

Member Newsletter



BSSPD
Conference
Liverpool
2018

A photograph of a classical building facade, likely a university or government building. The image shows a series of tall, fluted columns supporting a pediment. The Latin inscription 'ARTIBVS · LEGIBVS · CONSILIIS' is visible on the frieze above the columns. The sky is blue with some clouds.

ARTIBVS · LEGIBVS · CONSILIIS

President's Editorial

Phil Smith

It is a great honour for me to serve as President of the British Society of Prosthodontics for the year 2017–2018, I am delighted to welcome you to our long established and forward looking specialist society.

The 2018 Annual Conference will be held in Liverpool on Thursday 15th March and Friday 16th March 2017. The theme of the conference is 'Favourable outcomes: Contemporary practice' and will have the first day dedicated to managing individuals with cleft lip and palate, the second day will bring together various specialties to update attendees on various aspects of contemporary practice.

The conference venue is St George's Hall in Liverpool and is well located close to Lime Street Station, and a number of hotels to suit all budgets. The presentations will take place in the magnificent concert hall that has a capacity of up to 500, with impressive acoustics and modern audio-visual support. Poster exhibitions, refreshments and the trade will be accommodated in the Great Hall, an impressive area that allows more than adequate space. We have speakers with national and international profiles to present in their areas of interest.

In a break from 'conference tradition' an informal 'mixer' event with drinks and canapes will take the place of the conference dinner in the early evening of Thursday 15th March, freeing up the remainder of the evening for attendees to make their own arrangements for dinner. Preferential rates for accommodation in a range of reasonably price and more



luxurious hotels near the venue have been arranged. Liverpool is a great city with an extraordinary maritime history and is well used to welcoming visitors from around the world. With its museums, galleries, theatres and historic landmarks, it is well worth an extended visit. Liverpool has excellent transport links with every part of the United Kingdom and is easily reached by air, rail or road.

Although the annual conference is an important event in the Prosthodontics calendar, it is by no means the only activity of the British Society of Prosthodontics. A number of successful webinars are available to members and plans are in place to continue expanding the series with further interesting and topical presentations, all of which are free to members.

Your Council members and Honorary Officers represent the interests of the membership and of Prosthodontics on many national bodies and committees involved in policy making, training and

[Continued >](#)

President's Poster Prize Report

Elizabeth King

Orofacial rehabilitation with zygomatic implants, CAD-CAM bar and magnets for patients with nasal cancer after rhinectomy and partial maxillectomy.

Nasal carcinoma extending into the premaxilla requires radical surgical excision including rhinectomy and partial maxillectomy. Rehabilitation is complex and involves the use of removable prostheses. Three patients presented to Morriston Hospital (Swansea) Head and Neck MDT with SCC of the nasal septum involving the premaxilla. The oncology treatment received by each patient included rhinectomy, partial maxillectomy, and bilateral

neck dissection with preservation of the muscle and skin of the upper lip, followed by post-operative radiotherapy (60Gy in 30 fractions). Bilateral zygomatic implants were placed at the time of surgery to provide magnetic retention of a complete nasal prosthesis, and a surgical obturator was provided.

At the time of definitive obturator construction, all three patients complained of the inability to retain their obturators due to a lack of support and retention due to the pre-maxillary defect. It was decided

that the zygomatic implants emerging into the nasal cavity could be used to support an obturator also. Therefore, a custom made CAD/CAM bar was designed for each patient, which incorporated magnets to retain both the nasal and oral prosthesis simultaneously. The poster presentation described the construction of the bar, nasal prosthesis and obturator prosthesis, highlighting the importance of good communication between clinicians and dental technicians to provide the highest quality of care for patients.

The reason for submitting the presentation and presenting at BSSPD was to share the successes and challenges our team experienced with other professionals, and demonstrate a way of successfully restoring the quality of life of such patients without requiring further invasive surgical procedures. The Morriston Hospital Head and Neck MDT were delighted to hear that this work was acknowledged with the Presidents Poster Prize at the 2017 BSSPD conference. Winning the prize has encouraged myself and the wider team involved in these cases to consider presenting further work at future conferences to continue sharing knowledge amongst the profession.

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education. These activities, often invisible to members make a major, if unrecognised, contribution to protecting members' interests and promoting prosthodontics in the United Kingdom. For the efforts of all those who serve the society I am very grateful.

I wish all our members every success and I hope you make maximum use of the many benefits of your membership and I look forward to meeting all of you in Liverpool in 2018.

Best regards

Phil Smith, President, British Society of Prosthodontics

News Bites

Jennifer Jalili, Editor

International Honours for Past President

Past president Mr Chris Butterworth (2011-12) was recently recognised for his outstanding work in the complex rehabilitation of Head & neck cancer patients at the Academy of Osseointegration International Annual meeting held in Orlando, Florida in March 2017.



