Managers and 239 frontline HSE primary care dentists.

Results: The response rate was 41% (n=7) Managers (M) and 31% (n=73) HSE Dentists (D). Managers (57%)

and Dentists (56%) felt the prevalence of children with severe DFA was likely to be less than 10%. Managers (86%) and Dentists (70%) estimated the prevalence of children with moderate DFA to be at least 21%. The most common possible clinical outcomes for children with DFA as perceived by respondents were a poorer OHQL (M=100%, D=84%), more irregular dental visits (M=100, D=80%), non-attendance (M=100%, D=84%), higher rates of dental extraction (M=86%, D=79%), and higher levels of dental decay (M=71%, D=76%). Dentists felt there were clear barriers identified to treating children with DFA including a lack of undergraduate training (D=74%), limited access with long waiting times for services such as relative analgesia and general anaesthesia, and an absence of clinical guidelines for children with DFA. Only one Manager reported that services are prioritised for children with DFA, but in an ad hoc fashion.

Conclusions: This study has highlighted that HSE dentists encounter many children with DFA. HSE managers and dentists perceived DFA to have a negative impact on these children’s oral health. There appears to be a lack of services available for these children in public oral health services in Ireland.

Irish dentists’ perception of Hypomineralised Second Primary Molars (HSPM).

McCarra C, Olegario I, O’Connell AC, Leith R - Dublin Dental University Hospital

Background: HSPM is a recently recognised condition and appears to be predictive of MIH in the permanent dentition.

Purpose: To explore how general dentists in the Republic of Ireland perceive and manage HSPM.

Methods: Following ethical approval, a validated structured questionnaire containing 19 questions on awareness, experience and clinical management of HSPM was sent to Irish dentists using Survey Monkey. Binary outcomes and independent variables were compared using logistic regression analysis ($\leq 5\%$).

Results: A total of 279 dentists responded to the questionnaire and were grouped according to age, years of practice and workplace. 72% of dentists reported awareness of HSPM and reported diagnosing the condition (monthly 28%; yearly 37%). Most dentists felt confident in diagnosing HSPM (71%). 58% of respondents were aware of the predictive nature of HSPM for MIH development and awareness was highest in private practice and lowest in those who practiced < 5 years ($p < .05$). Dentists who had practiced for < 15 years were significantly more likely to document HSPM frequently compared to those with less experience. No significant association was found between age group, years of practice and workplace and confidence in HSPM diagnosis. Dentists in private practice reported to be more comfortable in management ($p < .05$). The most cited barrier to care was child’s behaviour. Conservative treatment was the most popular approach in the clinical scenarios.

Conclusions: In general, Irish dentists are aware of HSPM and are confident in diagnosis and management. HSPM as a predictor of MIH was more common in dentists with more experience and working in private practice.



THE AWARD HONOURS THE EFFORTS OF THOSE PURSUING EXCELLENCE IN ALL ASPECTS OF DENTISTRY FOR CHILDREN”

We've **listened**
to what's most
important **to you**

Denplan **+Plus**

Our new proposition for dentists

Growth | Compliance | Value

To learn more, visit

www.denplan.co.uk/plus-IDM

or call **0800 169 9962**



A call to action

Each dental workplace should have an identified individual who acts as a 'mental health wellness lead'

A new dental initiative has been launched to encourage all dental workplaces to make mental health wellness a priority.

The Mental Health Wellness strategic steering group was formed through the Dental Professional Alliance, specifically to co-design, develop and maintain a framework that encourages and enables all dental professionals to act in a timely, appropriate, and safe manner when identifying mental health wellness issues in the workplace.

The steering group has been led and chaired by Fiona Ellwood BEM DPA, a trained and practising Mental Health First Aider, and Roz McMullan, Chair of Probing Stress in Dentistry in Northern Ireland.

Why now? Mental health is never far from front page news, and it has a longstanding association with dentistry. But when you look closer this appears to be more commonly associated with dentists rather than the whole team. To anyone that understands the intricacies of being part of a dental team and especially the clinical team, it is perhaps difficult to understand why there have only ever been papers and research on dentists.

Yes, there are added pressures, but if pressures spill over it can very quickly become a team matter. Support for the whole team is varied across settings - primary and secondary care - and across team members and yet mental health knows no such boundaries, and this was the driver and start of the work from the Dental Professional Alliance.

There have been several papers produced during the pandemic about stress, anxiety, and burnout, most have again focused on the dentist. When you look to the NHS in general, it talks more broadly of frontline staff, although much has been written about the nursing teams too. Whilst we know that stress, anxiety, and burnout are not mental illnesses we know that they can add to mental health issues.

Last month, the Office for National Statistics published data on coronavirus and depression in adults, and this paints a worrying picture. Double the number of adults have experienced depression symptoms in comparison with the pre-COVID statistics¹. Between January and March this year, one in five (21%) have suffered with depression symptoms, with an increase from November 2020 which was 19%. Notably, the evidence shows that 4-10 cases are young adults and female.

Coincidentally, *Humphris et al*² published a paper in April looking at health and wellbeing in dental team members as an outcome of the uncertainties of the pandemic. "Of 329 respondents the researchers report that 27% appear to have reported significant depressive symptomology and 55% appear to suggest that they have suffered emotional exhaustion". The paper suggests that primary care staff reported a higher incidence. What is of great interest are the recommendations, which clearly suggest that there could be benefit of "resourcing staff support and interventions to help team members in challenging times."

Not only does the *Humphris et al* paper speak to the whole team it touches on the narrative of resourcing staff support and interventions, which takes this full circle and right back to the principles of the extensive work recently undertaken by the Dental Professional Alliance and stakeholders, who have designed a framework introducing the need for a mental health wellness lead in every dental setting with an underlying ethos that early intervention and safe signposting is paramount.

The initial call to action from the initiative is that each dental workplace should have an identified individual who acts as a 'mental health wellness lead' and who, through a recognised training programme, is confident, competent and committed to improving the perception of mental health

WORDS WILL PEAK IN

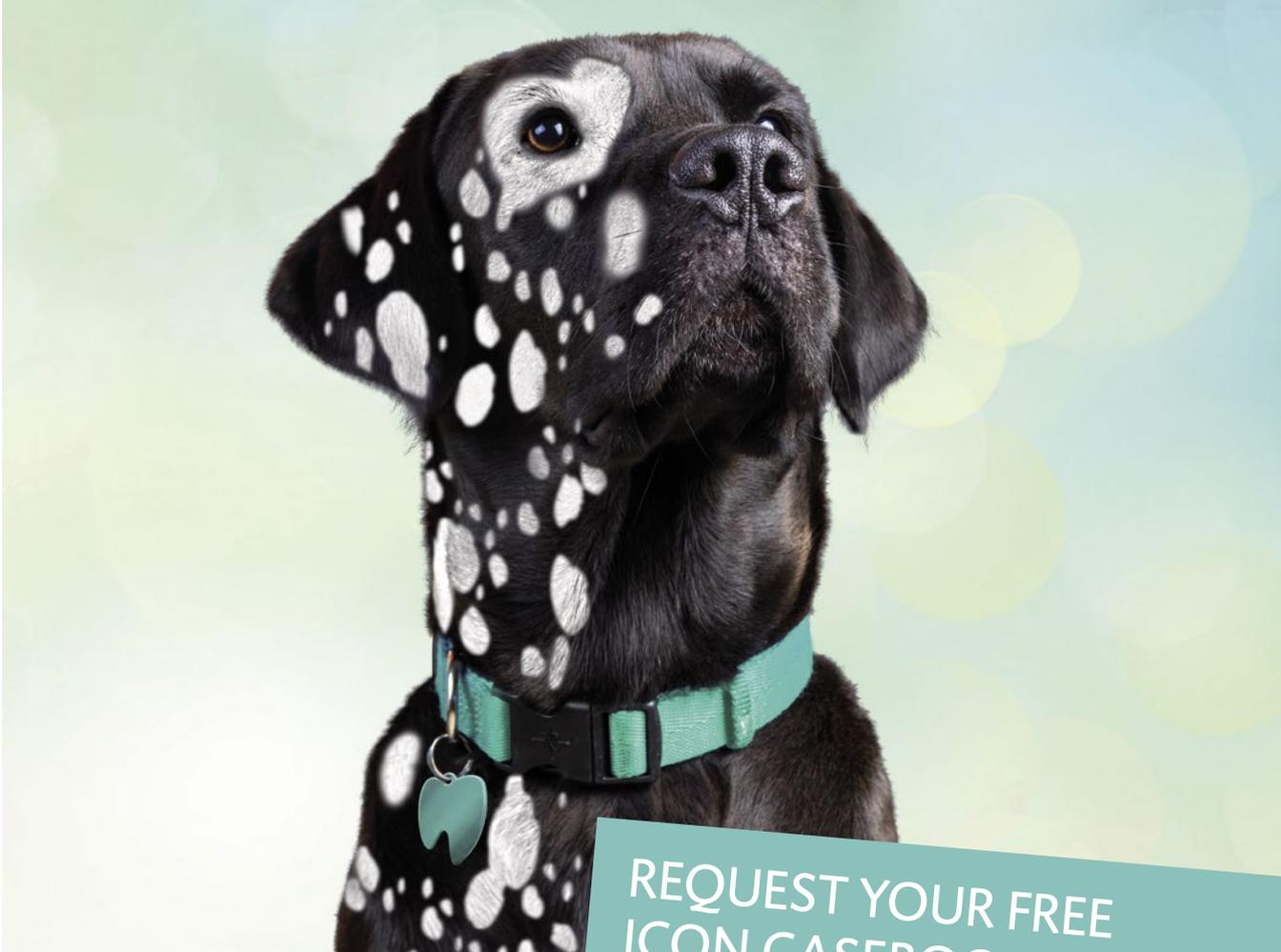
wellness in the workplace. This forms part of a six-stage process:

- Identify mental health wellness lead
- All members of dental team to undergo stress awareness training
- Leads to undertake MHFA training
- Design workplace action plan
- Join local peer support networks
- Complete annual training and maintain skills

Roz McMullan said: "No one should feel alone or unable to talk to someone at work and for this very reason, this call to action asks decision makers and line managers to adopt this cultural change to mental health wellness in the dental workplace and commit to the recognised training pathway"

Fiona Ellwood added: "We want





REQUEST YOUR FREE
ICON CASEBOOK!
Email us info@dmg-dental.co.uk

Effective treatment for white spots. With Icon smooth surface.

A quick, gentle and esthetically pleasing treatment for white spots on smooth surfaces? Icon's infiltration therapy makes it possible. Proven. For a wide range of indications, from cariogenic white spots to fluorosis or color changes caused by trauma. Discover the latest white spot treatment for yourself and your patients.

For more information see www.dmg-dental.com



 **DMG**

“WE WANT THIS TO DELIVER REAL CHANGE IN THE DENTAL WORKPLACE THROUGH A PLAN OF PRACTICAL ADVICE AND ACTION”

FIONA ELLWOOD



this mental health wellness to deliver real change in the dental workplace through a plan of practical advice and action. We will work with partners to provide leadership, support, and direction on joint work. We will work with employers, local teams and professional partners in the UK to oversee implementation of the framework. Fundamentally, we want to see a mental health wellness lead in every practice and place of dental employment across the UK.”

