

The Burwood Bite

The Dental Practice & Inner West Dental Implant Centre

Newsletter 3
Summer 2003

Dentistry in the New Millennium. Are we winning the War against Dental Disease?



A day in the life of a dentist in the mid sixties was pretty scary. Dental disease was at its peak. An average child would have at least ten fillings by the age of 8 and most adults would be well on their way to full dentures by the age of 40. Experiences like these would have the effect of psychologically scarring a whole generation of people about seeing the dentist. Dentists of this era fared no better as they had climbed to number two in the suicide rate amongst all professions.

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A Case Study - One extremely happy patient

Happily Ever After... How to make a dream come true –



Andrea is a patient of the practice and has been for sometime. In the lead up to her wedding some months ago, Andrea had some concerns about her front tooth as it was slightly darker than her other teeth. She told us that this tooth had always made her feel uncomfortable, as it looked bad in photos. She was also concerned how this may appear in her wedding photos, so she made the decision to have her front tooth fixed.

Glenn suggested that Andrea place a crown on her front tooth. This crown would match the colour of her surrounding teeth to even out her smile. To enhance Andrea's smile even further both Glenn and Trish gave her the option of combining Laserbrite (tooth-whitening) along with the crown to achieve something beyond Andrea's expectations.

As Andrea was pleased with the result of the crown she thought, "Hey, you only get married once!" so she decided to go ahead with the Laserbrite treatment. The final result of the combined treatment not only lived up to her expectations, but it exceeded it, by far.



“When it was all completed I could not be happier. I felt like a million dollars on my wedding day and I could not stop smiling, (after all I married an absolutely fantastic guy!) all the photos look excellent. The good thing is the smile has stayed and my teeth still look great. I truly mean it and cannot thank Glenn and Trish enough for making our wedding day so special.”

Nicole Hatcliff, Scheduling Co-ordinator & Our Patient, Andrea.



The Dental Practice
General, Cosmetic & Implant Dentistry

Who's Who

Dr Glenn Willey – Principal Dentist

Dr Leon Gershenfeld – Associate Dentist

Dr Ilana Fisher – Associate Dentist

Trisha McCagh – Hygienist

Gina Angland – Hygienist

Judy Mikhail – Hygienist

Deborah Gilchrist – Practice Manager

Nicole Hatcliff – Scheduling Co-ordinator

Rikki Pearce – Clinical Co-ordinator

Maree Rodger – Dental Assistant

Linda Wills – Dental Assistant

April Hind – Dental Assistant

Jade Watson – Dental Assistant

Megan Wacha – Dental Assistant

Hours of Attendance

Monday to Thursday
8.10am - 5.30pm

Friday
8.10am - 5.00pm

Saturday
8.40am - 12.50pm

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Have you
visited our web site ?

What makes us different?

Dr Glenn Willey

Many years ago a patient said to me "What difference does it make what dentist I go to, you all went to the same dental school." While I am sure he did not really mean to be offensive I do not think I have ever got over what he said. It was certainly a good lesson for a young dentist. I spent the next 20 years creating a practice that I believe answers his question in the best possible way. The truth is however that a patient is a consumer with the choice of about two thousand dentists in Sydney. So why should you choose us?

Commitment to Excellence.

In the competitive world of dentistry, practices compete on many levels. For us our main concern is to do the best dentistry that is possible. A staggering 90% of our new adult patients require work that is only necessary because treatment was not done properly in the first place. This will usually be cost related or because corners were cut. Dentistry is sometimes expensive but much more so if treatment has to be redone because it was not done properly in the first place.

Training.

Most general dentists go straight from dental school to private practice. While this is satisfactory, all of our dentists have done extensive postgraduate training giving them knowledge and skill above the average.

In addition our support staff are fully qualified in their various areas and as a practice we undergo regular ongoing training of at least 2 weeks per year.

Investment in Technology.

Quite simply you cannot do a great job without the best equipment. For example we were amongst the first practices to provide OPG x-rays for all patients. As a result at least two patients' lives have been saved due to early diagnosis that would not have been picked up in another practice. I am simply amazed that 15 years later, this technology is still not universally used.

Innovation in Treatment.

We provide many treatments that are not usually carried out in a general practice. The most notable of these are Dental Implantology and Orthodontics. We are regarded as one of

the top five practices in the state in the field Implantology. We were also the second suburban dental practice to integrate Dental Hygienists.

After Hours Service.

While I hope that you never need to call on us after hours, we are there for you 24 hours a day, every day of the year if you really need us. Only last month one of our young patients was attacked causing serious damage to his teeth and a severe laceration to his lip. Regrettably he was turned away from hospital with minimal treatment. Fortunately we were able to spend 2 hours putting things back together in the early hours of Saturday morning.

Guarantee of Success.

For patients that see us regularly most of our major dentistry is guaranteed for a period of at least 10 years. This is our way of making sure that you get value for your money when trusting us to look after you.

Strict Adherence to Infection Control.