Hundreds of clinicians, researchers, residents and their faculty presented original research to receive top honours for their outstanding contributions to the field of implant dentistry. All lectures were assessed on the following criteria: originality or innovativeness; significance on implant dentistry; appropriate method of analysis; relevance of conclusions; and overall quality of presentation.

Out of nearly 259 abstracts submitted and more than 200 e-posters on display at the annual meeting, Chris was adjudged to have presented the best Oral Clinical Presentation for his paper entitled “Primary vs Secondary Zygomatic Implant Placement In Head And Neck Cancer Patients - A 10 Year Prospective Study”.

ABOVE: Chris pictured receiving his award with AO president Dr Allan Pollack and the Research Submission Committee Chair, Dr Mehrdad Favagehi.

BSSPD Clinical Fellowship Award

Despoina Chatzistavrianou was awarded the prestigious Clinical Fellowship Award from the British Society of Periodontology. The Clinical Fellowship Award supports successful applicants to visit centres of excellence to enhance clinical training in the area of Periodontology.

The Clinical Fellowship Award allowed Despoina to travel to the University of Bern for 1 week and attend the ‘Master Course in Prevention and Management of Aesthetic Implant Failures’. The course was run by internationally renowned and leading surgeons in the area of Periodontology and Implant Dentistry including Prof Sculean, Prof Buser, Prof Belser, Prof Bosshardt, and Dr Chappuis.

The Master Course gave Despoina the opportunity to enhance her knowledge and skills in the management of soft tissue complications around implants including potential causes of aesthetic implant failures, how to remove failed implants in the aesthetic zone, timing of implant therapy following the removal of failed implants, soft tissue grafting techniques in cases of failed implants and prosthetic protocols for implant restorations in aesthetic zone.

Despoina says that “spending time at the University of Bern was undoubtedly a unique opportunity that offered me knowledge and skills that I will introduce to improve patient care and clinical services. Also, I had the opportunity to meet clinicians with different backgrounds and collect data for my research project regarding peri-implantitis management. I definitely encourage my colleagues to visit other academic centres in the world.”

Schottlander Oral Prize Report

Joanne Beaumont

Patient information software for head and neck oncology patients.

Curative surgery for head and neck cancer can have some negative side-effects including dysfunction and disfigurement. Patients who are newly diagnosed with head and neck cancer are often concerned about the effect that surgery may have on their quality of life from both appearance and function perspectives. Despite verbal and written information given prior to treatment, many patients feel unsure about what to expect. Arranging for new patients to meet a suitable post-operative patient can be useful but can be logistically challenging to arrange. Development of an electronic catalogue of patients was proposed to overcome these problems.

This catalogue of cases was developed initially from photographs and then real-time video of existing patients who were willing to take part. Consent was taken from the patients and standard photos and video taken in the medical illustration department. These included full head and neck images to show scarring and asymmetry, views of dental prostheses, flap donor sites and intra-oral images of flaps. Video footage is that of patients discussing their concerns and journey to allow visualisation of movement and speech.

It is our aim that multi-disciplinary professionals will be able to guide patients through the PowerPoint presentation and only show them the cases that are relevant to their situation. It is intended to develop a bank of cases such that there is a 'good outcome' and a 'compromised outcome' case for each clinical situation. We would like to see this used regularly as a tool to support the complex consent process for major head and neck cancer surgery.

Following the award of the Schottlander prize we have continued to add more patients to the software and increase awareness of the tool within our Trust. We have encouraged use of the programme with the head and neck multidisciplinary team and have developed some feedback questionnaires in order to allow us to improve the ease of use and address any problems which users may have come across.

The next stage is to potentially transfer this to a platform which is easier to upload to and that can be distributed regionally and nationally. With that would also bring the opportunity for other centres to upload cases.

Should any BSSPD members be interested in joining us in development of this tool we would welcome them to contact me at joanne.beaumont1@nhs.net.

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In-Training Award 2017 Report

Hannah Beddis

I was extremely grateful to the BSSPD for an In-Training Award, which enabled me to visit the Department of Oral Kinesiology at The Academic Centre for Dentistry (ACTA) in Amsterdam in June 2017. ACTA provides undergraduate and postgraduate dental education, with postgraduate dental programmes including Endodontology, Oral Implantology, Periodontology and Oral Kinesiology.

The discipline of Oral Kinesiology includes: the diagnosis and management of temporomandibular disorders and orofacial pain; dental sleep medicine (e.g. sleep bruxism, obstructive sleep apnoea) and tooth wear.

The internationally recognised department of Oral Kinesiology at ACTA is led by Professor Frank Lobbezoo and Dr Peter Wetselaar, and I was very grateful for the opportunity to learn from them. In addition to providing services for patients, this department provides training for a recognised Clinical Specialty Certificate in TMD/Orofacial Pain in a 3-year self-funded training programme. The department also has a strong focus on research. All students on the 3-year programme complete an MSc as part of their training.

