The magazine for dental professionals working in Ireland
November 2017

Ireland's Dental magazine

INTERVIEW:
Kiera Mulholland talks about how she stayed positive in the face of a cancer diagnosis

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"It would be nice to see the draconian FEMPI cuts reversed and the expansion of both the PRSI and Medical Card schemes"

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Editor's desk

with Bruce Oxley

Stay positive

Every once in a while you hear a story that puts everything into perspective. A tale that makes you grateful for everything that you have and, perhaps, makes you look at life in a different way.

Dentistry in Ireland has been through the mill in recent times and I'm sure many of you will have had a rough time of late, despite signs that the economy is improving.

However, against the backdrop of all the uncertainty and cutbacks, the stresses and strains of life in practice, the story of Kiera Mulholland provides a welcome ray of sunshine in what has often been a cloudy sky.

Many of you will know BF Mulholland and some of you may have met Kiera at events over the years. She is the marketing and communications director at the family business, which is based in Crumlin, east of Belfast.

She was diagnosed with thyroid cancer after initially being told that the nodules on her thyroid glands were benign. She has had major surgery, including a neck dissection where her thyroid was removed, radiation therapy and, no doubt, countless sleepless nights.

But, through all this, one thing has shone through – her relentless positivity. So, when things look bleak, remember that a positive outlook can make a difference. ■

Bruce Oxley is editor of Ireland's Dental magazine. To contact Bruce, email bruce@connectcommunications.co.uk

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Opinion

with Tommy O'Malley

Is this dentistry's watershed moment?

Tommy O'Malley reckons the government still sees dentists as soft targets as the fallout from the FEMPI cuts continue to cause problems for the profession

Friday 27 October 2017 may well turn out to be a watershed in dental health provision in Ireland. The Department of Social Protection is introducing the 'free scale and polish' for eligible PRSI patients on a grant-in-aid basis. This move was well flagged by Leo Varadkar for some time as part of his overall policy of support for the 'middle classes'. I have as yet, however, failed to figure out who exactly he has in mind.

It seems then that the general principle of grant-in-aid is the instrument of choice for government and civil service to deal with state dentistry. The logical extension, in equity, would be for the same principle to be applied in the Medical Card scheme. Politically, this would be extremely difficult and, given the culture of free treatment, it would lead to immediate reduction in numbers attending the dentist.

It would be nice to see the draconian FEMPI cuts reversed and the expansion of both the PRSI and Medical Card schemes sooner rather than later as part of the overall government/departments (plural) social and healthcare policies. We live in hope.

At the end of April 2017, the number of people with medical cards in Ireland stood at 1,640,824. With recruitment in the HSE dental departments stalled and the number of dentists earning over six-figure sums from Medical Card patients, it is no surprise that the number of dentists signed up to the scheme has risen by more than 40 per cent since 2009. What started as a scheme to help dental patients who could not afford regular treatment has turned the whole profession upside down.

It is no surprise that if a nearby dentist decided to accept Medical Card patients then it put financial pressure on the others in the area trying to keep their daybooks full. The 'pull' of treatment away from the private practitioner by the availability of 'free' treatment was inevitable and is relentless. Lucky indeed are the 'totally' private practitioners. Trying to explain to neighbours why one patient gets a 'free' scale and polish and why the other is charged a top-up fee or a totally outrageous extra €45 for another visit is going to be fun. Can't you hear the conversation already ringing in your ears? Who comes out looking like Shylock?

Whether the upcoming reintroduction is a watershed or not, I still think that as a profession we are still regarded as soft targets. There is not one word of even a hint of some kind of financial support for practice IT upgrades despite the fact that we, the dentists do the treatment and also do the paperwork, which now we are requested to do online. This is partly because there are 'capacity difficulties' with the existing systems in the Department of Social Protection. It sounds to me like a euphemism for getting us dentists to do more of the paperwork.

Are they having a laugh or what – again? ■

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

ISSN 2043-8060

Ireland's Dental magazine
is published by
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PDS needs recruitment boost says dentists' union

Service is failing children due to staff shortages and a lack of policy and direction from the HSE

Children are waiting up to 12 years for their first dental screening due to "totally inadequate staffing levels" within the Public Dental Service (PDS), says the Irish Dental Association (IDA).

The association says that there are currently 300 PDS dentists currently employed but that this number would have to be increased by 50 per cent if the service is to meet its objectives.

Fintan Hourihan, chief executive of the IDA, said: "Staff shortages, clinic closures and a lack of policy and direction by the HSE are putting an intolerable burden on staff in the PDS and undermining their ability to provide an effective service.

"While the under 16 population has increased by 20 per cent over the past decade to 1.1 million, the number of dentists in the PDS charged with looking after their oral health has dropped by 20 per cent due to recruitment restrictions.

"The situation with children and oral examinations is akin to a lottery and that cannot be allowed to continue any longer. We are calling on the Minister for Health to direct the HSE to urgently commence a recruitment campaign to bring staffing to required levels."

As part of its pre-Budget submission, the IDA is also calling for the restoration and expansion of tax relief on dental treatments – Med 2 – for prescribed dental treatments.

Hourihan continued: "We estimate that half a billion euro worth of supports to patients and their families covered by the medical card and PRSI dental schemes have been lost since 2010.

"Expansion of the Med 2 Scheme will generate increased access and attendance, improve dental health and, ultimately bolster economic activity and returns to the Exchequer."

Zero Tolerance for dental abuse

NI campaign aims to stop abuse of primary healthcare staff throughout the province

A Zero Tolerance campaign has been launched in Northern Ireland to stop the abuse of dental staff and their colleagues in primary care.

The campaign has been launched by the Health and Social Care Board following a number of attempted thefts, some of which have involved violence or threats of violence within community pharmacies. However, other primary healthcare staff have also highlighted a trend in verbally abusive individuals that display threatening behaviour.

Michael Donaldson, head of dental services, said: "Verbal and physical abuse at work is unacceptable. Dental staff should be able to provide care without being worried about violence or harassment. Verbal and physical abuse has a negative impact on both the mental and the physical wellbeing of dental staff and this in turn can affect service provision."

Dr Sloan Harper, director of integrated care, said: "Primary healthcare responds to 90 per cent of all health service contacts. It is important that primary healthcare teams are supported and recognised for the valuable work they do. We know that a tiny number of people being seen through primary healthcare services are verbally abusive and threatening to the staff who are simply trying to do their best for patients. With this campaign we wish to highlight the need to protect our staff working in primary care settings and that they have been advised to take a zero tolerance approach to unacceptable behaviour."

Leo Heslin Memorial Medal

Hamna Maheen, a final year dental student at Dublin Dental University Hospital and School was recently awarded the Leo Heslin Memorial Medal.

The prestigious prize is awarded by the Faculty of Dentistry of the Royal College of Surgeons in Ireland (RCSI) in recognition of the services of Dr Heslin to dentistry and in particular, the Faculty of Dentistry. Students, nominated by their dental school, submit an essay on a topic related to Periodontology, Oral Medicine or Oral Pathology and Microbiology.

Hamna's essay was entitled 'Considering the Current Epidemic of HPV-related Oropharyngeal Squamous Cell Carcinoma, Can Prophylactic Vaccination Against HPV Assist in its Prevention?' She will be awarded the medal at the Annual Scientific Meeting of the RCSI Dental Faculty in November.

Dr Heslin was a former president of the Irish Dental Association as well as dean of the Faculty of Dentistry at the RCSI. A periodontist, Dr Heslin was instrumental in the introduction of the Membership in General Dental Surgery (MGDS) when dean in the late 1980s.

BDA announces new Northern Ireland director

Tristen Kelso takes over from Claudette Christie, who stepped down in June

The British Dental Association (BDA) has announced Tristen Kelso as its new Northern Ireland Director, following the recent retirement of Claudette Christie. Tristen joins the BDA from leading public affairs agency Stratagem, where he served as health lead for four years, overseeing accounts ranging from Cancer Focus NI and the British Heart Foundation, to community providers such as Specsavers. He has also served as a political advisor to an MEP, and has led on policy for the Integrated Education Fund and The Ulster Farmers Union.

The Chair of the BDA's Northern Ireland Council, Roz McMullan, said: "Dentistry in Northern Ireland faces unprecedented change. Tristen brings a wealth of experience in health policy and campaigns to help our members meet those challenges head-on. We are proud to have him join our team."

Tristen added: "I am delighted to join the BDA as its Northern Ireland Director. While we do not yet have a government at Stormont, we do have unfinished business on contracts and an Oral Health Strategy that is need of an urgent update. My commitment is to offer the strongest possible voice for dentists in Northern Ireland."

Tristen takes over the role from Claudette Christie who stepped down from her position on 23 June after 16 years with the BDA in Northern Ireland. Claudette joined the BDA in 2001, following a career in general dental practice and in the prison dental service. She graduated from Queen's University Belfast in 1987 and completed her MSc in management and corporate governance from the University of Ulster in 2006.

BDA joins forces with The Dentistry Show

The BDA is joining forces with The Dentistry Show to launch a brand new dental conference and exhibition in May 2018.

The new event will see the BDA Conference and Exhibition combine with CloserStill Media's The Dentistry Show to form the British Dental Conference and Dentistry Show. The new event, which will take place on 18-19 May 2018 at the NEC, means the two events are no longer in direct competition with each other.

In recent years, the BDA Conference and The Dentistry Show have occupied consecutive weeks on the calendar, with some dental companies being forced to choose which one to attend.

The new event will be free to enter, with the joint organisers expecting in the region of 11,000 visitors over the two days.

BDA Chief Executive Peter Ward said: "We're committed to offering our members and this profession the biggest and best event in the dental calendar. This collaboration with our friends at CloserStill Media will take our landmark event to the next level."

BDA blasts 'reckless' NI health cuts

Association says that morale of front line staff is 'at an all-time low'

Plans to slash £70 million from the health budget in Northern Ireland have been criticised as 'reckless' by the British Dental Association (BDA).

The association argues that the budget for General and Primary Dental Services in Northern Ireland has fallen in real terms year-on-year since 2012, while tooth decay remains the leading cause of hospital admissions among children in the province.

