Maximizing Aesthetics with Minimally Invasive Surgery
Dr Edward P Allen

Soft tissue grafting has progressed from the original free gingival graft with an open recipient site preparation to the current use of allografts with a minimally invasive site preparation. Vertical incisions have been virtually eliminated and surface incisions are rarely necessary. This presentation will review the evolution of soft tissue grafting procedures and focus on the surgical protocol for the current minimally invasive method. Guidelines for when to graft and when to restore cervical lesions and treatment of soft tissue implant problems will be included.

Consideration of:
- Evolution of soft tissue grafting
- Evidence-based allograft selection
- Microsurgical instrumentation
- Minimally invasive grafting techniques
- Interdisciplinary management of cervical lesions
- Management of soft tissue problems around implants

Make 'em Laugh! Make 'em Laugh!
Mr Ashley Boroda

Successful presentations require that you not only "know your stuff" but you are also able to engage your audience and think on your feet. Perhaps the ultimate in entertaining and impactful public speaking is stand-up comedy. No PowerPoint, notes or lecterns to fall back on, just you and your ability to entertain an audience.

For the last few years, former stand-up comic and writer Ashley Boroda has been teaching professionals how to apply the skills of stand-up to their own communications and presentations.

In a one-off session, Ashley will be sharing some of the techniques and skills of successful comedians and writers to help you make your communications more effective, engaging, entertaining and impactful.

Not only will the event give a boost to your business development - it'll probably be the most fun you've had before lunch in years!
Current Evidence in Periodontal Regeneration
Dr Francesco Cairo

Aim
The aim of this lecture is to discuss the current evidence in Periodontal Regeneration.

Objectives
• To examine clinical indications for periodontal regeneration
• To assess the clinical outcomes of different regenerative procedures
• To assess clinical factors able to modulate the healing response

Learning Outcomes
Identify surgical strategies to improve clinical and aesthetic outcomes

Risk Assessments
Prof Francis Hughes

Aim
The aim of this presentation is to consider how assessment of risk factors in patients with periodontal disease may affect clinical management.

Objectives
• To discuss the concept of risk and the role of risk factors in periodontal disease aetiology
• To discuss the different methods of risk assessment available to the clinician, and their effectiveness
• To discuss how risk assessments may influence clinical treatment of periodontal disease

Learning Outcomes
• To understand how the effects of local and systemic risk factors may modify absolute and relative risks of periodontal disease
• To understand the basis and efficacy of risk assessment methods based on clinical assessment, use of assessment algorithms or laboratory testing methods
• To understand the basis for interpreting and implementing risk assessments to help make clinical decisions
• To consider if different treatments can be chosen for individual patients based on current or future risk assessment methods
Talking to Strangers – How to Get the Most out of Your Conference”
Mr Will Kintish

It is regularly accepted people gain as much, if not more, from speaking to fellow delegates at the beginning of the event, coffee breaks and lunch as they do from the speakers on the platform.
Yet how often is it that people who aren’t seasoned networkers find someone they know and spend the bulk of the time with them? Or worse, they spend time on their smart phone as they find it hard to break the ice and mix with fellow delegates.
Will Kintish, now the acknowledged leading UK authority on this subject, in an entertaining and motivational manner, will ensure all delegates get the very most from the conference by

• Divulging tricks and tips to help everyone destroy all those fears of working the room
• Helping everyone be in control, break the ice and start the conversation with strangers
• Showing delegates how to approach the appropriate people, break into groups and move on with ease and consideration
• Presenting ideas as to what to talk about and how to be interesting

Antimicrobials
Professor Andrea Mombelli

Aim
To discuss the benefit and practical use of antimicrobials, more specifically systemic antibiotics, in periodontal therapy.

Objectives
• To discuss the specific characteristics of periodontitis as an infection
• To evaluate the benefits and risks of using antibiotics to treat periodontal infections in general
• To address the question of whether there are proven specific benefits of systemic antibiotics in certain clinically or microbiologically defined situations
• To present an efficient and minimally invasive treatment protocol for the therapeutic use of antibiotics in periodontal practice

Learning Outcomes
As a result of attending the lecture the participant will be able to:

• Identify patients that may benefit from systemic antibiotics in the context of periodontal therapy
• Manage the periodontal condition of these patients using a minimally invasive anti-infective treatment protocol
Challenges in Delivering Periodontal Care in Daily Practice - Perception, Price and Promises.
Dr Ian Peace

Aim
To help practitioners deliver effective periodontal care to patients in practice and overcome some of the obstacles that are inherent in the process

Objectives
• To discuss basic underlying clinical and scientific principles behind effective non-surgical periodontal care
• To consider what might prevent a patient from accessing effective periodontal care
• A consideration of techniques to motivate and empower patients towards better periodontal health

Learning Outcomes
• A clearer understanding of non-surgical periodontal principles
• A system for delivering effective periodontal care in practice
• Improved periodontal care for patients through a deeper understanding of their needs

