

NDS Journal

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NORFOLK
DENTAL
SPECIALISTS

Life-transforming dentistry

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NDS has a strong showing at 2018 Dentistry Awards



The NDS team at the 2018 Dentistry Awards.

As an award winning practice, we strive to be the very best team we can and regularly update our skills via vocational training and courses, internally and externally of the practice.



This has recently been recognised, as we scooped a Dentistry Award last November for Best Practice (East). We were finalists in the Dentistry awards and Private Dentistry awards.





Editorial Board.

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Dr Hamed Karimi
Specialist in Periodontics and Implant Surgeon
GDC registration number: 70400.

With over 20 years' experience in dentistry, Hamed has gained a collection of prestigious qualifications in periodontal treatment, dental implants and oral reconstruction. A renowned expert, Hamed lectures to qualified dentists both locally and internationally.



Imran Sharif
Specialist in Periodontics and Implant Surgeon
GDC registration number: 82537.

Imran has spent over ten years in dentistry, spending four of those years on a specialist training programme in periodontology at King's College Hospital. He believes that everyone should be able to benefit from dental treatment, and is an expert in conscious sedation.



Aaron Lopez
Specialist in Periodontics and Implant Surgeon
GDC registration number: 190495.

Aaron is a specialist in Periodontics registered with the GDC and the Swedish Board of Health and Welfare, who studied a three-year postgraduate programme in Periodontology at Gothenburg University. His research into epigenetics and periodontal disease has been published in a peer-reviewed journal.



Puneet Patel
Specialist in Periodontics and Implant Surgeon
GDC registration number: 115012.

Puneet is a GDC registered specialist in Periodontics with his practice limited to management of gum disease and implant dentistry. He qualified as a dentist over ten years ago from Kings College London and had numerous training posts within hospital dentistry following this prior to completing his specialist training in Periodontics.



Daniel Vaz De Souza
Specialist in Endodontics
GDC registration number: 106778.

Daniel qualified as a dentist ten years ago, and now dedicates himself entirely to root canal treatments. He is a clinical teacher in Endodontics at King's College London, and has recently qualified as a Specialist in Endodontology.



Kevin Esplin
Specialist in Prosthodontics and Implant Surgeon
GDC registration number: 49467.

Kevin trained in the King's College Hospital London, qualifying in 1975. He undertook further graduate training at Eastman Dental Hospital in London after undergoing his specialist training in Connecticut. He is especially skilled in the replacement of missing teeth, the restoration of natural teeth and complicated and simple restorations of the mouth.

Clinical Case Study I

Gingival Recession: Aetiology and Surgical Management



by **Dr Imran Sharif**
Specialist in
Periodontics

Introduction

Gingival recession is the displacement of the gingival soft tissue margin apical to the cemento-enamel junction, which results in exposure of the root surface.¹ The prevalence of gingival recession has been shown to increase with age and can occur in patients with good standards of oral hygiene as well as those with poor oral hygiene and periodontal disease.² The aim of this article is to provide clinicians with an overview of gingival recession and highlight a number of surgical techniques to manage the condition.

Patient Concerns

Patients may or may not be aware of the condition. Those patients who are aware tend to present with three main concerns:

- Poor aesthetics
- Concerned about potential tooth loss
- Dentine hypersensitivity due to the exposed root surface following gingival recession.³

Aetiology

Research indicates the aetiology of gingival recession is often multifactorial⁴ and have categorised the factors into the following:

PREDISPOSING FACTORS	PRECIPITATING FACTORS
Tooth malposition	Plaque induced inflammation
Bone dehiscence	Traumatic forces (aggressive brushing)
Thin phenotype	Lip/tongue studs & piercings
Inadequate keratinised gingivae	Iatrogenic: sub gingival restorations/orthodontic treatment
Frenal attachment	

Successful management of gingival recession requires a thorough understanding of the aetiology, as treating the condition without addressing the underlying cause/s can compromise the clinical outcomes.

Classification:

There are various classifications used to measure the extent/severity of gingival recession. The most common is Millers' classification. The main feature of this classification is to assess the extent of the recession in relation to the mucogingival junction, combined with the amount of loss of interdental papilla.

