

New website!

After some considerable time we are proud to announce the launch of our new website.

We have already received great feedback from dentists and patients alike. The website really is a fantastic reference source and offers a wealth of information. If you have not yet had the chance to take a look please do – and if you have any suggestions of your own, we are always happy to provide information that you feel is required via the website. www.perlan.co.uk



Just a reminder...

We do not accept patients for routine dental treatment, therefore your patients will always be returned to your care after their treatment at Perlan.

Worth the trip!

We will occasionally have patients who, at the initial consultation, might grumble a little about having to travel from Brighton or other areas of Sussex or Kent. In fact, with a worldwide reputation for excellence, we have patients that come from other **countries** to see us!

We have car parking, are a short walk from Eastbourne mainline railway station and not in the centre of town, therefore traffic is not a problem. Often our feedback forms reflect the opinion that given the fantastic level of service and treatment outcomes, we are “well worth the trip.”

Practice update:

Steve Williams will soon be at Perlan for another day per week, increasing the availability for endodontics and cutting down treatment waiting time

Root canal obliteration and MB2's

Dentine continues to be laid down throughout the life of the tooth with a vital pulp. The pulp response to trauma and dental caries may cause reparative dentine to be deposited, with consequent narrowing and obliteration of the root canal system. This increased hard tissue response usually begins in the coronal part and progresses apically, causing narrowing of the lumen. This phenomenon can then make subsequent root canal treatment more hazardous, as it can then be more difficult to locate all the orifices within the root canal system



Fig 1



Fig 2



Fig 3

to enable effective and thorough chemo-mechanical preparation.

The upper first molar (Fig 1) required root canal treatment due to loss of vitality, but indicated a certain degree of sclerotic dentine. We know from clinical studies such as Stropko (99) that the incidence of MB2's in upper first molars to be as high as 93%.

Using microscopic magnification and ultrasonic instrumentation it was possible to locate all four of the canals. This can

be aided by noting subtle changes in the colour and texture of the dentine, and subsequent location of the orifices. Then thorough chemo-mechanical preparation can be achieved throughout the root canal system (Fig 2).

All four canals were then obturated with a warm vertical condensation technique. The patient was then referred back to the practitioner for provision of a cuspal coverage restoration to help prevent vertical fracture of the tooth, and return the tooth to form and function (Fig 3).

how to refer:

post – we will send you referral packs and forms as required, together with patient information literature

phone – 01323 432190 **fax** - 01323 432193 **email** – care@perlan.co.uk **online** – www.perlan.co.uk

Inside:



Not just an implant centre



Digital dentistry



Root canal obliteration & MB2's

contact us

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Winners again!

The clinicians at Perlan have once again won acclaim at the prestigious National Smile Awards! Mike Heffernan and Steve Barter were awarded “Best Single Implant Smile” and were runners up in “Best Multiple Implant Smile” at the glittering awards ceremony in London at the end of March.

Chris Orr, Chairman of the panel of judges, praised the even higher standards of all the entries this year, pointing out that with the highest number of entries ever, it was an achievement even to be shortlisted.

The Smile Awards are presented for clinical excellence in dental and facial aesthetics. The awards are designed to recognise and reward dentists practising at the highest level of cosmetic restorative dentistry.

Our winning case involved a lovely young lady who had an unfortunate accident in which she fractured her central incisors. The right central incisor required extraction; the left central was restored with root canal treatment and a post and core and crown. She had the tooth extracted and an interim cantilever bridge placed from the left central incisor. Eight weeks later a bone level implant was placed as she has a high smile line and thin gingival biotype.

When the implant was exposed we fabricated a provisional crown that we gradually adapted to sculpt the soft tissue profile to mimic that of the left central incisor.



A zirconia abutment was placed on the implant to avoid grey show through in the gingival region of the implant and zirconia crowns were fabricated for the two central incisors by Steve Law.

The patient has returned for annual review and continues to see our hygienist to maintain ideal gingival health around the teeth and implant.

Winning the Smile Award for this case is a bonus to the satisfaction of a happy patient and is credit to the teamwork between the patient, technician and dentists.

See Mike's winning case inside!

Not **just** an implant centre



our philosophy is to look after your patients as we would a member of our own family

It may seem odd to start by telling you what we are not, but in doing so we hope to make it clearer what we are and what we stand for. We are proud to be not **just** an implant centre!

The UK has the lowest market penetration for implants and therefore the highest potential growth for implants of any European country. This has resulted in some implant companies and "implant centres" marketing their services very aggressively. Because of this, we are concerned for our patients and dental colleagues that implants are being over-prescribed when saving a tooth is just as feasible and advisable.