The BDA has long argued that Stormont needs to deliver a new oral health strategy, to replace its decade old plan. In the face of ever growing demand it has also called for appropriate investment in prevention among children and young people, with reformed contracts and coherent workforce planning to ensure the sustainability of the service.

Roslyn McMullan, chair of the BDA's Northern Ireland Council, said: "When tooth extractions are the leading cause of our children getting general anaesthetic cutting front line services smacks of recklessness. This service is already running on empty, and taking further resources out will only place greater strain on our GPs, hospitals and A&E units.

"Northern Ireland has the worst oral health inequalities in the UK, and the authorities need to stop seeking false economies. They cannot continue abdicating their responsibility to curb decay in young people, or to engage with the growing challenges of an ageing population.

"The morale of front line staff is at an all-time low. Government has failed to modernise the service, or offer contracts that are fit for purpose. It will need to show it is prepared to put patients first."

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Urgent review into NI sedation practices

Department of Health issues urgent alert after concerns over equipment and training

Northern Irish dental staff are at risk of being exposed to dangerous levels of nitrous oxide due to insufficient training and sub-standard inhalation sedation equipment and maintenance.

The Department of Health has issued an NIAIC (Northern Ireland Adverse Incident Centre) Alert for all dental healthcare workers involved with inhalation sedation to carry out an urgent review of training and equipment.

The alert states: "Recent monitoring tests of waste nitrous oxide in some community dental facilities have highlighted that the selected control measures, including mechanical systems, in place to reduce waste gas levels may not be sufficient in some cases. This was highlighted by widely varying levels of nitrous oxide exposure recorded on monitors carried by a dentist during different procedures.

"Given that the selected control measures (ventilation and scavenging systems) did not change and deemed operating to specification, the variance in exposure levels suggest other risks need to be addressed e.g. differences in working practice and/or patient compliance."

Janet Pickles of R A Medical Services, the UK supplier of a comprehensive range of inhalation and scavenging equipment, said that she has for some time now been concerned with regard to the status of existing equipment in Northern Ireland, specifically scavenging. Attempts to relay this concern have met with various obstacles and she said that the NIAIC Alert comes as little surprise.

A badly corroded nitrous oxide regulator

She said: "Because of this alert, I have already been approached for help and advice and will do everything I can to help alleviate the problem. The situation is not beyond resolution and, as the use of inhalation sedation for paediatrics and special needs patients is so valued, any form of restriction or ban on inhalation sedation could be disastrous for patients and staff alike.

"We all know that the waiting lists for dental GA are already appalling – I am sure nobody wishes to add to the level of misery already occasioned by these figures."

To download the NIAIC Alert, visit www.health-ni.gov.uk/publications/niaic-alerts-nias-publications
To read Janet Pickles' article on sedation training, turn to page 33.

Dental Council exams for non-EEA dentists

The Dental Council of Ireland has revealed that it is only accepting a maximum of 10 new applications for the 2018 examinations for non-EEA trained dentists.

The council said that this is due to capacity issues arising from the high number of candidates already in the examination process and who are eligible to repeat a part of the examination, as per the examination regulations.

Places will be allocated on a strict first-come, first-served basis to new applicants who have submitted fully-completed applications. Incomplete applications will be returned.

A reserve or standby list will be in operation in the event that a new applicant or repeat candidate fails to accept an offer of a place.

First-time applications will be accepted up to 30 November. Repeat candidates have until 31 October to confirm their intention to resit the relevant part of the 2018 examination.

Health minister launches Mouth Cancer Awareness Day

Simon Harris TD at the launch of Mouth Cancer Awareness Day

Focus on the homeless for 2017 campaign

Minister for Health Simon Harris visited Dublin Dental University and Hospital (DDUH) recently to launch the annual Mouth Cancer Awareness Day for 2017.

The TD for Wicklow and East Carlow spoke with staff, students, patients and visitors during his visit. He said: "Every year about 400 people in Ireland develop a mouth cancer. It is a cancer that is often less thought of, but it can have a very serious impact as it is usually detected late. We are encouraging people to familiarise themselves with the signs by visiting www.mouthcancerawareness.ie and talking to their dentist or GP.

"Early detection really is key with mouth cancer, as with all cancers, so I am eager to get the message out."

One of the key messages for this year's awareness event was raising awareness of mouth cancer among groups working with the homeless. Professor Blánaid Daly, professor of special care dentistry at DDUH, said that while many homeless people are in the high risk group for mouth cancer as they smoke and drink, many don't visit a dentist regularly, meaning that the incidence rate among this group could be higher than normal.

Photo credit: © Aoife Giles

(l-r) Dr Therese Garvey, DDUH clinical director, Simon Harris TD, David Barry CEO and Dr Denise MacCarthy, consultant in periodontology

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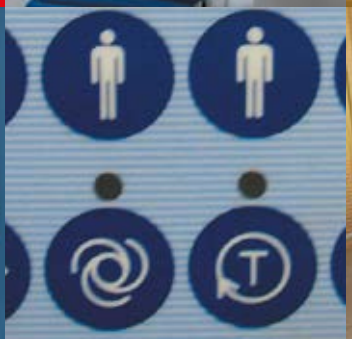
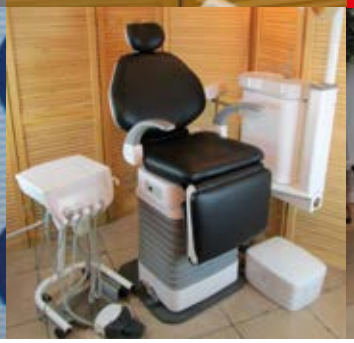


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Aspirin could help teeth 'self-repair'

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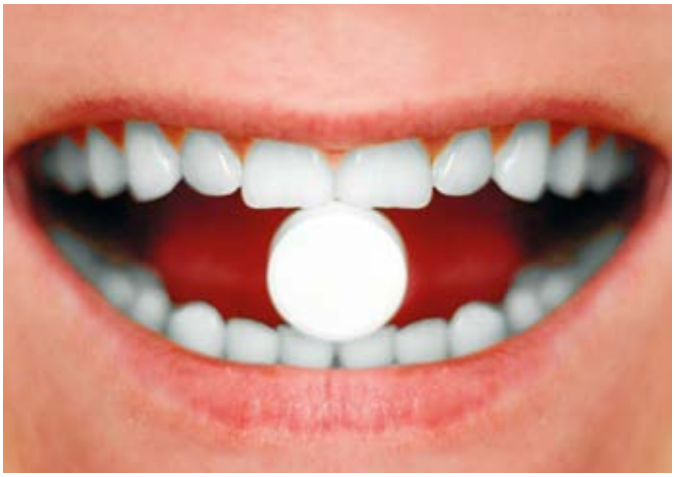

Researchers at Queen's University Belfast have discovered that aspirin could reverse the effects of tooth decay, potentially reducing the need for fillings.

The research findings, which were presented at the British Society for Oral and Dental Research Annual Conference in Plymouth, showed that aspirin can enhance the function of stem cells found in the teeth, thus helping self-repair by regenerating lost tooth structure.

The researchers combined genomics and novel bioinformatics to identify aspirin as a candidate drug with properties that stimulate existing stem cells in the tooth to enhance the regeneration of the damaged tooth structure.

Treatment of stem cells from teeth with low-dose aspirin significantly increased mineralisation and the expression of genes responsible for forming dentine, the hard tooth structure that is usually damaged by decay. This novel discovery, coupled with the known anti-inflammatory and pain relieving effects of aspirin, could provide a unique solution for controlling tooth nerve inflammation and pain while promoting natural tooth repair.

The principal investigator, Dr El Karim, said: "There is huge potential to change our approach to one of the biggest dental challenges we face. Our initial research findings in the laboratory suggest that the use of aspirin, a drug already licensed for human use, could offer an immediate innovative solution enabling our teeth to repair themselves.

"Our next step will be to develop an appropriate delivery system to test the drug efficacy in a clinical trial. This novel approach could not only increase the long-term survival of teeth but could also result in huge savings for the NHS and health systems worldwide."

Biggest-ever BDA election launched

Election will also see nominations and voting carried out online

The BDA has launched the largest election in the association's recent history, with 285 places up for election, including a total of 21 in Northern Ireland.

The election will see each post outside the Principal Executive Committee utilise online voting in an effort to make the process more accessible for both voters and candidates. All candidates are invited to submit their nominations online as well.

The BDA's chief executive and returning officer Peter Ward (right) said: "We are searching for voices from every corner of dentistry, from every nation and every field of practice to help lead this profession.

"We have transformed the way we run our elections, and are providing the technology to make standing for office or voting for your representatives easier and more accessible.

"From academia to community clinics, from the high streets to the hospitals, dentistry in the UK is under pressure. The successful candidates will be the ones to help us navigate through the challenges ahead."

For more information on standing for office, visit www.bda.org/elections

Class of 1997

Cork graduates come together 20 years after they completed their undergraduate education

The University College Cork BDS class of 1997 came together at the end of September for a special 20-year reunion celebration at Hayfield Manor in Cork.

The event was organised by Dr Paul O'Dwyer, class representative and former auditor of the UCC Dental Society (1997).

As an "advocate of collegial unity and fostering professional development", Dr O'Dwyer invited Síofra Murphy, current auditor, Dental Society UCC and also a fourth-year dental student at UCC, and Rachel Sinclair who was last year's auditor and currently in her fifth year of studies, to the commencement prosecco reception.

The reception enjoyed accompaniment from harpist, Mairéad Kelly (also a UCC Alum). The reunion drew more than half the class who shared stories and long forgotten anecdotes of their student days.

The classmates present on the night, and those who could not attend, also organised a special donation to the Irish Cancer Society in honour of their late classmate, Dr Clodagh Shannon (née Howe), who was tragically killed in a car accident in 2015.

Following the three-course meal in the Orchid Room at Hayfield, Dr O'Dwyer addressed the gathering with some remarks on their years at UCC.

