

PATHWAY

N O R T H W E S T

THE NEWSLETTER OF THE NORTH WESTERN DIVISION OF THE FACULTY OF GENERAL DENTAL PRACTITIONERS (UK)

New sponsors for the division



Andrew Shelley
Editor

Welcome to the expanded Pathway North West. In this second issue we are delighted to welcome The Dental Directory as our sponsors. In addition to sponsoring this newsletter The Dental Directory have put together a very generous package of discounts for our members which I am sure will be of interest. Do take a look at the details of the offer in this issue. If you hold one of the faculty's diplomas you will find that the offer is even more to your advantage.

*Raj appears acutely aware
that the faculty has to
change*

An innovation for this issue is publication of a successful MFGDP(UK) case study. This one is by a local member who passed the examination in November 2000 and we hope that candidates will find it useful to see how a successful case has been presented. If you would like to comment on the case or raise any questions please get in touch and we will publish a response in the next issue.

Nick Ward was a founder member of this division and until recently divisional director. He also sat as our representative on the national faculty board and as national treasurer. Nick recently handed over the post of divisional director to Ian Wood but thankfully we have not completely lost Nick's wisdom or indeed his very English wit. We asked Nick to set out his thoughts as he relinquished the helm and you can read the typically dry response inside this issue.

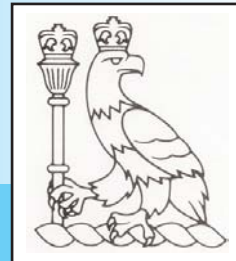
And finally... "The faculty has been functioning more like a gentleman's club than an educational establishment" Our Dean Raj Rayan was reported as saying these words at the recent Conference of the Dental Practice Board and he is to be congratulated. Certainly those of us in the North West who have taken the London MGDS examinations will recognise the analogy. Raj appears acutely aware that the faculty has to change and the first step in implementing any change is to recognise the problem. Raj's words come like a breath of fresh air in a stuffy smoke filled room.



Dean Raj Rayan -
*"The faculty has been
functioning more like a
gentleman's club than an
educational establishment"*

Do not forget that we welcome contributions and comments from all members for publication in future issues. Thanks to The Dental Directory's sponsorship we are now planning to publish this newsletter three times a year. Contact details for myself and all members of the divisional board are given on the back page.

Andrew



AUGUST 2001
ISSUE NO 2

SPONSORED BY



INSIDE THIS ISSUE

- EDITORIAL
- NEW DENTURES FOR OLD AN MFGDP (UK) CASE STUDY
- NICK WARD - "WHO KNOWS WHERE THE TIME GOES?"
- THE DENTAL DIRECTORY - NEW SPONSORS FOR THE DIVISION
- HANS KURER PRIZE WINNER
- SUCCESS IN THE MFGDP (UK) EXAMINATIONS
- STUDY DAY AND HANDS ON WORKSHOP
- ANNUAL GENERAL MEETING
- JOINT MEETING WITH THE MANCHESTER MEDICAL SOCIETY

Stop press - Faculty study day 2002

We are pleased to announce that Professor Richard Ibbetson has agreed to present our study day on Wednesday 20th March 2002 at MANDEC. Richard's subject will be treatment planning and aesthetic dentistry. Further details are to follow. Watch this space.

DID YOU KNOW?

Four years from now, the Royal College of Surgeons of Edinburgh will celebrate its Quincentenary. In continuous existence as a corporate body since 1505 AD, it may justly claim to be one of the oldest surgical corporations in the world.

New dentures for old - an MFGDP (UK) case study

1 Personal details and social history

Name:	X, Cathleen
Date of examination:	15 December 1999
Date of birth:	10 April 1938
Gender:	Female
Ethnic group:	Caucasian
Family: Widowed,	1 daughter
Current address:	Lymm, Cheshire
Employment:	Nursing sister in home for elderly
Smoking:	No
Alcohol:	No

2. General Medical History:

A questionnaire (appendix 1) was completed and this was verified verbally in the surgery. Uses sudocrem for angular cheilitis

3. General Dental History:

Last teeth removed 30 years of age
Current dentures made at same time - last visit.