Other staff members in the department include: Assistant Professor Michail Koutris, who has an interest in the assessment and management of neuropathic pain; Assistant Professor Ghislaine Aarab, who

has an interest in obstructive sleep apnoea; physiotherapists; a clinical psychologist; endodontic and prosthodontic specialists and a number of staff who have completed the Clinical Specialty programme. Alongside the staff are 6 trainees at various stages of the 3-year programme, who come from various backgrounds including prosthodontics and general dentistry.

The department has a structured weekly timetable with specific clinics for neuropathic pain; TMD and orofacial pain; tooth wear and obstructive sleep apnoea (OSA).



ACTA, Amsterdam

Every Wednesday afternoon, the whole department meets to discuss cases, treatment planning and research (both done within the department and recent publications). This provided an excellent opportunity for clinicians of all levels to discuss and debate relevant topics, and consolidated the group's communication and team approach. My

attendance at these meetings gave me a real insight into the decision-making process and into the team's dynamic.

The care provided is conservative, holistic and evidence-based. Throughout my visit I was struck by the strong sense of collective treatment philosophy, strategies and goals. All members of the team carry out assessment in a standardised way, treatment plan according to their departmental protocols and provide the same information and advice on home care

strategies to their patients. This consistent approach promotes equality and continuity of care for patients.

Patient assessment and diagnosis is carried out according to the 2014 Diagnostic Criteria for TMD (DC/TMD), which are validated criteria intended for use in the clinical and research setting. Questionnaires are completed by the patients prior to their new patient assessment and electronically collated to provide information on the patients' symptoms, psychological distress and so on. Challenging orofacial pain cases where the aetiology is not clear are often discussed at the treatment planning meeting; along with cases of training value.

Patients with myogenous conditions are offered at least one appointment with a Physiotherapist. I spent time observing physiotherapy sessions, which focus primarily on lifestyle advice, relaxation, home care and massage. The Physiotherapists occupy a senior position within the team, and are involved in research and in discussions regarding treatment.

Where patients demonstrate psychological distress in relation to their condition, they are referred for at least one appointment with the Clinical Psychologist. They are provided with counselling in relation to their pain or anxiety. The Psychologist also works with patients suffering from chronic pain or other anxieties such as patients with significant gag reflex preventing treatment.

I also attended a seminar run by the Clinical Psychologist for the students, which on this occasion involved discussion of somatisation (the physical manifestation of psychological conditions such as anxiety). The close involvement of psychology within the department underlines the holistic approach to patient management.

Splint therapy for bruxism or TMD is provided in the form of a stabilisation splint

only. The lack of high-level evidence for splint therapy is acknowledged, although there is some evidence available to support their use; including in terms of a placebo effect in painful TMD. Stabilisation splints are used in myogenic pain, arthralgia (with the aim of reducing load on the joint) and in disc displacement with reduction in cases of a painful muscular component. Anterior repositioning splints are not used in disc displacement with reduction: the treatment rationale is not to reposition the disc as this is considered likely to relapse. In disc displacement without reduction, physiotherapy is used with the aim of increasing the range of movement.

The OSA clinic receives referrals from patients' general medical practitioners or from sleep clinicians. Treatment provided on this clinic includes the provision of mandibular advancement devices. The devices provided on the clinic are a two-part, adjustable device. Mandibular advancement is titrated according to patient report of improved sleep, followed by sleep study to confirm efficacy. These devices may also be provided for simple snoring, following exclusion of OSA by the patient's physician.

The Department of Oral Kinesiology maintains strong links with the international community working in the field of TMD, orofacial pain and dental sleep medicine. I was interested to hear that the two most senior clinicians recently carried out a visit to a department in Sweden to learn from them. This culture of ongoing development, together with a willingness to benchmark and learn from others, was inspiring.

I thoroughly enjoyed my time within the Department of Oral Kinesiology and am extremely grateful to the whole team, who made me feel very welcome and included me in their discussions. Dr Peter Wetselaar in particular spent a significant amount of

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Schottlander Poster Prize Report

Du-Hyeong Lee

Fit accuracy of interim crowns fabricated by photopolymer jetting 3D printing technology. Du-Hyeong Lee, Department of Prosthodontics, School of Dentistry, Kyungpook National University, Daegu, Korea

Interim restorations are essential not only for the protection of pulpal and periodontal tissues but also for the maintenance of oral function and esthetics. Computer-aided design and computer-aided manufacturing (CAD-CAM) technology has recently been applied to the fabrication of interim crowns. Most commercially available dental CAD-CAM systems use the milling method in which the interim crowns are mechanically sculpted from a resin block with a cutting bur. The additive method, such as 3-dimensional (3D) printing, produces 3D objects by layering cross-sectional slices to form the definitive object and facilitates the production of objects with complex structures. The fit of interim crowns fabricated with 3D printing is unknown. Therefore, the purpose of this in vitro study was to evaluate the fit of interim crowns fabricated using PolyJet 3D printing and to compare it with those fabricated using the molding and milling methods by using the image-superimposition and silicone-replica techniques.