Class I: The recession does not extend to or beyond the mucogingival junction and the interdental papilla are intact.	Class II: The recession extends to or is beyond the mucogingival junction and the interdental papilla is intact.	Class III: The recession does not extend beyond the mucogingival junction, there is loss of interdental papilla.	Class IV: There is total loss of attachment loss.

A Miller's class I or II recession has good predictability in terms of root coverage surgery, however minimal coverage is expected in the case of a Miller's class III or IV defect. Soft-tissue grafting in areas with a Miller's class III or IV recession is mainly intended to increase the zone of keratinized gingiva and/or increase the thickness of the gingiva.

Treatment Modalities

The aim of treatment for gingival recession should be to manage the patient's concerns of sensitivity and/or aesthetics. While ensuring where possible the aetiological causes (e.g. excessive tooth brushing) have been addressed. Following which the clinician needs to consider the following parameters:

- Where is the recession site (i.e. aesthetic zone)
- What type of gingival phenotype is available
- What is rationale for treatment
- Can full root coverage be achieved if surgery is to be carried out

Case One

In the case below the purpose of surgery was not to achieve root coverage but to augment keratinised tissue to allow the patient to facilitate better plaque control at the site. This is done to thicken tissue so that homecare is more comfortable and to prevent further recession from taking place. Although the main aim isn't root coverage, it is very common to see the augmented tissue creeping coronally over a period of time.



Recession at the lower anterior sextant. The patient finds the area difficult to maintain a good standard of oral hygiene.



A free gingival graft is harvested from the palate, while avoiding the neurovascular bundle. The area is then sutured with hemostatic agent to reduce risk of post-operative bleeding.

The free gingival graft has healed apical to the recession defects, with a good width of keratinised tissue. The patient is now able to maintain good level of plaque control at the lower anterior sextant.

Case Two

In the following case below the purpose of surgery was to achieve root coverage. The patient had a prominent recession defect as result of an iatrogenic cause at the 22 with mild recession at the 11 and 21, which were in the aesthetic zone.

Pre-operative

Millers' class III recession defect at 22, with Millers class I recession defects at the 11 and 21.



Peri-operative

A tunneling technique was used to prepare the sites for the placement of a connective graft and to allow for coronal advancement of the flap.



Immediate post-operative

The advanced flap and underlying connective tissue was secured using monofilament sutures.



Post-operative

At three months post op the surgical site has healed with 90% root coverage achieved at the 22, while 100% achieved at the 11 and 21.



Before.

After.

Summary

The cases above illustrate two options in the surgical management of gingival recession. With an increasing public demand for cosmetic dentistry, the treatment of gingival recession has become an important therapeutic and aesthetic issue. A free gingival graft can provide an increased width of attached gingiva to facilitate better plaque control at the recession sites and in-turn reduce the risk of the recession progressing. While root coverage procedures would not only improve the gingival aesthetics at the exposed root surface(s) but also reduce risk of dentine sensitivity and root caries.

Although not every case of recession warrants treatment, this article should help clinicians evaluate aetiology and factors that indicate the need for a therapeutic solution.

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**NORFOLK
DENTAL
SPECIALISTS**
Life-transforming dentistry

Guide to referring a patient for treatment

We focus on the following services:

- Periodontal Treatments
- Implant Dentistry
- Oral Surgery
- Endodontic Treatment
- Imaging Referrals

Referral Process and Services:

We aim to provide an excellent standard of referral service to your patients, and wish to be an extension of the services you offer.

- NDS is a referral practice. We carry out treatments in dental implantology, periodontics and endodontics.
- NDS will only carry out the treatment requested by the referring practitioner.
- All dentists at NDS have additional post-graduate qualifications in their chosen field from accredited universities and continuing professional development.
- Upon receipt of the referral, patients will be contacted within 2 weeks.
- Following consultation, the referring practitioner will receive a written report. The patient will also receive a written report with an estimate of fees.
- All treatments at NDS are performed based on evidence and the latest scientific literature and guidelines.
- Once treatment is completed the patient is returned to the referring practitioner.