4. Present complaint:

No teeth to eat on, can't see upper teeth, looks as if no teeth in, lowers very loose

5. History of present complaint:

Dentures comfortable initially, deteriorated markedly over last 2 years

7. Current dentures

◆ Upper

Generally well formed periphery but under-extended. Very poor adaptation to denture base
Denture drops on opening. No stability A-P or horizontally.

◆ Lower

Under-extended disto-lingually, overextended labially
Very poor adaptation to denture base
Denture rises on opening. No stability A-P or horizontally

◆ Habituation

Postures forwards, marked decrease in vertical dimension

6. Examination

A thorough clinical examination was undertaken (appendix 2). Observations relevant to the construction of complete dentures using existing clinical guidelines (appendix 3) are recorded below.

Extra-oral

Loss of lip support
Lower incisors not visible, uppers only on smiling
Skeletal relation - mild class III/Class I
Personality - straight forward, realistic
Appears overclosed
Erythematous, oedematous, fissured lesions angles of mouth

Intra-oral

◆ Soft tissue

Erythematous, hyperplastic mucosal folds buccal LL1-4.
Generalised, simple mucosal erythema and oedema on hard palate limited to denture base.

◆ Hard tissue

Bony, moderately resorbed, upper alveolar ridge, anterior and posterior III.
Bony, moderately resorbed lower alveolar ridge, anterior and posterior IV (appendix 4, reference 1)
Palate flat.

◆ Teeth

Upper and lower posterior severe loss of tooth and acrylic.
Heavy anterior wear especially uppers.

◆ Occlusion

No posterior occlusion.
ICP protrusive contact with anterior reverse bite, fws 14mm.
Impossible to define occlusal plane

8. Provisional diagnosis

Type II candida-associated denture stomatitis (reference 2)
Angular stomatitis
Denture induced hyperplasia

9. Diagnosis

Dentures

◆ Upper

poor retention, stability, support and extension.

◆ Lower

poor retention, stability, support, over-extended labially and under-extended lingually.

◆ Appearance

Teeth worn, lowers not visible, embarrassed by appearance.

◆ Discomfort

No pain

◆ Habituation

protrusive

◆ Mastication

Patient cannot eat properly



The existing dentures

Demonstrating wear and the effects of peppermint oil



The finished dentures



Resolving denture induced hyperplasia



The finished dentures in situ

References

1. Cawood JI, Howell RA. A classification of the edentulous jaws. *Int J Oral Maxillofacial Surg* 1988; 1: 232-236
2. Newton AY. Denture sore mouth: a possible aetiology. *Br Dent J* 1962; 112: 357-360
3. Jepson N, Murray D. New dentures from old. D.CAL Newcastle.

Appendices

Appendix I	Patient interview form and medical history
Appendix II	Clinical assessment form
Appendix III	Prosthetic examination - C/C Guidelines (adapted from BUOLD)
Appendix IV	Classification of jaw form. Cawood & Howell.
Appendix V	Patient's consent and candidate's declaration.

Because of space restrictions in this newsletter the appendices have not been published. If any candidate would like to see the appendices in full please contact Andrew Shelley, Ian Wood or John Moorhouse (contact details on back page)

Joint meeting with Manchester Medical Society

On Monday 26th November at 1.30 Stephen Davies will speak at a joint meeting with the Manchester Medical Society at MANDEC. Stephen's subject will be Tempero-mandibular joint disorders.

Nick Ward completes his term as Director of our Division and asks□.

"Who knows where the time goes?"

As I now hand over to Ian Wood, it seems like yesterday when I took over from Stephen Davies as Director of the North Western Divisional Board, in fact, it seems like yesterday when Hans Kurer invited several slightly suspicious practitioners to meet with him at the "Four Seasons" near the airport, to form the first Divisional Board.

"Some bright spark in London thought that Manchester was near the Tyne"

It's easy to forget that we did not have any structure at all in those days, that our representative to the Faculty Board was shared with the North Eastern Division and that it was not particularly clear that the Faculty would survive the year. I never quite understood the logic of us and the Northeast forming a Group, presumably some bright spark in Lincoln's Inn Fields, London thought that Manchester was near the Tyne.

"MANDEC a first class facility here on our doorstep"

How far have we come since then? Well, the Faculty has survived, and become a significant player on the national dental stage. In the Division we have made considerable contributions to the local postgraduate educational scene, with a series of well attended study days and hands-on courses on subjects such as aesthetic dentistry, the ageing dentition and endodontics. Credit should be given to all those who have helped to organise and run those events; Roger Turner, Phil Shaw, Gary Hills, Ian Wood and David Read, amongst others. Forgive me if I have missed anyone, and thanks to all



whom have put time and effort into the Division while I have been Director.

