



# Horbury Dental

care & implant clinic

making you smile for over 75 years

SPRING  
2022

## Welcome to your Spring newsletter

We all love spring as the clock goes forwards and the days feel much longer. Travelling home in the light and being able to enjoy the fine weather in the evening is great after the long winter months. Everybody feels much brighter in themselves as the garden begins to spring into life.

I am happy to provide an update on changes here at Horbury.

We had the opportunity to acquire the floor space previously occupied by Horbury Dental Laboratory who have moved over the road to larger premises.

This has enabled us to install 3 new surgeries and a large comfortable waiting area.

The net gain in surgery number is actually only 2, because we have removed one surgery to convert to a Central Sterilising Area. This has been designed and built to fully compliant Best Practice Standards.

This has been a large project and involved a significant amount of structural work. Building works are always stressful - the noise and the dust to mention just 2 of the frustrations! As I reflect back, this has actually been a project that has run very smoothly and I am delighted with the space we have created for some great treatment rooms.

We are hoping to have an open evening very soon - please watch out for your personal invite.

*Mark Willings*

**MARK V WILLINGS**

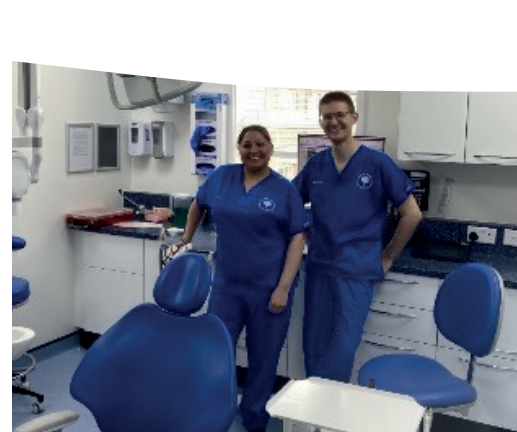
BDS MFGDP (UK) DIP IMP DENT RCS (ENG) FFGDP (UK)



**Francois & Lynsey**



**Thomas & Lauren**



**Matthew & Jaz**



## INTERNATIONAL IMPLANT CONFERENCE IN PRETORIA, SOUTH AFRICA

I can also report that myself Nick and James have recently returned from an international implant conference in Pretoria, South Africa. You may be aware that we exclusively use Southern Dental implants who are based in South Africa. Their attention to detail and the precision of their engineering is second to none.

We were privileged to look around their newly extended premises. The quality control that every single component goes through is quite staggering...but ultimately very reassuring. This is a first class implant company who are at the forefront of pioneering new implant designs..

We have all returned refreshed and invigorated.

We have met with colleagues from all over the world, sharing ideas and treatment solutions.

Implant dentistry is changing fast with the proven solutions offered by different implant designs - each one made for a different indication. For example, immediate molar replacement

using a MAX implant, immediate anterior teeth replacement using Inverta implants, and no bone solutions offered by Zygomatics, Nazalus and Pterygoid implants without the need to graft.

At Horbury Dental Care, we are proud to offer solutions tailored to the individual needs and expectations. We find more frequently that these new implants give us an opportunity to immediately replace teeth that require extracting. If you have a patient who is worried about losing one or more teeth, please refer them to us before extracting any teeth and almost certainly we can help. We can help to restore function, help to restore aesthetics and help maintain a patient's sense of well-being and dignity.

If you would like any more information about implant solutions, please do get in touch and we will be happy to arrange a lunch and learn or send you some information if you prefer.



## TOOTH WEAR AND FAILING VENEERS



Thomas Rawlins is one of our longest serving associates and has been treating patients at Horbury Dental Care since 2010, after qualifying from Leeds Dental Institute. He completed the Restorative Diploma at the Royal College of Surgeons in 2016 and achieved a distinction level MSc qualification in Advanced Dental Clinical Practice (Restorative) at the University of Kent in 2018.

