THE CAMPBELL CLINIC MAGAZINE FOR PATIENTS

Practice News

October 2021

THE STANDARD YOU'VE BEEN LOOKING FOR



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EDITORIAL

Hello and welcome to The Campbell Clinic's October newsletter!

To begin our October newsletter, we will be showing you a case study of one of our patients who underwent Full Arch Treatment here at The Campbell Clinic. This treatment was performed by Andy Legg. Andy is passionate about the use of dental implants in helping restore patients to a more natural form and function and believes they play a pivotal role in improving the quality of life and general health in patients.

During our last patient newsletter (which you can read by following the link <u>here</u>) we spoke about the four main charities we support through our social legacy project. For this patient newsletter we have provided some information about the activities we are involved in to help make a difference.

We have also dedicated a section in this newsletter to introduce DB Dental, a provider of dental equipment, instillation and maintenance services. DB have played an instrumental role in the fitting of our dental equipment in the new practice and have also recently become one of our platinum sponsors of The Campbell Academy.

Finally, we would like to introduce Alex Jones, who has recently joined The Campbell Clinic team to provide dental implant treatment. Alex has a huge amount of experience providing dental implant treatment and has also provided nearly 200 full arch cases.

Thank you for taking the time to read this and we hope to see you very soon in our new practice. WHAT'S INSIDE OUR NEWSLETTER:

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CASE STUDY

Immediate Full Arch Treatment

Here at The Campbell Clinic, we provide a variety of treatment options for patients who have lost single teeth, the majority of their teeth and in some cases, all of their teeth. Full Arch treatment is an option available for patients who want to reinvent their entire smile.

Anne first attended the Clinic for an initial consultation in February 2020 following a recommendation of The Campbell Clinic by her general dental practitioner. Unfortunately, Anne was very distressed with her dental situation, she was ashamed of her teeth but also suffered from ongoing pain in several of her teeth.





Anne's main complaints were:

- 1. Poor appearance of her upper and lower teeth and she did not like the overbite she had. Anne requested that we removed all her upper and lower teeth and replaced them.
- 2. Pain which had been present for many years which Anne's general dentists unfortunately was unable to isolate. The pain existed in all areas of her mouth but none of her teeth were tender. It was something the patient could function with but an issue that she was keen to resolve.

Anne's remaining teeth were in poor condition and as such it was a complex restorative case to improve aesthetics and function in it's current set-up. There was significant wear particularly in the lower teeth and the deep overbite meant there was very limited restorative space in this area.

Following the clinical examination there was a long discussion over several appointments on how we should proceed and it goes without saying that we will not remove patients teeth without due consideration.

Full Arch reconstruction with implants is a complex procedure and requires a great deal of planning and forethought prior to commencement of treatment.

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There is also a long consent process that needs to be undertaken as once the teeth have been removed they cannot revert to their initial form and in spite of implants being very much the best substitute, they are still very much a substitute and unfortunately aren't as good as the original teeth they replace. This is both in terms of proprioception and longevity.

That said, in this case, following long discussions, Anne was very keen to have Full Arch Implant Reconstruction with fixed bridgework to include immediate same-day reconstruction following removal of Anne's remaining teeth and placement of four-six upper and lower implants.

Prior to any surgery taking place we carried out a full diagnostic process which includes a full mouth wax-up, full mouth cone beam CT scan and work-up with the technician and a discussion with Anne on what to expect both on the day of surgery and in the long-term.





In preparation for the day of surgery we produced upper and lower surgical guides as well as upper and lower dentures which can then be converted into upper and lower fixed immediate temporary bridges or should the worst happen and the implants are not stable enough, these can be used as a temporary denture until the implants integrate.

On the day of surgery Anne attended The Campbell Clinic at 8am to be sedated by one of our sedation dentists.

Sedation is carried out to ensure patients are as comfortable as possible during this long surgical procedure and will relieve any anxiety related to implant surgery.

Anne's remaining teeth were removed, implant sites were identified using the surgical guide and placed with good primary stability to allow us to restore the teeth on the day of surgery.

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CASE STUDY

Firstly, surgery was carried out in the upper jaw and whilst the upper bridge was being constructed, surgery on the lower jaw commenced. At 4.30pm on the day of surgery we fitted Anne's upper and lower immediate temporary bridges.

There is no doubt this is a long day and can be uncomfortable for the patient at times but the end result outweighs the discomfort that the patient experiences.

In this case we were able to provide a new temporary set of teeth which much improved on Anne's original set-up.

The temporary bridges were then left in place for three-six months to allow the implants to integrate and the soft tissues to heal before undertaking final reconstruction, in this case with fixed acrylic/titanium hybrid screw-retained bridges.

As you can see through the before and after pictures there is a remarkable difference in both the occlusal set-up and aesthetic set-up and we were delighted to hear that this surgery had been life changing for Anne.

Anne now has absolute confidence in her teeth, both from a functional and aesthetic point of view and friends and family have noticed how much more she smiles in social situations.

