

## DENTISTRY & MAXILLOFACIAL SEPTEMBER - OCTOBER 2019

A current awareness update service from Library and Knowledge Services. If you know anyone who could benefit from receiving this please ask them to sign up by emailing [sarah.glover@elht.nhs.uk](mailto:sarah.glover@elht.nhs.uk) or [library.blackburn@elht.nhs.uk](mailto:library.blackburn@elht.nhs.uk)

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We hope this bulletin is useful. We are keen to promote our services at your team meetings/huddles. If you feel that this would be useful, then please contact me to arrange a brief induction to how we can support you in education and training, researching for information, literature support, critical appraisal skills, free article requests, social media training (learn to Tweet!) and much more.

Kind regards

**Abbas Bismillah**

**Head of Library and Knowledge Services**

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### IN THE NEWS

#### [Dental prescribing dashboard 2019](#)

**Summary:** The dashboard has been updated with data to June 2019.

**Date:** 30<sup>th</sup> October 2019

**Source:** Public Health England

#### [Dental Record Keeping Standards: a consensus approach](#)

**Summary:** A document has been issued which outlines a consensus based record keeping standards for the dental profession. These standards were developed with respect to views expressed by the profession in a national survey with an aim to enable 'one patient, one record, one standard realisation across the NHS.

**Date:** 18<sup>th</sup> October 2019

**Source:** NHS England

#### [Care homes face uphill struggle as new rules give them responsibility for oral health](#)

**Summary:** The BDA has warned care homes in England face significant barriers in securing access to NHS services, as the Care Quality Commission (CQC) rolls out new measures on oral health to benchmark their effectiveness.

**Date:** 6<sup>th</sup> October 2019

**Source:** British Dental Association

### [Dentists warn of teething products that could put infants' health at risk](#)

**Summary:** The BDA has urged parents to be on alert, as new research has revealed that 9 of the 14 teething products licensed for use in the UK contain sucrose, alcohol and/or lidocaine, all of which have potential harmful side effects. There is little evidence that the products are actually effective in reducing teething pain.

**Date:** 30<sup>th</sup> September 2019

**Source:** British Dental Association

### [GDPs seeing more children for preventive treatments](#)

**Summary:** There are early signs that dentists in England are seeing more children and providing more preventative treatments according to the latest NHS dental statistics for England, 2018-19.

**Date:** 1<sup>st</sup> September 2019

**Source:** British Society of Paediatric Dentistry



For references where there is a link to the full text, you may need to use your NHS Athens username & password to access <https://openathens.nice.org.uk/>

### **Virtual reality in preoperative imaging in maxillofacial surgery: implementation of "the next level"?**

**Author(s):** Bartella A.K.; Steegmann J. et al.

**Source:** British Journal of Oral and Maxillofacial Surgery; Sep 2019; vol. 57 (no. 7); p. 644-648

**Abstract:** Not only are current imaging techniques - cone-beam computed tomography (CT), CT, and magnetic resonance imaging (MRI) - becoming more precise in capturing data, but the illustration and interpretation of the acquired images is no longer limited to conventional display screens or projectors. The so-called "virtual reality" (VR) glasses have the potential to engage the viewer in a 3-dimensional space, and ultimately to enable evaluation of the reconstructed anatomical structures from a new perspective. For the first time in the field of oral and maxillofacial surgery (OMFS), a 3-dimensional imaging dataset (cone-beam CT, CT, and MRI) can be evaluated by using VR glasses. A medical student, an OMFS resident, and an OMFS consultant rated the preoperative usability of VR glasses to improve the operative understanding of three cases: a deeply impacted wisdom tooth, a fracture of the lower jaw, and an oncological resection. VR glasses seem to help to simplify operations and give the surgeon a good preoperative overview of the intraoperative findings, particularly in the evaluation of impacted teeth and hard tissue structures. In addition, VR glasses seem to be a promising innovation to help in the training of surgical residents and to teach students. However, the more experienced the surgeon, the smaller is the additional value of VR glasses. Preoperative examination using VR glasses can aid better understanding and planning of the surgical site in the future, and is an innovative piece of advanced technology for displaying CT, cone-beam CT, and MRI anatomical data.

[Request this article from the library](#)

### [Impact of systemic diseases and tooth-based factors on outcome of root canal treatment](#)

**Author(s):** E. Laukkanen M. M. Vehkalahti A. K. Kotiranta

**Source:** International Endodontic Journal Volume 52, Issue 10 October 2019 Pages 1417-1426

**Aim:** To investigate the impact of systemic health and tooth-based factors on the outcome of root canal treatment (RCT).