The evening concluded with a presentation of commemorative UCC Hoodies in College colours of red and black, featuring each classmate's name, embroidered by The Logo Factory (Nenagh, Co Tipperary) and sponsored by *Ireland's Dental* magazine.

Dr O'Dwyer wishes to thank Ms Erin McCluskey (Hayfield Manor), Emmet Curtin (photographer), Mairéad Kelly (harpist) and the class of 1997 for an "unforgettable evening".

Dates for your diary

3 November
Royal College of Physicians and Surgeons of Glasgow
Mouth Cancer Conference
To find out more, visit rcpsg.ac.uk/events/orcan

3-4 November
Orthodontic Society of Ireland Autumn Meeting and AGM
Dublin
For more information, visit www.orthodontics.ie

3-4 November
RCSI Dental Faculty ASM 2017
Royal College of Surgeons in Ireland, Dublin
For more, visit asm2017.ie

3-4 November
BSDHT Oral Health Conference and Exhibition 2017
HIC Harrogate International Centre
Visit www.bsdht.org.uk to find out more.

9-11 November
BACD Annual Conference 2017
London
To find out more, visit www.bacd.com

10 November
IDA Munster Branch - Annual Scientific Meeting
Fota Island Resort and Spa
For more information, visit www.dentist.ie

24-29 November
Greater New York Dental Meeting 2017
New York, USA
For more information, visit www.gnydm.com

8 December
British Society for Disability and Oral Health Winter Conference
Royal College of Physicians, London
Find out more at bda.org/events/conferences

6-8 February 2018
AEEDC Conference and Arab Dental Exhibition
Dubai, UAE
Visit www.aeedc.com

10 February 2018
Careers Day 2018
Albert Theatre, RCSI
For details, visit facultyofdentistry.ie

28 February-3 March 2018
Academy of Osseointegration Annual Meeting
Los Angeles, USA
For more information, visit www.osseo.org/annual-meetings

20 April 2018
Osteology UK
Royal College of Physicians, London
For more, visit www.osteology-uk.org

27 April 2018
Scottish Dental Awards 2018
Hilton Glasgow
Visit www.sdawards.co.uk for more.

27-28 April 2018
Scottish Dental Show 2018
Braehead Arena, Glasgow
Visit www.sdshow.co.uk

17 May 2018
Irish Society of Dentistry for Children ASM
Midlands Park Hotel, Portlaoise
Visit www.dentistryforchildren.ie

18-19 May 2018
British Dental Conference and Dentistry Show
NEC, Birmingham
Log onto bda.org/conference for more information.

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Column

Word of mouth

with Dr Paul O'Dwyer

Light-bulb moments

Informing, education and working with patients is the key to trust, which can then help you to successfully manage their expectations

Patient expectations versus clinical reality – this is often a chasm too far to cross for most of us. It often strikes me that treatment planning should have a built-in reality check with it. How often have we examined patients who openly admit that they are only interested in 'clean bright white teeth'? On further questioning, it appears that they are only interested in the front teeth being white/clean/bright. The poor molars don't get a look-in and, for the patient, they often may as well not exist.

Over the years, I've been aghast at patients who would almost unthinkingly suggest removal of posterior molar teeth, without considering conservation. It is difficult, particularly for new graduates, to grasp that huge chasm between the patient's level of interest/education/enthusiasm for long-term dental health and stability. It is incumbent on us, the dental profession, to really hammer home the message of conservation.

I love analogies. In describing the removal of the posterior molar, I suggest that they think of the back teeth as a functional unit, let's say 6 and 7 versus 6 and 7. So, a subunit of four teeth on either side, as a very simple picture. Imagine then, if you will, the removal of one of these teeth, leaving an imbalanced three teeth on one side and four teeth on the other.

Think of the three teeth unit and its requirement now to up its work potential to compensate. Add in drift/tilt and older restorations failing, and suddenly the removal of one tooth causes a cascade of failure/extraction, within a short (two year) period.

While the above dramatic scenario is simplified, over the years, patients have grasped the potential peril of the casual extraction, and the unintended consequences of same. From the removal of one tooth, to the veritable oral cripple that can result following a short forceps removal.

In thinking about these simplified 'Patient Pictures' as I call them, I also discuss reviewing older restorations, particularly stained amalgams/composites etc. The die-hard conservationist in me suggests that no intervention is required unless active caries/decay is present. However, the flip-side of this often goes like this: Jack attends for an examination. He presents with four large, heavily restored molars. He is unable to recall their placement dates. From my now two decades spent chairside, I would bet that they were placed at roughly the same time.

Jack has symptoms in one and, sure enough, on bitewing, recurrent decay is found and the restoration is replaced. The other restorations look OK with no active recurrent decay or signs of same. Jack arrives some three months later with a fractured amalgam in another of the molars. This is replaced and then, six months later another of the amalgams loses a corner.

In Jack's mind, his teeth were perfectly fine until he attended for examination. What is missing from this Patient Picture is making the patient aware that restorations, like light bulbs, have a working life. Also, like light bulbs, they are often placed at the same time.

And, finally, to take the light-bulb analogy to its conclusion, when one light bulb goes, they all go – usually around the same time.

As the dawn of realisation spreads over Jack's face, it is his light-bulb moment.

Managing patient expectations and delivering on same is key to trust, and trust is the bedrock of good clinical outcomes. Informing, educating and working with patients is key. Like many practitioners, I am sure we all have similar analogies which we use in practice and, if they lead to some light bulb moments, so much the better!

The power of positivity

Cancer survivor Kiera Mulholland talks about her battle with thyroid cancer and how she came out the other end, still smiling

Being told you have cancer is a life-changing moment in anyone's book. However, when it comes after a previous misdiagnosis, you would expect the situation to be all the more difficult to accept.

However, Kiera Mulholland, sales and marketing director at dental supply company BF Mulholland, managed to stay positive and come through the other side still smiling.

Kiera first noticed a lump in her neck in May 2015, combined with a persistent cough that she just couldn't shake. However, being busy with work and life in general Kiera, who was 33 at the time, didn't go to the doctor until a few months later. Her GP suspected nodules on her thyroid and she was referred to an ENT and thyroid surgeon in February 2016. A week after her first appointment, he carried out an ultrasound-guided thyroid biopsy to determine if the nodules were cancerous.

The tests came back negative but it was decided the right hand side of Kiera's thyroid should be removed as the nodule was pressing on her windpipe and making it uncomfortable to eat. As it wasn't deemed urgent at the time and due to work commitments, the surgery didn't take place until the end of June. Kiera said: "The decision was taken to remove the right-hand side even though the left-hand side nodule was more visually obvious in my neck. I didn't feel this was a good reason to have my whole thyroid removed as this would

Kiera and the team at BF Mulholland

lead to me needing medication for the rest of my life."

However, just under a week later Kiera was told that the removed part of her thyroid had been tested and the nodule had turned out to be cancerous after all. She said: "At that stage it is a shock, but because I was already feeling so poorly with a bad infection, I don't think it really hit home straight away.

"I'm in my early 30s and I'm the first of my friendship group to have cancer. I know many people who have been touched by cancer, through parents, or grandparents etc, but I was the first of the younger generation if you will. So, I think it was a massive shock."

Despite being naturally outgoing and having a bubbly personality, at this news Kiera would have been forgiven a period of low mood and despondency. However, she took the news in her stride and made a conscious decision to stay positive, not just for herself, but for those around her as well.

She said: "I think it was harder for my friends and family to be honest. I could control how I felt and dealt with situations, but I couldn't control how other people dealt with the news and how they would react. I asked friends and family to come and visit me so they could see how well I was doing. They could then see my positivity, I believe this helped everyone else, especially my mother, father and my two brothers.

"Everybody deals with these things in different ways and that was my way."

The second surgery, a complete thyroidectomy, was scheduled for the following month after which it was discovered Kiera had stage two cancer, meaning the cancer had spread to other parts of her body. However, the doctors believed that it had only spread to the surrounding neck tissues and she was told that her prognosis was good.

The following month, in September 2016, Kiera had her first visit to the Northern Ireland Cancer Centre at Belfast City Hospital where she met her oncology specialist, Dr Fionnuala Houghton. At the same time, and as September was Thyroid Cancer Awareness Month, many of Kiera's closest friends decided they wanted to do something to support their friend and help raise awareness of and money for research into the disease. Some went sober for September and a group took on the Walk All Over Cancer challenge which involved each member pledging to walk 10,000 steps a day through the month of September.

The initial target of £10,000 was smashed and the group managed to raise an amazing £33,000 for Cancer Research UK, MacMillan Cancer Support and the Friends of the Cancer Centre charity. Kiera said: "I was so touched. Honestly, I was an emotional wreck. It was this time last year and they had all planned their charity work without me initially knowing.

"I was diagnosed with such a rare form of cancer, and I believe my friends were trying to understand, and also raise the awareness to educate others on what thyroid cancer is because it is on the increase.

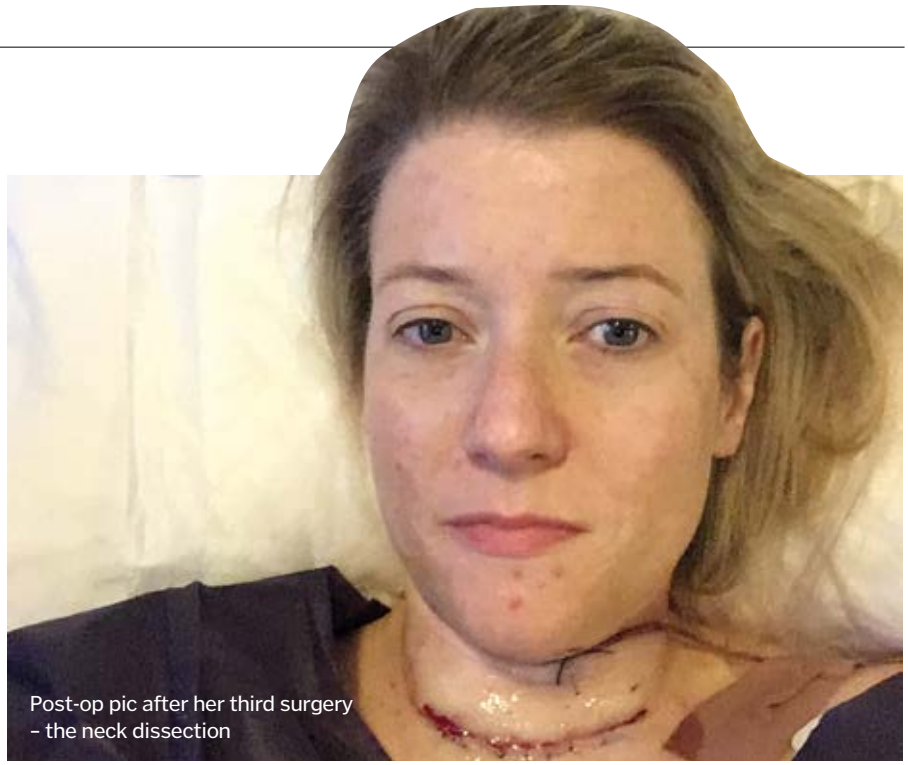
"It was a very emotional time, but you just have to stay positive. It's the only way."

