

HARLEY HAPPENINGS

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Harley Day Hospital – Excellence and Innovation

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A Message from Pearl

Manager, Operations and Clinical



We are proud to share a series of outstanding achievements and milestones for Harley Day Hospital. Harley Day Hospital has recently been honoured with a National Award for our Innovative Patient Care Model at the Day Hospitals Australia National Conference, recognising our commitment to delivering exceptional, patient-centred services. This award reflects the hard work, dedication, and collaborative culture of our entire team here at Harley.

Our dental clinicians, Dr Rob Ormerod (Prosthodontist), Dr Ranu Acharya (Periodontist), Dr Rob Shea (Dental Sleep Medicine), Dr Alex Caraballo (Orthodontic Treatment), Georga Crowe (Dental Hygienist and in-house Imaging) continue to provide high-quality, patient-centric care, and their services are in growing demand.

We are pleased to see an increase in day surgery activity, with expanding lists for Dr Ranu Acharya and Dr Eric Hsiao, demonstrating strong confidence from both clinicians and patients in the care we deliver.

We also successfully completed our Day Hospital Accreditation Assessment, achieving an excellent result. The assessors were extremely positive about our patient flow systems, quality and safety standards, best-practice compliance, and our robust infection control practices. Their feedback confirms that our processes and culture of safety are operating at a national benchmark level.

Additionally, recent inspections by SA Health Licensing further reinforced the strength of our systems. Inspectors were very pleased with our operations and confirmed that all licensing requirements were met to a high standard. These achievements highlight the ongoing dedication of our staff and clinicians, and our shared commitment to providing safe, high-quality care for every patient.



Clinical Innovation: Integrating Precision and Predictability in Surgical Planning

Dr Ranu Acharya,
Specialist Periodontist
BDS, GradCertClinDent, ADC,
MRACDS (PDS), DCD
(Periodontics), MRACDS (SDP).



I'm pleased to share some recent developments from our surgical department at Harley Dental. Earlier this year, my colleagues and I published a peer-reviewed paper in *Oral* (2025) presenting a new digitally guided workflow designed to improve accuracy and predictability in complex oral surgery.

This workflow brings together intraoral scanning, CBCT imaging, and 3D design to create a fully guided, one-piece surgical guide supported by both teeth and bone. By combining these digital datasets, we're able to plan procedures

with exceptional precision and translate that planning directly into the surgical field. The dual-support design offers a stable, secure fit without the need for fixation screws—an advantage particularly valuable in cases with thin bone or delicate maxillary anatomy. Clinically, this means more controlled surgical execution, reduced trauma, and improved postoperative comfort for patients.

Key benefits include:

- Greater accuracy when operating near vital structures
- Shorter surgical times and reduced intraoperative uncertainty
- Minimally invasive access that supports better healing outcomes

If you'd like to learn more about this technique or refer a patient for guided surgical management, our specialist coordination team is always available to assist. I look forward to continuing to advance the standard of periodontal and implant surgery here in South Australia.

Does Extracting Primary Canines Help Palatally Displaced Canines Erupt? Reflections on a New Cochrane Review

By Dr Alex Caraballo,
Dental Practice Limited to Orthodontic Treatment
BDS (ULA), ADC, Diploma Oral Surgery (ULA),
MSc (Orthodontics) (UEB).

With orthodontic treatment, we're all familiar with the longstanding approach of extracting primary canines when managing palatally displaced canines (PDCs). The rationale has always been that creating space may support the natural eruption pathway of the permanent canine. This concept gained momentum after the influential 1988 Ericson and Kurol paper, but as our field continues to evolve, so too does our ability to critically assess the strength of the evidence we rely on.

A recently published Cochrane review revisits this topic with the level of scrutiny it deserves. The authors identified four studies encompassing 199 randomised participants—82 with unilateral PDCs and 117 with bilateral cases. One of these studies (67 participants) directly compared extraction

versus non-extraction of primary canines, using both parallel-group and split-mouth designs depending on whether impaction was unilateral or bilateral. The review itself is thorough and well-constructed, but interpreting the data is far from straightforward. Differences across studies—ranging from intervention protocols to outcome measures and even definitions of impaction—make it challenging to draw firm conclusions. The Naoumova study, in particular, highlighted some inconsistencies around trial registration and outcome reporting, which affected the reviewers' overall confidence in their assessment.

From a clinical standpoint, I find the risk-benefit balance helpful when considering early extraction. The procedure carries minimal risk when performed under local anaesthetic, and the review suggests it may improve eruption rates by around 25%, despite wide confidence intervals. While more robust evidence is still needed, this review provides valuable guidance and reinforces the importance of careful case selection in interceptive orthodontics.



Harley Day Surgery

By Elena Papastergos, Clinical Services Manager



It has been a milestone year for our Day Surgery, marked by excellence, growth and our ongoing commitment to patient safety.