The launch of the framework was welcomed by the General Dental Council (GDC). Rebecca Cooper, Head of the GDC’s Policy and Research Programme, said: “Conversations about mental health should be encouraged. Dental professionals should feel able to share their experiences and think about the steps that can be taken to improve and safeguard mental health wellness.

“Produced from within the sector, this new framework provides clear and simple everyday guidance which promotes mental health wellness for all members of the dental team. Dental professionals’ mental health plays a vital role in the provision of safe, effective, person-centred care and this framework is an important step forward.”

For more information about the initiative and how you can get involved, visit: <https://mhw.org>

REFERENCES

1. Coronavirus and depression in adults, Great Britain: January to March 2021: <https://tinyurl.com/du64j7zf>
2. Exploring the Effect of the COVID-19 Pandemic on the Dental Team: Preparedness, Psychological Impacts and Emotional Reactions: <https://www.frontiersin.org/articles/10.3389/froh.2021.669752/full>

Endorsing partners

The initiative has gained widespread support from across dentistry, with a large number of endorsing partners including the Royal Colleges of Surgeons and the Royal College of Physicians and Surgeons, General Dental Council, Chief Dental Officer of Scotland, Chief Dental Officer of Wales, Acting Chief Dental Officer of Northern Ireland, FGDP (UK), College of General Dentistry, British Dental Association, British Orthodontic Society, Association of Dental Groups, British Association of Dental Therapists, British Society of Dental Hygiene & Therapy, Society of British Dental Nurses, Orthodontic Therapists Society, Orthodontic Technicians Association, British Institute of Surgical & Dental Technologists, British Association of Clinical Dental Technology, British Society of Paediatric Dentistry, Denplan, Dental Laboratories Association and Mental Health First Aid (MHFA) England.

Run for your life ...

Ireland is getting behind a team of dentists raising funds for mental health

Watching too much television can be bad for your health, as we know – even for someone like Stuart Campbell, a specialist prosthodontist. Stuart is not a couch potato; he likes trail biking and running. In 2019, he completed a number of ultramarathons. But, in the spring of last year, during the first lockdown, streaming services were a welcome distraction from group chats and worrying about the future of the profession and patients’ health.

“After doing some ultramarathons, I was looking for a bigger challenge,” recalled Stuart. “I watched a programme on Amazon Prime called *Running Britain*. It followed a man, with a wondrous beard, called Sean Conway, as he trudged pluckily from one end of the country to the other. From the comfort of my warm sofa cushions, I thought: ‘I could probably run Scotland!’”

Beginning on 30 September, Stuart and three fellow dentists – Derek Marner, Ryan Stewart and Paddy Watson – plan to run an approximately 390-mile route from John O’Groats to Gretna Green. The ultimate aim is to raise as much money as possible for SAMH, the Scottish mental health charity. “Mental health issues are extremely common amongst dentists and other healthcare professionals,” noted Paddy. “We want to help raise more awareness of these issues, encourage people to talk about their struggles.”

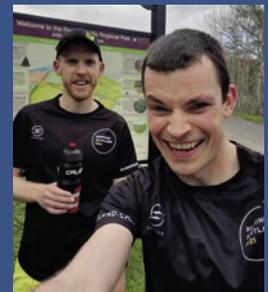
They have been training since the beginning of the year. Recently, Ryan and Paddy took on the Pentland Skyline, decked out in full kit, navigating the 30km route that includes 6,000ft of climbing. “It’s scary to think an average day on our challenge would be at least two of these back-to-back,” said Paddy. Stuart smashed his Run the Date Challenge in March; running 1km on the 1st, 2km on the 2nd, all the way to 31km on the 31st. Derek has all but fully recovered from injuries which plagued his training for a number of months and has been steadily putting in the long miles around the hills of Greenock, alongside his penchant for Munros.

With Ireland represented both in the team and the group of sponsoring companies, this is a fantastic opportunity for you, the readers of *Ireland’s Dental*, to support a great cause. “We would love people to get behind the challenge,” said Paddy. “Follow our progress, share and like our social media content. Check out our website and donate what you can. A major high so far has been smashing the £2,000 barrier for SAMH. Thank you for all your generous donations and a massive thanks to our run sponsors who have been instrumental in allowing this challenge to take place.”

www.runningscotland.com

www.justgiving.com/runningscotland2021

(Running Scotland is kindly supported by: Kalyani Dental Lounge, Extreme Business with Coach Barrow, Rachel Barrow Web and Design, Quintess Denta, Sweden and Martina, PW and Partners, Vision Dental Laboratory, Kitchens International, Biohorizons Camlog, Perioacademy, Tunnock’s, Ashley Latter Dental Sales Training, GSS Autocentre)





EXCLUSIVE FARO
DISTRIBUTION
FOR THE UK

STATE OF THE ART LED TECHNOLOGY

SHADOWLESS, UNIFORM ILLUMINATION

Faro's reflected light design ensures an accurate, high definition, even light spot with no risk of dazzling patients. The lighting can be adjusted from maximum to minimum power without any interruption.



MAIA LED DENTAL LIGHTING

- LIGHTING LEVEL CAN BE ADJUSTED FROM 3,000 TO 35,000 LUX
- DESIGNED TO REDUCE SHADOW from instruments and natural barriers
- JOYSTICK OR MOTION SENSOR LIGHT CONTROL
- REMOVABLE HANDLES for autoclave sterilisation
- ELECTRONIC BOARD ensures perfect compatibility with video acquisition systems and diagnostic tools
- LIGHT INTENSITY MEMORY
- 12 MONTH WARRANTY
- UNIT MOUNTED OR CEILING-MOUNTED
- Suitable for mounting with most dental unit

DW1459



Product code

ALYA LED DENTAL LIGHTING

- LIGHTING LEVEL CAN BE ADJUSTED FROM 3,000 TO 50,000 LUX
- DESIGNED TO REDUCE SHADOW from instruments and natural barriers
- JOYSTICK OR MOTION SENSOR LIGHT CONTROL
- REMOVABLE HANDLES for autoclave sterilisation
- ELECTRONIC BOARD ensures perfect compatibility with video acquisition systems and diagnostic tools
- 3D ROTATION SYSTEM as standard
- 50,000 HOURS FROM 2 LED'S
- LIGHT INTENSITY MEMORY
- 24 MONTH WARRANTY
- UNIT MOUNTED OR CEILING-MOUNTED
- Suitable for mounting with most dental unit

DW1475



Product code

GLOBAL BRAND

LOCAL SUPPORT

BEST PRICE

Supply chain and logistics supported by

Dental Warehouse
DISTRIBUTION WAREHOUSE

SPECIALISTS IN THE SUPPLY AND DISTRIBUTION OF DENTAL PRODUCTS

TO ORDER AND FOR MORE INFORMATION CALL 0800 112 3502

Email: info@dentalwarehouse.co.uk

EXCELLENT PRODUCT QUALITY • QUICK TURNAROUND • COMPETITIVE PRICES

A new dawn

The launch of CGDent is an opportunity to 'bring together the whole dental team for the benefit of patients and society'

“**W**hy do we need our own college?” Professor Nairn Wilson, the Founding President of the College of General Dentistry

(CGDent), kicked off a webinar last month with that fundamental question.

The formal proposal to transfer the Faculty of General Dental Practice (FGDP(UK) to a newly established, independent organisation, CGDent, was made by the Royal College of Surgeons of England. It represents a “transfer of undertakings”, meaning that all the activities and services undertaken by FGDP(UK), and all its staff, will transfer to the new organisation from the beginning of July. FGDP(UK) has been part of the Royal College of Surgeons of England since its inception in 1992, but the faculty has always harboured an ambition to become an independent college.

In 2017, the Faculty Board decided that independence would provide a clearer identity, agility in its business, and stronger focus in its work for members. The vision of the new college is that it will fulfil the aspirations and enhance the professional standing of general dentistry to achieve parity with other and equivalent health care and medical professions. The Trustees of the Royal College of Surgeons of England acknowledged the ambitions of the faculty and supported its plans for independence.

The new College of General Dentistry will provide an independent home and elevate the professional standing for general dental practitioners and members of the wider primary care dental team. It will build upon the work of FGDP(UK) in being recognised nationally and internationally as the home for general dental practitioners.

It will “serve the public and patients by cultivating excellence in oral healthcare, thereby contributing to everyone’s wellbeing; achieve this by establishing evidence-based guidance and standards for dentistry, embedded within a strong professional community of practice; and foster quality in practice for dental professionals through their education and training, career development and lifelong learning”.

Professor Wilson told the webinar: “The hallmark of any profession is that it should have a professional association, which we have with the BDA since 1880, a regulator which we’ve had in the form of the GDC since 1956. And the thing

that has been missing is a royal college of our own. It is seen as the three legs of a stool in many other professions and it’s the one we have not had in dentistry. For far too long, dentistry has been the only mainline health care profession without its own college, let alone its own royal college. That to me, is wrong.

“There is no question that professions which have their own royal college have a different standing and status from those that don’t, it’s as simple as that.”

He said that during times of crisis, such as the COVID-19 pandemic, the reaction of a Secretary of State, or a First Minister, is to say to their private secretary: “Bring in all the presidents of the royal colleges.” Professor Wilson added: “Dentistry has just not been there. We must be there, not just for the COVID crisis but for all consultations, given the importance of oral health in overall wellbeing. We are part of the holistic care of people.” Getting to be a royal college is not simple, he said, which meant achieving that status was a strong signal to society of the importance of the profession. The public recognises the level of expertise required to achieve membership or fellowship of a royal college.

Professor Wilson said that the dental profession had the opportunity to create the largest royal college in the Academy of Royal Colleges; if only half joined the new college, membership would outnumber that of general practitioners, which stands at around 44,000. “That will give us influence and power that we have never had in dentistry. Not to be independent from other healthcare professionals – we want to be fully integrated into healthcare – but we must control our own destiny, and now is the time. There is a new dawn, and not just created by the pandemic; everyone in the profession has been crying out for new arrangements that are preventatively orientated. It is also an opportunity to bring together the whole dental team for the benefit of patients and society.”

But he added: “If we are going to do this, if we are going to get royal status, then we need people behind it. People can’t be bystanders. This is time to stand up, be counted and be part of this initiative. The Privy Council is very cautious; they don’t want Her Majesty to put pen to paper and sign-off on a royal charter for something unless it is serious, important and has longevity. This is an historic opportunity; time for dentistry to move away from the old to something new and fit for purpose. This college is going to be unique in healthcare, with its embrace of the team approach. We are going to be the model for the future, with a whole team approach – parity across all oral health care professionals – to holistic care.” The webinar also heard from Abhi Pal, President Elect of CGDent. Dr Pal, the President Elect,



POLALIGHT

ADVANCED TOOTH WHITENING SYSTEM

A NEW ADVANCED TAKE HOME TOOTH WHITENING SYSTEM WITH LED LIGHT TECHNOLOGY

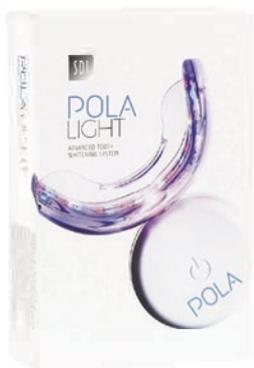
ENJOY A BRIGHTER, MORE CONFIDENT SMILE IN 5 DAYS.