At the beginning of October Kiera was admitted to the Cancer Centre for her radioactive iodine treatment (RAI), aimed at killing any remaining cancer cells and identifying if they have spread anywhere else. The treatment involved four days in a special isolation room where, due to the radiation, she had no contact with other people. She said: "It is awful. The nursing staff can't come in to you and you can't pass anything out to them. So, once your dinner comes, if you don't eat it, it has to stay in the whole time you are there. The clothes that I wore had to be burned afterwards as well.

Continued »

"I think it was harder for my friends and family. I could control how I felt but couldn't control how other people dealt with the news or would react"

Cancer free! Kiera and partner Conor after receiving the great news in March



Post-op pic after her third surgery – the neck dissection

From previous page »

"It is so surreal and I think the hardest part was being away from my loved ones. I had my phone and I could FaceTime but it's not the same."

Before she was discharged, she was given her first full-body scan and then sent home to be in semi-isolation. The following day, she received a phone call and was asked to come in the next day to meet with her surgeon and oncologist. Accompanied by her parents, Kiera was told that the cancer had spread into her neck and that a third operation – a neck dissection – would be required. However, due to her high radiation levels, it was delayed until the end of November.

Despite all this, Kiera managed to keep up her levels of positivity. She said: "I was reassured from day one that the prognoses of thyroid cancer can be a positive one in spite of it being a life-changing one, and I also wholeheartedly believe we are not given anything in this world that we cannot handle, this was a battle I was ready to fight! I am blessed that I have a positive outlook and attitude in addition to having an amazing network of love and support from friends and family."

A couple of weeks before her third surgery, Kiera had a PET that confirmed the cancer had thankfully not spread beyond her neck and on 29 November, she went under the knife for the third time. However, it was not to be her final surgery as, in early January this year she was admitted to hospital to have her ovary removed due to ongoing cyst issues.

A month later, on 21 February, she had a further, smaller dose of radioactive iodine to see if there were any remaining thyroid tissues or cancer cells remaining in her body. Her bloods were also sent to the Netherlands for testing and, on 14 March she found out she was finally cancer free.

She said: "It's not been an easy journey, but one that has taught me so much, not least of all how blessed and lucky I am. The 'brown letters' do keep coming and I am currently having regular scans and bloods taken to monitor my recovery. Being a thyroid cancer survivor you need to work hard to get your energy levels back on track to allow for some sort of normality back in my life – I cannot wait to get a little more of the old Kiera back.

"It's important to have goals and push yourself despite the recent events. I have gained nearly three stone in weight, but that is okay, I am learning how to adapt my body to life without a thyroid gland. It is incredible when you realise the scope of what it is responsible for in your body."

Kiera will be on medication for the rest of her life but she insists that it is a small price to pay to be cancer free. She is still working her way up to full-time hours at BF Mulholland and she feels incredibly fortunate to be part of a family business with a team that has supported her all the way.

She said: "I am very lucky, being involved in the family business, I was able to work from home and the team would visit me at home regularly with work. If you don't have something to focus on you could get very, very down, especially with my fatigue being a real struggle at times. I had work to focus on and I could come into the office when I was up to it, it all certainly helped with my journey."

And, as September was Thyroid Cancer Awareness Month, Kiera has some words of advice: "From my experience I cannot stress enough how important it is to be kind to everyone! Everyone you meet is fighting a battle on some level."

Kiera also outlined the things that she has learned during her cancer journey and the things that she would like to pass on:

- Check your neck – it could save your life!
- There is a 'can' in cancer
- Positivity is key
- Worrying will not change the outcome
- Listen to your body – our health is our wealth!
- Scars are souvenirs you never lose
- There is always someone worse off than you
- No one fights cancer alone. ■

THYROID CANCER - THE FACTS

- 3,404 – number of new cases of thyroid cancer in the UK (2014)
- 376 – deaths from thyroid cancer in the UK (2014)
- 85 per cent – survival rate (10 or more years, 2009-13, England)
- 19 – thyroid cancer is the 19th most common cancer in the UK (2014)
- 53 per cent – more than half of thyroid cancer cases in the UK each year are diagnosed in people aged 50 and over (2012-2014)
- 139 per cent – since the early 1990s, thyroid cancer incidence rates have more than doubled (139 per cent increase) in the UK. The increase is larger in females (146 per cent) than in males (137 per cent increase)

Source: Cancer Research UK

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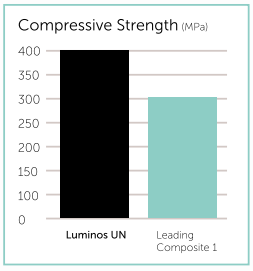

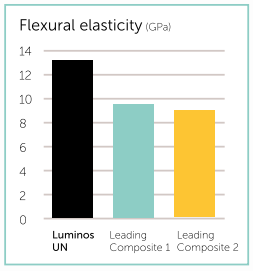

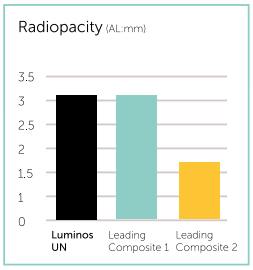

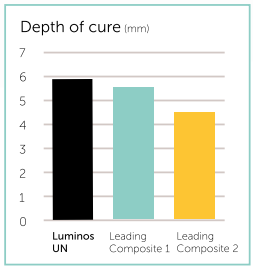

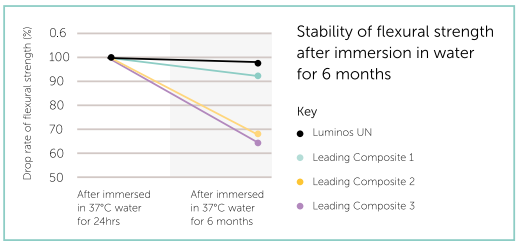

References for charts are available on request.

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Good people doing good things

Fourth-year UCC dental student Damien Smith describes his visit to Nepal this summer to deliver oral healthcare aid and education

Late last year I was lucky enough to be selected to participate on this year's UCC Dental Outreach Programme. UCC undergraduate dentistry students have a long-standing tradition of participating in the programme and aiding people who need, but don't have access to, dental care.

The 2017 programme was organised by a community-based not-for-profit organisation called Around Good People (AGP). Once selected, I was joined by 10 of my classmates in Nepal where we would carry out AGP's stated mission to: "Deliver oral health care, servicing thousands of people, at no charge, throughout the mountain communities of Nepal." This is done by "bringing the international dental volunteer community who can meet the basic dental care needs of the resource-poor Nepal in a sustainable way".

UCC students Damien Smith, Ashkan Javid, Irtaza Malik, Eva Taaffe, Clare O'Connell, Jacqueline Dineen, Iomar Kearney, Meabh O'Brein, Leanne Houlihan and Meabh Long pose with the whole AGP team

"Going from seeing four patients on a good day in the dental hospital in Cork to 12-18 was a big step up for everyone"

Arrival and acclimatisation

At Kathmandu international airport, we were picked-up by AGP staff and brought to a hotel within Kathmandu. We spent two days preparing for the clinic through lectures on dentistry and oral healthcare in Nepal, cultural sensitisation, language essentials and discussion workshops with the rest of the clinical team we would be working with. It was a lot to take in in just two days (while also acclimatising to unfamiliar surroundings); however, the initial days were essential in introducing yourself to the AGP team and clinical supervisors who we would be working with closely throughout the project. Crucially, we were able to develop relationships before all the stresses and strains of life in the clinic would take hold.

Then the real work started. On day three of the programme we set off on a three-and-a-half-hour journey to the mountainous village of Tistung Palung where both the clinic and accommodation would be based. The journey involved us negotiating the dusty roads of Kathmandu and winding roads through the foothills of the Himalayan mountain range. Negotiating those obstacles would have you longing for home – I have promised myself never to complain about the M50 traffic or level of careless driving on Irish roads ever again!

Upon arrival at the village we were brought to the local primary school in which the clinic would be based. However, when approaching the school, the group was welcomed with what I can only describe as a Michael D Higgins presidential level of welcome. The whole village had come out to greet our arrival and we were presented with traditional

Continued »

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The welcoming ceremony for the UCC students


The clinic


Oral health education

From previous page »

Nepalese scarves (Khata) and indigenous flowers. It was all quite surreal and something we all agreed we had not ever experienced before!

Down to work

With the excitement of the welcoming ceremony from the previous day over, it was time to get to work. We were split into two clinical groups with a total of five dental chairs. Each group had a clinical supervisor, dental hygienist and three interpreters recruited from the village and our UCC group split. As can be seen in the pictures it really was "dental care in a resource-poor" situation.

Going from seeing four patients on a good day in the dental hospital in Cork to 12-18 patients was a big step up for everyone, but a challenge we were ready to accept. Throughout the week, we took it in turns in giving the local school children oral hygiene instructions, toothbrushes and fluoride treatments.