We have also made considerable strides, within the Division, in fostering the view that a relevant postgraduate Diploma, such as those promoted by the Faculty, should be a pre-requisite for a practitioner wishing to become an undergraduate teacher, postgraduate tutor or advisor. Divisional members, supported by the Postgraduate Department, organise and teach the MFGDP study course. I am very pleased that MANDEC and this Division have agreed to co-operate in the provision of postgraduate education at a first class facility here on our doorstep.

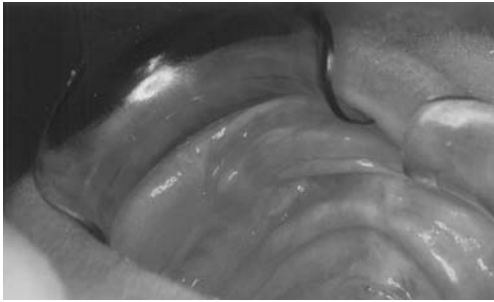
"The biggest obstacle is the lack of a coherent postgraduate career pathway in General Dental Practice"

At Faculty Board level, I have tried to reflect the views of the Division and ensure that the concerns of the ordinary Faculty member are addressed. I have been very glad that Joe Rich has added his considerable (how can I put this delicately? -- ah yes..) his considerable gravitas to the Faculty proceedings.

What is left to tackle? The biggest obstacle, in my view, is the lack of a coherent postgraduate career pathway in General Dental Practice. Without this the Faculty will always struggle for relevance in the life of a busy practitioner. It is hugely encouraging, then, that the latest Review Body report proposes that GDS practitioners who hold a relevant postgraduate qualification should receive a financial reward. Hooray!

Success in the MFGDP(UK) examinations

Congratulations to James Tomlinson and Ian Morrison who were successful in the final MFGDP(UK) examinations in Edinburgh in June 2001



Denture induced hyperplasia

10. Treatment options

The need to remove the candidal reservoir/infection prior to taking impressions was to confirm the provisional diagnosis and reduce the hyphal overgrowth/ mucosal inflammation. Emphasis was placed on denture adaptation, maintenance and hygiene. Direct antifungal agents were not indicated in the first instance due to the protracted course of treatment involving pivots, which would also restore the vertical dimension and reduce the susceptibility of the commissures to infection.

Surgery was discussed as an option for the treatment of the denture induced hyperplasia but concern over the potential loss of sulcus depth from fibrous healing indicated a conservative approach based on advice from Professor McCord, Manchester University, and this was adopted with the co-operation of the patient.

No treatment to the dentures was considered inappropriate as was the consideration of simple modification to the existing dentures. The copy denture technique was considered in remaking the dentures but the extensive nature of the required modifications and lack of satisfaction with current dentures indicated the use of a conventional replacement denture technique. (Reference 3)

The need for pivots and a staged increase in vertical dimension was discussed with the patient. The 14mm fws, loss of posterior support and posturing habit rendered inappropriate a conventional approach to identification of repeatable RCP and establishment and acceptance of a working 3mm fws in one stage.

11. Treatment plan

- ◆ *Stabilisation and review*
 - Temporary reline, upper and lower dentures
 - Remove overextension lower labial sulcus
 - Pivots to restore posterior support and establish RCP
 - Discuss and institute denture hygiene and maintenance
 - Begin conservative management denture induced hyperplasia

◆ *Reassessment and definitive treatment*

- Review and discuss treatment plan and confirm patient consent
- Assess effect of stabilisation stage on candidal infection and hyperplasia
- Assess establishment of repeatable RCP, reduction in posturing habit
- Increase pivots to change fws if necessary
- Construct C/C denture to
 - Improve adaptation of both dentures
 - Improve buccal and posterior extensions of upper denture
 - Improve disto-lingual, posterior and labial extensions of lower denture
 - Improve fws by lowering upper and raising lower occlusal planes
 - Improve aesthetics through lip support and choice of teeth
 - Re-establish positive intercuspatation at RCP, co-incident with ICP

◆ *Maintenance and monitoring:-*

- Motivate and encourage denture management practice
- Leave denture out as much as possible.
- Encourage denture hygiene.
- Soak dentures in Milton's solution over night
- Monitor and maintain oral health



Pivots in situ.

