

# HARLEY HAPPEN-

Issue 5 - June 2024

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Understanding the Role of Genetics in Periodontitis

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## A Message from Vicki Linden

*Manager*



Welcome to our latest edition of Harley Happenings. As it starts to get chilly outside, it is hard to believe the first half of this year is nearly over. It's the perfect time to reflect on what our Harley Team has accomplished so far.

We have increased our number of theatre lists and welcomed two additional visiting specialist dentists who have chosen to use our day surgery for their procedures under IV sedation.

In recent months, our primary focus has been on a significant quality improvement initiative. We've

transitioned our compliance documentation from a manual spreadsheet system to an electronic platform called LogiQC. This shift has yielded notable improvements in efficiency, granting all staff easy access to compliance documents and audit reports. A huge thank you to our Harley staff involved in this large project.

One of our core objectives is to continue improving the service and services we provide. With this in mind, I would like to extend an open invitation to our referring clinicians and practice managers for a guided tour of our facility. This is an opportunity to meet our team and discuss how we can better serve you and your patients. You are welcome to contact me at the practice and book a time convenient for you.

Enjoy the read, and stay warm, everyone.





## Welcome, Dr Ranu Acharya!

Dr Ranu Acharya is a distinguished Specialist Periodontist with over 15 years of experience in Australia and internationally. She has practiced in public hospitals, private clinics, and universities across Victoria, Queensland, and South Australia. Dr Acharya earned her Primary Dental Surgery qualification in 2005 and completed her Doctor of Clinical Dentistry with distinction in Periodontics from Griffith University in 2022.

Her research on dental implant survival rates, published in the International Journal of Biomedical and Advance Research, highlights her commitment to advancing periodontics. Known for her empathetic care and advanced techniques in periodontal disease management and implant dentistry, Dr Acharya is actively involved in professional dental associations such as the ADA, ASP, ANZAP, and ITI.

## Understanding the Role of Genetics in Periodontitis

by Dr Ranu Acharya

We are thrilled to welcome a highly skilled periodontist to our practice, bringing deep expertise in managing periodontitis—a multifaceted disease that causes the breakdown of teeth-supporting tissues.

### Dispelling Misconceptions on Genetic Influence

Periodontitis is often misunderstood as purely genetic, but it varies across populations due to a blend of genetic and environmental factors. While certain mutations, like those in Papillon-Lefevre Syndrome, can lead to severe cases, factors such as oral microbiota, smoking, and oral hygiene habits primarily contribute to its development.

### Clinical Assessment and Treatment

Strategies Assessing genetic predisposition to periodontitis in routine practice remains challenging without specific tests. Clinicians rely on indicators such as family history, bone loss

radiographs, and patient reports of early tooth loss related to periodontal issues. These indirect methods aid in identifying individuals at higher risk due to genetic susceptibility.

### Comprehensive Treatment Approaches Effective management involves:

1. Initial Phase Therapy: Thorough biofilm removal.
2. Corrective Phase: Surgical or prosthetic interventions as needed.
3. Maintenance Protocol: Tailored based on Periodontal Risk Assessment (PRA).

### Future Perspectives in Personalised Care

Advancements in genetic testing promise personalised approaches, potentially identifying at-risk individuals before chronic periodontitis develops. This could enhance preventive care and optimise healthcare resources.

We eagerly anticipate our specialist's contributions to advancing periodontal care within our practice, enriching patient outcomes and professional development.

## Harley Day Surgery

Harley Day Surgery continues to welcome both new clinicians and new theatre and support staff. We are fortunate to have a dedicated day surgery admin officer to assist with streamlining the booking of day surgery cases.

Theatre staffing continues to grow, bringing new dental assistants to our workforce. We welcome a variety of dental assistants from our group who are keen to upskill and support day surgery operations both in surgery and in the CSSD.

We are excited to welcome a new periodontist, Dr Ranu Acharya, to Harley Dental. She will begin her twice-monthly theatre lists soon. Currently, her

instrument sets and processes are being set up to ensure smooth implementation.

North Adelaide Dental Care dentists, Dr Greg Miller and Dr Eric Hsiao, continue to fill 2-3 lists per week with both surgical and restorative dental procedures.

Dr Arthur Drouganis has also been welcomed with ongoing implant case bookings, which will continue throughout the remainder of the year. He is supported by his team of surgical dental assistants, who are a pleasure to work with.

We are actively seeking patient feedback via post-operative SMS surveys and look forward to sharing the results in our next Harley Happenings.