As villagers turned up to the primary school they where screened, blood pressure and blood glucose levels recorded and triaged, with the more urgent cases being treated first. Treatments involved scaling, restorations and extractions. With the situation we were in, anything could and would present to the clinic. But we were determined to treat our patients with respect and dignity, which showed in the satisfied reactions and thankfulness we received.

We also had to be mindful of both our level of experience and resources. For some patients who did present themselves to the clinic, it soon became apparent that there was more underlying medical issues which we were unable to treat. Personally, I found this hard to take, particularly with young children.

Time to be thankful

The last two days of the programme were based in Kathmandu where we visited a primary school and orphanage to give OHI, toothbrushes, fluoride and other emergency treatments. The orphanage visit was particularly poignant for the group. Being in a room with 25-30 faces smiling and knowing that each of these children did not have a mother, father, aunt or uncle to call their own really makes you think and realise how thankful you are for all the friends and family you have back home.

With the stunning lush green colours of the Himalayan mountainside, our daily commute to the clinic felt more like a walk on part on *The Chronicles of Narnia.*

Everyday did present its challenges both professionally and personally for everyone. But over the seven days on-site we managed to screen and treat more than 1,600 villagers, which is some going considering the resources we had available!

And with that we were done. Our two-week Nepalese experience was a huge social, cultural and professional experience for everyone in the group, and something none of us will ever forget. On behalf of everyone, I would like to thank those involved in making the trip possible. Especially Praj and the whole AGP group. The work they are doing is incredible and I would urge anyone who wants to help to get in touch with them.

It is not until you look back that you realise the amount of resources and human effort that was needed to make everything possible. From the very top of the logistics organisation, right down to the village translators, without whom communication with the patients would not be possible. ■

MORE INFO

For more information on the Around Good People social enterprise, visit their website aroundgoodpeople.com
You can find Damien on Instagram for more information and pictures of the trip, @emaildamo

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A family affair

Colm and Kieran Davitt, founders of the Dental Care Ireland group of dental practices, talk about their experiences setting up the business and working together as brothers

Brothers Colm and Kieran Davitt set up Dental Care Ireland in 2014 with a vision to provide a network of quality dental practices nationwide. The group has grown quickly to now include 12 general and specialist centres around Ireland, a growth that the brothers say is a vindication of their belief and hard work.

Why did you set up Dental Care Ireland?

Colm Davitt (CD): "I was previously CEO of a leading diagnostic imaging group, where I gained particular expertise in acquisition through a 'buy and build' strategy. This background also gave me a good understanding of the sensitivities involved in running a healthcare organisation and working with healthcare professionals.

"Kieran and I came up with the Dental Care Ireland concept together, with a view to combining Kieran's clinical expertise and my track record in business development and healthcare management. The balance of both these skillsets has been a key factor in determining our success."

Kieran Davitt (KD): "I worked as a general dentist in Galway for 20 years. Since the majority of practices in Ireland are independently owned, we saw an opportunity for a new model here. The model that we developed is very much focused on high-quality clinical care, based in the local community. My initial role was in an advisory capacity as we looked at practices we could bring on to join the network.

"The context is also important. Big changes had happened in the dental industry when we started in 2014. There had been huge cuts to the PRSI scheme and medical cards, and we had the after-effects of the recession and cuts to private dentistry. Things were getting busier for both general and specialist dentists."

As brothers, did you ever imagine that you would be working together and being so successful?

CD: "Not until recent years. We never really pictured ourselves working together as I was involved in business and Kieran was a dentist. Our careers appeared to be taking very different paths. The connection wasn't obvious until dentistry and business starting evolving, and we began to explore the possibilities of a new concept."

KD: "As I live in Galway and Colm lives in Dublin, we would not have envisaged

Continued »

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ourselves working together until we formed the idea for Dental Care Ireland."

What are the advantages of being brothers in business together?

CD: "We had never worked together before, so working with Kieran on Dental Care Ireland has been so interesting. I suppose we always got on well as kids, except when Kieran beat me at sports, which was quite often! He is someone I completely trust and has my best interests at heart, and that is really important. We also have similar personalities which helps, and we don't row! It is a pleasure to work with him."

KD: "I agree, there is a serious element of trust with Colm because we are family. There is only two years between us but Colm will always be my older brother, and often lets me know it too!"

What is the Dental Care Ireland strategy?

CD: "Essentially, we acquire long-established, high-quality practices in local communities, with a view to helping them reach their full potential. Our aim is to free principal dentists from administrative burden, allowing them to focus on clinical dentistry. We invest in upgrading the practices with latest facilities and technology, as well as providing support in areas such as operations, finance, quality and compliance, IT, HR and marketing.

"Our vision is to have a national network right across the country so we are open to considering all locations if the opportunity is right."

KD: "We look for clinics of a particular size, with three chairs or more. We want to work with the right people as the principal dentist generally stays on for up to five years.

"First and foremost, we look for practices that are well run. We do not want to turn places around 100 per cent. We work closely with the incumbent dentists to build on the traditions of each individual practice, while ensuring a consistent service for patients across the entire network. We see potential in places that may not have the time to market themselves, for example, and where we can introduce a specialist."

What does joining the Dental Care Ireland network mean for dentists?

CD: "Dentists can expect to be valued, supported and encouraged to achieve their goals. We significantly reduce the management and administrative side to running a business and give dentists the clinical freedom to focus on their patients.

"Each practice is upgraded, depending on individual practice requirements, to include new state-of-the-art facilities and latest technology. We also support the development of new services and treatments, education and training for staff, as well as more convenient opening hours for patients. We are very sensitive to clinical freedom and to the individuality of each practice and location."

The brothers with staff at DCI's Ashbourne practice

KD: "Dentists in our practices do not have to worry about administrative concerns. They can focus on clinical work, and they love that. There is more and more red tape coming up all the time, so they appreciate the ability to hand things over to us. We want to provide the highest quality dentistry, so we upgrade practices, and also offer training and seminars. Better trained staff are happier, as are customers. Everyone reaps the benefits."

What does the future hold for Dental Care Ireland?

CD: "We have a goal of adding five or six new practices a year over the next three to five years. We are definitely a couple of years ahead of where we thought we would be at this stage.

"We would like to become the largest dental group in Ireland, with at least one or two practices in each county. We want to be the best in each area and for our patients to completely trust us."

KD: "We exceeded expectations in the first 12 months. It was about adapting quickly. There was no real breakthrough moment. It has been slow, steady growth, and we hope to continue growing at a similar rate."

So, is there a next generation of Davitts being groomed to take over down the line?

CD and KD: "Our kids are probably too young at this stage to contemplate what future career paths they might take, and whether or not dentistry and business might be top of the list. When the time comes, we will be happy for each of them to choose whatever is right for them as individuals." ■

ABOUT DENTAL CARE IRELAND

Dental Care Ireland is a new Irish-owned network of established dental practices nationwide. To date, the group employs more than 150 staff across 12 general and specialist dental practices in Dublin, Meath, Carlow, Mayo, Offaly, Wicklow and Kilkenny. For further information, visit www.dentalcareireland.ie

Kieran and Colm Davitt

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Dental staff training for **inhalation sedation**

The standard of training in relative analgesia in the UK is falling short and needs an overhaul to ensure patient and staff safety

Figure 1
Badly corroded nitrous oxide regulator

Over the last few years, there have been several articles written about the equipment used for inhalation sedation (IS), or relative analgesia as it is still occasionally referred to. However, there has been little about the training requirements and problems encountered where insufficient training may take place.

For some time, it has become increasingly evident that certain elements of training in inhalation sedation for all levels of dental professionals can be lacking, with some vital areas either being incompletely taught or missed out altogether.

This includes such topics as:

- Inability to identify and name the type of sedation equipment in use i.e. differing manufacturer/machine types
- Not able to identify or name the type of breathing delivery system in use or understand the varying components and how they interface – or even how to assemble it
- Ignorance of medical gas cylinders – handling, storage etc. This area often seems to be omitted from teaching
- Dental scavenging – a misunderstood area and the most dangerous one to be ignorant about in terms of the damage that can be caused by inappropriate cleaning methods.

The underlying basis for the above could well be twofold: syllabus content and the method of training employed. Training for undergraduate/postgraduate dentists varies significantly depending on where the training originates. Similarly, dental nurses are also subject to a great level of variation. The NEBDN syllabus, Training in Conscious Sedation for Dental Nurses 1, is designed to cover all methods of sedation, not just inhalational. However, it is now possible to train in just IS, although, like dentists, they are subject to variable levels of training, some excellent, others much less so.

The syllabus employed by both sectors, while theoretically listing most of the functionality staff should display once trained, is extremely dependant on the actual teaching of such to ensure

Continued »

"Training for under/postgraduate dentists varies significantly depending on where it originates"

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Figure 2 (Left)
MDM with cleaning damage

"It is not sufficient to revise the syllabus - the whole issue of training and how this is conducted should also be subject to scrutiny"

From previous page »

competency. As provision of this varies widely, staff have been displaying knowledge deficiency in even some of the most basic areas, leading to equipment usage problems.

This is as a direct result of the inequality of some training and causes inappropriate or misuse of sedation equipment and scavenging of exhaled gas, an unfortunate situation and one that should be remedied as quickly as possible. It is not perceived as a direct fault of the dental staff themselves, but more as a direct result of the training deficiencies.

It is not sufficient to revise the syllabus – the whole issue of training and how this is conducted should also be subject to scrutiny.

Any training should include the following modules:

- Identification of all current IS equipment e.g. MDM, MXR etc. This section should also include a guide of how to identify older units that may now be obsolete, or soon to be, due to age/condition
- Understand the variety of mounting options available for each type of flowmeter and how they would provide the medical gas supply, or interface with it
- Breathing systems and nasal masks. Staff need to know what type of breathing circuits are available for dental sedation and which type of nasal mask can be used with each. They should also be taught regarding older types which technically are obsolete, but remain in use at some teaching establishments, i.e. the passive (not to be confused with another form of passive gas scavenging such as opening a door or window), or non-scavenging types of breathing system, which should not be used under any circumstances
- An understanding of exactly what comprises active dental scavenging as opposed to general anaesthetic scavenging. How the patient delivery circuit should be vented and the active draw (i.e. 40-45 L/min) provided
- Understand medical gases – differing delivery systems, medical gases, storage and handling
- How to employ an equipment pre-use checklist appropriate to the type of flowmeter and medical gas supply. This would also include preparation for use, including the scavenging equipment
- On completion of the IS session, appropriate cleaning of the sedation flowmeter and breathing system.