Amazingly, infection control guidelines in NSW are very basic and not policed at all. Above all, our commitment is that you and your family are safe from catching serious diseases such as HIV and Hepatitis when attending our practice. Many patients have asked to see what goes on behind the scenes and have not failed to be impressed. We are always happy to provide guided tours so please ask if you are interested.

Well if that sounds like I am blowing my own trumpet than I guess I am, but I am not making any excuses for doing so!

Welcome to Dr Ilana Fisher

Rikki Pearce, Clinical Co-ordinator

The Dental Practice welcomes our new team member.....Dr Ilana Fisher

We would like to welcome Dr Ilana Fisher to The Dental Practice. Ilana began working at our practice in May this year and is proving to be a valuable member of our dental team. She enjoys working in a private practice that allows her to display her skills and ability in the treatment of patients needs. Through her previous experience she has gained valuable knowledge in treating families and dealing with a wide variety of dentistry.

Ilana graduated with a Bachelor of Dental Surgery from the University of Sydney in 2001. After obtaining her degree, she began work at the Westmead Centre for Oral Health as a public dental officer. During this time she also carried out scientific research into the causes of dental caries (decay) and was awarded a Bachelor of Science in Dentistry in 2002. She continues to work at Westmead, spending time in many specialised departments including General Dentistry, Paediatric Dentistry and Emergency Dentistry, including an on call component treating patients with trauma and severe dental infections at the main hospital.

We look forward to helping Ilana grow within the practice and we are sure our patients will be as pleased as we are, to have Ilana as part of our team.

Dentistry in the New Millennium. Are we winning the War against Dental Disease?

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With the introduction of fluoridated water in 1968 and advances in preventive dentistry, a rapid improvement in the dental health of children occurred throughout the seventies. Surveys taken at the time indicated 60% of the population were now visiting the dentist on a regular basis for preventive procedures. By the late seventies it was becoming the exception to see somebody under the age of 12 with a cavity.

When I started dental school people were telling me that dentistry was a dying profession. Predictions were made of vaccines being available in the near future to cure dental disease making it a thing of the past. Well, we still seem to have plenty of patients, so where are we in the year 2003?

Technological advances, particularly in the last 10 years have been simply stunning. We no longer have to place ugly silver fillings. Advances in materials mean that most damaged teeth can be restored not only so that they function, but also look beautiful, as nature would have intended them to be! If you are unlucky enough that a tooth cannot be saved or if some or all of your teeth have already gone, dental implants can provide a solution that is as good as the real thing. We have techniques that the most nervous of patients can manage even with complicated dental procedures. While I cannot speak for all dentists, these advances make being a dentist more enjoyable than what I could have possibly imagined back in 1975, when I filled in my application for Dental School.

Unfortunately the news is not all good. Our most worrying concern is that we have noticed a considerable increase in new dental disease and the need for dental treatment particularly in teenagers, young adults and those over 50. So what's going wrong? There are many factors involved but some of most worrying are-

1. Fewer people go to the dentist on a regular basis. I think that the rapid reduction in dental disease in the 70s and 80s has lulled many people into a false sense of security in thinking that dental disease will not happen to them.

2. The increased use of bottled and filtered water means that children are not getting the fluoride they need to strengthen growing teeth and bones.

3. Most people consume too much food and drink containing sugar.

4. I think we are all more cost conscious and there are plenty of things to spend our hard earned dollars on other than fixing teeth.

5. Increased competition between dentists means that many are taking short cuts that affect the quality of the work leading to expensive and unnecessary re-treatments.

6. People are keeping their teeth longer so normal wear and tear means that problems occur as we get older.

Today, people's expectations of their dental health are much higher than ever, in that, just about everybody wants to keep their teeth for life and hopefully have them look good as well. This expectation is unrealistic, however, unless some effort is made to keep them in good order. So what can you do to achieve a lifetime of good dental health?

1. Proper home care is essential for all ages.

Do not assume that this is something that will happen by accident. A proper technique tailored to the individual's needs has to be taught and professionally reviewed at regular intervals.

2. Regular check ups are essential.

Regular check ups allow us to find dental disease at an early stage so that complex and expensive dentistry can be avoided. We are also able to review home care and tailor a preventive program that suits your needs.

3. Teeth friendly diets are a big help.

This can be quite a complex issue and for some patients a dietary analysis and counselling can be helpful.

4. It is our job to try to anticipate potential problems and provide solutions before disasters occur.

The classic example of this is placing a crown or bonded restoration on a heavily filled tooth before it breaks in half.

5. If something does need to be done, do it as quickly as possible and do it properly using the best possible materials.

Many patients are aware of the need for treatment and put it off, or even worse, have it patched up with inferior dentistry. This always leads to disaster and more cost than if the job is done right the first time.

Nobody likes going to the dentist, however the most satisfying part of my job has been seeing those patients who have taken our advice over the years and are benefiting from what we have been able to do for them. I have no doubt that our regular patients are always the happiest with their dental health.