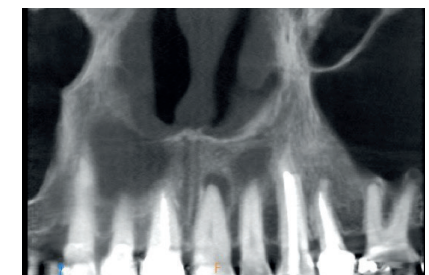
This patient presented to us as a new patient consultation with her main complaint that her veneers kept falling off. She said that a few were missing, and a few she had stuck back on with superglue. On examination it was noted that she had missing veneers UL45, and the upper anterior teeth had veneers in situ but moderate palatal wear. She had a reduced OVD and several missing posterior teeth. Tom decided that her teeth were no longer suitable for porcelain veneers, and we should proceed to crowns. Our technician made a diagnostic wax up at increased OVD, and we trialled the aesthetics and occlusion for 3 months with PMMA crowns. In this time, Dr Nick Lane placed two implants in the UR5 and UL6 sites. Once these had osseointegrated, we restored the implants and the UR4-UL5 with zirconia crowns. Treatment time completed in 9 months.



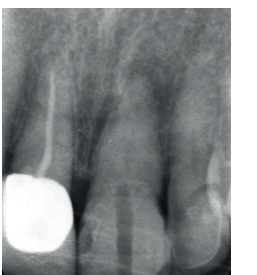
## ENDODONTICS @ HORBURY DENTAL CARE



Thomas Willan has been an associate at Horbury Dental Care for 6 years, having qualified in 2011. In 2018 he completed the prestigious Diploma in Restorative Dentistry at the Royal College of Surgeons and he has a special interest in Endodontics. Tom is currently undertaking an MSc in Endodontics and is happy to take referrals for endodontic and restorative cases at Horbury Dental Care. This patient was referred for multi-disciplinary care at Horbury Dental Care. An extensive treatment plan was created for this patient including dental implant treatment, indirect restorations, composite restorations and endodontics. As part of her treatment planning a small field CBCT scan was taken to help plan the endodontic and implant treatment. The CBCT revealed periapical pathology associated with the UL1. The CBCT also shows that there had been partial pulp canal obliteration with the root canal system only visible in the mid and apical thirds of the tooth.



Pre-Operative CBCT screenshot

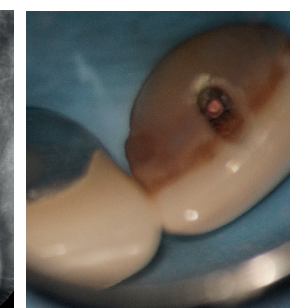


Mid Access Radiograph

Using the 3-D technology made available by the CBCT and dental operating microscope Tom was able to plan the access cavity to minimise the dentine removal. The access cavity extended 13mm into the tooth before the canal became patent. A working length of 21mm was estimated with the Electronic Apex Locator and the canal was prepared with the Hyflex EDM file system. Irrigation was carried out throughout with 2% Sodium Hypochlorite under sonic activation; and a final rinse with 17% EDTA was used. A Mid-fill Periapical Radiograph was taken to check the position of the GP cone. An Epoxy Resin sealer was used and a matched Hyflex EDM GP cone. The GP was cut back with the System B heated plugger and composite restoration placed.



Mid-fill  
radiograph



Post Obturation  
Photo



Post Operative  
Radiograph



## How to Refer:

To make a referral please visit our website

**[www.horburydentalcare.co.uk](http://www.horburydentalcare.co.uk)**

or email

**[willings@horburydentalcare.co.uk](mailto:willings@horburydentalcare.co.uk)**



**[willings@horburydentalcare.co.uk](mailto:willings@horburydentalcare.co.uk)**



**01924 211 234**



**[horburydentalcare.co.uk](http://horburydentalcare.co.uk)**



**Follow us on facebook,  
twitter and Instagram**