**92%**  
Aseptic Technique



**0%**  
Patient Falls



**0%**  
Medication Incidents





## From the Desk of Dr Rob Ormerod

*Prosthodontist. BDS (Rand), M. Dent (Pros) (Wits), ADC (Melb).*

As a Specialist

Prosthodontist, I have traditionally avoided cantilevers in full arch implant bridges, opting to over-engineer and place at least six implants in these cases to limit or avoid cantilevers entirely. However, cantilevers on implant bridges may have been given an undeservedly bad reputation.

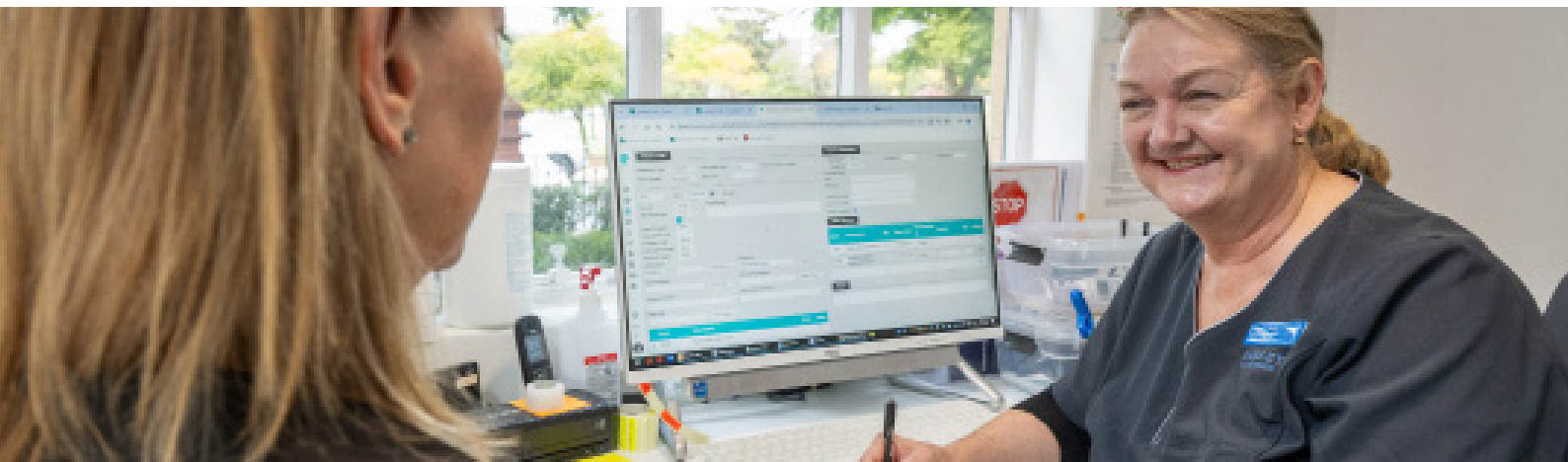
Complete arch fixed prostheses present high success rates with excellent clinical performance, regardless of whether they are supported by four or six implants. One of the criteria for evaluating this success is the assessment of bone loss around implants. With a multifactorial aetiology, bone loss is considered normal when values do not exceed 1.5 mm in the first year and 0.2 mm annually. In vitro studies attribute these losses to factors such as tension, bone density, the number, length, distribution, and inclination of implants and abutments, arch curvature, the rigidity of the prosthetic framework, and the extension of

the cantilever.

One of the possible causes of bone loss is the presence of cantilever extensions in the posterior of these prostheses, which are more subject to the influence of loading forces. These forces can affect the marginal tissues of the distal implants and potentially harm their survival. The average length of cantilevers is 15 mm. I have always tried to limit mine to 10 mm. Cantilevers support the forces applied to these extensions, transferring them to the abutments and subsequently to the adjacent bone. This transfer is often related to bone loss and biological complications.

A recent 2024 study by Pereira et al. concluded that the number of implants in complete arch implant-supported fixed prostheses, whether three or four implants as opposed to more extensive prostheses, did not influence peri-implant bone loss. Larger horizontal cantilevers were not correlated with greater bone loss, while a larger vertical cantilever favoured more bone loss during a one-year follow-up.

In my experience, cantilevers, both vertical and horizontal, do result in significantly higher mechanical complications compared to non-extension cases. These complications affect the prosthodontics rather than the biological aspects.



63 Palmer Place,  
North Adelaide  
SA 5006 Adelaide



08 8239 0000  
reception@harleydental.com.au  
[harleydental.com.au](http://harleydental.com.au)