Twelve study models were fabricated by making an impression of a metal master model of the mandibular first molar. On each study model, interim crowns were fabricated using the compression molding (molding group), milling (milling group), and PolyJet 3D printing (PolyJet group) methods. The crowns were prepared as follows: molding group, overimpression technique; milling group, a 5-axis dental milling machine; and PolyJet group with a PolyJet 3D printer.

The fit of interim crowns was evaluated in the proximal, marginal, internal axial, and internal occlusal regions by using the image-superimposition and silicone-replica techniques. The Mann-Whitney U test and Kruskal-Wallis tests were used to compare the results among groups. Compared with the molding group, the milling and PolyJet groups showed more accurate results in the proximal and marginal regions. In the axial regions, even though the mean discrepancy was smallest in the molding group, the data showed large deviations. In the occlusal region, the PolyJet group was the most accurate, and, compared with the other groups, the milling group showed larger internal discrepancies. In conclusion, PolyJet 3D printing significantly enhanced the fit of interim crowns, particularly in the occlusal region, thereby making it, within the limitation of cost effectiveness, a useful alternative for fabricating interim crowns.

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time with me explaining the rationale behind the department's approach, and discussing assessment and treatment strategies.

I was inspired by the team's collaborative approach, and will be able to use what I learnt at ACTA to work to improve patient

care within my own unit. It is essential that we maintain connections with the wider community in our sub-specialist interests, in order to jointly benefit and improve the quality of care we provide for our patients.

I would like to repeat my thanks to the BSSPD for the In-Training Award, and to the Department of Oral Kinesiology.

Annual Conference 2017 Report

Mike Fenlon

The Society's 2017 Conference was held at Etc. Venues, 155 Bishopsgate in the City of London on 6th and 7th April. The modern facilities, the fine presentations, the camaraderie and the social opportunities made this an exceptionally memorable Conference.

The Conference was opened by Professor Harold Preiskel of King's College London, a member of the Society for over 50 years. In an illuminating presentation, Professor Preiskel reviewed the progress in Prosthodontics over the last half century, setting recent development in the Specialty in its historical context. Professor Preiskel was followed by Professor Petra Gierthmuhlen from the University of Dusseldorf whose presentation on the use of digital technology to produce predictable outcomes in complex rehabilitations demonstrated impressive clinical results.

After coffee, Dr Rupert Austin displayed exemplary digital dentistry supported by research evidence behind digital impression capture. He also included the limitations of these methods. In contrast, Professor Simon Rogers of Edge Hill University focussed on the impact of Head & Neck cancer on patients' quality of life in his excellent presentation.

Over lunch and during the coffee breaks the posters of the Schottlander Poster Prize and President's Poster prize

competitions were electronically displayed across the main hall of the venue.

Electronic poster boards save competitors the cost and difficulty of producing and transporting physical posters. The Society ensured that poster boards were set up between trade stands throughout the two-day event.

After lunch, the Conference ran parallel sessions with the main programme in the auditorium and the Schottlander Oral Prize presentations in the separate lecture room. The standard of the Schottlander Oral Prize presentations was excellent and attracted enthusiastic Conference attendees.

Dr David Bartlett presented recent research and clinical developments in relation to tooth wear and Dr Rebecca Moazzez spoke about gastro-oesophageal reflux disease and its consequences for our patients. These interesting presentations complemented each other perfectly.

During the coffee break the poster competitions were judged.

Dr Subir Banerji then displayed a range of beautiful composite restorations of tooth wear cases. From the University of Leeds, Dr Andrew Keeling's authoritative presentation assessed the evidence of accuracy and inaccuracy of digital methods. He concluded that digital methods are accurate enough at present for crowns and small bridges, but probably not for cross arch bridges.

This session was immediately followed by the Annual General Meeting.

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London 2017





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The Annual Conference Dinner, held in the Institution of Engineering and Technology, was a very enjoyable event.

Friday's Conference also involved parallel sessions with the parallel sessions with the main programme in the auditorium and the Dental Foundation and Early Practitioner groups in the lecture room.

The Dental Foundation and Early Practitioner morning and afternoon sessions consisted of rapid, fifteen-minute expert presentations covering topics of designed to capture the interest of early career dentists.

Professor Charles Goodacre of Loma Linda University, California, demonstrated powerful new digital teaching tools for Prosthodontics to the Conference. Dr Serpil Djemal spoke with authority on the need for Restorative Dentists to be aware of the consequences of, and treatment for dental trauma. The final presentation of the morning, by Dr Alon Preiskel, was a comprehensive review of the research evidence and outcomes in relation to immediate or delayed loading of dental implants.

Over lunch, Early Practitioner Poster Prize entries were on display and were judged.

Starting the afternoon session, Professor Avi Banerjee shared a glimpse of the future of the profession with his excellent and informative presentation on minimum intervention Dentistry. Professor Tim Newton engaged the attendees on the impact of changes to appearance resulting from Prosthodontics on patient wellbeing, on patient self-esteem and on the perceptions of others.