Whilst this treatment is not for everybody it is one of several options that we provide at The Campbell Clinic to reconstruct either edentulous or failing dentition patients back to a functional and aesthetic situation.





THE CAMPBELL CLINIC / PAGE 6 **PRACTICE NEWS**

The Campbell Clinic Social Legacy Project is all about making a difference - to our patients, our team, the wider community and to future generations. We are committed to supporting a number of charities national and international), providing (local. opportunities for the next generation of dentists, and finding new ways to promote sustainability and care for the environment within our practice.

Please see our last newsletter here for details of the charities we support. In this newsletter, we thought we would take the opportunity to highlight some of the environmental work going on behind the scenes at our practice, both clinical and non-clinical.



We have invested in washable reusable gowns for our hygienist team to replace single-use plastic aprons. At a time when so much plastic is being thrown away for incineration as clinical waste, we wanted to do our bit to reduce this. A clean gown is used for every patient. Over the next few months we plan to use these for more Aerosol generating procedures to further reduce plastic waste.

We have replaced a number of plastic disposable pieces of clinical requirement with metal ones we can sterilize. Equipment is still changed between every patient, but we can now use our autoclave to sterilize and reuse many times.

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On our reception desk, we have a box for the Phillips Dental Care Recycling Programme. This accepts all brands of electric toothbrush heads and covers, electric flosser nozzles, flossing sticks, empty floss containers and interdental brushes. This is shipped to the TerraCycle® warehouse for recycling into plastic pellets and then new products. Even better, Terracycle donate to charity every time we send them 2kg of recycling.

Drop your old dental products off next time you are in the practice!

SOCIAL RESPONSIBILITY LEGACY



Our staff are doing their bit for the environment behind the scenes - we recycle glass, plastic, paper/card, drink cans, and crisp packets. We even have our milk for staff and patients delivered by our local milkman to reduce plastic waste. Our drink can and crisp packet collections raise money for charity every time we send them off too.

On top of all this, we make sure that if we can buy recycled/recyclable, we do, for both clinical and nonclinical use. From biodegradable cups to plastic-free dishwashing tablets in recyclable packs, we are always looking for ways to reduce single-use plastic. We have solar panels on our practice roof. Ideally placed for Nottingham's sunny days, we do whatever is possible to reduce our environmental footprint. Our lights are operated by movement sensors, saving power and removing any possibility of leaving the lights on over the weekend!





OUR RELATIONSHIP WITH **DB DENTAL**

Colin first met Gareth from DB Dental back in 2018 when he was first introduced by Planmeca, at that stage as a potential supplier of the dental equipment of the build project for the new practice and Academy.

This was no small project and previously we had adapted small features in the practice but this project involved the construction of 7,000 square feet of clinical and teaching space that all had to tie up together. It was a big, big deal and required a company that could deliver on that scale and had an infrastructure which was able to deliver on that scale.

From the very beginning of our working relationship with DB Dental they were extremely approachable and decent and honest which was one of the main reasons why we felt in safe hands during the build process. At the start of building the new home of The Campbell Clinic, Colin and Gareth from DB Dental travelled to Planmeca in Helsinki where they were able to see the dental chairs and CBCT machines being built and throughout the whole journey Gareth put his heart and soul into the project, going above and beyond with everything that they did.

Working with suppliers that you trust and who hold the same values as you is vital and enables a strong working relationship. This is the reason we work with DB Dental in addition to their fantastic service and products.



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MEET THE TEAM

ALEX JONES Dental Implant Surgeon

QUALIFICATIONS: BSC (HONS) BDS (SHEFF) GDC NO: 76127



Alex Jones graduated from the University of Sheffield in 1999 with honours, distinction, and prizes in restorative dentistry. He has successfully placed over 2000 dental implants and has worked in general practice for several years whilst holding a teaching post at The Charles Clifford Dental Hospital before taking the leap to establish his own business in 2004.

From 2006 onwards Alex undertook extensive postgraduate training in Restorative Dentistry, Aesthetic Dentistry, and Implant Dentistry. Since then, he has undertaken over 300 hours of training related to the provision of dental implants.

Alex has a particular interest in the use of dental implants and restorative dentistry to restore patients with advanced dental disease which requires a broad range of skills to rebuild their dental health. He has completed almost two hundred cases of immediate full arch implant dentistry, a treatment he finds exceptionally rewarding for the difference it can make in patients' lives.

Alex is a full member of the Association of Dental Implantology; he is a Study Club Director for the International Team of Implantology and a member of the British Academy of Cosmetic Dentists. As well as dentistry, Alex's other passions are his family (he is married with three children) and cycling whenever time permits!

WHAT IF CHILD had toothache f and no hope of help •

Its effects are **not mild** or inconsequential, they are **agonising**, **debilitating** and **inescapable**.



70% of the world has no access to a dentist

but

£5 for the whole family in East Africa

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