



**Horbury Dental**  
care & implant clinic

making you smile for over 75 years

**SUMMER**  
2022

## INTRODUCING THE HDC CURRY CLUB & CASES

We are planning to launch a regular curry club with the first meeting in September. Details about this event can be found on the back page and we do hope that you will join us.

The "Curry Club" is for all dentists and at the first meeting we would like to explore options to gauge what level of interest there is.

The focus initially is on implants. Whether you are already involved in implant treatments or not, this will be an opportunity to see what approaches we now use in modern implant dentistry. Immediate replacement of teeth with immediate loading is very much the starting point we look to employ in every case.

We will challenge many currently held concepts and look at how new implant designs can help us deliver treatment more efficiently with consistently predictable outcomes. The aesthetic outcomes are improved and risks are reduced. The patient needs fewer appointments, less chair time and there is less need for grafting. All this helps to improve profitability too.

We would like to develop the idea that in future meetings, we can share knowledge and experience. We think that an opportunity to look at cases on a peer support basis, to help colleagues plan cases in their early careers can be very helpful. This extends beyond implant cases and so if there is an appetite for this shared network of knowledge, then we want to facilitate this.

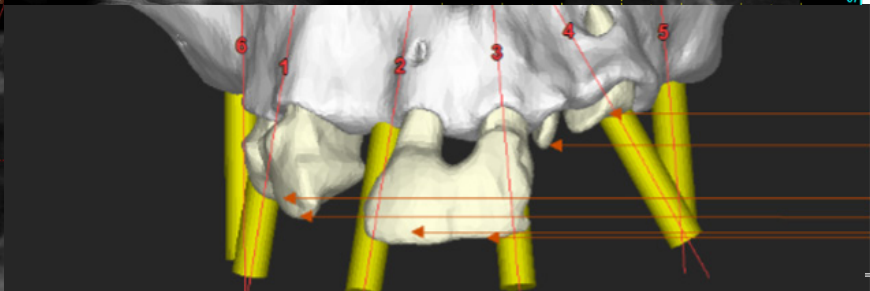
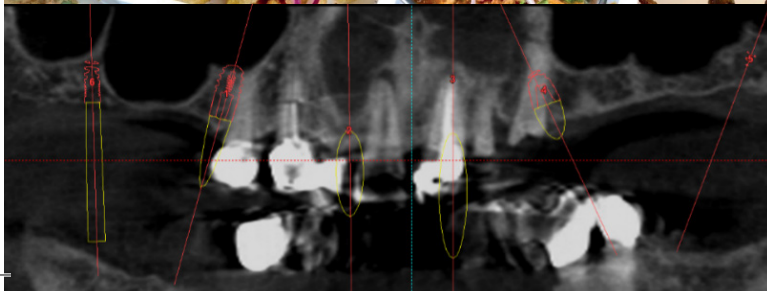
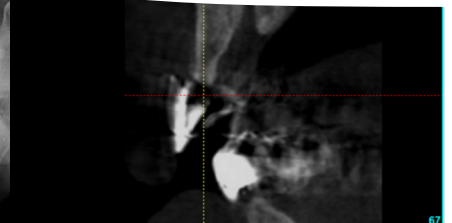
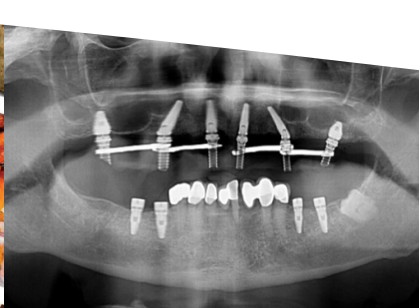
I know in my own early years after dental school and later when I started doing implants myself, it felt a very lonely world in practice with nobody to turn to advice. We believe that the curry club will be an answer to this.

As someone said to me recently, "a rising tide lifts all boats". So let's help each other as the benefits will be of value to us all. Please do come along and enjoy a curry on us. This will be an informal event with verifiable CPD and a chance to network with many of your colleagues from across the local profession.

I hope to see you in September. In the meantime have a wonderful summer and enjoy a well earned break if you are heading away on holiday.

*Mark Willings*

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



## CASE STUDY

### ENDODONTICS @ HORBURY DENTAL CARE



Thomas Willan has been an associate at Horbury Dental Care for 7 years, having qualified in 2011. In 2018 he completed the prestigious Diploma in Restorative Dentistry at the Royal College of Surgeons and 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 by his GDP for endodontic treatment of the LL7. He had previously had complex treatment at Horbury Dental Care including dental implants and a full mouth occlusal reorganisation. As a result, the mesioangular LL7 had an onlay present which uprighted the tooth into occlusion. Unfortunately, due to a retained supernumerary tooth in this quadrant dental implant treatment was contra-indicated and so the LL7 was a strategic tooth for occlusal stability. After careful planning an unorthodox access cavity starting from the distal marginal ridge was carried out to preserve as much of the current onlay and coronal tooth tissue as possible. MB, ML and D canals were found and the tooth dressed.

At a second appointment endodontic treatment was completed; All three canals were scouted with hand files and a reliable glide path created to full working length. The canals were prepared upto the Hyflex 20/05 file, this reduced taper file was chosen as the finishing file to preserve peri-cervical dentine. 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.