Dr Glenn Willey

Piercing Issues

Think twice before you get your tongue pierced. This is the advice of Sue Aldenhoven from the Dental Hygienists Association of Australia Inc. She advises, "As someone chews or talks, the piercing can repeatedly bang against teeth and gums, causing long-term damage..." She also says that a piercing can cause prolonged drooling, difficulty chewing and swallowing, slurred speech and even permanent nerve damage.



Looking after children's teeth

Judy Mikhail - Hygienist & April Hind - Dental Assistant



Being a parent in this day and age is now harder than ever. There are constant questions as to whether you are doing the right thing. Am I feeding my child the best food, is my child watching too much television, am I sending them to the right school, should they be drinking tap water? Well we understand that there are constant dilemmas associated with parenting so we have compiled some of our frequently asked questions just for you...

Q: When should my child first see the dentist?

A: Your child should see the dentist as soon as their first tooth appears. This can help indicate any early signs of gum disease and prevent any problems. It also helps them to become familiar with the dental environment.

Q: When should I start cleaning my child's teeth?

A: When your baby's first tooth appears, usually around 4-6 months.

Q: How should I clean my children's teeth?

A:

- **Babies:** wipe tooth/teeth with a damp, clean cloth or gauze. No toothpaste necessary.
- **Toddlers (ages 2 & up):** use a small-headed, soft toothbrush. Clean their teeth for them using small, circular motions and a pea-size amount of children's toothpaste.
- **Children ages 2-8:** Have your child stand next to you in the bathroom and copy you as you brush your teeth. You will probably need to follow this by helping them re-do most surfaces!
- **Children ages 8 & up:** You may now introduce adult-strength toothpaste, but only a very small amount (pea-size). Your child needs to be supervised until they are 10 years old.

Q: Why would we fill baby teeth?

A: We fill baby teeth for a number of reasons:

TIP: Many children require orthodontic correction of tooth crowding and jaw anomalies.

Be alert to any problems your child has with teeth erupting into odd positions and be prepared to discuss this with your dentist.



- We do not want the cavity to get bigger, when this happens it leads to toothache, by which stage the tooth is often irreparable.
- Baby teeth hold space in the jaw for the adult teeth. If they are lost prematurely, it can result in crowding and future orthodontic issues.
- An open cavity is full of bacteria! As the adult teeth erupt, bacteria from the cavity may spread, creating a higher risk of decay.

Q: What are fissure sealants?

A: Some children have quite deep or "sticky" fissures (grooves), this can result in an area that is quite hard to clean and can collect plaque, leading to decay. To ensure that decay does not occur, a white material is placed into the fissures or grooves, of molars when they erupt, which is usually around the age of 6 years and 12 years, thus the terms 6 year old molars and 12-year-old molars.

Q: How can I protect my child's teeth during contact sports?

A: If your child is involved in any contact sports, you may consider a mouthguard. This plastic guard fits comfortably over the teeth to protect them from sports injuries. It is a small investment in protecting your child's teeth and avoids cut lips and damage to the mouth. A range of guards are available, but custom-made is best for comfort and fit.

If you ever have any problems trying to get young children to brush their teeth, this little gem can be useful to make it fun!

The toothpaste song
I'm a tube of toothpaste on the shelf,
I get so lonely all by myself
When it comes to night time then I shout!
Just lift my lid off
Squeeze me out.

Housekeeping!



Just a few little housekeeping requests from administration!

- When scheduling appointments we would like to remind you to please choose your time carefully. Often unforeseen circumstances do arise and the need to reschedule an appointment is necessary. But, it is often difficult to get the appointments back on schedule with the dentist or hygienist within the requested time frame if sufficient notice is not given, especially if the treatment you are undergoing requires a sequence in appointments. The reception staff are then faced with an almost impossible task of making this happen - causing frustration for both you and us!

- As a reminder we do require 24 business hours notice to change an appointment to avoid incurring a fee. • Moving? Don't forget to notify The Dental Practice! We often find our patients forget to notify us when changing jobs or relocating homes. This information can be simply updated by emailing us at reception@thedentalpractice.com.au or telephoning us when your details change. This enables us to be able to contact you when necessary for appointments or if one of our practitioners are sick, we can give you notice so as not to take you away from your busy schedule.

N.B - this also includes changing of health fund details and changing of names through marriage etc.

- The Dental Practice is now able to email or SMS reminders for your dental appointments - please advise the reception staff when in next if you would like for your reminders to be sent via email or SMS text messaged. Our reminder system is a courtesy contact we make to remind our patients of their appointments but we are not always successful in getting through to people for one reason or another. Please take responsibility for remembering your scheduled times.

Deborah Gilchrist, Practice Manager

Did you know?

- Teeth are one of the top three most common subjects people dream about.
- If you have a cold or virus you can re-infect yourself with your toothbrush.
- Some cheeses have been found to protect teeth from decay.
- Each person's set of teeth is unique - much like fingerprints.
- Patients with active gum disease have a higher chance of heart attack and stroke.