- Fast acting, delivering whiter teeth in as little as 5 days.
- Formulated to safely remove long term stains.
- Fully rechargeable for future tooth whitening treatments.
- Remineralization to strengthen the teeth.
- Extra hydration to minimise sensitivity.
- No custom tray required



"I believe that Pola Light is a very exciting new product that makes at-home whitening so much easier"

DR LINDA GREENWALL
BDS, MGDS, RCS, MSC, MRD, RCS, FFGDP, FICD, BEM



EASY TO USE



FROM JUST
20 MINUTES
A DAY



PROFESSIONALLY
USED AND
RECOMMENDED



WHITER
TEETH IN
FIVE DAYS

Find out more at:
www.sdipola.co.uk

SDI Dental Innovations Ltd.
Hansetrasse 85, D-51149 Cologne
Tel. + 44.1908.218.999

CALL 07887 930 923
Lesley.McKenzie@sdi.com.au



YOUR SMILE. OUR VISION.



JOIN US NOW AT THIS HISTORIC TIME AND HELP SHAPE THE FUTURE OF DENTISTRY”

DR ABHI PAL



highlighted how four types of team member will benefit from membership of the college. “I mean this in the broadest sense because I recognise there are many diverse career patterns in dentistry,” he said.

“It isn’t just about people working in a practice delivering general dentistry five days a week. There are a lot of people who combine general dentistry with other areas of interest.” The first group are those either entering or are within a few years of entering the workforce. “We welcome these colleagues initially as associate members from the time when they qualify and hope they move along the pathway to become full members. They will have a structure within which they can pursue their own direction, within a time frame and interests that are relevant to themselves.

“Most importantly, these members will have support from mentors within the college. And they will have that support even after they’ve left the conclusion of dental foundation training or dental core training as they move into the general practice environment.

“We know that roughly half of DFT graduates will go into practice, half will go into dental core training, and that is quite right because the DCT confers some additional benefits, but ultimately, after DCT Two I would think virtually 90 per cent will be coming back into the general dental practice environment. And we will be there to be able to support the members who join us.” Dr Pal outlined the resources that will be available, including webinars and a suite of post-graduate qualifications.

“The second group of colleagues will be those who have perhaps been in practice for a few years and have already undertaken the credit training to perhaps postgraduate diploma or MSC level, or maybe even have a specialty membership. And we encourage them to join us as associate fellows or fellows. They will receive recognition through our career pathway as an enhanced practitioner. This may well facilitate these members in further career aspirations, whether it is to be practitioners within the NHS, being in private practice with special interests, being successful practice owner, as a dental educator, or taking other leadership positions.

“One of the things that I’d like the college to be able to recognise is those that run successful dental practices and have successful teams that they have nurtured and developed through their leadership and business management skills, should also be recognised as having some degree of enhanced skills.

“The third, group practitioners are those who have perhaps amassed many years of valuable experience but have not undertaken any formal accredited qualifications for whatever reasons. We encourage these colleagues to become members, as we will have a route for these colleagues to grandparent them into a career pathway by demonstrating equivalents – so that they too can receive a long overdue recognition of their skills and experience. So, we want to broaden this net out, not just for people who at the start of their career, also people who have progressed

some way, but also people who are even further in their career, to be able to give them through our membership recognition for the training.

“And finally, and by no means least, and uniquely within similar healthcare colleges, we will welcome members of the dental team who are not dentists, to have their own faculties within the college by becoming members. They too will be able to develop parallel career pathways and recognition for their achievements. These include dental nurses, dental hygiene therapists, dental technologists, and orthodontic technicians. We hope in time to develop specific, accredited qualifications to support the professional development of these members. We’re talking about a professional development plan, with mentor support, together with a career pathway, which is flexible and has local engagement. I think, with this package together, we may be able to address a number of the of the challenges that people working in the profession face.”

Dr Pal added: “In addition to what membership will say about you as a practitioner, being a member also supports the other areas of the college that we are involved with, namely the production of our quality guidelines and standards that are relevant to your work and practice, and research in primary dental care. These activities, guidelines and research are directly in line with the charitable aims of our college – because the college is a charitable organisation, just like every other medical and surgical royal college.”

He concluded: “What do we have as benefits of membership of the academic realm of dentistry? We’ve got the recognition of your professional development, access to mentor supported career pathways, we have involvement of the whole dental team, we’ve got supporting the charitable functions of developing guidance and research relevant to your work.

“You’ve got discounted indemnity, you’ve got free access to dental CPD, to the Primary Dental Journal, and access to local CPD organisations.

“So, the question, I think, is not why join, but what’s stopping you from joining? I urge all members of the dental team to consider this wide range of benefits. Join us now at this historic time, to be part of the new college, showing vision, and help shape the future of dentistry and dental careers.”



Dr Pal has highlighted the benefits of membership

WORDS
WILL
PEAKIN

NEW AJ25 PREMIUM DENTAL UNIT WITH BUILT-IN INFECTION CONTROL

The AJ25 Treatment Centre is our premium model, providing extra patient support and comfort. The built in single button disinfectant system assists with infection control.

5 YEAR PARTS WARRANTY¹

- BUILT IN AUTOMATIC DISINFECTANT SYSTEM
 - STERILISATION BOTTLE
 - ANTI-POLLUTION CUSPIDOR
 - SPITTOON UNIT WITH 325° ANGLE ROTATION
 - 12 MEMORY CHAIR POSITIONS
 - DURR STRONG AND WEAK SUCTION HANDLE
 - CLOSER ACCESS TO THE PATIENT
 - 1 TRIPLE SYRINGE, 2 FIBRE OPTIC HIGH SPEED LINES
 - ELECTRIC MOTOR (BIEN-AIR, BRUSHLESS WITH LED)
 - WOODPECKER LED SCALER
 - LED SCREEN WITH ERROR CODE WARNING
 - ELECTRIC CHAIR WITH NAPA SUPER SOFT UPHOLSTERY
 - OVER 22 COLOUR CHOICES
 - FLEXIBLE ASSISTANT UNIT WITH CONTROL PANEL (1 TRIPLE SYRINGE, HVE/SE SUCTION LINES)
 - DENTIST / ASSISTANT STOOL
- COMES WITH ARC
AEROSOL, REDUCTION, CONTROL**

ajax
AJ25



Supply chain and logistics supported by

DentalWarehouse
DISTRIBUTION WAREHOUSE

SPECIALISTS IN THE SUPPLY AND DISTRIBUTION OF DENTAL PRODUCTS



TO ORDER AND FOR MORE INFORMATION CALL 0800 112 3502

Email: info@dentalwarehouse.co.uk

EXCELLENT PRODUCT QUALITY • QUICK TURNAROUND • COMPETITIVE PRICES

¹Subject to annual service being carried out by your local dealer. Installed by Ajax trained engineers.



①

②

Pioneering prevention

A Coleraine-based dental hygienist is leading the way in providing direct access to this specialist service for the public

There is a growing body of opinion within the profession that questions whether we are training too few hygiene

therapists. It was articulated recently by Professor Philip Taylor, Dean of Dental Surgery at the Royal College of Surgeons of Edinburgh, who was speaking during a question-and-answer session at the Scottish Dental Association's Summit in May.

"Should we be training as many dentists? Should we start to train more hygiene therapists? We actually need [them] if we are going to solve the periodontal problem," he said. "Like the model in some of the states in America," he suggested, "where you have one dentist, you have 20 hygienists or 20 therapists that are working away. And the dentist [is] the person doing the diagnostics, making the treatment plan, and doing the more complex treatment."

Professor Taylor's comments were backed by Kyle Anderson, of the British Association of Dental Therapists. He told *Ireland's Dental Magazine*: "There is a pivotal role that therapists and hygienists can play, following the pandemic, in practice. Periodontal disease has been linked to health conditions such as diabetes, heart disease and Alzheimer's, and as highlighted in several recent international and British studies, it could now pose serious risk of COVID-19 complications.

"Therapists and hygienists are best suited to treat periodontal disease and more can be done to prevent the progression of gum disease. The treatment for periodontal disease can be carried out without requiring AGPs and is largely based on prevention. The hygienist and therapist, if given the opportunity to provide their full scope of practice, could reduce waiting times for appointments with the dentist by triaging and providing treatment under referral or working

under direct access."

It is fitting, then, to highlight a success story in this field. For more than 20 years, Joanne Knox has worked tirelessly helping her patients focus on preventative measures to keep their teeth and gums healthy. As an award-winning dental hygienist, she knows the importance of keeping your mouth healthy – and she wants her patients to have better access to professionals like her who offer this specialist service. Now, Joanne has opened her own practice – Pure Dental Hygiene in Coleraine – one of one of only two practices in Ireland that offer exclusive access to dental hygiene services.

"In 2013 the government changed the rules allowing the general public to access a dental hygienist directly, without the need for a referral from a dentist," said Joanne. "When this happened, I saw the opportunity for hygienists to become a more accessible independent entity. I was fortunate to work in practices

WORDS WILL PEAKIN

① In the first few weeks of opening, patients ranged from age three to 92

② 'I knew my mum was still pushing me to follow my dream', says Joanne



Eurus | S1

New series. Fresh narrative. Next level.

- > Innovative design features
- > Powerful intuitive touch-screen
- > Flexible Operating Light options
- > Integrated chair foot controls
- > Maximises control, convenience & hygiene
- > Available to view in London & Manchester showrooms





that embraced dental hygiene and encouraged me to treat patients via direct access under their umbrella. With their support and encouragement, I was honoured with the title of Northern Ireland Health Care Awards Dental Hygienist of the Year 2018.”

Joanne echoes Kyle’s views: “Dental hygienists are trained to the highest of standards, to treat gum disease and educate patients about preventing tooth decay. There’s a lot more to a dental hygienist than just cleaning teeth. A hygienist manages the prevention and treatments to maintain gum health, which in turn makes the job of a dentist easier. People are now more aware than ever of the significance of periodontal health to holistic health benefits.

“In the times we are currently living through we all understand more how important it is to control bacteria and maintain good hygiene and your mouth is no different. Our primary focus is on the prevention of dental disease because it’s true that prevention is cheaper than cure. We do routine cleaning and polishing, the treatment of mild to severe gum issues, bleaching and we make sports’ guards, among other things. This is your opportunity to see a hygienist with no waiting lists while also staying with your own dentist.”