HOW TO REFER



By Post

If you would like to have a referral pack with information for you and your patients please contact the practice.



On-line Referral

We encourage you to use our on-line referral form to send referrals, which also allows you to retain a copy for your records and to upload radiographs and photos. This means that the referral is likely to be processed faster.



Urgent Referrals

Please contact Lorraine who will be able to streamline your referrals. Specialists are happy to stay behind to see your patients, or to discuss urgent cases with you.



Practice Visits

You are, as referring practitioners, welcome to attend the practice to observe and watch the team at work to complement your dental knowledge and also see how your patients are being treated. These can be arranged for you.



If you wish to discuss referrals please feel free to contact:

Lorraine on nds@ndspecialists.uk or call her directly on **01603 632525**. She will be very happy to discuss your referrals with you at a time that is convenient to you.



VISIT

ndspecialists.uk
to view a referring dentist talk about his experience referring to us

Case Report

Management of Peri-Implant Mucositis



by **Kim Souter**
Dental Hygienist

Introduction

As with the natural dentition, dental implants are susceptible to inflammatory diseases which are caused by bacteria from the accumulation of dental biofilm¹. Peri-implant mucositis is a reversible plaque induced inflammation of the peri-implant mucosa whereas peri-implantitis is irreversible and characterised by loss of the surrounding bone in addition to inflammation of the soft tissues². It is important to carefully monitor for signs of peri-implant mucositis in order to treat it early and prevent the development of peri-implantitis³.

Clinical Assessment

Probing around an implant will not damage the implant or surrounding soft tissues⁴. It is important to routinely probe the implant mucosa to check for increased probing depths⁵, bleeding⁶ and suppuration⁷. Bleeding on probing is the key indicator that inflammation is present⁸. The appearance of the mucosa should also be checked for oedema, colour change and recession.



The lack of periodontal ligament can lead to increased probing depths in healthy sites meaning a basic periodontal exam is not suitable for monitoring implants.

It is recommended that a six point pocket chart is recorded annually and a base line recording of probing depths following the delivery of the final implant restoration is ideal.

Treatment

As with preventing and treating any plaque induced inflammation it is the patient's home care which is the most important factor in whether the treatment will be successful⁹. The patient should be given appropriate tooth brushing instructions and advised on the correct size of interdental brushes. Chlorhexidine in gel form anecdotally can be useful as an adjunct during treatment for placement around the implant via single tufted and interdental brushes.

In addition patients should be shown how to clean the implant-abutment interface as plaque often forms here subgingivally. Thick floss can be threaded underneath the crown so that it envelops the circumference of the implant and disrupts the biofilm.

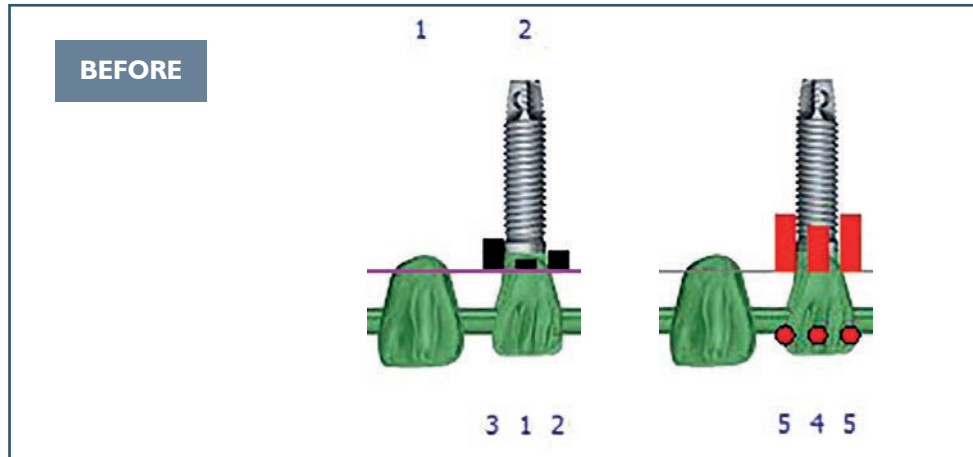
Once adequate oral hygiene is established mechanical debridement of the area can take place in order to decontaminate the surface of the implant. This can be carried out using titanium and ultra-sonic scalers, and in some circumstances the adjunctive use of airflow¹⁰. Non-surgical therapy has been shown to be a highly effective treatment for peri-implant mucositis with the results being less predictable for peri-implantitis¹¹. The same local and systemic risk factors associated with periodontal disease such as smoking¹², stress¹³ and diabetes¹⁴ need to be addressed by educating the patient on the impact of these factors and helping the patient eliminate or manage them as much as possible.