Obturation was carried out with a bioceramic sealer and matched GP cones. The GP was cut back with the System B heated plugger and composite restoration placed. The post operative radiograph shows a well condensed obturation that is to length and negotiates the double 'S' shaped curvature in mesial roots and apical curvature in the distal root.



Pre-Operative PA take by GDP



Mid-fill Radiograph



Post-operative Radiograph



Mid access PA to check orientation



## CASE STUDY

### IMPLANTS @ HORBURY DENTAL CARE



Nick Lane qualified from Leeds University in 2003 and joined the Implant Team at Horbury in 2012. Nick has nearly 15 years of experience in dental implant treatment and works exclusively in this field taking referrals from practices all over Yorkshire. He is experienced in all aspects of dental implant treatment including immediate implants, sinus lifts, bone augmentation procedures and full arch reconstructions, having placed over 3000 implant fixtures.

Nick has completed Diplomas in both Implant and Restorative dentistry with the prestigious Faculty of General Dental Practice. He went on to become a Fellow of the Faculty of General Dental Practice at the Royal College of Surgeons, and completed his Masters in Restorative Dentistry at Leeds. He is experienced in treating nervous patients with IV sedation and can provide this service for implant patients if needed.

### IMMEDIATE MAX IMPLANT (SOUTHERN IMPANTS) UR6:

XLa UR6 with immediate placement MCS Max 6-7mm and healing abutment. Implant torqued out at 70 Ncm in extraction socket, and no communication with sinus.

CBCT - Favourable root form, divergent roots with obvious intra-radicular bone. Max implant used at time of extraction to retain bone and avoid future sinus augmentation which would most likely be required with a delayed approach.

Max implants can be used at molar sites either as immediate placements to preserve bone or a delayed approach in wide ridges. They provide a screw retained restoration with a wide emergence profile from a large base enabling better hygiene.

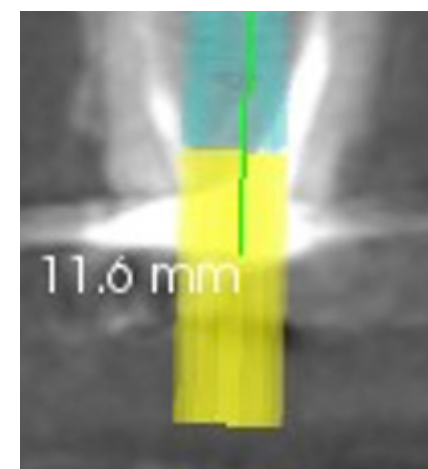


Image 1 Interactive planning using CT scan

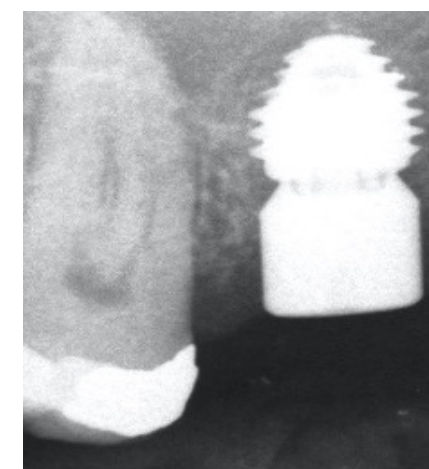


Image 2 Immediate post op with healing abutments. The gaps left from the buccal roots can be left to heal or we use biomaterial like MP3 or Ethos to augment them.

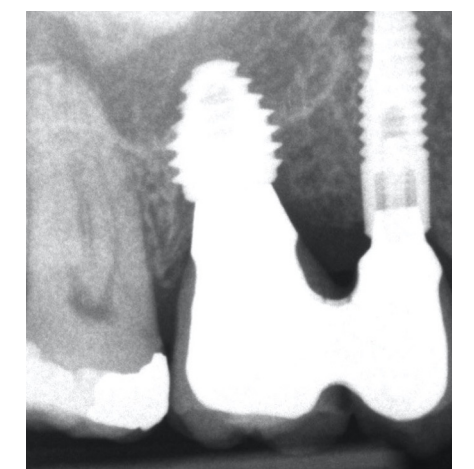


Image 3 Final restoration after 14weeks. The inferior wall of the sinus is still evident as the implant is engaged in the sequestration of bone between the three roots the sinus was never elevated.

## OUR FIRST IN A NEW SERIES OF CURRY CLUB AND CASES

### Time to talk innovation in implants.

Now that we can all socialise together, we would like to welcome you all back into our practice.

**6.45pm**

Welcome from Mark Willings

**6.50pm**

Saving teeth 'How far can we and should we go?' (Thomas Willan)

**7.10pm**

Challenging Paradigms in implant dentistry (Mark Willings, Nick Lane and James Hudson)

**8pm**

Questions over a Singha

### How to join Curry Club:

Please email [willings@horburydentalcare.co.uk](mailto:willings@horburydentalcare.co.uk) or call the practice on **01924 211234** and speak to Emily Ball or Emma Ferreira.

Horbury Dental Care, Vincent House, Queen Street  
Horbury, WF4 6LP



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



**01924 211 234**



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



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