

- ◀ contacts first, then if it still doesn't fit, examine the margins for any obvious over-extension. Finally, look at the fit surface and any damage to the die. Once the crown is fully seated with firm but flossable contact points, check there are light holding contacts in ICP using a suitable marking medium – not a thick paper or ribbon but a thin mylar based product. Last, check contacts in mandibular excursions. Again, you need to know in advance if you want contact on the crowns in excursion or not and adjust the crown accordingly
- Following the IFUs – instructions for use from the manufacturers of crown luting cements and resins are there for a reason. Ignore them at your peril!

Post-operative care and maintenance are key

- Take a post-op radiograph – to check for cement residue and to act as a base line to compare the marginal appearance at subsequent review appointment[†]
- Look after the new crown – provide the patient with detailed oral hygiene instructions on how to maintain their new crown and impress on them the importance of regular follow up to pick

up any complications at an early stage. If the patient is prone to clenching or grinding then a rigid maxillary occlusal splint is a very sensible investment to protect your work and their teeth.

Conclusions

While crown preparations are less commonly carried out due to advances in adhesive techniques, they are an important skill set in the clinician's armamentarium. The above tips will hopefully assist hard pressed clinicians to plan and deliver well designed and constructed crowns in close conjunction with technician colleagues. As always, control of active disease prior to commencing treatment, meticulous planning, and informed consent are key elements in optimising outcomes for our patients. ■

References

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CONFERENCE REPORT

The British Orthodontic Society Conference 2022

By Nicka Kafil, Birmingham, UK

The British Orthodontic Society Conference 2022 was held at the NEC in Birmingham, and I was honoured to attend as the *BDJ Student* representative. It consisted of intriguing lectures from a diverse range of clinicians with an abundance of knowledge.

The conference commenced by Dr Farhad Naini describing orthodontists as the architects of dentistry in the lecture: 'Achieving Predictable Results in Orthognathic Surgery'. Dr Naini described the layman seeing the overall lack of beauty in a smile, while an orthodontist notices the minute details in undesirable aesthetics alongside the structural issues (like an architect looking at a building). The orthodontic field, like architecture, must consider a combination of function and aesthetics in their work.

In the 'Management of Adult Cleft Palate' lecture, Dr Preeti Jauhar explained the acronym SMART – smart, measurable outcome, attainable, achievable, and timely. This is to aid orthodontic treatment planning and a requirement due to the multidisciplinary approach required. This illustrated

the expansive number of healthcare professionals involved and the vast number of different fields that are involved in the holistic approach of patient care.

I am certain I will apply this valuable guidance to all my future learning and clinical experience.

Lars Christensen presented a unique perspective about 'Digital Technologies Coming to the Rescue of Orthodontics'. The use of three-dimensional virtual surgical planning (3D-VSP) is utilised to aid planning of orthognathic surgery. This gives the patient a realistic expectation of what the final product of their smile will look like before commencement of life-changing surgery. This will help patient expectations to be realistic as they are influenced by social media which leads to body dysmorphia. Unfortunately, this is prevalent and can be difficult to overcome for orthodontists, therefore digital technology is helpful to increase patient satisfaction with orthodontic outcomes.

In the press conference, Dr Michael Moseley described 'your smile as your personality'. Also, that psychological studies have shown that a smile intensity in photographs predicts the likelihood of



divorce later in life! This is an example of the effects of orthodontics not only on your teeth but mental and physical wellbeing. Like Dr Christensen, this highlights that orthodontic treatment has multiple positive outcomes on the patient, ranging from physical function to psychological benefits.

The enthusiasm and dedication to the speciality from the speakers and organisers was reflected in the success of the conference. The learning and networking opportunities are valuable for clinicians at any stage in their career.