



CHRISTMAS
2021

Horbury Dental care & implant clinic

making you smile for over 75 years

Welcome to our Christmas edition

I hope that this find you well as many practices enter another period of change, with new SOP's and targets, I think we all find this way of working very unsettling to say the least!

As a business owner, it has made planning extremely difficult, and I can advise that like most practices we remain extremely busy with seemingly unprecedented levels of demand.

As such we are planning further expansion at Horbury Dental Care, the addition of 2 further surgeries and a centralized decontamination area.

Horbury dental lab is relocating to premises over the road (literally opposite) and HDC has acquired the present laboratory space with plans to be up and running in the New Year.

With this exciting news, I am delighted to advise that we have welcomed Jordan Hobbah to our team.

Jordan is married to my eldest daughter Harriet, who joined HDC in 2020 strengthening our family involvement in the practice.

Harriet and Jordan met whilst students at Newcastle University. They married in September which was a fantastic family occasion. They were extremely lucky not to have had their wedding plans disrupted by the Covid restrictions!

Jordan has been working on Pinderfields OMFS dept for the last year and will continue to work in the department one day per week.

On a personal level, I am very much looking forwards to working with my new son in law.

The high demand for dental care has meant that some consultations may be waiting 6 weeks before we are able to offer an appointment this will hopefully be alleviated by our by our building plans. However, if you have a case which requires more urgent attention, please don't hesitate to mark this on the referral and we will do our best to see them without delay.

We strive to provide the very best service to you and your patients, and I do review every referral myself and try to filter those that I think require prompt attention - especially those suitable for an immediate replacement in the aesthetic zone where any delay could compromise the result. If you would prefer to discuss any case, please don't hesitate to email me directly mark.willings@horburydentalcare.co.uk.

Finally, we are hoping to recommence "Lunch and Learns" in the New Year. Please do get in touch if you would like us to visit you and update you on developments in implant care.

Wishing you a Merry Christmas and a Happy New Year!

Mark Willings

MARK V WILLINGS
BDS MFGDP (UK) DIP IMP DENT RCS (ENG) FFGDP (UK)



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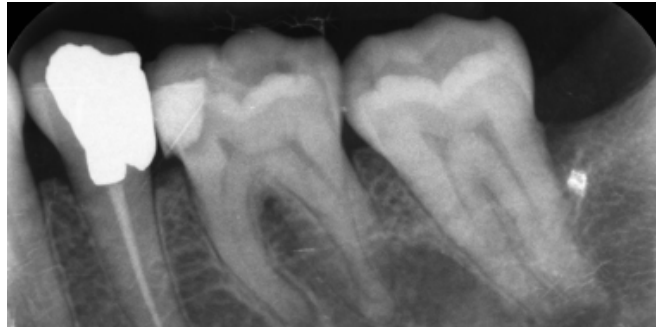
ENDODONTICS @ HORBURY DENTAL CARE



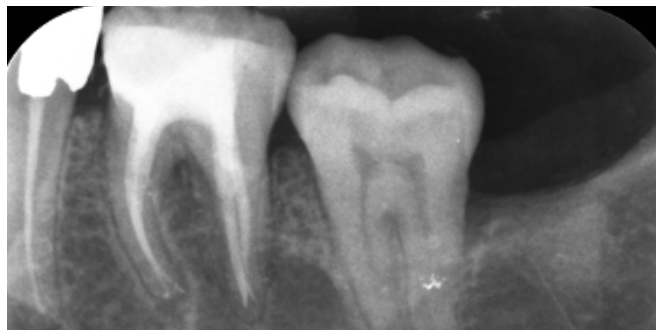
Thomas Willan has been an associate at Horbury Dental Care for 6 years, having qualified in 2011. In 2018 he completed the prestigious Diploma in Restorative Dentistry at the Royal College of Surgeons and he has a special interest in Endodontics. Tom is currently undertaking an MSc in Endodontics and is happy to take referrals for endodontic and restorative cases at Horbury Dental Care.

Case Example:

This patient was referred to Tom to complete the RCT of the LL6. Her GDP had struggled to reach working length due the mesial canal curvature and additional disto-lingual root, known as a Radix Entomolaris.



Pre-Operative Periapical



Post-Operative Periapical

The access cavity was refined under the dental operating microscope and working length achieved by the careful use of hand files to develop a reliable glide path. All four canals were prepared with the Hyflex EDM file system and irrigated with 2% Sodium Hypochlorite under sonic activation, which aided in the negotiation of the double curvature in the disto-lingual root. A final rinse with 17% EDTA was used and the root canal system was obturated using the warm vertical compaction technique. A composite Nayyar core was placed and the patient referred back to her GDP for the placement of a crown.

RESTORATIVE @ HORBURY DENTAL CARE



Thomas Rawlins has been an associate dentist at Horbury Dental Care for over 11 years. He has completed his Msc in Restorative dentistry and has recently enrolled on the Diploma in Dental Implantology at The University of Salford to complete his diploma in implant dentistry. Tom has a special interest in the management of erosion and in this third article Tom discusses a case which he managed alongside of Mark Willings.

Mr S was an internal referral with the main complaint that he was struggling to eat due to a lack of teeth. He did not want to consider dentures as a long term option and as such booked in for an implant consultation with Mark Willings. He was diagnosed with severe attritional wear due to a collapsed occlusal scheme. A treatment plan was agreed to increase the occlusal-vertical dimension, restore the worn teeth with a combination of composite and porcelain, and restore his upper missing teeth implant retained bridgework. He required bilateral sinus lifts due to a lack of posterior bone height, while these areas healed, Mr S was referred to me to restore the rest of his dentition. The three remaining upper teeth were restored with direct composite crowns using an index of a diagnostic wax-up, and his lower arch was restored with a combination of porcelain bonded bridgework, composite build ups and a Cerec onlay. Finally, Mark Willings placed 5 implants and restored the upper missing teeth with two implant retained bridges.

Treatment time: 12 months.



RESCUE CASE

At HDC we have a huge wealth of knowledge and experience. Mark has been involved with implants for 30 years and good depth of knowledge with many implant systems.

This helps when we see cases with problems. We are happy to present the following case to explain how we may be able to help.

This patient had her implant treatment carried out 20 years ago in York. The dentist has now retired and she has had implant loss due to peri-implantitis.

Originally, she was reconstructed with a magnet retained over denture.

Subsequently she was converted to a locator over denture system.

The patient hated the removable restoration and ideally wanted a fixed reconstruction but lost the distal implant in the upper left quadrant.

She was referred to me by her new implant dentist who was uncertain how to manage her case which involved different (and now historic implant systems).

And with implants at unfavourable angulations and positions - remember this was originally done for a magnet retained over denture.

The original implants are Brenemark type 2 External hex implants.

I treated her lower jaw 6 years ago placing Bredent implants and linking these to 2 existing Branemark implants in the anterior mandible.

After this has proven successful, the patient was desperate to undergo treatment in the upper jaw.

I have carried out sinus augmentation and placement of 2 additional southern external hex implants in the ULQ.

The technical challenges of implant position and angulation has been overcome with modern technology.

We have used angle correction screws and a milled Titanium framework with individual E-max crowns bonded in situ.




How to Refer:

To make a referral please visit our website

www.horburydentalcare.co.uk

or email

willings@horburydentalcare.co.uk

 willings@horburydentalcare.co.uk

 01924 211 234

 horburydentalcare.co.uk



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