A short question and answer session concluded the formal conference.

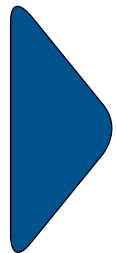
Dr Philip Smith was inaugurated as the President for 2017 -2018 and he invited everyone to what promises to be an excellent Conference in the magnificent setting of St George's Hall Liverpool.

The success of the Conference was as a result of major inputs from Council members, our administrator Mrs Kirstin Berridge and the support of the membership.

Quality Improvement

Melissa Good

On Wednesday 3rd May 2017 Melissa Good (Consultant in Restorative Dentistry, Belfast) presented a poster on a Quality Improvement project entitled "Montgomery Compliance in a Clinical Setting" at the Bristol Patient Safety Conference 2017 and won the section entitled "Improving Processes and Healthcare Outcomes".



Montgomery Compliance in a Clinical Setting



Melissa Good

Consultant in Restorative Dentistry

Restorative Department, School of Dentistry,
Royal Group of Hospitals, Belfast



Introduction

The 2015 Montgomery Ruling Background

A pregnant diabetic woman was not warned about the increased risk of her baby's shoulder getting stuck during labour, nor was she advised of the alternative option of a caesarean section. Unfortunately the complication occurred resulting in the baby suffering brain hypoxia and disability.

In Summary

Consent is now "informed shared decision making", it is no longer dependant on % chance of risks. We now need to ask: would this patient consider the risk significant?

Preliminary Audit (2016)

The current practices regarding consent for common restorative procedures within the Restorative Dentistry Department, Belfast (L. Winning; M. Good; J. Kennedy).

Results:

- 52% staff unaware of Montgomery ruling
- 30% staff believe already fully compliant
- 87% in favour of Patient Information Leaflets (PILs)
- Great variability exists when discussing risks for common restorative procedures.

Root Canal Treatment (RCT)

According to the Dental Defence Union:

- 23% of dental claims b/n 2005 and 2014 involved RCT.

Quality Improvement Project Aim Statement

By April 2017 there will be >70% full compliance* in the consent process for staff root canal treatments and by October 2017 there will be >90%.

* Full compliance with the Montgomery Ruling by documenting provision of:

- An explanation of the diagnosis
- Treatment options with prognoses, risks and benefits
- Consideration of the patient's views
- Discussion of the financial implications
- Documentation of the patient's final decision
- Written consent.



Measures: How will we know that a change is an improvement?

Process measures:

- All staff to use new protocol on every new RCT case
- Use of a new RCT PIL
- Use of a new consent form with prompts.

Outcome measures:

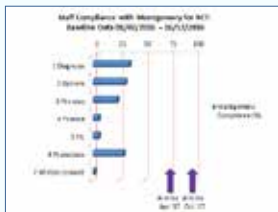
Percentage of cases with documented full compliance with the Montgomery ruling.

Balancing measures:

Staff workload.

Baseline Data

Establishing our starting point following analysis of 50 non-surgical endodontic case records



0% of Restorative staff demonstrated full compliance with the Montgomery Ruling

Interventions

1. Redesign consent process with prompts

- Diagnosis
- Treatment options with prognosis/ risks/ benefits of each, including no intervention
- Patient views
- Financial implications
- Tick box to say PIL given
- Patient's final decision
- Written consent obtained.

2. Design new PIL

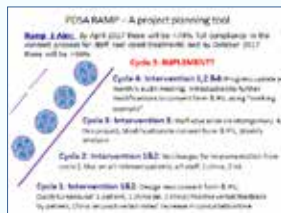
- Root canal treatment procedure
- Indications; Benefits
- Prognostic factors; Risks
- Post-op treatment and healing
- Alternatives
- Costs
- Emergency contacts.

3. Staff education

- Preliminary audit results
- Teaching on the Montgomery Ruling
- Safety Quality project on consent
- New RCT consent forms and RCT PILs
- Clinic "posters".

4. Regular updates

- Brief slot at monthly audit meetings
- % compliance per week
- Feedback from staff.



Conclusions

This project has incorporated six key implementation strategies:

1. **Planning:** use of the Quality Improvement Model
2. **Education:** staff training has been provided
3. **Incentives:** use of a protocol that adheres to the new law whilst maximising efficiency which may also reduce complaints. The consent form becomes part of the notes so record duplication not required
4. **Restructuring:** creation of a protocol for consent. Improvement of the consent form & PIL to allow "personalisation" of the PIL and the "linking" of notation in both documents to increase efficiency
5. **Quality management:** weekly analysis of data against a checklist and regular feedback to staff
6. **Policy:** this project adheres to the law and compliance with the protocol should ensure protection of both the patient and staff.