While most of the above would already appear to be included in inhalation sedation training syllabuses, there are a few vital omissions. The wide variety of how the syllabus is taught leads to many problems of actual use, particularly in the areas of scavenging and cleaning. Another major problem centres around fitting of E-sized medical cylinders to mobile four-cylinder stands and the storage of medical gas cylinders.

A further compounding problem is reference material. An example of this is HTM 02-01 2, published in May 2006. It was already sparse in information pertaining to dental use with some small relevant areas to be found in Part A: Chapter 10 and Appendix L. The rest of this ageing document "fits where it touches" when applied to much of the existing dental facilities. There would seem to be some movement by IHEEM and their Medical Gas Technical Platform who appear to be discussing the need for an ongoing process of review for HTM02-01, but who are also looking at the relevance of our current European

Continued »

From previous page »

and international legislation in the light of Brexit.

There does remain a distinct need for a document centred around the use of medical gases and scavenging of nitrous oxide within the dental sector, as many of the requirements for the hospital standard either do not 'fit' or cannot apply. An example of this is auto-change manifold systems or low-pressure alarms which are irrelevant in small dental surgeries.

A further problem are the books referenced in many suggested reading lists, the content of which, in some cases is of dubious assistance. It is a sad reflection that in the UK there is no dedicated textbook for IS. However, paragraphs or sections can be found in several available publications.

These include:

- *Sedation in Dentistry. Girdler & Hill. Published 1998*
- *Child Taming: How to manage children in Dental Practice. Chadwick and Hosey. Published 2003*
- *Advanced Dental Nursing. 2nd Edition. Robert S. Ireland. Published 2010*
- *Basic Guide to Dental Sedation Nursing. Nicola Roger. Published 2011*
- *Practical Conscious Sedation. 1st Edition Craig & Skelly. Published 2004*
- *Practical Conscious Sedation. 2nd Edition Craig & Boyle. Published 2017.*

The information and images contained in these books vary significantly in terms of useful, relevant or current information – some is inaccurate, including images of 'out of date' or redundant equipment – even in the more recent publications. Hence, the requirement for a textbook, not just a revised version, dedicated to IS, the need of which is reinforced by the growing use of this equipment, especially in community dental settings. Certainly, any textbook employed for training purposes should be referenced for modern relevance to available equipment prior to being employed.

There is an excellent book published in the US, entitled *Handbook of Nitrous Oxide and Oxygen Sedation* by Clark and Brunick, now in its fourth edition. First published in 1999, it has a refreshing approach to the subject of inhalation sedation equipment, having actively involved all three of the then main manufacturers: Porter, Matrx and Accutron. Now, of course, there are only two, with Porter having purchased the Matrx Nitrous Division in 2008. The only downside to this book is the very

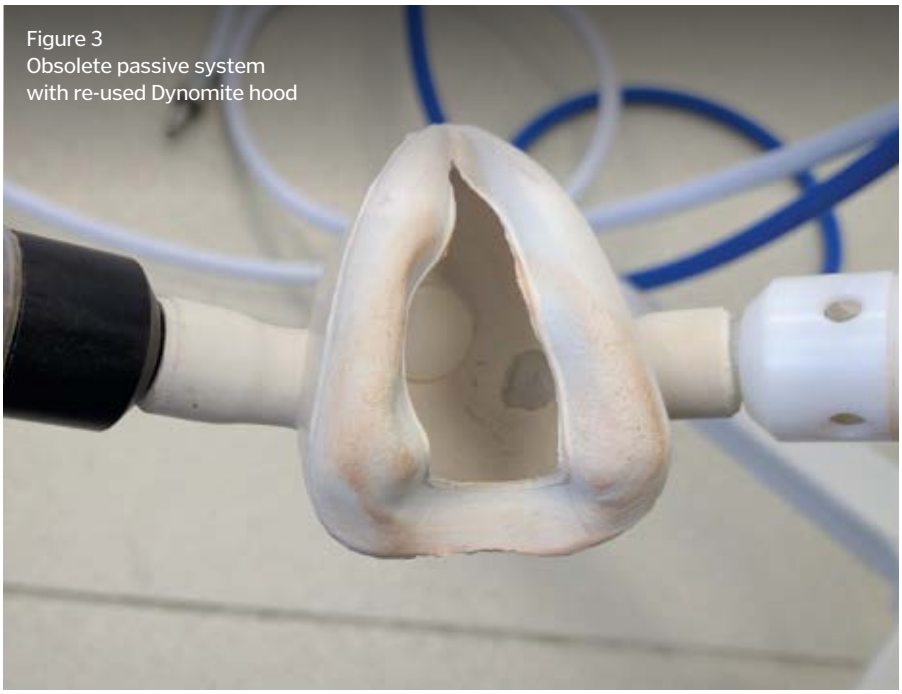

Figure 3
Obsolete passive system with re-used Dynomite hood

American nature of some of the content e.g. green colour coding for oxygen instead of UK white, as an example.

The lack of an inhalation sedation textbook, coupled with the varying and inadequate training, is leading directly to the problems initially listed in this article. The author has attempted to highlight the problem with letters to various sources including the NEBDN and the English, Welsh, Scottish and Northern Irish CDOs. However, minimal response with little resultant action has been received to date.

While any authorised training establishment can 'teach' the NEBDN syllabus – sometimes in a distance learning format – depending on the ability of the trainee to access and use suitable inhalation sedation equipment, the provenance of which can be distinctly variable, then the problems and issues are going to continue.

However, another sad fact is that some of the larger teaching facilities such as dental hospitals etc., are also not completely blameless. Some are known to have out-of-date or old equipment that they keep "just for training" or are even using obsolete or incorrect scavenging equipment.

Conclusions

Any postgraduate and experienced dental staff member, who on receiving a basic training programme including the modules above, can then comment: "Why has nobody taught us that before?" has, unfortunately, not been correctly trained in the first place.

However, the fact remains that IS, when correctly taught and applied, is a safe and effective method for pain and anxiety control and can go a long way to reducing waiting lists for dental GA. It can also act as a practice builder and make the job of coping with paediatric, special needs and dentally phobic patients a lot easier.

The syllabus content for teaching of IS needs to undergo a thorough revision and, in addition, the methods of practical teaching should be thoroughly examined and those training establishments that are not prepared to invest in suitable training equipment but depend more on "distance learning" modules should be removed from the lists of trainers.

While it is acceptable to teach subjects such as pharmacology and patient management, for example, in a distant learning format, the use and care of IS equipment is not one that can be taught without a comprehensive level of hands-on access. ■

ABOUT THE AUTHOR

Janet Pickles is the chairwoman of RA Medical Services Ltd.

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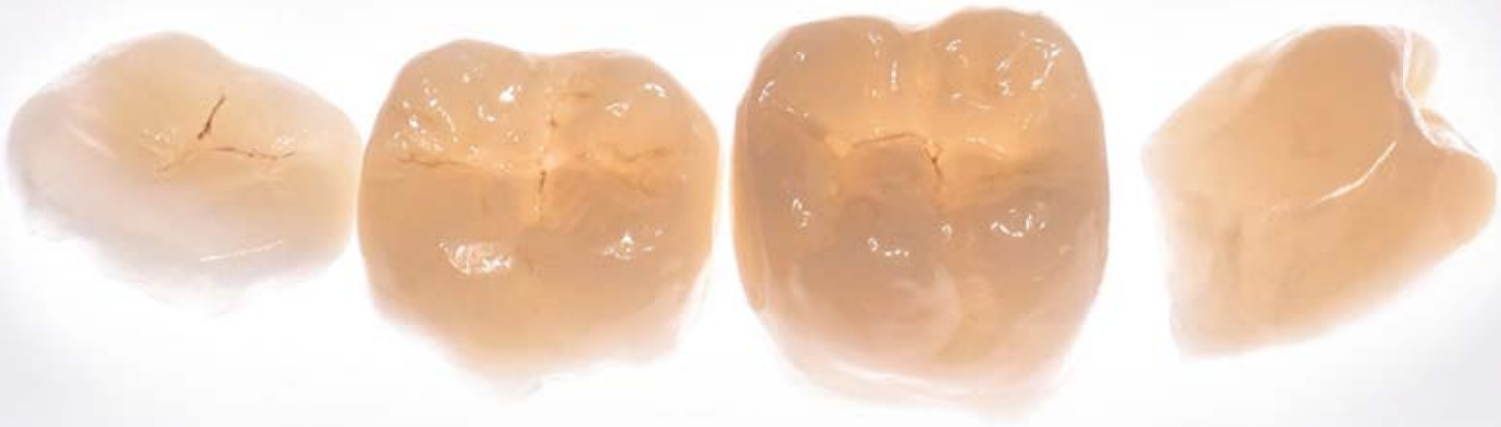

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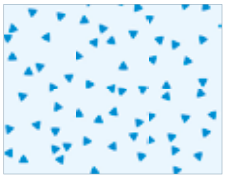

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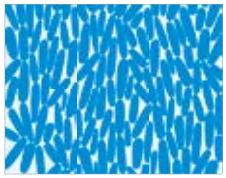

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Brushlink, a revolutionary healthtech startup, is on a mission to disrupt the UK's £1 billion a year oral care market. The company is looking for £570,000, through equity crowdfunding platform Seedrs, to build on its existing technology, enter into the children's market with Brushlink Junior and fund international expansion.

Brushlink is the brainchild of Dr Dev Patel, a multi-award-winning young dentist. After two years of technological development, the British startup has embarked on a mission to transform everyone's ordinary toothbrush into a smart toothbrush. Invented by a team of medical and dental professionals, the device clips onto any toothbrush and pairs via bluetooth to its mobile app. The result? Real time, tailored analysis of brushing angulations which helps users to improve their oral hygiene habits over time.