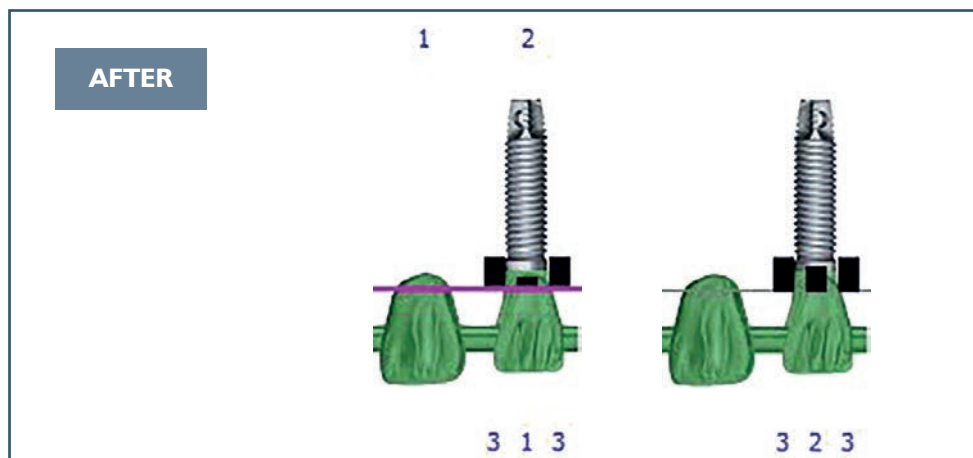
Demonstrating oral hygiene aids around implants.

Case Report

This 75 year old female was referred to Norfolk Dental Specialists for an implant to replace her failing 23 bridge. On her initial consultation the patient was diagnosed with peri-implant mucositis around her existing 22 implant which needed to be addressed prior to considering a new restoration. The patient had noticed bleeding whilst cleaning in the area and had a regime of using an electric toothbrush and interdental brushes daily. A six point pocket chart revealed probing depths up to 5mm with associated bleeding. Radiographically there was no loss of bone.



The patient's plaque control overall was good but needed improvement around her implants as some interdental and subgingival plaque was present. Larger interdental brushes were introduced and the patient was shown how to place chlorhexidine gel on the interdental brushes and a single-tufted brush subgingivally for the duration of the treatment. An implant care brush was introduced to help the patient access palatally and the patient was shown how to use floss subgingivally to clean the implant-abutment interface. The implant surface was debrided and at reassessment there were no probing depths above 3mm and no bleeding.



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CBCT scanning at Norfolk Dental Specialists

Fast, safe, state-of-the-art dental imaging

NDS is one of only a few dental practices in East Anglia with its own 3D Cone Beam CT scanner. We offer the most advanced independent scanning centre and service available in the area.

The reaction from dentists when we announced that we had invested in the Cranex 3D CBCT scanner was very positive and we welcome referrals from any local dentists who would like a CBCT scan of their patient.

We provide:

- ✓ Low dose CBCT scanning
- ✓ Fast turnaround
- ✓ Free planning software
- ✓ Support and follow-up
- ✓ Outstanding patient experience



VISIT
ndspecialists.uk
for our CBCT
referral form

Cone beam CT scans offer benefits to you and your patients across the following areas:

○ Dental Implants

The quality of CBCT scans allow you to plan and place dental implants much more accurately, offering you benefits in diagnosis through to treatment and post-op examinations.