12. Summary of treatment

1st visit (15 12 99)

- ◆ Examination and history taking.
- ◆ Temporary reline upper and lower (Kooliner).
- ◆ Remove labial overextension lower.
- ◆ Instruction to massage hyperplastic mucosal folds
- ◆ Placement of pivots and restoration of posterior support (Trim).
- ◆ Instruction in denture maintenance and hygiene.
- ◆ Consent given.

(denture maintenance and hygiene encouraged at all further visits)

2nd visit (30 12 99)

- ◆ Candidal infection -palate still erythematous,
- ◆ Angular stomatitis improving
- ◆ Hyperplasia - reducing, less inflammation,
- ◆ RCP reproducible, no longer posturing forward
- ◆ Increased pivots by 4mm to make 3mm fws
- ◆ Rx miconazole oral gel
- ◆ Prelim imps upper alginate, lower composition

3rd visit (19 01 00)

- ◆ Candidal infection, angular stomatitis almost gone
- ◆ Hyperplasia - reducing.

4th visit (16 02 00)

- ◆ Candidal infection, angular stomatitis resolved
- ◆ Hyperplasia - no improvement, no longer in sulcus and acceptable
- ◆ Final impressions (upper - alginate, lower - ZnO/Eugenol)

5th visit (23 02 00)

- ◆ Occlusal rims trimmed, registered in RCP
- ◆ Face bow registration (Denar slidematic)
- ◆ fws 3mm, Shade 62 mould S6 Cosmo

6th visit (14 03 00)

- ◆ Anterior try in

7th visit (21 03 00)

- ◆ Full try in

8th visit (28 03 00)

- ◆ C/C Insertion
- Encouraged denture maintenance

9th visit (28 03 00)

- ◆ Review
- Encouraged denture maintenance

13. Long term treatment

- ◆ Monitoring appointments every six months to review oral health, denture occlusion, persistent areas of hyperplasia, encourage denture maintenance and hygiene.
- ◆ Replace denture between 5-10 years.

14. Case appraisal and prognosis.

This case demonstrates the management of a lady with a number of denture related problems. The course of treatment was protracted and it took a great deal of encouragement to see her through the last weeks of wearing pivots. However, the outcome was successful. I visit her place of work regularly and she says she tolerates the increased vertical dimension well and is very pleased with the bite and aesthetics. We have agreed six monthly visits to monitor the residual hyperplasia and the prognosis remains good.

Good news for Divisional Members from the Dental Directory



*Steve Brown,
Northern Sales anager*

On behalf of the Dental Directory it gives me great pleasure to announce our sole retail sponsorship of the North West Faculty. This sponsorship incorporates exciting benefits for both the Faculty and its members.

training etc. or any other events that will benefit the members. We have also committed to the annual sponsorship of this newsletter and hope to be involved in helping to communicate on a more regular basis with you via "Pathway North West".

become a new member of the Faculty the Dental Directory will credit your account with £50 which you can spend on our house-preferred range (Unodent, Degussa, Perfection Plus)

North Western Division members are eligible for our preferred Faculty member discount

Secondly with immediate effect all North Western Division Faculty members are eligible for our preferred Faculty member discount of 10% off all our catalogue prices (excluding mini-catalogue and promo offers) plus 1.5% for all orders placed via our computer ordering system, Desktop. In addition if you hold MFGDP/MGDS or fellowship there will be a further 1%. This could amount to a significant discount of 12.5% off our already low master catalogue prices. Should you

An annually donated fund to be used for meetings or any other events that will benefit the members

Firstly the North Western Division will receive from Dental Directory an annually donated fund to be used by the Faculty for meetings, hire of speakers,

Finally we at Dental Directory look forward to a long and fruitful relationship with the North West Faculty as we continue to support and promote continuing professional education and clinical excellence.

HANS KURER PRIZE

Miss Linda Best receives the Hans Kurer prize for the best presentation case in the final BDS examinations at Manchester. Andrew Shelley presented a cheque for £100 on behalf of the faculty at the Graduates reception on 4th July 2001



Annual General Meeting

The Division's AGM will be held on Thursday 6th September at 7.00pm at MANDEC. After a brief business meeting Dr Paul Brunton will speak on "How successful are porcelain and composite inlays?" Once again we are most grateful for the support of Dentsply.