Implants are one treatment option for missing teeth – they are not a tooth substitute.

Your patients have come to appreciate being referred to a multidisciplinary specialist practice, as it enables them, through joint patient and specialty consultations, to arrive at the most suitable treatment options given their particular set of medical, dental, and economic circumstances.

This approach results in happy patients and practitioners. And, as we all know, it is truly gratifying to receive letters of enthusiastic appreciation, which for us is

the best endorsement of our philosophy that we could possibly wish for.

In short, our philosophy has always been that we will look after your patients as we would look after a member of our own family.

We thank you for your support in this and if you are reading this as someone who has not yet or only recently tried our services then we are confident that you will find us second to none!

Introducing... Natalie Woodlock



**BDS(Lond), MFDS RCS(Ed), MSc, MCLinDent(Perio), MRD RCS(Ed)
Specialist in Periodontics**

Natalie first qualified in dentistry from Guys, Kings & St. Thomas' Dental Institute in 1999. Since then she has gained extensive experience in a variety of settings. These have included general practice, community dentistry, oral surgery, and providing dental care for the staff of Unilever.

In 2001 she was successful in achieving Membership of the Faculty of Dental Surgeons from the Royal College of Surgeons.

Whilst working as a Senior House Officer in Restorative Dentistry, she developed an interest in periodontology.

She completed the four year part-time specialist training programme at King's College London. She was successful in gaining a Master of Science in Periodontology, and went on to gain further expertise in the subject achieving the Master of Clinical Dentistry in Periodontics and the Membership in Restorative Dentistry to become a Specialist in Periodontics.

Natalie is happy to accept any periodontal referrals, and give advice on periodontal cases.

Bitesize INFO

Radiographs

If you have digital radiographs and can send them with the referral, this is always useful.

If not, don't worry – send your films and we can digitise them for our notes and return them immediately.

Roxolid® update

Titanium implants are very successful but there is now a new titanium alloy available - fully tested and evidence based.

This exciting alloy of titanium zirconium, from Straumann, is much stronger in narrow diameter implants than conventional titanium alloys. This allows us to confidently place narrow implants where complicated bone grafting was previously necessary.

We are proud to say that Perlan Specialist Dental Centre was the lead centre in the first human pilot study on this material and the paper will soon be published in Clinical Oral Implants Research.



Digital dentistry

Mike Heffernan and Steve Barter have been actively developing workflow patterns in digital dentistry, an exciting and ever-growing field in implant and restorative dentistry. As you may know, Steve has been involved in the field of guided surgery since the very beginning and was instrumental in developing a guided surgery system. This has now been refined to a level whereby Straumann have taken this on to produce incredible developments in this field, which will undoubtedly become a major part of dentistry in the future.

What does the future hold?

It is getting to the stage where we can digitally 3D scan a patient at Perlan, plan the implant placement and the degree of bone grafting on the computer. This planning can then allow guided surgery so that your patients can benefit from implant placement with minimal post-operative pain and swelling.

The restorative phase can also be achieved through digital scanning methods using the Cadent iTero® intra-oral scanner. The accuracy of the scans and the detail is truly breathtaking and



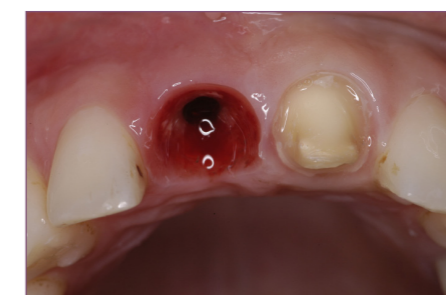
will no doubt make impression taking obsolete. This type of intra-oral scanner does not require any powder to show the margins and the information generated is forwarded to the dental laboratory to combine with their scanning software to fabricate the restoration without the need for die-trimming and plaster pouring. The restoration is designed and "waxed-up" digitally to create a superior core material of metal, or ceramic onto which the final aesthetic porcelain can be completed.

The world of dentistry is a changing place and we aim to keep you involved through Perlan Study Clubs and 'Update Hands-On' courses.

Mike's winning case...



Vertical root fracture of the right central incisor (tooth 11) meant it needed to be extracted. The left central (tooth 21) had fractured through the apical third of the crown involving the pulp.



The peri-implant mucosa has been carefully sculpted with a provisional crown on the Straumann® Bone Level implant to recreate the emergence profile of a natural tooth.



A beautiful winning smile with e.max all-ceramic crowns on 11, 21 with natural gingival architecture.