○ Orthodontic

Cone beam images are clear and accurate, allowing for improved orthodontic diagnosis and treatment as you can assess tooth relationships much more accurately and plan accordingly.

○ Impaction

CBCT gives you a precise 3D view of impacted molars within the alveolar bone, showing their position in regards to adjacent teeth and proximity to vital structures such as the nerve canal, sinus walls, and cortical borders.

○ Analysis

Cone Beam CT assists you in both detecting and evaluating possible problems for your patients, thanks to accurate measurements of bone and jaw deformities.

This allows you to assess bone lesions and changes of the jaw and detect cysts, tumours and disease.

○ Airway assessment

Restricted airways are obviously susceptible to collapse but are not always easy to spot.

Cone Beam data enhances airway assessment, allowing you to reconsider your treatment plan if a problem is found.

○ TMJ

CBCT images allow you complete TMJ analysis and diagnosis, showing a clear image of joint space and any dysfunction, as well as the condyles and surrounding structures.

After your patient has been scanned, we provide the scan to you on a USB card along with instructions on viewing and working with the scan.

A single jaw scan will be charged at £110 to your patient, we can also provide a full radiologist's report and scan at a cost of £250 to your patient.



CPD Courses and Events

Free specialist training from an expert team

Throughout the year, we run a series of seminars and study courses on periodontics, implant dentistry, endodontics, hygiene and our CBCT scanning centre.

The training courses are a fantastic opportunity to learn from the specialists and stay up-to-date with exciting developments in dentistry. All are FREE to attend, provide CPD and light refreshments and are scheduled for an early evening start.

Our training suite is located at the practice premises and can accommodate groups of up to 12, with access to the surgeries for hands-on and practical demonstrations to support particular courses.

One of our most popular courses is our **Introduction to Restoring Dental Implants in Your Practice**. This course provides:

- Hands on training and 2 hours of CPD
- Mini restorative kit (when you refer your first restoration case)
- In-surgery support for first case
- Local Laboratory support
- Introducing implants pack

Places for these popular courses do get booked up, so it's advisable to register your interest as soon as possible.

Our bi-annual update events, hosted at a local venue, are always well received and have grown to over 80 attendees for each event. Open to GDPs and hygienists, this informative event is great for networking and meeting suppliers too.

You can find our 2019 course schedule on the back page of this journal, along with a booking form which you can detach and send back to us or scan and email it.

Or book your place online via our website:

www.ndspecialists.uk/referring-dentists/training/ click and book, it's as easy as that.



This year we will be supporting referring dentists, old and new with a series of 'Lunch & Learns', which will introduce our specialist practice. If this is of interest to your practice and team, register your interest online, or via the booking form and our Assistant Manager, Lorraine Kreike, will be in touch.

NDS 2019 Course Schedule

UPDATE EVENTS

1	Minimal Invasive Dentistry, will it work?	Tuesday 14th May	6.15pm - 8.30pm	The Assembly House
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INTRODUCTION TO RESTORING DENTAL IMPLANTS

2	Introduction to Restoring Implants	Tuesday 29th January	6.15pm - 8.00pm	NDS Training Suite
3	Introduction to Restoring Implants	Tuesday 11th June	6.15pm - 8.00pm	NDS Training Suite

HYGIENIST COURSE

4	Implant Maintenance	Monday 11th March	6.15pm - 7.30pm	NDS Training Suite
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LUNCH & LEARN

5	Lunch & Learn/Practice Visits	Various dates available	1 hour	GDP/NDS practice
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The aims, objectives and learning outcomes, along with further information about each course, will be published on our web site shortly.

To book, please complete your details below and return to the address at the foot of this leaflet or contact nds@ndspecialists.uk

2019
NDS Courses

Name:

Practice address:

Email address:

Contact telephone:

I am interested in:

 1 2 3 4 5

We develop and deliver comprehensive training courses, programmes and events for dentists & dental professionals throughout the year. If you would like to attend any of the Study Club evenings or would like more information then please telephone Lorraine on: 01603 632525 or email nds@ndspecialists.uk