Joanne also treats children: “We offer a treatment called the Pure Tiny. This is a fun introduction to the dental surgery environment. The younger you get them sitting in the chair the better. We are all about preventing the actual need for treatment so preventative treatments and education are key. Teeth can be disclosed, and the kids can physically see the plaque on their teeth – they then get a gentle clean and polish.”

Her journey to this point has been bittersweet. “Having my own practice has always been my dream but genuinely never thought I would have the nerve to pursue it. Over lockdown all dental practices were shut, so for the first time in my 20-year career, I was at home. I had time to re-evaluate what was important and what I wanted and needed from life.

“People ask me how I have been able to set up a business during a pandemic. My answer is that it was forced upon me by various events and to a large part by my mum who was my biggest supporter.

“On the practical side, it happened because the building came onto the market. But reflecting on everything, I see my mum’s part has been immense. She has been the driver of it all while alive and I believe, beyond. Mum has always pushed me towards running my own practice. My husband and I were caring for mum and living in



③



LIFE IS SHORT, DREAMS REQUIRE COURAGE, RISK, PASSION AND OF COURSE A MOTHER’S LOVE.”

her home when I saw a premises, in an area I loved, had become available online.

I showed it to my mother and said: “Wouldn’t that be a fantastic practice mum?”. The last text message my mum sent me before she died was about the premises. She had written: ‘Do you think it will be signed and sealed?’” Several months after being diagnosed with an aggressive brain tumour, Joanne’s mother, Hester Kernoghan, died on 9 August last year. She was 65. “I cared for my mother up to her death. I could tell the tumour was rapidly growing. Her care was difficult, and her death was fairly traumatic for me – mum died in my arms.”

In her will, Hester had left enough money to help get her daughter’s dream business off the ground. And after acquiring the premises, under coronavirus restrictions with no honeymoon, Joanne married Peter last October. The newlyweds then spent 10 weeks kitting out the building. “We were able to turn the premises around quickly because Peter is a builder and we worked 12 hours a day, seven days a week.

“Peter built it and I helped with wiring and lagging pipes. We were

blown away by the support of the dental company – BF Mulholland – that helped us fit out the premises; they became like family.” Joanne’s sparkling new practice includes two Belmont Voyager chairs.

“I knew my mum was still pushing me to follow my dream,” she said. “I was also seeing a crisis in dental health with the coronavirus closing all but emergency care and I could design my practice with COVID-19 safety in mind.”

Now operational, Joanne is living her dream and will be eternally thankful to her devoted mum. “My patients have already ranged from age three to 92 in the few weeks after we opened. I know mum would be delighted with this. If there’s anything the last year has taught me is that life is short, dreams require courage, risk, passion and of course a mother’s love.”

Pure Dental Hygiene is located at 14 Sandel Village, Coleraine. Search ‘Pure Dental Hygiene NI’ on Facebook. www.puredentalhygieneni.com

③ Joanne’s sparkling new practice includes two Belmont Voyager chairs

④ Joanne married Peter last October



④



Belmont
Approved Dealer



Are you looking for service, repairs or validations?

BF Mulholland have you covered.

We can repair the following from an extensive range of brands:

- Compressors
- Suction Pumps
- X-rays
- Chairs
- Digital Equipment
- Autoclaves
- Washers



Give us a call on **+44 (0) 28 94 452 668**

Email **service@bfmulholland.com**

Check out our website **www.bfmulholland.com**



BELOTERO® REVIVE

by Dr Kim Booyesen



BELOTERO® Revive, the latest product from Merz Aesthetics, is indicated for treatment of the early signs of photodamage, such as dehydration, fine lines and loss of elasticity.¹ Dr Kim Booyesen, shares with you her experience of using BELOTERO® Revive and introducing it into her clinic.

What are skin revitalisers designed to do?

Skin revitalisers aim to target skin roughness, pore size, fine lines, hydration, redness and increase elasticity through the stimulation of collagen and elastin synthesis. Most skin revitalisers require 2-3 treatments over several weeks to months to see a change in skin quality. Skin revitalisers usually contain a form of hyaluronic acid, for its hydrating ability, combined with other ingredients to target the signs of skin ageing and lost collagen and elastin.

With the rise in younger patients being interested in combating signs of ageing, I was very keen to find a product that specifically targeted these early signs of photodamage. The introduction of BELOTERO® Revive has met that need for this patient cohort in my clinic.

Why introduce a skin revitaliser to your clinic?

Skin quality has become a marker for health, youthfulness and attractiveness. Many studies have been published to highlight the impact of skin disease on patient's self-esteem, mental wellbeing and daily activities. The historical cause is due to the negative connection between skin conditions and social disgrace or a threat to physical health. The use of make-up, to cover skin conditions, and the associated increase in self-esteem and perceived attractiveness with use, has further underlined the importance of improving skin quality in facial rejuvenation.

As a result, my consultations always start with a discussion on skin health and how healthier skin can influence the patient's appearance, mental wellbeing and overall happiness with treatment outcomes. More and more patients are seeing the importance of treating both the skin's appearance alongside any volume loss or fine lines and wrinkles as they age. The rise in interest amongst younger patients has also led to an increase in skin revitaliser use in my clinic.

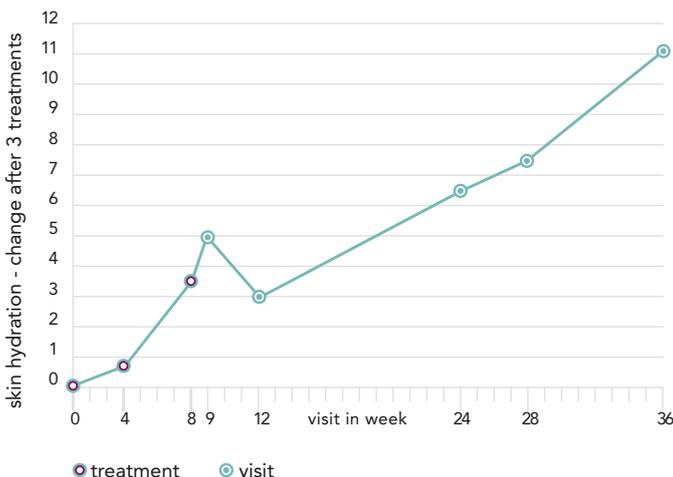
How is BELOTERO® Revive different?

BELOTERO® Revive, is the newest product in the BELOTERO® range from Merz Aesthetics. BELOTERO® Revive is an injectable product that combines both Hyaluronic acid and Glycerol to achieve an improvement in the early signs of photodamage.¹

Photodamage is a change in structure, appearance and function of the skin after repeated exposure to harmful light rays. Exposure can start early without visible signs on the skin. As the exposure continues, signs such as tanning, freckles and sun spots emerge. Later signs such as fine to coarse wrinkles, skin laxity, dryness, rough texture, patchy and uneven pigmentation appear over time.²

Hyaluronic acid (HA) has been used to rejuvenate skin in multiple clinical studies. HA increases hydration, stimulates fibroblasts (therefore increasing collagen and elastin synthesis), promotes cellular growth factors and restores the dermal skin matrix.³ The use of Cohesive Polydensified Matrix™ technology to cross link the HA in BELOTERO® Revive also leads to optimal tissue integration in the dermal matrix.⁴

Skin Hydration

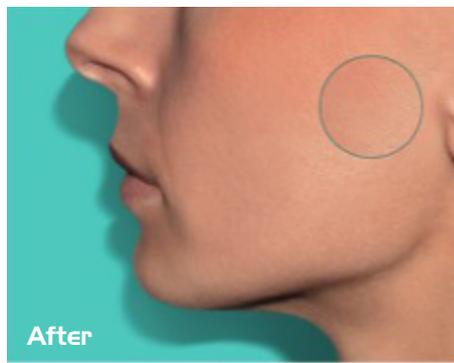


Adapted from Hertz-Kleptow et al



Glycerol

Glycerol, the other major component of BELOTERO® Revive, has multiple functions within the skin and is a well-known dermatological ingredient for skin renewal. Glycerol is a trihydroxy alcohol, that helps with skin hydration, by drawing water in a similar manner to HA, it also increases elasticity and speeds up skin barrier repair. Glycerol has been reported to assist with skin irritation, accelerate wound healing⁵ and act as an anti-microbial agent.



immediately after treatment and a reduction in the signs of photodamage from the first treatment.

BELOTERO® Revive has an excellent safety profile¹ and the only side effect noted was the bruising that reduced over the 3 treatments and usually resolved by day 3 post treatment. All patients were happy to complete the full course of treatment and reported no discomfort with treatment.

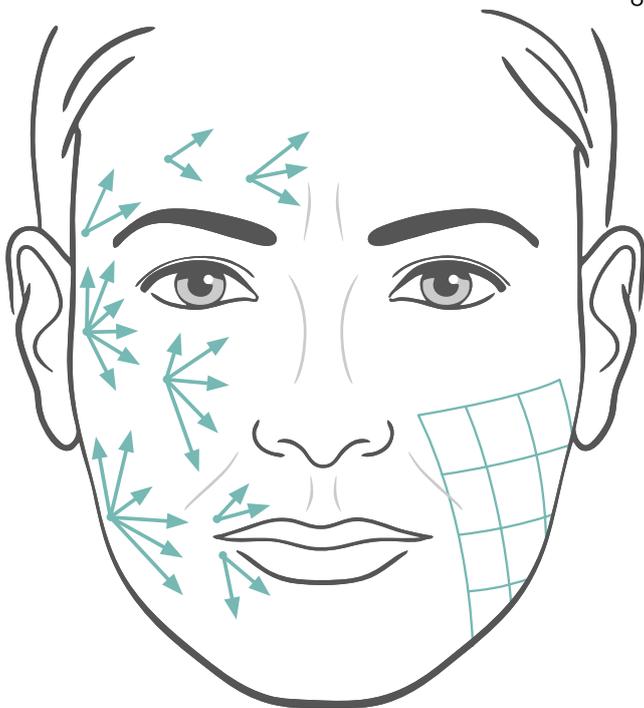
In the Belove clinical study patients reported a 70% increase in satisfaction in skin hydration up to 7 months with BELOTERO® Revive.⁶

The combination of 20 mg/mL cross-linked CPM HA and 17.5 mg/mL of glycerol in BELOTERO® Revive therefore makes an ideal skin revitaliser that can actively target the early signs of photodamage.¹

A clinical case study has shown a increase in skin elasticity at 7 months from initial treatment⁶ with BELOTERO® Revive, while skin firmness remained increased to 6 months. Skin hydration increased for up to 9 months and skin redness and roughness was significantly reduced.⁶ Overall satisfaction was 80% at 6 months.⁶

My patients reported a palpable improvement in skin texture and hydration

Dr Kim Booysen is an independent aesthetic clinic owner in South East London. She holds degrees in Medicine, Law, International Health Management and Business Management. Her special interests are medico-legal aesthetics and aesthetic education. Her spare time is spent travelling with her husband and working on local environmental causes. Dr Booysen is a Merz Innovation Partner.