Acknowledgements

This project would not have been possible without the Safety Quality Belfast course organisers and my mentor Gavin Lavery, the Restorative nurses, SFRs and DCTs. Particular thanks goes to Elaine Byrne & Aislin Dolan (nurses) who are driving the project in the clinic; Lewis Winning (SFR) who ran the preliminary audit and Kathryn McLister (DCT) who co-ordinated and summarised the data collection; and to Mary Harrigan (Assistant Service Manager) who continues to support and facilitate Quality Improvement initiatives.

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- <https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/good-practice-guides/consent/>
- <https://doi.journal.theodds.com/issue-archive/issue-3-pulp-fact-looking-inside-endodontic-claims>

Early Practitioner Poster Prize Report

Amarjeet Chaggar

Many foundation dentists (FDs) are faced with the challenge of uncertainty around the restorability of challenging cases, where the question of restorability is not clear cut. This is often compounded by varying opinions between general practitioners and undergraduate teaching.

We had discussed this amongst other FDs and found that many FDs year on year, are faced with the same daily challenge and having been given the opportunity to carry out an evidence based project, our aim was to carry out a service evaluation to assess the restorability of teeth with questionable prognosis. We hoped to identify potential variations in opinion and treatment planning between dentists of different experience and skill level so as to facilitate FD's decision making and treatment planning in challenging cases.

Initially, one of the aims of our project was to increase the awareness of the clinical parameters and challenges associated with restoring teeth of questionable prognosis.

Clinical features and parameters of twenty teeth examined across three general practices which had questionable prognosis, were documented by three FDs using a data capture form together with intraoral photographs and radiographs. A questionnaire was developed and distributed to clinicians of varying clinical experience and qualifications, from both secondary and primary care background to

ascertain the plethora of treatment options and opinions on tooth restorability.

The results of the service evaluation highlighted the diversity of opinion, not only between dentists of differing skill and experience levels, but also between dentists with similar skill and experience levels. This goes further to show that even with greater experience and advanced skills, dentists will not always have similar treatment plans.

This could be based on personal experience as well as confidence of the individual practitioner. The FDs appeared to be more optimistic in their treatment planning which may indicate an element of dental heroism and naivety, but also a lack of personal experience in dealing with such cases.

By embarking on this project, we have come to realise how multi-factorial determining tooth restorability is. Furthermore, from our results it is clear numerous clinical parameters and patient related factors should be considered when assessing tooth restorability and how best appropriate to restore.

We have gained confidence not only from the literature cited and the comments obtained, but also from thorough patient discussions on prognosis in the short, medium and long-term success and survival of such restorations

It was interesting to note that of patients seen in each practice, the majority of patients chosen for this project had received their dental treatment abroad. This could have wider significance for practitioners to be more aware of the techniques and treatments performed abroad, to understand fully the treatment the patients

have received and how best to manage these patients moving forward.

Senior dentists can perceive newly qualified dentists to be risk averse in the current era of dental litigation. More experienced clinicians have expressed that their younger colleagues, especially FDs, should gain as much experience as they can in restoring teeth with questionable prognosis so as to develop confidence in the management of these teeth, whilst strengthening communication skills and considering the implications and further treatment that may be available to the patient in more skilled and experienced hands.

Cases from the project were also used in an interactive discussion panel on treatment planning at the David Rule Memorial Day and at the BDA Conference in Manchester in April and May 2017 respectively.

The interest our service evaluation has generated has expanded to include requests for use with undergraduate teaching to propagate discussion on tooth restorability.

We hope to progress this project further with its use as an e-learning tool.

BSSPD Webinar Series 2017-18

We are excited to announce our new live webinar series for 2017-18. Each webinar will start at 7.30pm and will provide up to 2 hours of CPD. The webinars will remain free to our members (£10 per webinar for non-members). More details and booking info can be found on our website:

Monday 18th September 2017 Peter Briggs and Shiyana Eliyas
'Patient Treatment Planning and Problem Solving'

Tuesday 10th October 2017 James Field
'Filling the gaps - a partial denture refresher session'

Wednesday 8th November Shankar Iyer
'Fixed prosthetics determinates in comprehensive therapy'

Thursday 14th December Nick Silikas
'Materials update for Prosthodontists'

Monday 15th January Tony Preston
'Gerodontology for the 21st Century'

Tuesday 13th February Rahat Ali
'Removable Prosthetics and the Toothwear Patient'

Wednesday 7th March Nick Martin
'Impressions in Prosthodontics'

Tuesday 3rd April Paul Hyde
'Does the quality of our impressions matter for our patients quality of life?'

Observership at Westmead Hospital

Ashish Gopakumar

Ashish was awarded the BSSPD In-Training Award in 2016 which facilitated her visit to Westmead Hospital, Sydney

This observership at Westmead Hospital, Sydney, Australia was hosted by Associate Professor Christine Wallace, who is a Australian board certified Maxillofacial Prosthodontist, who has had training both nationally and internationally. My main interest for visiting Westmead Hospital was to observe the management and running of the Oral Health Sciences (Restorative) Department, and to observe planning and treatment of complex cases including head and neck oncology, severe trauma and hypodontia. I was also interested in observing the healthcare delivery in Australia compared to that in the UK.