### **Construction of a Biological Age Score to Predict Tooth Loss over 10 Years**

**Author(s):** Meisel, P., Pink, C., Nauck, M., Völzke, H., & Kocher, T.

**Source:** Journal of Dental Research, 2019 98(10), 1096–1102

**Abstract:** The aim of the present study was to construct a biological age score reflecting one's physiologic capability and aging condition with respect to tooth loss over 10 y. From the follow-up to the population-

based Study of Health in Pomerania (i.e., SHIP-2), 2,049 participants were studied for their baseline biomarker measures 10 y before (i.e., in SHIP-0). Metabolic and periodontal data were regressed onto chronological age to construct a score designated as “biological age.” For either sex separately, the impact of this individualized score was used to predict tooth loss in the follow-up cohort in comparison with each participant’s chronological age. Outcome data after 10 y with respect to tooth loss, periodontitis, obesity, and inflammation were shown to be better for biologically younger subjects than as expected by their chronological age, whereas for the older subjects, data were worse. Especially for tooth loss, a striking increase was observed in subjects whose biological age at baseline appeared to be higher than their chronological age. Biological age produced significantly better tooth loss predictions than chronological age ( $P < 0.001$ ). Areas under receiver operating characteristic curves for tooth loss of  $\geq 3$  teeth in men during follow-up were 0.811 and 0.745 for biological and chronological age, respectively. For women, these figures were 0.788 and 0.724. For total tooth loss, areas under the curve were 0.890 and 0.749 in men and 0.872 and 0.752 in women. Biological age combines various measures into a single score and allows identifying individuals at increased risk of tooth loss. [Request this article from the library](#)

### **Repair bond strength of resin composite to restorative materials after short- and long-term storage**

**Author(s):** Simon Flury, Fabrice A. Dulla, Anne Peutzfeldt,

**Source:** Dental Materials Volume 35, Issue 9, 2019, Pages 1205-1213

**Abstract:** Objectives - To investigate short- and long-term bond strength (“repair bond strength”; RBS) of a resin composite to six restorative materials using either a silane and a bonding agent or a universal “one-step self-etch” adhesive system. Methods - Specimens were produced from an amalgam, a direct resin composite, two indirect resin composites, a hybrid ceramic, and a feldspar ceramic and stored for 3 months in tap water (37 °C). All specimens were then sandblasted (Al<sub>2</sub>O<sub>3</sub>; 25 µm) and either treated with Monobond Plus and OptiBond FL Adhesive (MP-OFL) or with Scotchbond Universal (SBU). Filtek Z250 was used as “repair composite”, and RBS was measured by means of a micro shear bond strength test after 24 h or after 1 year. RBS values ( $n = 15$ /group) were statistically analyzed ( $\alpha = 0.05$ ). Results - RBS (MPa; mean values (standard deviations)) after 24 h for MP-OFL: 18.6 (3.2)–23.9 (5.0) and for SBU: 12.5 (4.9)–18.1 (4.6); after 1 year for MP-OFL: 8.9 (4.6)–19.8 (4.3) and for SBU: 5.6 (2.3)–18.8 (3.5). After 24 h, MP-OFL showed significantly higher RBS to the hybrid ceramic and the feldspar ceramic than did SBU ( $p \leq 0.0001$ ) whereas there was no significant difference in RBS for the other four restorative materials. After 1 year, MP-OFL showed significantly higher RBS to the feldspar ceramic than did SBU ( $p = 0.043$ ) whereas there was no significant difference in RBS for the other five restorative materials. Significance - The use of a silane and a bonding agent seems more versatile for repairing restorations than the use of a universal “one-step self-etch” adhesive system. [Request this article from the library](#)

### **[Influence of implant macrodesign and insertion connection technology on the accuracy of static computer-assisted implant surgery](#)**

**Author(s):** Karim El Kholy, Supriya Ebenezer, Julia-Gabriela Wittneben, Rafael Lazarin, Dominique Rousson, Daniel Buser

**Source:** Clinical Implant Dentistry and Related Research Volume 21, Issue 5 October 2019, Pages 1073-1079

**Abstract:** The aim of this study was to evaluate the effect of three different macrodesigns and two different insertion devices on the accuracy of static computer-assisted implant surgery (sCAIS).