Scan the QR code to watch the video



REGISTER NOW for our **Clinical Education Series Webinars** at

[merzwebinars.com](https://www.merzwebinars.com)

Adverse events should be reported. Reporting forms and information for United Kingdom can be found at www.mhra.gov.uk/yellowcard. Reporting forms and information for Republic of Ireland can be found at <https://www.hpra.ie/homepage/about-us/report-an-issue/mdiur>. Adverse events should also be reported to Merz Pharma UK Ltd by email to UKdrugsafety@merz.com or on +44 (0) 333 200 4143.

References:

1. BELOTERO® Revive Instruction for use Version 3.0, 2018
2. **Aging Skin (v1.0) - Extrinsic factors, smoking and sun (p.1)**
3. Wang 2007 - Stimulation of Collagen Production
4. Tran C et al. *Dermatology* 2014; 228:47-54
5. Fluhr JW, Darlenski R, Surber C. Glycerol and the skin: holistic approach to its origin and functions. *Br J Dermatol.* 2008 Jul;159(1):23-34. doi: 10.1111/j.1365-2133.2008.08643.x. Epub 2008 Jul 1. PMID: 18510666.
- 6 Merz BELOVE Study, 2019

This advertorial is sponsored by Merz Aesthetics UK & Ireland

MERZ AESTHETICS®

MERZ AESTHETICS

NEW



NO FILTER.
JUST YOU.

REGISTER NOW for training on BELOTERO® Revive at [merzwebinars.com](https://www.merzwebinars.com)

BELOTERO® Revive is the newest product in the BELOTERO® portfolio of fillers indicated to revitalise the signs of early onset photodamaged facial skin.

BELOTERO® REVIVE

[merz-aesthetics.co.uk](https://www.merz-aesthetics.co.uk)

 @merzaesthetics.uki

 Merz Aesthetics UK & Ireland

HYALURONIC
ACID
+
GLYCEROL

- Improves skin hydration¹
- Increases skin elasticity and firmness¹
- Smooths skin texture¹
- Reduces pigmentation²

1. Belotero Revive IFU
2. BELOVE 2019 Facial skin revitalization with CPM-HA20G an effective and safe early intervention



Aesthetic challenges overcome with composite restorations

Dr Claire O'Connor describes treating a young man with white spot lesions and gapped, uneven teeth to deliver a minimally invasive, highly aesthetic outcome

A seventeen-year-old male came to see me at Bantry Dental. He was unhappy with the gaps between his upper central incisors, the uneven tooth edges and white spot lesions (Figures 1 to 3). He wanted to enhance the shape and appearance of his teeth by having the gaps closed and the blemishes concealed.

A thorough examination was carried out. The patient had good oral health. The examination revealed an upper lip tie, which is often associated with a maxillary median diastema. ICON resin infiltration, composite bonding, ceramic veneers and orthodontics, or a combination of each, were potential treatment choices for the patient to consider. He was not keen on orthodontics. Instead, he elected to have composite bonding to the upper dentition, as this method addressed all his concerns and was a more economical option than ceramic veneers. Teeth whitening was not an option as the young man was under eighteen.

Case planning

Due to the age of the patient, an additive approach was taken to camouflage the white spot lesions. The challenge of this case would be to cover the spots without removing tooth structure and, at the same time, avoid making the incisors appear too bulky (Figure 4).

On the day of treatment, a rubber dam was applied to isolate the teeth. Each tooth was cleaned by air abrasion (Figure 5) with the Velopex AquaCare system. A 37 per cent phosphoric acid etch gel was applied to prepare the enamel surfaces, which were then washed and dried. A clear contoured matrix was placed, and adjacent teeth were protected against the bonding agent using Teflon tape. The bonding adhesive was applied and light-cured in accordance with the manufacturer's instructions.

Confidence in predictable results

The composite chosen for this case was Kulzer Venus® Pearl. The

material exhibits exceptionally reliable physical and aesthetic properties. It does not stick to the instruments or result in air bubbles. Bubbling can appear as porosities on the surface of the completed restoration, and may accumulate stains, compromising the aesthetic outcome. In contrast, Venus Pearl delivers highly predictable results, providing confidence for tackling aesthetically challenging cases (Figure 6). B1 shade was selected, applied to each tooth from upper canine to canine in a layered technique, and sculpted to the desired shape. The rubber dam was removed and occlusal checks were carried out, followed by an initial polish using coarse and medium discs and finishing points (Figure 7). The patient was very happy to approve the aesthetic result created.

Minimally invasive treatment

Three weeks later, the patient returned for a review. The final polish was carried out with fine discs followed by a goat hair brush. The clinical outcome from my perspective was excellent, with the choice of composite producing a highly predictable result. The patient was also delighted with his new smile. The treatment took just four hours to complete over three appointments (Figures 8 to 10). Local anaesthetic was avoided, and there was no need to prepare the teeth with drilling so the procedure can be reversed if necessary.



THE CLINICAL OUTCOME FROM MY PERSPECTIVE WAS EXCELLENT ... THE PATIENT WAS DELIGHTED





Fig 1 The patient was unhappy with the gaps between his upper central incisors, the uneven tooth edges and white spot lesions



Fig 2



Fig 3



Fig 4 The challenge would be to cover the spots without removing tooth structure and avoid making the incisors appear too bulky



Fig 5 Each tooth was cleaned by air abrasion



Fig 6 Venus Pearl delivers highly predictable results, providing confidence for tackling aesthetically challenging cases



Fig 7 Occlusal checks were carried out, followed by an initial polish



Fig 8 The patient was delighted with his new smile which took just four hours to complete over three appointments



Fig 9



Fig 10

DR CLAIRE O'CONNOR BDS NUI(HONS) MFD RCSI

Dr Claire O'Connor is the principal dentist at Bantry Dental. She has developed expertise in the highly specialised areas of biomimetics, adult orthodontics, cosmetic dentistry and anti-wrinkle treatments. She is currently completing a year-long mastership in Biomimetic Dentistry. Claire is a member of the Irish Dental Association, the Royal College of Surgeons in Ireland and the Irish Academy of Aesthetic Dentistry. Dr O'Connor graduated with honours from University College Cork in 2006 and completed her MFD examinations with the Royal College of Surgeons in Ireland in 2010.



For further information:

- › Email: claire@bantrydental.ie
- › Tel.: 027 55011
- › Visit: www.bantrydental.ie

Or write to: Bantry Dental, 1
Glengarriff Road, Newtown, Bantry,
Co. Cork, P75 EF98.

Pictures courtesy of Dr Amisha Patel



Pictures courtesy of Dr Lucy Flanagan



Pictures courtesy of Dr Daniel Caga

Pictures courtesy of Dr Ignacio Farga Ninoles

Venus®

VENUS® PEARL ONE

Versatile and strong – your colleagues are telling us; “outstanding” “a game changer”.

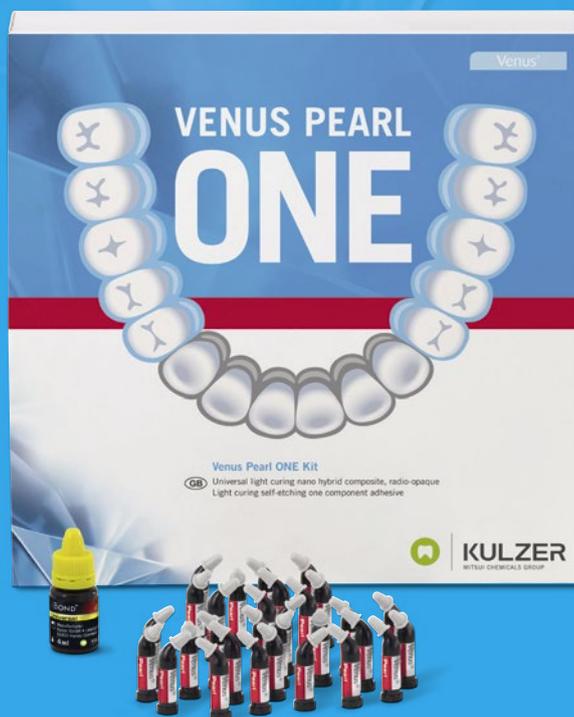
The versatile ONE shade, is a single-shaded composite primarily for; Class I, Class II and Class V restorations. It is also proving to be the product of choice for Clear Aligner composite buttons and anchors. The material has a natural chameleon effect, meaning it picks up the shade from surrounding teeth and blends in seamlessly. It is non-sticky, does not slump and handles beautifully.

Additionally, the price of the intro kit is just too good to miss. Order yours today.

**Venus Pearl ONE (30 x PLTs or 2 x Syringes)
Plus a bottle of iBOND Universal (4ml)**

Price if items purchased separately approx. £150.00/
€190.00

Offer price of £79.00/€99.00 or less.



Contact me today:

Ryan Maguire

Tel: 07825 343920

Email: ryan.maguire@kulzer-dental.com



KULZER
MITSUI CHEMICALS GROUP

HYBRID, COMPOSITE BONDED TO TITANIUM SCREW RETAINED ALL ON FOUR BRIDGE PROTOCOL

Below we follow a step by step guide to producing a hybrid all on four bridge from start to finish, produced by MediMatch.

STEP 1 (1st surgery visit)

- Take full arch silicone primary implant level impression and an opposing.
- Send impressions to the lab.

STEP 2 (in lab)

- Cast primary impression and fabricate bite, open special tray, and implant jig.



STEP 3 (2nd surgery visit)

- Try in the implant jig, if it fits well, record the bite.
- If the jig is not fitting well, please section the jig and re-join using composite/ resin (and use special tray provided to take a new impression).

- If the primary model was not accurate enough, please do consider using the special tray for a new impression even if the implant jig fits well.
- Record the bite using the wax bite provided (mark the midline, canines, and smile line).

STEP 4 (in lab)

- Cast the new impression.
- Mount models in articulator using the bite enclosed.
- Design the metal frame (cad cam) and separate crown on 33.
- Design the crown with a milled shoulder to fit together with the bridge.
- Produce to pre-glaze stage and send it for try In (to make it easier for alteration).



NUMBER OF SURGERY VISITS: 4
NUMBER OF IMPLANTS: 4
TOTAL PRICE: €2,824

Clinical work completed by:
Dr Lyndon Isaacs
BDS Bachelor of Dental Surgery



STEP 5 (3rd surgery visit)

- Try the metal frame in the patient, ensure passive fit.
- Take a radiograph to ensure everything fits well in the patient mouth.
- Check that the occlusal contact and shade are correct.
- Send everything back to lab for the finish stage.



STEP 6 (final in lab)

- Glaze frame and send it back to surgery.

STEP 7 (final surgery visit)

- Final step, fit the frame.



ADVANTAGES

All on four bridges are generally high in aesthetic.

Natural Looking.

No Furnace cycle is required to make the composite bonded bridge, so the metal will be stronger, and it can be adjusted at the chair side.

Follows the contour of the patients mouth and therefore does not have a negative effect on their speech.

The implants support the bone, so cheeks and lips are supported.

This prosthesis is comfortable for the patient to wear.