Westmead Hospital, located in the suburb of Westmead in New South Wales, is a large tertiary district general hospital. The Hospital is the home of the Westmead Centre for Oral Health, which has become a major facility in the undergraduate and postgraduate education and training for the Faculty of Dentistry, University of Sydney. The Westmead Centre for Oral Health is recognized as a specialist oral health provider for the state of New South Wales and beyond. As well as providing clinical care, the Centre also offers research facilities within the Institute of Dental Research. Professor Wallace is currently the Head of the Oral Health Sciences Department.

This includes includes Prosthodontics, Periodontology and Endodontics. These disciplines are practiced in separate clinical areas devoted to mono-speciality based teaching and training.

Having had exposure and training in multidisciplinary clinics throughout my career so far, I have learnt to appreciate and value the benefits of a team approach

in holistic patient care. In Westmead Hospital, the staff are enthusiastic and keen to embracing this 'team approach' philosophy. The multidisciplinary clinics within the Oral Health Sciences Department are set up with Professor Christine Wallace taking the Prosthodontic lead and Associate Professor Ardalan Ebrahimi, Head and Neck surgeon, being the lead for the surgical team. The



Professor Wallace and Dr. Deshpande in a treatment planning discussion.

session I observed consisted of a team briefing/seminar followed by a clinical time with patients, with complex case histories and treatment needs. Many clinicians work in multiple sites as part of their job plans (including Westmead Hospital, Sydney and Liverpool Hospital, New South Wales) and hence organisation and coordination of clinics are very much at the forefront.

There was a seminar given by Dr. Suhaas Deshpande, specialist prosthodontist on the Rohner technique and digital planning. Professor Ebrahimi was keen to advocate a joint team approach and fully appreciated the contribution and necessity of prosthodontic and digital planning for these

complex cases. In the operating theatre, the head and neck surgeon usually works alongside a maxillofacial surgeon in treating these complex cases. The prosthodontists are ensuring that they are able to coordinate and hence attend operating theatre sessions for these complex cases.

At the MDT clinic, complex cases were reviewed, with questions posed to the prosthodontists and the surgical team. It proved to be an interesting discussion and debate. The concept of implant therapy being prosthodontically driven was at the forefront, with conventional techniques being discussed and explored as well.

Westmead Hospital is one of the four centres in the world that have carried out Rohner's technique. This technique has been invaluable in the reconstruction of mandibular defects and implements a series of 'backward planning' steps to ensure functional positioning of dental implants and graft. Rohner's technique has high demands on planning and execution. The team here at Westmead Hospital are keen to utilize this technique where feasible and were having discussions regarding digital planning and software.

One of the interesting cases included a patient with a defect in his hard palate due to a gun-shot wound. Soft tissue management as well as hard tissue management was discussed. The planning and execution of subsequent implant rehabilitation was also discussed with the patient.

The more challenging cases of when things have not been as successful posed more

of a dilemma to the clinicians. Grafting procedures that have subsequently failed; the patient currently on an antibiotic regime - however currently leading a good quality of life. Intervening thresholds were debated amongst the clinicians and discussed with the patient. Further discussion with the microbiologist was necessary in this case.

I was mainly observing clinicians within the Prosthodontic Department. The prosthodontist team included several clinicians, many of whom had completed their specialist training in prosthodontics within Westmead Hospital

and had either full time or part time contracts. Dr. Suhaas Deshpande, Dr. Matthew McLoughlin and Dr. Pooja Garg are prosthodontists that work alongside Professor Wallace. Alongside treating their own patients they all had part time teaching commitments, supervising postgraduates students (most of them from overseas) in prosthodontics.

However, it is mainly the periodontists that are placing implants here, and subsequently the prosthodontists are restoring these. The planning is very much a joint effort and I observed several case discussions on a one-to-one basis. Computer based planning is often carried out for complex cases.

Hypodontia cases are discussed with the orthodontic team, which are also based on Westmead Hospital, with clinical cases discussed on a one-to-one basis at present.

On a weekly basis, there is a Facial Pain Clinic underway in the Prosthodontic



Anhish thanking Professor Wallace for hosting her.

An Observational Study

Peter M Frost, Tara Renton and Ryan C Olley

Practice based research can produce an evidence base, this draft will hopefully encourage our members to audit and collect data. Eventually sufficient data is collected to submit as an abstract to a conference. With this draft this can be worked up into a paper which can then be submitted to a refereed journal. I know I am preaching to the converted but those who are in practice may be given encouragement to follow this route

Observational study investigating tooth extraction and the shortened dental arch approach. Olley RC, Renton T, Frost PM, J Oral Rehabil 2017 May (Epub ahead of print)

The Shortened Dental Arch (SDA) concept provides a cost effective dentition and assists with oral hygiene and prevention of oral disease. This is an increasingly relevant treatment approach, considering the population is aging and retaining teeth for longer. The concept generally involves the retention of 20 or more natural teeth (functional units) with at least four occlusal units (one unit corresponds to a pair of occluding premolars and two units corresponds to a pair of occluding molars). It is an important and generally accepted concept, but in the authors opinion is less commonly carried out.

