Minutes of the fourth meeting of the 2015/2016 session which was held in Lecture Theatre 1 of GDH on Tuesday 19th January 2016, commencing at 7pm.

There were 88 members and guests in attendance. Apologies were received from 7 members. The minutes of the previous meeting, published online, were approved.

The President, Professor John Gibson, welcomed the members and guests to the meeting.

Professor Gibson invited all in attendance to share a few moments of silence and reflection following the recent death of one of our members Graham Gilmour. Following this the President announced that Dr Christine Goodall was awarded an OBE for services to violence reduction in the New Years Honours list.

The President then introduced the speaker, Professor Richard Ibbetson, and invited him to give his address to the Society, entitled, ‘What I have learned from a lifetime in Restorative Dentistry’.

Professor Ibbetson started his lecture by discussing the things that had made the most impact on him. He acknowledged the clinicians he had worked with from whom he had learned the most and who had influenced him the most. They were all very generous with their time.

Professor Ibbetson then gave us an insight into how dentistry has changed over his career. There have been two phases to his career. The first, 1974 to 1985, involved restorations that required heavy tooth preparation, porcelain fused to metal and yellow gold. The last thirty years, 1986 – 2016, have been very different with minimal tooth preparation, adhesive techniques, crowns and dental implants. These techniques all require manual skills. The public has changing demands and are (better) informed. Their expectations are higher and their knowledge base is higher. He has seen a rise in cosmetic dentistry which is influenced by the culture of celebrity. The Dental Profession believes that we are not affected by marketing. He illustrated this with reference to a patient with implant borne crowns replacing both maxillary canines and veneers on the maxillary incisors, all of which results in a significant restorative load for the patient. Restorative dentistry has a dental ‘cost’ as classical restorative dentistry is destructive. It has a finite lifespan and will fail eventually. He illustrated this with reference to a patient seen first for consultation in 1991 with missing maxillary incisors. Her final restorations consisted of a fixed – fixed bridge from UR3 to UL3. These teeth were first vital abutments and then non vital on root treated UR3 and UL3 and finally post crowns on root treated UR3, UL3. He widened the discussion by describing other treatment he had carried out for patients which eventually failed. Root canal treatments fail after 10 years. We should be realistic with patients as everything has a time limit.

In forty years he has seen improvements in instrumentation, adhesion to tooth structure and the introduction of implants but he feels the most important change is the preservation of tooth structure. Changes in cavity design and preparation techniques allow us to be more conservative with tooth structure. If it is possible to repair a restoration, repair it. This reduces pulpal insult and preserves tooth tissue. He then discussed indirect restorations. Full crown preparations are no longer necessarily the correct option. The quantity and location of the remaining dentine should be considered. Dentine at the cuspal bases should be kept if possible. If this is carried out the literature suggests that 80-90% restorations still viable 10-12 years after placing. The literature also suggests that the skills acquisition of the operator also influences the outcome. The literature also shows that we are not able to remove a prescribed amount of tooth substance. Methods of assessing the amount of tooth removed are: - ‘by eye’, depth cuts, temporary coverage and measure the depth of the temporary restoration (Professor Ibbetson like this method) and matrices. He enquired how many members of the audience attempted to measure the amount of tooth reduction during tooth preparation and recommended that everyone did this. Preparations should be kept as parallel as possible.

Professor Ibbetson then discussed the worn tooth. Short teeth create difficulties with retention and resistance. The ways of creating space include occlusal adjustment, occlusal vertical dimension adjustment and axial tooth movement. If teeth wear slowly the loss of tooth height is compensated by further eruption of the teeth. In the absence of significant tooth wear facial height increases throughout life. The literature suggests that from 25 – 45 years the facial height increases by 1.6mm. Moderate changes in occlusal vertical dimension are well tolerated. Professor Ibbetson then discussed relative axial tooth movement. He first used the Dahl appliance in 1980 / 81. The posterior teeth are separated by 3mm to created anterior space. The space was created in 3/12. Initially appliances were removable but later they were cemented in place. Direct composite resin and relative axial tooth movement has dramatically changed the approach to restoring the worn dentition. Professor Ibbetson finished his lecture by discussing the missing tooth. The missing tooth can be replaced by an implant supported restoration, a tooth supported restoration with minimal preparation and a tooth supported restoration with heavier tooth preparation. Tooth supported restorations with heavier preparation have a very limited place. Tooth supported restorations with minimal preparation are useful in previously restored but sound abutments. This involves a careful clinical technique and depends on the area of coverage, thickness of retainers and the occlusion. The literature shows that the survival is 65-70% at 10 years. When teeth are sound the implant supported restorations are Professor Ibbetsons recommendation. He illustrated this with a clinical case in which there was a retained maxillary deciduous canine. Teeth were moved orthodontically to create space for an implant supported crown in the canine region.

Professor Ibbetson concluded that in forty years he has realised that tooth structure is critical, planning is critical, and an informed patient is critical. High quality manual skills are essential and need to be maintained. Implant retained restorations removes the need to use compromised teeth to replace other teeth. He also recommended that we investigate teeth before restoring them and finally not to forget that some teeth are better extracted.

There followed a lively question and answer session.

The President then asked Mr. Arshad Ali to propose the vote of thanks. Mr. Ali thanked Professor Ibbetson for his excellent, insightful presentation and complimented him on his outstanding clinical and teaching skills. He asked the audience to thank the speaker in the usual manner. The President then presented Professor Ibbetson with a Glasgow Odontological Society paperweight.

Under ‘Any other competent business’, The President reminded the audience of the next meeting on Tuesday 23rd February in Lecture Theatre 1 of GDH when Professor Trevor Burke will present his paper on ‘What I have learned from a lifetime in Primary Dental Care’. The President also encouraged everyone to book early for the Annual Dinner to avoid disappointment! The After Dinner Speaker will be Mr J. P. Leitch.

The meeting closed at 20.15.