### **3-dimensional Ability Assessment in Removing Root Filling Material from Pair-matched Oval-shaped Canals Using Thermal-treated Instruments**

**Author(s):** Gustavo De-Deus, Felipe Gonçalves Belladonna, Arthur de Siqueira Zuolo, Daniele Moreira Cavalcante, Emmanuel João Nogueira Leal Silva

**Source:** Journal of Endodontics 2019 Volume 45, Issue 9 Pages 1135-1141

**Abstract:** The purpose of this study was to evaluate the ability of the XP-endo Shaper instrument (FKG Dentaire, La Chaux-de-Fonds, Switzerland) during the removal of root fillings from oval-shaped canals. M-Wire Reciproc and Reciproc Blue systems (VDW, Munich, Germany) were used as reference instruments for comparison, and micro-computed technology was used as an analytical tool. [Request this article from the library](#)

## Risk predictors of dental root caries: A systematic review

**Author(s):** Jingyang Zhang, Katherine C.M. Leung, Divesh Sardana, May C.M. Wong, Edward C.M. Lo

**Source:** Journal of Dentistry 2019 Volume 89 October <https://doi.org/10.1016/j.jdent.2019.07.004>

**Abstract:** To identify the risk predictors of root caries and to describe their relationship with the incidence and increment of root caries. [Request this article from the library](#)

## Fluctuating asymmetry of dynamic smiles in normal individuals

**Author(s):** Khambay, B.S. et al.

**Source:** International Journal of Oral and Maxillofacial Surgery, Volume 48, Issue 10, 1372 - 1379

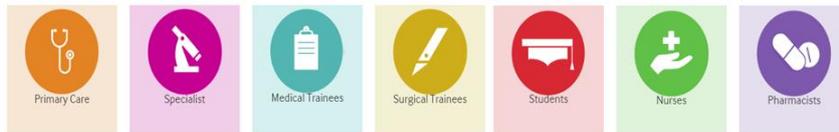
**Abstract:** The aim of this study was to quantify the fluctuating dynamic facial asymmetry during smiling in a group of 'normal' adults, using three-dimensional (3D) motion facial capture technology. Fifty-four male and 54 female volunteers were recruited. Each subject was imaged using a passive markerless 3D motion capture system (DI4D). Eighteen landmarks were tracked through the 3D capture sequence. A facial asymmetry score was calculated based on either a clinically derived midline or Procrustes alignment; scores were based on the Euclidean distance between landmark pairs. Facial asymmetry scores were determined at three time points: rest, median, and maximum frame. Based on the clinically derived midline and on Procrustes alignment, the differences between male and female volunteers, as well as those at the three different time points, were not clinically significant. However, throughout a smile, facial and lip asymmetry scores increased over the duration of the smile. Fluctuating facial asymmetry exists within individuals, as well as between individuals. Procrustes superimposition and the clinically derived midline produced similar asymmetry scores and both are valid for symmetrical faces. However, with facial asymmetry, Procrustes superimposition may not be a valid measure, and the use of the clinically derived midline may be more appropriate, although this requires further investigation. [Request this article from the library](#)

The screenshot shows the BMJ Best Practice website interface. At the top, there is a search bar with the text 'oral health' and a magnifying glass icon. Below the search bar, there are navigation links for 'Recent updates', 'Specialties', 'Calculators', 'Patient leaflets', 'Procedural videos', 'Evidence', and 'Drugs'. The main content area displays search results for 'oral health'. The results are listed in a table-like format with columns for the topic, author, and publication details. The first result is 'Angular cheilitis - Treatment algorithm' by Kidd EA, et al. Other results include 'Halitosis - Aetiology', 'Gingivitis - Approach', 'Gingivitis - Prevention', 'Angular cheilitis - Approach', 'Oral aphthous ulcers - Epidemiology', and 'Oral aphthous ulcers - Summary'.

BMJ Best Practice is a decision-support tool published by the BMJ Group and is a single source of evidence based medicine, which combines the latest research evidence, guidelines and expert opinion – providing essential learning on prevention, diagnosis, treatment and prognosis. BMJ Best Practice is of use to all staff - Doctors, Nurses and Midwives, HCAs, Patients, Volunteers, Admin. The website also has a CME/CPD activity tracking tool which logs your searches and active hours and allows users to create activity certificates to support revalidation and CME/CPD.

# BMJ Learning

ELHT Library has subscribed to BMJ Learning for all staff and students. BMJ Learning provides continuing medical education that is high-quality, evidence-based and covers clinical topic, professional skills and career development.



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[learning.bmj.com](http://learning.bmj.com)

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If you don't know how to use BMJ Learning, then please book a training session with [Abbas Bismillah](#) (Head of Library and Knowledge Services).

## Reflective Reading Club

This is how the Reflective Reading Club works:

### Individual Learning – 1.5 hours CPD

1. You let us know you are interested.
2. We send you a short journal article and a small checklist of points to consider when reading it. Make notes as you read the paper in your own time and this earns you one and a half hours CPD time!

### Participatory Learning – 1.5 hours CPD

Our meetings takes just 1.5 hours

3. We meet for the club and discuss the article in a small group, reflecting on points whilst working our way through the checklist.

Participate in both sessions will count for a total of 3 CPD hours!