Following a brushing session, users are rewarded with a brushing score based on the duration and quality of their brushing. Customers who subscribe to Brushlink Rewards or are registered to certain dental insurance providers will be eligible for financial rewards by accumulating Brushlink points. Put simply: the better you brush, the more you save.

Currently trialling with Simplyhealth Professionals (formerly known as Denplan) who purchased more than 200 devices pre-launch, Brushlink has ambitious growth plans to roll out its devices nationwide and become the "black box" of dental insurance.

Most smart toothbrushes on the market exceed £100, making them more than three times more expensive than Brushlink (£29.99). The high prices of smart toothbrushes increases the inequality in oral health in the UK, separating people who need it and can afford it.

CEO and co-founder Dev Patel said: "The UK's oral care market is ripe for disruption and has so much potential for innovation. I am proud of the progress made with Brushlink since its inception, but extremely excited to ensure that our product becomes a feature in every UK household as we set out to hit aggressive growth targets this year.

"The concept is highly scalable and sits within a vast market and more importantly it is affordable. It's not feasible for consumers to spend hundreds on 'techy toothbrushes'. You don't have to say goodbye to your old toothbrush to say hello to a better way of brushing!" ■

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World-leading manufacturer introduces new software that provides a complete decontamination workflow in dental practice

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Melag has won customers the world over with its high standards of quality and with the unique features of its products. Innovative companies invest heavily in R&D. Melag always thinks long term and invests almost 25 per cent of its revenue in R&D to develop ever more innovative products. MELAtrace software is just one example of this commitment.

With the introduction of MELAtrace, Melag has managed to offer a complete solution covering the decontamination workflow in the dental practice. MELAtrace enables simple professional documentation and traceability across the instrument decontamination process.

At the very start of the decontamination process, we are introduced to the newest innovation on the Melag portfolio, the MELAstore system. MELAstore consists of an integrated combination of configured treatment sets or cassettes (MELAstore Tray) and sterilisation containers (MELAstore Box). The instruments are inserted directly in the MELAstore Trays, which are then placed in the appropriate MELAtherm washer disinfector tray mount.

Whether using the MELAstore system or individual instruments, the MELAtrace software allows the user to define which instruments are in the washer disinfector load. Each instrument or cassette is defined within the software, with both a written description and photo of each. When setting up the information on each instrument it is possible to choose the risk class of that particular instrument.

It is also common to have a barcode reader to define the washer load. The input of this is done either through barcodes on the side of the MELAstore cassettes or with a laminated sheet with assigned barcodes for individual instruments. Once the load is defined, the washer cycle can be started.

After the washer is finished the software will prompt the user to approve the wash cycle. It is important the users are set up initially within the system as the 'Cleaning and disinfection report' reports both the person who loaded the washer and the person who approved the cycle. This report gives information on what instruments were in the washer, as well as both text and graphic protocols of the cycle. If the user is happy with the information provided by the report, then they can approve the washer batch ready for loading in the autoclave.

It is possible that the load from the washer will be too large to all fit into the autoclave and that it will have to be done in two or possibly three stages. With the MELAtrace software the user can select the instruments and trays from the washer cycle that will be transferred to the autoclave.

If the practice has one of MELAG's sealing devices (the MELAseal 200) it is also possible to add this process into MELAtrace software. A report can be generated from this as proof that the instruments were all sealed successfully. If the practice uses cassettes, the MELAstore trays can be placed in the specially developed MELAstore boxes and sterilised in these boxes.

Once the autoclave cycle is completed and approved, another report is generated similar to that of the washer report where both text and graphic protocols of the cycle are generated for review.

So once the treatment report is created and approved the user can then print barcode labels for the wrapped instruments using the MELAprint 60 label printer. The barcode ID is a unique number based on the protocol name and the data based ID. This ID can then be scanned onto the patient card just before use.

To summarise, MELAtrace is a reliable comprehensive software satisfying all demands of the documentation, approval and traceability of all instrument decontamination steps. All process steps, program logs and decontamination decisions are fully documented and archived securely. The process is completed with the generation of a treatment report containing all the relevant information outputted in tamper-proof PDF form. ■

Benefits of MELAtrace

- MELAtrace connects all cleaning and disinfection steps of the instrument treatment with the sterilisation process to ensure comprehensive documentation
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- An easy to use interface enabling digital documentation with just a few clicks.
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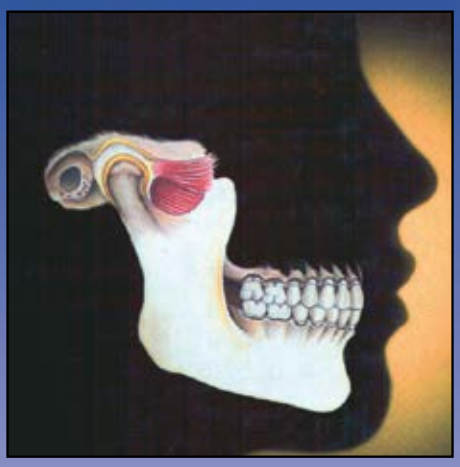

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Dr Daniel Farhan MSc presents a LuxaCrown case study

Indirect restorations are used regularly in prosthetic dentistry and can be differentiated in various ways. One of the areas in which they can be differentiated is their retention period in the mouth.

On the one hand, there are temporary measures worn for a short period of time which are used to protect the underlying tooth until the final restoration is inserted and, on the other, there are long-term temporaries, often used in the treatment of teeth which might be at risk. These are either used only to guarantee the prognosis of the tooth to be restored with a crown for a certain period, often three to six months, or in cases where a risky situation is essentially undergoing 'final' restoration.

Thus, figuratively speaking, these assume the same functions as a final restoration, which increases the demands placed on the materials used when it comes to marginal seal, resilience and long-term stability. This gives rise to the question of whether long-term temporaries can remain in the mouth for an unlimited period in special indication groups.

In this article, a clinical example is used to illustrate the use of the innovative new crown composite (LuxaCrown) for the fabrication of a long-term temporary with an as yet undefined lifespan. The materials used (StatusBlue, LuxaPost, LuxaCore Z, LuxaCrown, Luxatemp-Glaze & Bond) are manufactured by DMG (DMG, Hamburg).

Clinical case

A 63-year-old male patient presented himself at our dental practice with significant pain in tooth 46 (Fig 1).

Following examination and diagnosis, the tooth received endodontic treatment. In this

Continued »

Fig 1
Intra-oral initial situation

Fig 2
StatusBlue impression

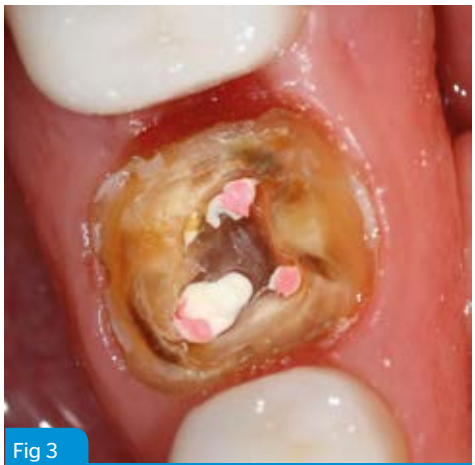

Fig 3
After root canal treatment

Fig 4
After post and core build-up

Fig 5
Filling the impression with LuxaCrown

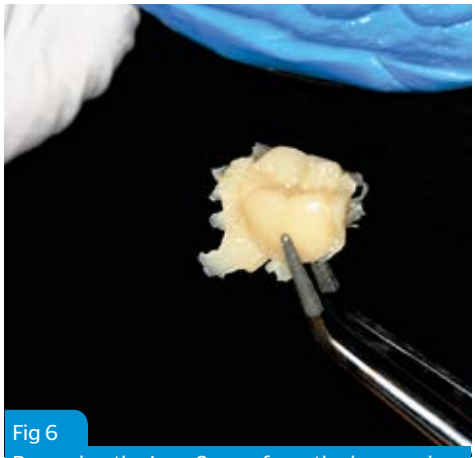

Fig 6
Removing the LuxaCrown from the impression

From previous page »

specific case, we decided to remove the existing crown following a preliminary impression with A-silicone StatusBlue, in order to allow as bacteria-free an endodontic treatment as possible (Fig 2). This was to prevent any compromise to the subsequent endodontic result due to an insufficient marginal fit and any resulting coronal leakage.

The plans for the final restoration included a customised semi-permanent chairside restoration in a direct procedure using the innovative crown material LuxaCrown. This material makes it possible to restore the tooth for the long-term without compromising on the marginal fit, resilience, shade stability or aesthetic reconstruction.

Following successful root canal treatment, the severely damaged tooth was reconstructed using an adhesive post and core (LuxaPost and LuxaCore Z) before undergoing standard preparation for incorporation of a single crown (Figs 3 and 4).

After checking for undercut areas the core was isolated with Vaseline.

The impression produced with StatusBlue was then filled with LuxaCrown (Fig 5) and the tray was repositioned in the patient's mouth 30 seconds afterwards, at the latest. During the elastic phase of the crown material, which spans a period between 90 seconds and two minutes 20 seconds, the impression must be removed. The semi-permanent restoration achieved its final hardness after five minutes.

After removing the crown from the impression (Fig 6), the rough excess was removed with crown shears and the crown was placed on the core to check the fit.

Afterwards, final finishing was performed extra-orally using stones and rubber polishers as well as polishing brushes (Figs 7 and 8).

Finally, the crown was cemented with Ketac Cem according to the manufacturer's instructions.