The North Western Divisional Board

Contact numbers

Director

Ian Wood

0161 962 9864

ian.wood@minx.co.uk

Secretary

John Moorhouse

01925 759123

johnmoorhouse@eaglebrow.com

Treasurer

George Rodgers

01942 242620 - practice

01257 421288 - home

Diploma Tutor

Phil Shaw

0161 682 6903 - practice

Nationally Elected Representative on Faculty Board

Joe Rich

0161 926 8115

joerichbds@aol.com

Locally Elected Representative on Faculty Board

Nick Ward

0161 428 4824

nick.ward@virgin.net

Eric Gankerseer

0161 969 3212

eric@gankerseer.co.uk

Single Skills Courses Committee

Margaret Lomax

0161 962 1229

dmlomax@aol.com

MFGDP (UK) Tutor

Sunil Panchmatia

0161 336 2710

spanch@aol.com

Nick Ward

0161 428 4824

nick.ward@virgin.net

Board member & Regional Adviser in Vocational Training

David Read

01204 573100

david.read@dial.pipex.com

Audit Facilitator

Pip Thomas

0161 973 0565

pip-thomas@hotmail.com

Newsletter Editor

Andrew Shelley

0161 320 4230

andrew.shelley@zetnet.co.uk

The Faculty of General Dental Practitioners (UK)

What the Faculty Can Offer:

The FGDP(UK) provides the means by which GDPs can:

- ◆ Develop their knowledge of dentistry
- ◆ Enhance their clinical skills
- ◆ Prove to their patients, their colleagues and more importantly, themselves, that they provide the highest standards of patient care
- ◆ Find a sense of achievement in general dental practice

Benefits of membership:

- ◆ Involvement with enthusiastic committed GDPs
- ◆ Reduced fees at local and national study days
- ◆ A network of local study groups around the UK, to help with preparation for the examinations
- ◆ Free subscription to the Faculty quarterly journal PRIMARY DENTAL CARE (worth £170.00)
- ◆ Free Faculty newsletter, First-hand, published quarterly
- ◆ Discounts on Faculty publications
- ◆ Special rates for the recently refurbished College accommodation in London
- ◆ 15% discount at Swallow Hotels
- ◆ Special discount for the Dental Directory

How to join The Faculty of General Dental Practitioners (UK)

Memberships packs are available from the College, from Jean Cook at the MANDEC office or at the fortnightly Advanced Refresher courses at MANDEC on Tuesday nights.

Costs

Full membership - £165

Available to registered dentists who have been awarded a relevant postgraduate diploma by any of the four Royal Colleges.

Affiliate membership - £135

Available to registered dentists, qualified for more than three years, who do not hold an appropriate postgraduate diploma.

Study day and hands on workshop May 2001

Bill and Elizabeth Saunders presented a very successful event entitled "Successful management of endodontic treatment" at MANDEC on 8th and 9th May. Bill and Elizabeth's excellent presentation encompassed all aspects of treatment planning and execution of endodontic therapy from protection of the vital pulp to surgical endodontics. A large audience enjoyed a course that looked critically at the evidence for endodontic therapy and the claims made for recent endodontic fashions.

The event was kindly sponsored by Dentsply who responded brilliantly to unexpectedly large numbers at the hands on evening. Those who were present were not even aware of the potential crisis and we are most grateful to Dentsply for their coolness under pressure.

Associate membership - £37

Available to registered dentists within three years of their graduation.

Retired membership - £68

Available to dentists who support the aims and objectives of the FGDP(UK) but who have retired from all forms of general dental practice.

Contact details

The Faculty of General Dental Practitioners (UK)
The Royal College of Surgeons of England,
35-43 Lincoln's Inn Fields,
London.
WC2A 3PN
Telephone - **020 7869 6754**
Fax - **0207869 6765**

Website

<http://www.rcseng.ac.uk/public/fgdp/fgdp.htm>

e-mail kludlow@rcseng.ac.uk
for membership enquiries



PATHWAY NORTH WEST

THE NEWSLETTER OF THE NORTH WESTERN DIVISION OF THE FACULTY OF GENERAL DENTAL PRACTITIONERS (UK).