<https://twitter.com/beckystanworth1/status/1178709749409419264?s=20>

**Come and join our Reflective Reading Club** which will provide attendees with 3 hours of valuable CPD! It will give healthcare staff the opportunity to read, discuss and to critically reflect upon a published paper using a set of guided questions. Participants are required to read a pre-set paper prior to attending the session.

Contact us at [library.blackburn@elht.nhs.uk](mailto:library.blackburn@elht.nhs.uk)

01254 734312 or Ext. 84312

## Learn to Tweet



Social Media Training at East Lancs Hospitals NHS Trust Library Services for staff and students

To Tweet or not to Tweet! Here are just some of the reasons why you may want to consider how to use Twitter. We can help. Book with the library staff [Library.Blackburn@elht.nhs.uk](mailto:Library.Blackburn@elht.nhs.uk)

- Let us show you how to promote all the amazing things that you and your teams do for patient care.
- Let us show you how you and your teams can keep up-to-date
- Let us show you how you and your teams can network, regionally, nationally and internationally
- Let us show you how you and your teams can learn from others too.

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*Did you know... that we have staff who can help support you in finding the evidence for **General Interest and Personal Development**, **Writing for Publication and Presentation**, **Research or Assignment**, **Education and Training**, **Evidence Based Practice for Patient Care**, **Service Management**, **Up-to-date Protocols and Guidelines**. If you require a literature search, then please do ask us. We can save you the time. Please share with your colleagues*

**Disclaimer: The Library cannot guarantee the correctness or completeness of the information in this bulletin. The information is subject to change and we cannot guarantee it will remain up-to-date. It is your responsibility to check the accuracy and validity of the information.**

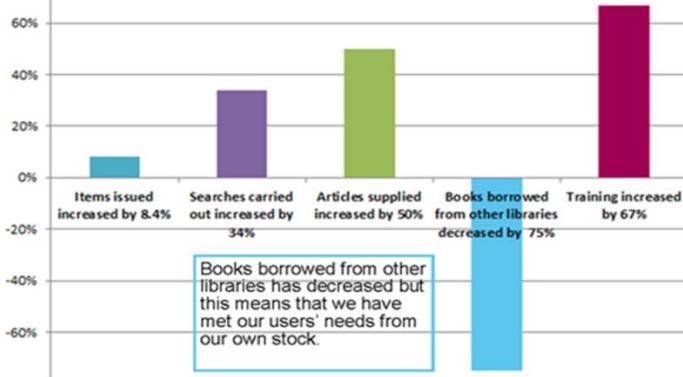
## Library and Knowledge Services Team

<b>Abbas Bismillah</b>	<b>Head of Library and Knowledge Services</b>
<b>Clare Morton</b>	<b>Library Operational Services Manager</b>
<b>Patrick Glaister</b>	<b>Clinical Librarian</b>
<b>Judith Aquino</b>	<b>E-Resources Librarian</b>
<b>Sarah Glover</b>	<b>Library Services Officer</b>
<b>Charlotte Holden</b>	<b>Library Services Officer</b>
<b>Lauren Kay</b>	<b>Library Services Officer</b>

**This is a good library service. In 2018/19 our Library was accredited as 92% compliant in the Library Quality Assurance Framework (LQAF). Please visit our website for more information.**



**PERFORMANCE FOR ELHT LIBRARY AND KNOWLEDGE SERVICES FOR Q2 2019-20 COMPARED TO Q2 2018-19**



**Performance Indicators** – In Q2, we have increased delivery on many of our training programmes. This includes literature searches and our social media training. To ensure that these programmes are of benefit to the learner, we have implemented a range of tools to measure the quality and the impact of what we do. For example, our learners tell us that *our library induction is the best induction that they have ever had at any Trust (FY2s)*. In addition to this, our social media training questionnaire has

received very favourable comments, including *“the training received has been brilliant and I can’t wait to use this to promote all the things that we do”*.

**Education @ELHT** is produced every two months and it highlights all the wonderful work that the department does. Our **Library Guide** highlights all the services that we offer. Click on the Bulletin or Guide and find out more about how we can support you, whether you are staff, student, or volunteers.

**Education @ ELHT News**  
September 2019

**IN THIS ISSUE**

- Courses and Events
- LIFT2 Pilot
- Psychiatry Foundation Fellowships
- Prince's Trust
- New Staff
- Vascular Nursing Study Day
- Learning Hub FAQs
- Learners' Lounge at BGTH
- Becoming an NHS Apprentice
- Time Management Courses
- Preceptorship @ ELHT
- Global Learners Project
- Policy Work
- Current Awareness
- Induction
- Health and Wellbeing Events
- Public Libraries
- Reflective Reading Club
- Library Training Programme
- Trainee ACPs

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**Welcome to ELHT Library & Knowledge Services**

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Thank you to all our customers