Kind to opposing teeth; the composite wears at about the same rate as natural teeth.

Composite is less likely to chip in comparison to Acrylic options.

DISADVANTAGES

Results may not be as good as with porcelain bonded or full ceramic implants.

It is not a fully customised solution, as you cannot add yellow stains etc like with porcelain bonded and zirconia.

If a single implant fails, it may cause problems with the whole jaw.

Not as durable as porcelain bonded or zirconia.

DENTAL JOBS ONLINE & NI DENTAL JOBS

Your source for dental jobs in Ireland and Northern Ireland

Dental Jobs Online and NI Dental Jobs were started in early 2020 with the aim of improving the recruitment processes across the dental industry in Ireland and Northern Ireland. Dental recruitment is a very specific type of recruitment: having a team in your practice that you can rely upon is essential. From trusting your associates and nurses to uphold the clinical standards, to relying on your practice managers to organise and manage your business effectively, trust in your team is crucial to the smooth running of your practice and we believe that it all starts with quality recruitment.

Until now there have been many different methods of recruitment to choose from, such as recruitment agencies and various non-dental websites, none of which fully served the needs of dental practices – that's where we want to help! We believe that there is no-one better placed to choose the right person for your practice than you. Only you can select the right person who will join your team, fit in, and deliver the benefits. Deciding who you want to join your team can be difficult – we want to help you reach the right candidates so that you can make the right decision.

DO YOU WANT A GOOD TEAM OR THE BEST ONE?

Traditional methods of recruitment such as word of mouth have proven effective in the past, but the problem with this method of recruitment is that you don't know who you are missing! In our connected world, many dentists travel around Ireland, Northern Ireland, and the UK to seek experience and further training. While word of mouth may help you to recruit a good local member of staff, having a great one can mean a difference of thousands of pounds per year to your practice. Posting an advert with us gives you the opportunity to maximise your practice visibility to potential team members so that you can connect with the right person.

WE DON'T JUST SERVE THE DENTAL INDUSTRY – WE'RE A PART OF IT

Dental Jobs Online and NI Dental



Jobs were founded, and are owned, by a local dentist. Our director, James Parish, has an in-depth, first-hand knowledge of both sides of the dental recruitment processes. James was aware of the difficulties associated with recruitment in primary care dentistry and hospital dentistry and wanted to create a platform to make recruitment simple, easy and affordable. While jobs have been previously advertised on up to seven different sites, Dental Jobs Online and NI Dental Jobs will provide the best option for recruiters. This will also benefit jobseekers, who will only need to access these sites to keep up to date with the latest vacancies.

OUR LOCAL KNOWLEDGE IS OUR STRENGTH

We understand the difficulties unique to dental recruitment here and have tailored our services specifically to help dental practices, hospitals and universities find the people they need. Our geography means that it can be difficult for jobseekers to find a suitable job in their desired areas, especially in some rural parts of the country. Because of this we developed email alerts which can alert jobseekers when there is a job posted in areas of their choice.

UNIQUE FEATURES SUPPORTING YOU

• Creating the perfect advert:

A job advertisement is like your practice's handshake – it can be the first impression your practice makes on a potential employee or associate. When you place an advert with us you can view it while it is being built, ensuring that you are happy with the appearance and image. You can enter as much detail as you like to ensure your advert represents your practice in the best way possible. It is also an area where you can describe the type of applicants you are looking for, along with any experience and qualifications you value – this means that any applications received are more likely to be acceptable to you and your practice.

• Making sure your advert gets seen:

We give you control over how long your advertisement is listed, and where it is seen. Your advert will be displayed for however long you select, giving you more control. We are very active on social media and would love to post your job on our Facebook and Instagram. We endeavour to make sure that you are happy with how your advert is displayed, so if you

have any specific requirements, contact us with these details and we will try our best to accommodate you.

- **Make finding a job easy:** We try to make the system as easy to use as possible for dental professionals seeking jobs. Whether you are a dentist, dental nurse, hygienist, or support staff, we want to make sure you never miss an opportunity which could benefit your career – visit our jobseeker's page to find out how to maximise your chances of finding the right job. An estimated 70% of jobs are filled without being advertised – we encourage you to post your CV online with us so that recruiters can find you without even placing an advert. From posting your CV to signing up for job alerts, there are many ways you can make sure that opportunities never pass you by.
- **Supporting a changing workplace:** Changes to the dental workforce can occur unexpectedly and swiftly due to industry, economic and political factors. We only need to look as far back as last year to see the effects of COVID on Ireland and Northern Ireland, our profession and our colleagues. At times like this our profession must band together and grow stronger to support our colleagues, our businesses and our patients. We aim to help support the dental industry through testing times to help ensure the prosperity and success of dentists and dental organisations across the country.



**Dental Jobs
Online.ie**



**Northern Ireland
Dental Jobs**

www.dentaljobsonline.co.uk
www.dentaljobsonline.ie

DentalJobsOnline Jobs Section

TOP JOBS

**Oral Surgeon /
Perio-Implant Specialist /
Endodontist**
Friary Court Dental & Facial Clinic
Kilkenny City

Associate Dentist
Mullan Gallagher Dental
Downpatrick, Northern Ireland

Associate Dentists
No 8 Clinic
Castletroy & Cornmarket, Limerick

Implantologist & Associate Dentist
MyDental
Kilbarrack Lower, Dublin

Associate Dentist
Stormont Dental Care
Belfast, Northern Ireland

Associate Dentist
Carleton Dental Practice
Portadown, N. Ireland

Practice Manager
NewLifeTeeth
Dublin City

**Advertise
Today!
90% off with
voucher code
MAY150**

DENTIST JOBS AVAILABLE

- **Associate Dentist**
Bio-Force Medical and Dental Clinic - Limerick City
- **Associate Dentist**
Boyne Dental - Navan, Co. Meath
- **Associate Dentist**
Church Street Dental - Cavan Town
- **Associate Dentist**
Raheny Dental Centre - Dublin City
- **Associate Dentist**
Spring Dental - Buncrana, Co. Donegal
- **Associate Dentist**
Dental Care Ireland - Cavan Town
- **Associate Dentist**
Rothwell Dental, Co. Galway
- **Associate Dentist**
Raheny Dental Centre - Dublin City
- **Locum Dentist**
BUPA Dental Care - Carrickfergus, Co. Antrim
- **Associate Dentist**
Laura Jones Dental Care - Ballymena, Co. Antrim

DENTAL NURSE JOBS

Available at:

- Rosconnor Specialist Dentistry, Co. Antrim
- Monkstown Dental, Co. Antrim
- High Street Dental Practice, Co. Down
- Boyne Dental & Implant Clinic, Co. Meath
- Old Bawn Dental, Dublin City

DENTAL HYGIENIST JOBS

- Cranmore Dental and Implant Clinic - Belfast City
- Belmont Dental Clinic - Enniskillen, Co. Fermanagh
- Waterside Dental Surgery - Coleraine, Co. Antrim

SPECIALIST APPOINTMENTS

- Orthodontist - Finaghy Orthodontics, Belfast City
- Implant Dentist - Beechview Dental Care, Belfast City

View all vacancies at www.dentaljobsonline.ie and www.dentaljobsonline.co.uk



**Dental Jobs
Online.ie**



**Northern Ireland
Dental Jobs**

Introducing aesthetic practitioner and trainer, Dr Paula Mann

Paula shares her journey in aesthetic medicine, from her beginnings as a dental surgeon and joining the multi award-winning team at Clinetix, Glasgow, to becoming a Merz Innovation Partner and winning the Rising Star award 2019.



I absolutely love going to work in the morning and I know that is not something that everybody can say. Sometimes I can't believe that 20 years have passed since I left university and started out my life as a dentist. Time flies, as they say, when you are enjoying yourself, and I really have.

Perhaps this is inspiring to some, and hopefully in particular to other dental surgeons who I believe are in an excellent position to experience the joy and satisfaction that incorporating aesthetics can bring to both you and your patients.

The early days

After completing a degree in Dental Surgery at Glasgow University in 2000, I worked as a house officer in maxillo facial surgery, passing my MFDS RCPS exams to ensure I was making the correct steps in my post-graduate training.

After two years, I decided to focus on restorative dentistry in general practice and began work as an NHS dental associate. I sat further exams, this time the MFGDP RCPS, which I felt was more useful for progression in a practice setting.

To be suddenly under pressure in a busy NHS practice after the slower pace of vocational training was a very steep learning curve, and, of course, part of my learning came through my mistakes. As any young professional knows, some days are hard. But I took what I could from my bad days and tried to turn them into positives.

Being my own boss

I wanted more choice and freedom to do things my way, from the hours that I worked, to the materials that I used and the treatments I could offer my patients.

After eight years, one marriage, two dogs (very drooly boxers), twins (one of each) and a huge bank loan, I purchased my own private practice. With hard work,

some tears and lots of support from my fantastic family and team, we went from strength to strength.

I had to quickly learn a whole new set of skills - staff management, business, marketing and accounts, to name just a few. I enjoyed being my own boss and the patients really noticed the difference in their care. However, I did not enjoy a lot of the administrative and compliance tasks that came with it. I quickly learned to delegate and hire support staff who not only did these jobs a lot better than I did but allowed me to regain a little balance in my home life.

Discovering aesthetics

It was at this time that I became interested in facial aesthetic treatments. I felt, and still do, that the skills that dental surgeons have, from communication, examination and treatment planning, to carrying out practical procedures, are a solid base from which to hone further complimentary skills and techniques. I had a cohort of established patients who were looking for maximum results. I could see that being able to improve and balance, in particular the facial zones, would be extremely satisfying to myself and my patients when combined with dental rehabilitation.

The first step was a foundation course. I was nervous about offering my patients a completely new treatment. After carrying out thousands of dental procedures, I had settled into a comfort zone. I started slowly and carefully, not trying to make a profit, just trying to do it well. I took my time getting to know products and techniques and immediately noticed how much my patients wanted to attend for these treatments. It is lovely to treat patients who really want to be there!

At first, I ordered in products as I needed them. I could consult my patients, order

by prescription from the pharmacy, and it was there in 24 hours for the treatment. I also kept a little product in stock for any unplanned changes. In the early days, I separated my aesthetic time from my dental time, starting just one morning a week. This meant I could focus on one discipline at a time and maintain flow in my thoughts. Over time this bothered me less and I was happy to mix up my clinical day, making the time in clinic varied and enjoyable.

Cold feet

Demand increased and I attended more courses and as many conferences as I could. But something surprising happened. The more I learned, the more evidence I gathered with respect to complications, the more fillers appeared on the market, the more apprehensive I became. I also had a couple of difficult patients and that led to a crisis of confidence.

I have spoken to many practitioners over the years who have similar stories. Often aesthetic practice can be isolating. Many practitioners work alone or with others without the same expertise. My advice would be to seek support from respected, successful, ethical practitioners. In my case I felt that if I could ensure I was as knowledgeable and skilled as possible I would be doing the absolute best for my patients. I wanted to consolidate my existing knowledge and further invest in my own training.