Non-Surgical Therapy – Where Are we Now?
Professor Marc Quirynen

Recently it has been realized that the subgingival plaque develops and behaves as a biofilm. The latter has very important clinical consequences in relation to the use of antiseptics and antibiotics, which will be discussed. Moreover, periopathogens do colonise the entire oral cavity, and also this should be taken into consideration during periodontal therapy. In order to reduce the chance for an intra-oral transmission (also called cross-contamination), a new treatment strategy called "one-stage, full-mouth disinfection" has been introduced by the Leuven group in the nineties. It consists of a combination of following therapeutic efforts: a full mouth scaling and root planing within 24 hours to reduce the number of subgingival pathogenic organisms, a subgingival irrigation of all pockets with a 1% chlorhexidine gel in order to kill remaining bacteria, tongue brushing with an antiseptic to suppress the bacteria in this niche, mouth rinsing with an antiseptic to reduce the bacteria in the saliva and on the tonsils. Several comparative studies between the one-stage, full-mouth approach and the standard therapy (root planing per quadrant with 2 week intervals), clearly illustrated the benefits of such a full-mouth approach in relation to gain in attachment, pocket depth reduction, microbiological shifts. A similar approach also resulted in significant additional improvements during guided tissue regeneration and/or the application of local antibiotics. On the other hand, it has also been shown that the eradication of periopathogens from the oral cavity is nearly impossible. All these observations have changed the way we try to manage the subgingival flora. My presentation will give a general overview on the dynamics of subgingival plaque formation, some clinical guidelines on how to improve the outcome of the initial as well as the surgical therapy in patients with severe periodontitis, and some future perspectives.
Oral Malodour: diagnosis & therapy.
Professor Marc Quirynen

Breath malodour is a considerable social problem, the incidence of which remains poorly documented in most countries. Several studies in industrialized countries reported incidences up to 50%, with a variety degree of intensity. From large scale inventories in two multidisciplinary breath odour outpatient clinics it appears that there is no gender predominance for bad breath, and that age can range from 5 to over 80 years. The majority of the patients seen at a specialized outpatient clinic had been complaining about breath malodour for several years before seeking proper advice. In the vast majority (85 %) the cause originated from the oral cavity. Gingivitis, periodontitis and tongue coating are the predominant factors. Since more than 90 % of the population suffers from gingivitis and/or periodontitis, there is a risk that such plaque-related inflammatory condition is too easily considered the cause, while in fact more important pathologies are being overlooked. Indeed, for a minority of patients extra-oral causes can be identified including: ENT pathology, systemic diseases (e.g. diabetes, metabolic or hormonal problems, hepatic or renal insufficiency, a bronchial carcinoma or a gastro-enterologic pathology). A category of subjects imagine they have breath malodour. This is called imaginary breath odour or halitophobia.

The unpleasant smell of breath mainly originates from volatile sulfide compounds (VSCs). However, other compounds in mouth air may also be offensive, such as: diamines (e.g. putrescine and cadaverine), indole, skatole, and butyric or propionic acid. Most of these compounds result from the proteolytic degradation by oral microorganisms of peptides (sulphide or non-sulphide containing amino acids) present in saliva, shed epithelium, food debris, gingival crevicular fluid, interdental plaque, postnasal drip, and blood. Especially gram-negative, anaerobic bacteria possess such proteolytic activity. Thus wherever the cause is situated a common pathophysiology is tissue destruction and/or putrefaction of amino acids by bacteria. Volatile fatty acids such as valerate, butyrate or propionate, are also malodorous. Of course when hormonal, gastro-intestinal, renal or metabolic pathologies are the cause, additional malodorous molecules can be produced which circulate in the blood and are expressed through the expired air or the crevicular fluid. It is of utmost importance to consider not only the unpleasantness of the odour of the molecule itself but also its substantivity and dilution capacity. My presentation will give a general overview of the aetiology and treatment of oral malodour.

Patient-Centred Outcomes of Periodontal Treatment
Professor Peter Robinson

Aim
To introduce the concept of patient reported outcomes of periodontal treatment

Objectives
• To introduce the relevance of patient-reported outcomes and how they relate to medical treatment
• To provide an overview of existing knowledge of patient reported outcomes of periodontal treatment
• To discuss the implications of this knowledge for periodontal treatment

Learning Outcomes
• As a result of attending the lecture participants should be able to
  • Describe patient reported outcomes
  • Recognise their relevance to individual patient care
  • Outline existing knowledge of the patient reported outcomes of periodontal treatment
  • Make preliminary observations on the implications of this knowledge

LUNCH FOR LEARNING

1. Mrs Mhari Coxon (London)
   The Probing Question
   Consideration of available probes; pressure and callibration; probing around implants; measuring depth effectively.

2. Dr Margaret Kellett (Leeds)
   See you in Court! The Periodontist in the Witness Box.
   To review the current role of the expert witness with regards to periodontal cases.
   To consider the available guidance for preparation of expert reports.
   To identify the incidence and trend in medico legal actions affecting dentistry in the UK
   To understand the roles and responsibility of the expert witness.
   To be able if requested to undertake expert reporting as required by the court.

3. Dr Phil Ower (Newbury)
   Sex and Drugs and Sausage Rolls!
   Identifying, assessing and managing risk factors for periodontal disease in general practice, with the opportunity to eat the results of the practical exercises!

4. Professor Kevin Seymour (Manchester)
   Periodontists - who wants 'em?
   The patient? The community The NHS?
   To consider the tension (if there is any) between education and training.
   To consider where we would like the specialty of Periodontology in the UK to be post EuroPerio 8