The intra-oral result was more than satisfactory as far as the fit and aesthetics were concerned (Figs 9 and 10). ■

Fig 7
Final polishing with a rubber polisher

Fig 8
Final polishing with a polishing brush

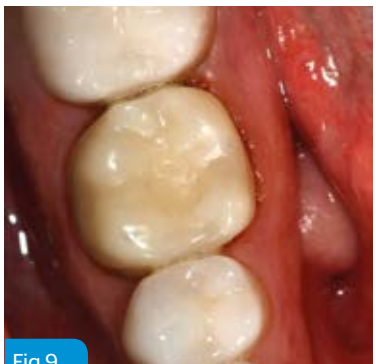

Fig 9
LuxaCrown intra-oral, occlusal view

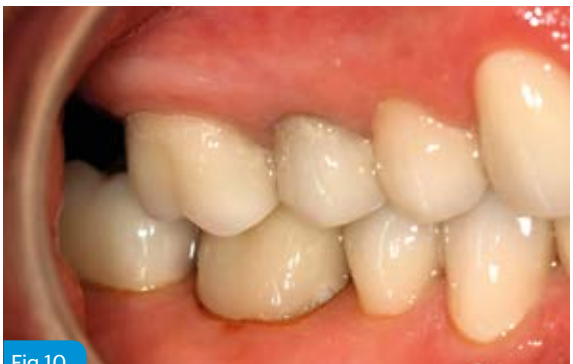

Fig 10
LuxaCrown intra-oral, side view

ABOUT THE AUTHOR

Dr Danial Farhan is a specialist in prosthodontics (DGPro) with a clinical focus on implants, dental prosthesis and root canal treatment. He also carries out maxillofacial diagnostics and therapy, as well as cases involving dental aesthetics and dental phobic patients.
A graduate of the University of Heidelberg (2008), he completed his doctorate of dental medicine from the University Medical Center Hamburg-Eppendorf in 2009 and gained his MSc in dental prosthetics from the University of Greifswald in 2013.
In July 2015, he took over the Zahnreich dental practice in Heidelberg with his colleague Dr Rolf Weickum.

ABOUT THE PRODUCTS

The complete DMG range, including LuxaCrown, is distributed in the UK and Ireland by DMG Dental Products (UK) Ltd. For further information contact your local dealer or DMG Dental Products (UK) Ltd on +44 (0) 1656 789 401, email info@dmg-dental.co.uk or visit www.dmg-dental.com

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Living up to its promises

Award-winning Billericay dentist says that Fill-Up from Coltene has met and exceeded his expectations

Dr Reginald O' Neill, whose award-winning practice is based in Billericay, Essex, explains why he uses Coltene's Fill-Up composite.

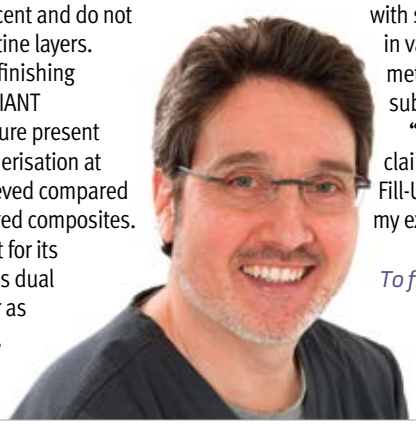
He said: "I chose the Fill-Up bulk fill composite because of the dual cure that is like a luting cement with the advantage of excellent marginal adaptation. It is better aesthetically than our traditional choice of bulk fill materials that are more translucent and do not replicate opaque dentine layers.

"It works well with finishing veneer layers of BRILLIANT EverGlow. With dual cure present in the material, polymerisation at depth is reliably achieved compared to alternative light cured composites.

"It really stands out for its versatility, either for its dual cured core material or as a flowable composite, and it is kinder to the pulp with reduced risks of unpolymerised areas contributing to post-restorative sensitivities. Its versatility means it can be used in all posterior teeth.

"It has a longer lasting effect, because the high opacity suits application to replicate dentine and permits bulk fill that fully adapts to tooth surfaces. This can be overlaid with submicron BRILLIANT EverGlow in various shades to achieve a metameric match with the tooth substance that is being restored.

"While some products make claims they fail to live up to, Fill-Up has met and exceeded my expectations."



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New mineralising fluoride-free toothpaste

A new fluoride-free toothpaste, formulated to adhere to the tooth surface and slowly release calcium and phosphate ions, is being launched by BioMin Technologies.

BioMin C contains a patented calcium chlorophosphosilicate that releases chloride ions as opposed to fluoride ions. Chloride ions are already present in all body fluids. In addition to remineralising tooth surfaces, the new BioMin C toothpaste may help protect teeth, reduce sensitivity and diminish the risk of initial tooth decay.

This launch follows the successful introduction of BioMin F – the slow release fluoride version in April 2016 – with BioMin C now being available through dental practices and online.

For more information, see www.biomin.co.uk

Everything in one package

Andrew Gatecliff, practice manager at The Limes Dental Practice in Doncaster, South Yorkshire describes why they decided to purchase Planmeca's Compact Classic Dental unit.

He said: "The main features for us were how easy the unit is to keep clean and how everything we require is provided in one package. We were also pleased to know that we could look at various options and add-ons to the unit and tailor our unit to best suit our needs. We have been extremely happy with our unit's performance since purchase and its simplicity – it just works! The training Planmeca have provided has been excellent over the years and continues to be."

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The brand new intraoral scanner Planmeca Emerald is a small, lightweight, and exceedingly fast scanner with superior accuracy. It is the perfect tool for smooth and efficient chairside workflow.

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The scanner is compatible with Planmeca Romexis and Planmeca PlanCAD Easy software suites, for constant access to real-time scanning data.

To find out more about the recently launched Planmeca Emerald call 0800 5200 330 or email marketing@planmeca.com

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"BRILLIANT EverGlow is a very pleasant material to use and handles very well to help produce a truly anatomical restoration that integrates well," says Surrey dentist Dr Minesh Patel.

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"Inclusion of glass filler particles that have been reduced to below one micron allows for excellent polishability, especially when used with the ShapeGuard Composite Polishing Kit.

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The artist's choice

"For cases that require a highly aesthetic solution, I prefer to use MIRIS 2, a multi-shade nano-hybrid composite by COLTENE," says Dr Monik Vasant, who lectures around the world on composite and minimally invasive dentistry.

"Anyone who has attended my two-day 'Totally Composite Course' will tell you how good it is – it truly is the best layering material out there.

"Among other things, MIRIS 2 offers beautiful handling and a unique shade system based around the natural layering concept, which is predictable, easy to blend and very natural in appearance. So, rather than just replacing what is missing, MIRIS 2 replicates nature."

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Are you the next Neodent approved centre?

Irish-based Quintess Denta is looking for practices to become hubs for education, training and marketing alongside world-leading clinicians

Neodent, a Straumann Group Brand, is the only implant system in Ireland distributed and supported by a local company – Quintess Denta. With offices in Irvinestown and Dublin, Quintess Denta is Ireland's only homegrown full surgical service provider. The Neodent implant system brings affordable quality to the market.

While recently new to Ireland, Neodent has evolved over its 20 years to the point where it has an impressive 99.7 per cent success rate with more than 150 clinical case studies. More than 30,000 dentists worldwide trust Neodent as they place more than one million implants per year, making it the fourth largest implant manufacturing company in the world.

Neodent is suitable for all clinical solutions including immediate load. The global growth of Neodent's "full arch immediate load" protocol NEOARCH has been unprecedented and Quintess Denta is delighted to bring this treatment protocol to Ireland. Quintess Denta has support available for five cases within Ireland, so if you would like to avail of this please contact ian@quintessdenta.com

On 8 September, Neodent held the first meeting of its "Full arch, immediate load" study group. Live surgery formed the main part of the day along with active discussion and practical learning. If you are interested in joining this group to learn about the advances in this area, contact Quintess Denta for more information.

As a Straumann Group Brand, Neodent customers receive superior clinical and marketing support. One-to-one mentoring is also available for those interested in getting started in implant dentistry, be that surgically or restoratively. Quintess Denta has a dedicated implant products manager who will work with you in growing your implant business and assist with practice

marketing. Quintess Denta has grown its team over the past 12 months to deliver a compelling Neodent proposition with the clinical, professional and marketing expertise necessary to help bring your practice to the next level.

There are currently three approved Neodent Surgical Referral Centres: Radiant Dentistry, Blueapple Dental and Implant Centre and Causeway Dental with more approved centres on the way in Galway, Dublin, Ballykelly, Belfast and Londonderry during the coming months.

Quintess Denta is actively looking for more strategic referral hubs throughout Ireland with support available for education, training and marketing along with access to world-leading clinicians. Would you like to become the next approved restorative or surgical centre for Neodent? Join the growing Neodent family and avail of a free trial of the Neodent implant system. Talk to one of our expert team with a dedicated clinical support mentor available to you.

For those looking to get started in the field of implant dentistry, the VSS Academy bring its year-long Certificate in Implant Dentistry to Dublin in 2018. This course, led by Dr Fadi Barrak with visiting lecturers, in association with Quintess Denta, consists of a series of 10 full-day intensive workshops comprising morning lectures and afternoon group discussions, case studies, practical demonstrations and hands-on sessions.

The course will run in Dublin from February to December 2018. The course fee is GBP £6,130 (+ VAT). Successful completion of the course leads to the award of the VSS Academy Certificate in Implant Dentistry and full attendance also provides 80 hours of verifiable CPD.

The course takes you through the basics to the advanced; from practical workshop sessions practising implant placement on mandible models, to pig's heads, to cadavers and finally to placing implants in real patients under the supervision of a VSS-approved or your existing mentor.

The course also includes a place on the Introduction to Implant Treatment Coordination for your treatment coordinator, implant nurse or practice manager. This runs in parallel with Module 4 on 18 May 2018.

This course has also been accepted as Approved Prior Experiential Learning for the Preston UCLan MSC in Dental Implantology. This means that anyone who passes the course and completes 15 mentored implant cases can achieve direct entry into the third year of the MSc. Participants will also need to complete a seven-day module in literature review and research and pay half of the year two fees. ■

If you would like more information about Neodent, please contact ian@quintessdenta.com, call us on 01-6918870 (Ireland) / 028-6862 8966 (UK) or visit our website www.quintessdenta.com

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Course Summary

Date: 23 Feb 2018 - 10 December 2018
CPD Hours: 80
Location: Dublin area
Fee: £6,130* (+ VAT)
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*In vitro study of LuxaCrown; N. Albrecht, S. Duy, Germany, FEB 2016