I found this support in my friends Emma and Simon Ravichandran. We had all gone to university together and over the years they had established the renowned Clinetix Facial Rejuvenation Clinic and Aesthetic Training Academy in Glasgow. Spending time with knowledgeable, innovative and highly motivated practitioners reaffirmed my interest in aesthetics. I repeated all of my training from basic through to advance with their

training academy. My resilience and confidence were restored. I had many new contacts and learning sources where I could continue my development. I have not looked back since.

Growth

Over the course of the next 10 years my clinical work became more focused on non-surgical aesthetic treatments. My dental practice was growing and I was able to employ another dentist to free up some time. This allowed me to accept an opportunity to join the team one day a week with Clinetix. Being in a multidisciplinary clinic with an expert team opened my eyes to many more aspects of aesthetic medicine and I was able to offer my patients a much more holistic approach to ageing and facial rejuvenation.

Around the same time, I worked as clinical teacher in Glasgow dental hospital and school giving me some experience in teaching. Therefore, when I was asked to join the faculty at the Aesthetic Training Academy where I myself had learned so much, I jumped at the chance.

At first I was nervous, the academy has set very high standards, however, one of the best ways to learn is to teach! I thoroughly enjoy interacting with the delegates. I remember exactly how it feels to start on an aesthetic career and can support and mentor those on their journey.

Leaving dentistry behind

Life was now becoming a little too busy and I felt the time was right to sell the practice. In 2018 I took the plunge and moved solely into aesthetic medicine. It was the busiest and brilliantly challenging year yet. With the support of the team at Clinetix, I quickly increased clinical hours and with monthly teaching sessions at the aesthetic training academy there was no looking back.

Interesting and exciting opportunities came my way and my presence within the aesthetic industry grew. I appeared on stage presenting and injecting in London and at home in Glasgow and attended conferences all over Europe - a complete change from my days extracting teeth!

Having used Merz products for many years, I was introduced to the Merz Pharma education development

team and was given the opportunity to work with this company as a Merz Innovation Partner (MIP). I had made an independent choice to use Merz products based on their science, ethics and clinician support and I was delighted to be part of their team.

Merz Innovation Partners (MIPs) support clinicians by teaching the science and clinical techniques giving users confidence while encouraging natural and anatomically respectful results.

A big change has been moving Merz teaching to online webinars. The team worked really quickly creating fantastic slides and educational videos and along with the other MIPs all over the UK we presented these all through lockdown. I was surprised to find I was more nervous online than in front of a live audience, the worry of WiFi and my colleagues being so far away added an extra stress, however, everyone embraced it and with the need for continued education and support we are ready to do more in 2021.

At the end of a busy year the icing on the cake was to be awarded the My Face My Body award of Rising Star 2019. The presentation was virtual, so there was no glamorous award ceremony to attend but it was amazing to receive an award in recognition of the work I had done to this point and it gave me the confidence to keep moving forward. Of course, these accolades are not just personal. Without the support of dedicated team, it would just not be possible.

Currently my days are busy and enjoyable. My time is split between the clinic and the Aesthetic Training Academy. After the last lockdown it was great to get back to seeing patients and getting started again and I look forward to that again this year.

I tend to spend longer on discussing and planning than the treatment itself. It is time well spent, allowing the patient to make the right decision, understand their unique needs and appreciate the need for maintenance going forward. Being as prepared as possible helps prevent future problems and sleepless nights.

Aesthetics to me is patient centred, natural, appropriate treatments. Not a day goes by that I don't appreciate the fact that each patient has chosen

to see me. No matter how simple a procedure may seem, I try to do it as well as possible. Knowing my patients really well, making them feel more confident, while remaining true to themselves is so important. If I had to pick a favourite treatment, I would choose mid-face volume replacement using a combination of products at different layers to give a really natural, long lasting result.

It is hard to imagine what I would do if I hadn't started my working life in dentistry. It allowed me to enjoy my life in and out of work, offered experience in different environments and eventually to run my own private practice. Each step made sense and led me to where I am today.

I am very happy. I do a job I love and have managed to create some work-life balance. I now have time to spend with my husband (same one), kids (now 13 years old) and my dog (just one drooly boxer). I am looking forward to the next 20 years, and I really do love going to work!

Top tips for a successful aesthetic journey

- Make a plan and find ways to get there. Don't remain where you are unhappy or can't be your best, make changes.
- Invest in training. Knowledge is power, to offer our patients the safest and most efficacious treatments lifelong learning is vital.
- Get your team on board. Involve them in training and the process. This will benefit you and your patients and add to the enjoyment
- Self-audit, self-assess and seek feedback. Clinical practice doesn't always go to plan. If you are experiencing a repeat problem, find a solution or a way to do it better next time. You only get better by improving on your errors. No one is perfect learn and move on.
- Be honest with yourself, your patients and with others. Only work within your comfort zone, ask for help if needed, support colleagues where you can and pass on what you learn.

To register to **Merz Aesthetics Clinical, Business-focus and Health & Wellbeing webinars** go to

[merzwebinars.com](https://www.merzwebinars.com)

MERZ AESTHETICS®

MERZ AESTHETICS

A NATURAL LOOK IS AN EXACT SCIENCE



Patients today want a filler that naturally integrates into their tissue, so that they can retain their identity and express their emotions with confidence¹.

BELOTERO® Balance is indicated for the correction of moderate lines, such as: nasolabial folds, glabellar and perioral lines so patients can feel empowered with natural-looking results².

REGISTER NOW for our 2021
Clinical Education Series Webinars
at merzwebinars.com



- Natural Integration^{1,2}
- Natural Movement³
- Your Own Artistry

merz-aesthetics.co.uk

 [@merzaesthetics.uki](https://www.instagram.com/merzaesthetics.uki)

 [Merz Aesthetics UK & Ireland](https://www.facebook.com/merzaesthetics.uki)

Merz Pharma UK Ltd, 2 Ground Floor Suite
B, Breakspear Park, Breakspear Way, Hemel
Hempstead, Hertfordshire HP2 4TZ
MERZ AESTHETICS is a registered trademark
of Merz Pharma GmbH & Co. KGaA.

BELOTERO® BALANCE

References

- 1 Prager W et al. J Drugs Dermatol. 2017; 16(4): 351-357
- 2 Micheels P et al. J Clin Aesth Derm. 2015; 8(3): 28-34
- 3 Kerscher M et al. Clin Cosmet Inv Dermatol. 2017;10:239-247

Adverse events should be reported. Reporting forms and information for United Kingdom can be found at www.mhra.gov.uk/yellowcard. Reporting forms and information for Republic of Ireland can be found at <https://www.hpra.ie/homepage/about-us/report-an-issue/mdiur>. Adverse events should also be reported to Merz Pharma UK Ltd at the address above or by email to UKdrugsafety@merz.com or on +44 (0) 333 200 4143.

Your reps across Ireland

In this special section, we feature leading company representatives supporting the dental profession across Ireland with world-class products and services

Whether in-person or on a video call, there may be some familiar faces in our special feature on dental business representatives; they represent the best dental supply companies in the industry providing world-class products.

This special feature aims to give you some insight to who you and your practice managers will be speaking to, their industry background and the services they provide, helping you to maintain leading standards of patient care. These dental representatives

can be a tremendous resource to dentists and their teams, helping to explore the best options for choosing equipment, dental materials, consumables or services to improve the efficiency and cost effectiveness of the dental practice.

It's difficult for dental practices to keep up with all the developments in the dental marketplace, particularly in the era of COVID, so dental representatives can provide a valuable service to find out what is new in the industry, and to provide advice on what could help dental teams and their practices going forward. Dental representatives are

keen to develop strong relationships with individual dental practices, so the better they know each dental team the more they can tailor their advice and services to meet the aims of each practice.

They often have wide experience in their respective fields and are ideally suited to provide valuable advice on solutions to dental practice issues, as well as training and after sales support, where applicable, to make the most of dental practice investments. So, read more here about the leading business representatives and their excellent products and services.

PROVIDING TOP QUALITY SUPPORT



Stephen Wilson
Clinical Support and Product Specialist
☎ +44 (0) 779 9044830
✉ stephen.wilson@southernimplants.co.uk

SOUTHERN IMPLANTS is a privately owned osseo-integration company, founded in South Africa in 1987, and within the group are companies specialising in spinal, cardiac and tissue regeneration. Our goal is to give clinicians the tools to achieve successful aesthetic outcomes - and implant design, surface, and the componentry all work hand in hand to enable screw-retained restorations in most cases.



Our clinical support and product specialist in Ireland is Stephen Wilson. Having come from an engineering background, he initially entered the dental field through the supply and repair of dental equipment. His focus is on customer care and specialist support for those customers using Southern's advanced implant solutions.

Get in touch at stephen.wilson@southernimplants.co.uk; or +44 (0) 779 9044830.

WE'RE HERE FOR YOU



Jonathan Singh
NSK Product Specialist / Technical
Services Engineer - NI & ROI
www.nsk-ie.com
NSK UK LTD
nsk.uk
@NSK_LUK

AS ONE of the world's foremost manufacturers of dental handpieces and small equipment, NSK understands the dedication and commitment required to be a successful dental professional. NSK products are developed and designed with advice from the profession and the extensive product range includes some of dentistry's most advanced air turbines and contra-angles.

NSK opened its UK and Ireland headquarters in 2007, and in that time has built a solid reputation for high-quality products, which are recognised as some of the best and most innovative across the industry. The key to their success has been the combination of quality products and excellent customer service.

Jonathan Singh is NSK's Product Specialist & Technical Services Engineer for Northern Ireland and the Republic of Ireland. Jonathan, who is based in Belfast, has a wealth of experience in the dental and medical industry, with a specialist focus in the maintenance and servicing of dental handpieces and autoclaves. An experienced engineer, Jonathan recently attained his AP(D) (Authorised Person (decontamination)) qualification. This accreditation further supports his comprehensive knowledge of the methods, techniques and processes used in the validation and verification of all decontamination equipment, enabling him to be effective in the management of all engineering aspects of the dental practice's decontamination equipment.

Jonathan also has an in-depth knowledge of the NSK product range and is adept at advising and supporting practices about the most suitable handpieces and autoclaves to meet their individual needs.

For NSK the future is not only about continuing to improve its equipment, but the commitment to giving the best service and support. With his years of experience and in-depth knowledge, Jonathan is well-equipped to provide his customers with that and more.

For more information about NSK products and services in ROI and NI, contact Jonathan on +44 7464 675158 or +353 1695 0053 or call NSK on ROI 1800 848959 or NI 08006341909.

YOUR SMILE. OUR VISION.



Lesley McKenzie
Sales Manager - Scotland & Ireland
Lesley.McKenzie@sdi.com.au
+44 07887 930 923



THESE words define SDI. They reflect SDI's focus on dentists' ultimate goal of achieving perfect smiles for their patients.

Helping dentists and the dental team to produce beautiful, healthy, long lasting smiles, to work efficiently, and to provide quality and innovation to their patients is the key goal for SDI.