This research paper aimed to observe the reasons and sites for the extraction of teeth and assess the functional dentition in patients attending dental practice between 2000 and 2015. Subjects were recruited who required permanent tooth extractions (recorded from twelve extraction codes). Data was also collected on demographics, tooth position, age, whether the tooth was root treated and the number of functional pairs remaining. Patient centred factors on the reasons for tooth extraction, comments on chewing ability

following tooth extraction and their attitude towards aesthetics was also recorded. The importance of prevention of disease in the elderly population cannot be overstated and in this study patients followed a strict prevention policy at the practice. Restorations were also maintained to preserve the SDA approach. The patients attended the practice at least annually and saw a hygienist every 6 months. Higher risk patients (with caries or periodontal disease) saw the hygienist and dentist more frequently. If high caries risk (for example due to xerostomia), patients were prescribed high fluoride concentration toothpaste. Oral hygiene instructions, diet analysis, smoking cessation (if required) and professional cleaning were performed at each appointment.

The results showed that 951 teeth were extracted in 900 patients, the mean age was 60 years and there were 52% female. Periodontal disease was the main cause for extraction (38%) followed by periapical infection (34%) and then tooth and root fractures (15%). Extractions due to caries was only 3%. Extractions included second molars (21%), first molars (19%), second premolars (16%), first incisors (10%), second incisors (9%), canines (8%) and first premolars (7%). The extraction of root canal treated teeth over 15 years was 12%. In assessing the SDA concept, 60% of patients had 12 functional pairs. Patients with at least 10 functional units had no complaints with chewing ability and could function without additional prostheses. They were also happy with aesthetics providing anterior teeth were not missing or were replaced if extracted. Conventional or minimal preparation bridges, single tooth implant crowns or partial dentures were used to replace anterior teeth.

In conclusion, this study showed that periodontal disease and periapical infection

were the main causes of tooth extraction in this dental practice. Molar teeth and second premolars were the most commonly extracted teeth. This study is one of the first to cite periodontal disease as the main reason for the extraction of teeth. Anecdotally most dentists in primary care would concur with this. The importance of practice based research to contribute to the evidence base cannot be understated. Interestingly, the extraction of root canal treated teeth was also not particularly high. The extraction technique involved flapless extractions using luxators and dividing the roots for multirooted teeth. Surgical extraction of teeth amounting to 20% of extractions.

This study supports the SDA concept providing teeth and restorations are maintained and anterior tooth replacement is ensured. The profession are increasingly observing that the SDA approach is an important concept. It provides advantages over alternative treatment options such as

removable appliances (the classic distal extension saddle denture). The latter often causes negative patient attitude and may have effects on the oral health of adjacent and surrounding tissues. Indeed, the elderly find it difficult with managing with dentures at an advanced age. As more patients retain their teeth for longer and the population ages, following an SDA approach avoids conversation to edentulousness and oral rehabilitation with complete dentures. This reflects a shift in Prosthodontic care and continues to question at what point is it suitable to provide a partial (or so called creeping) denture as teeth are lost. The SDA delays tooth extraction of strategic teeth, delays consequent bone resorption and avoids later consequences associated with tolerating a conventional lower denture, the need for implants and further financial considerations and maintenance. In addition, the number of dentists capable and confident in providing complete dentures has fallen.

[...continued from page 17 >](#)

Department, under the supervision of Professor I Klineberg, Head of Discipline of Oral Rehabilitation, University of Sydney. The clinical cases for the session are discussed at a seminar prior to the clinic, which is useful as the patient's histories and medical/dental management so far can be quite lengthy. The postgraduate trainees take the lead in preparing the seminars/discussions. Wherever indicated, conservative management was first line.

Professor Norton Duckmanton, who is a semi-retired Professor in Prosthodontics, but currently still teaches on the postgraduate prosthodontic courses gave a seminar on precision attachments.

There is a small on-site dental laboratory, right next to the clinical area, supporting the

clinicians. Many clinicians would spend time doing their own laboratory work, as well utilize private off-site laboratory facilities. In some cases, the laboratory costs would be shared with the patients. Certainly the students and trainees are encouraged to do their own laboratory work, as part of their overall learning and education. Many of these postgraduate trainees do go onto to become part-time or full-time specialists working at Westmead Hospital.

This experience was valuable in understanding how a Restorative unit in Australia delivers patient care. I will always remember my time at Westmead Hospital and would like to thank my host, Professor Christine Wallace and the rest of the team at Westmead Hospital, Sydney. Thank you to the BSSPD, as well as RD UK, for supporting this opportunity for me to visit Westmead Hospital in Sydney.

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