Your Smile – Everything SDI does is for the ultimate goal of the dentist: to create the perfect smile for their patients. Perfection means excellence. Beautifully natural, long-lasting materials that are simple for dentists to use.

Our Vision – SDI continually innovates to provide dental materials that assist dentists and their team to create the perfect smile. Research and development is paramount. SDI must lead the market and foresee the needs of dentists through our own research and product innovation.

Founded in 1972 and headquartered in Melbourne, Australia, SDI is primarily involved in the research and development, manufacturing and marketing of specialist dental materials.

SDI's investment into research and development has ensured superior quality is achieved for the Pola tooth whitening, Riva glass ionomers, composites and amalgam ranges. SDI has offices and warehouses in USA, Germany, and Brazil.

SDI's products are manufactured in Australia and distributed to more than 100 countries worldwide. For more information, visit www.sdi.com.au

HDMS+

HOGAN DENTAL & MEDICAL SERVICES

INNOVATIVE PRODUCTS & SERVICES



Stunning practice builds & refurbishments
The complete solution from design to completion



Personal Service
Honest advice



Quality Products
Backed by great guarantees



Accredited Engineers
Manufacturer trained and accredited specialist engineers



Complete Aftersales Care
A dedicated contact, technical support and one working day engineer response



Comfort • Design • Reliability



091 582 608



087 8702619



info@hdms.ie



www.hdms.ie

THE ACTEON AWESOME FOURSOME



IN ASSOCIATION WITH OUR FIGHT PERIODONTAL DISEASE CAMPAIGN



DIAGNOSE



DISCUSS



TREAT



REVIEW



- Follow the 4 steps of Periodontal Therapy set out in the new guidelines
- Communicate successfully with your patient to improve OH
- Build awareness of systemic risk factors with our fight periodontal disease campaign
- Increase revenue by implementing a profitable workflow

We have the tools and know-how to help you implement effective periodontal workflow and engage your patients for successful outcomes

Call us for a no-obligatory consultation on 0800 038 9840
or email info.uk@acteongroup.com

Tel 0800 038 9840 • info.uk@acteongroup.com • www.acteongroup.com/uk-en



> SHOFU



SHOFU EYESPECIAL: THE DENTAL CAMERA FOR YOUR PRACTICE OR LABORATORY

Creating professional photo documentations after only a short learning curve? No problem – with Shofu EyeSpecial, the dedicated dental camera. The EyeSpecial has everything your dental practice or laboratory needs. It possesses smart special features, is easy to operate, reproducibly takes excellent images, and its use can be delegated to your assistants without any lengthy training.

The Shofu EyeSpecial has built-in photographic expertise. The camera relieves users of their worries about ring flash, aperture, depth of field etc. and has everything needed to easily take informative patient images – without any specialist knowledge of photography. Thanks to its smart integrated features, the EyeSpecial reliably produces excellent photos, without any time-consuming alignment of flashes or other settings and adjustments. Like no other camera, the EyeSpecial supports modern hygiene practices in your operatory.

Would you like to learn more about the new EyeSpecial C-IV? View the product brochure at <https://www.shofu.de/en/produkt/eyespecial-c4-uk/>. Do you wish to see a demonstration at your practice or laboratory and take advantage of an attractive offer? Your Shofu representative will be happy to assist you. Please contact the UK office on 01732 783580 or sales@shofu.co.uk

> G-CEM

GC GO ONE BETTER WITH LATEST SELF-ADHESIVE RESIN CEMENT

Restorative clinicians who previously relied on our trusted G-CEM LinkAce™ self-adhesive resin luting cement will want to hear about its exciting new replacement in GC's restorative portfolio – G-CEM ONE™!

Preserving all the benefits of LinkAce, G-CEM ONE self-adhesive resin cement delivers high bond strength and long-lasting aesthetics, whilst also saving the clinician time by self-curing and being extremely easy to clean up.

G-CEM ONE is universally effective in all adhesive and self-adhesive procedures for all types of restoration, delivering excellent bond strength to enamel, dentin and all indirect materials. It is available in four shades – A2, Translucent, AO3, BO1 (White Opaque) – all of which deliver great aesthetics. For more challenging clinical situations, such as low retentive surfaces, the accompanying Adhesion Enhancing Primer (AEP) can be used to accelerate the chemical cure of the cement. When the AEP is applied to the tooth surface, the chemical initiator works immediately.

Put simply, G-CEM ONE is the ONE for peace of mind when it comes to all your adhesive requirements. Add it to your restorative toolkit today.



For more information contact GC UK Ltd on 01908 218999, email info.uk@gc.dental or visit <https://europe.gc.dental/en-GB/products/gcemone>

> SHOFU



GINGIVA AND ENAMEL SHADES FOR GREATER INDIVIDUALITY

Whether distinct mucolabial folds, poorly vascularised areas or missing papillae: Red aesthetics are becoming more and more important in restorative dentistry. To make gingiva reproduction with composites even more lifelike and individual, SHOFU has added high-quality Gingiva shades to the proven Beautiful II System – for a harmonious interplay between red and white aesthetics.

Five Gingiva shades, which can be blended and layered with each other, allow the reproduction of true-to-nature soft tissue areas with great depth and invisible transitions to the tooth. They are indicated primarily in cases of gingival recession, exposed abutments and crown margins, root erosion and missing papillae, and perfectly suited for Class V and other restorations. These pasty, non-sticky composites feature superior handling and sculpting properties.

The enamel shades can also be blended and layered with each other, for unlimited possibilities in aesthetic anterior restorations. The four shades – Translucent, High-Value Translucent, Low-Value Translucent and Amber – allow you to easily and efficiently create polychromatic restorations and invisibly repair restorations and dentures.

For further information please contact Shofu UK on 01732 783580 or sales@shofu.co.uk

> ORAL B

GETTING THE NATION TO #BRUSHLIKE APROPREP LIKEMO

Olympic athlete Sir Mo Farah, in partnership with Oral-B, is on mission and recently paid a surprise visit to Thomas Tallis School in Eltham, South-East London, to educate the year-eight students about the importance of good oral health.

The visit came after research, commissioned by Oral B, found that one in three children have experienced teeth and dental problems since the start of the pandemic, such as bleeding gums, tooth ache and cavities¹. The research also revealed:

One in three children have experienced dental issues during the pandemic, leading to 22% of parents having to remove teeth, fit temporary fillings or fix braces

31% of parents said that their children sometimes go to school having not brushed their teeth

Nearly half of children (44%) will avoid brushing their teeth, leading to 31% of parents offering rewards in exchange

¹Research carried out online by Research Without Barrier. Conducted between 26th April – 5th May 2021.

Sample comprised 2,001 adults and 1,001 UK parents of children aged 4-11 years. Research Conducted adheres to the UK Market Research Society code of conduct.



For more information, contact Nobel Biocare on 0208 756 3300, or visit www.nobelbiocare.com/pearl



I SPY... AN IMPLANT MEASURING REVOLUTION

Introducing the ICam4D, exciting new technology that offers the patient and the dental team incredible benefits

When Joseph Nicéphore Niépce, one of the most important figures in the invention of photography, was busy working away in the 1700s, how could he have possibly imagined where we find ourselves today?

The equipment available in the 21st century is astonishing, with ICam4D at the pinnacle of implant measuring and revolutionising the workflow for multi-implant restorations. Offering benefits for everyone involved, the ICam4D technology reduces chair time and the number of visits, as well as eliminating significant hardware, production and personnel costs.

Indeed, its technology assures predictable and accurate results independent of the operator.

ICAM4D EXPLAINED

The ICam4D is a handheld camera unit comprising four cameras and one projector.

It combines photogrammetric and structured light scanning techniques to capture 3D data.

Using the ICamBodies, high-precision mechanical elements with a proprietary target arrangement, the position and orientation of implants are determined. The position and

orientation computed for one implant is called an ICamPosition.

The ICamBodies are replaced by manufacturer Imetric4D at regular intervals, to ensure that they always meet the necessary precision requirements.

Another component of ICam4D technology are ICamRefs. These are similar to healing abutments and, in fact, it is possible to use healing abutments instead of the ICamRefs. The smaller size of the ICamRefs makes it much simpler to take an impression of the gingiva or to scan the ICamRefs and gingiva with an intra-oral scanner.

ICam4D software then allows the user to transform the ICamPositions into alignment with the gingiva using the ICamRefs. This is achieved with a few simple clicks.

PATIENT CARE

Patient care and comfort remains the priority for health care professionals, of course, and the ICam4D helps to facilitate that philosophy.

The advantages for the patient include:

- Stress-free impressions – the insertion of the ICamBodies and the capture of the gingiva are rapid and comfortable compared

to taking a traditional implant impression

- The measurements can be performed with just a lip retractor in place. For the upper arch, the mouth must be opened slightly, while for the lower arch the mouth can be measured in the rest position. This means there is no need to open the mouth to extreme positions, as with intra-oral scanners
- The technology eliminates try-ins as a perfect fit is assured
- Improved comfort of the patient due to the quality of the fit of the final restoration
- The possibility of much shorter treatment times, as early load protocols are more feasible with the ICam4D than with some other methods.

CHAIR SIDE ADVANTAGES

The complex task of taking an impression for a multi-implant structure is reduced to just a few minutes when including the insertion and removal of the ICamBodies.

This results in:

- Large savings in valuable chair time due to easy placement of the ICamBodies and the rapid measurements with ICam4D

- A predictable outcome, as the result is independent of the skill level of the user
- Elimination of costs for impression-taking materials for multiple implants
- No re-tries as perfect fit is assured.

ON COURSE FOR SUCCESS

To help dental professionals stay ahead of the imaging game, Ireland-based Quintess Denta, a one-stop shop for all your dental needs, has organised an iCam 4D camera full-arch digital workflow course, to be held on 19 June in Belfast.

Offering all-important hands-on elements, as well as covering patient workflow and scanning, photogrammetry, and design and lab workflow, this is a course designed to get dental teams on track for imaging success in practice as soon as they have the necessary equipment in situ.

For further information about the ICam4D and the upcoming course, email ian@quintessdenta.com or call (01) 691 8870 (ROI) / (028) 6862 8966 (UK).



Dental Handpiece Experts Truly one of a kind

We have decades of experience, expertise and excellence in handpiece repair and maintenance. We guarantee high quality services & competitive prices.

FREE
Estimates

Request your FREEPOST repair pack at

quintessdenta.com/pages/repair-centre



**QUINTESS
DENTA**

SUPER FAST & 20%
MORE SPACE!



6
months
additional warranty
on NSK instruments for
all iClave plus users

iClave plus B-type vacuum autoclave

- 20% more sterilisation space than a conventional stainless steel chamber of the same size
- Copper chamber minimises internal temperature fluctuations
- Super fast cycle as quick as 18 min, including drying
- 2 year warranty



bfmulholland.com +44 (0)2894 452668

Jonathan Singh National Sales & Service Manager Ireland  +44 (0)7464675158

nsk-uk.com 0800 6341909