We are proud to announce that Harley Day Surgery has recently been honoured with a National Award for our Innovative Patient Care Model at the Day Hospitals Australia National Conference. This recognition reflects the dedication, professionalism and compassionate care consistently demonstrated by our entire team.

In addition, we have successfully completed our Day Hospital Accreditation Assessment, reaffirming our adherence to the highest standard of quality, safety and patient experience. This achievement highlights our continual focus on best practice and clinical

governance. We also recently celebrated Perioperative Nurses' Week with a morning tea on our theatre days. A meaningful way to recognise and honour the skill, compassion and effort our perioperative team brings to every patient encounter and a valuable opportunity to strengthen team cohesion, connection and morale.

Another important update this year has been the enhancement of our pre-admission processes. With the significant rise in patients using GLP1 weight loss medications, we have revised our pre-operative health assessment questionnaire to include screening for these treatments. As fasting requirements differ for patients on GLP1 medications, this enhancement ensures we uphold our commitment to safe and well-planned perioperative care.

A big thank you to everyone who has contributed to our journey and helped us reach this incredible milestone. Your hard work and dedication have made all the difference.



92%
Aseptic Technique



0%
Patient Falls



0%
Medication Incidents

Dental Hygiene Treatment

By Georga Crowe, Dental Hygienist



Dental hygiene treatment offers significant health benefits beyond just a clean smile. Here are some patient health benefits supported by research:

- Prevention of Oral Diseases.
- Reduces tooth decay and cavities by removing plaque & calculus.
- Prevents gum disease: gingivitis & periodontitis, which can lead to tooth loss if untreated.

Regular dental check-ups & dental hygiene treatment can help to identify any potential risks or underlying health issues that may be impacting your oral health. By addressing these issues in their early stages, this can help to reduce the risk of developing related systemic health problems. Recommended dental hygiene

treatment is usually every 3, 4, 6 monthly depending upon patient's individual needs. The appointment length of time is usually 1 hour for a thorough scale & clean treatment.

What a hygiene appointment could involve:

- Oral hygiene instructions. Tooth brushing & flossing helping to correct technique.
- Dental health education.
- Thorough removal of plaque & calculus.
- Periodontal debridement for periodontal disease, can sometimes be done over multiple appointments.
- Application of fluoride treatment both in surgery & advice on products to use at home.
- Taking regular dental x-rays. Periapical, bitewings, OPG & Cone Beam CT Licensed.
- Use of local anaesthetic for pain relief
- Periodontal charting.
- Dental hygiene treatment can also be performed in conjunction with procedures under IV sedation with the help of anaesthetist & recovery nurse.

How Safe Are Dental X-Rays?

Dr Rob Ormerod,
Prosthodontist
BDS (Rand), M. Dent (Pros)
(Wits), ADC (Melb).



Dental X-rays are an essential part of dental practice and are performed by dentists if deemed appropriate. They are necessary for the diagnosis and treatment planning of dental disease and conditions, especially as many cannot be accurately assessed by visual examination alone.

For example, X-rays can help identify decay between teeth, assess the amount of alveolar bone, and detect abnormalities in the jaw or

teeth. The most commonly used dental X-rays are bitewing radiographs, intraoral periapical radiographs, and the orthopantomogram (OPG).

Because radiation exposure is associated with an increased risk of cancer, it is understandable that patients may question the safety of dental X-rays. However, modern digital imaging technologies have significantly reduced radiation doses over time. As a result, dental X-rays expose patients to very low levels of radiation compared to other sources of exposure in everyday life.

In Australia, the maximum annual exposure limit for people who work with radiation is 50.0 mSv. In comparison, a single digital dental X-ray delivers only around 0.02 mSv. This means patients can safely undergo many dental X-rays each year while remaining well below this exposure limit.

Dental Sleep Medicine

Dr Rob Shea,
Dental Practice Limited
to Sleep Dentistry
BDS, Grad Dip Public Health,
FPFA, FICD.



Dental Sleep medicine is a term describing the treatment of sleep apnoea by a dentist. A trained dentist constructs an appliance (mandibular advancement splint) which holds the lower jaw forward during sleep for the treatment of Obstructive Sleep Apnoea (OSA).

Holding the lower jaw forward also holds the tongue forward so it doesn't fall back during sleep and cause snoring and sleep apnoea.

There are 3 ways to treat obstructive sleep apnoea: Continuous Positive Airway Pressure (CPAP), mandibular advancement splint, and surgery. The practice of dental sleep medicine requires about 4 dental appointments. A referral from a medical specialist and a recent sleep study is required at the first appointment and the mouth and throat and joints are examined to determine the suitability for an appliance. At the second appointment a digital scan and bite is taken (about 2000-4000 photos) and this is emailed to the laboratory to make an appliance and generally takes 2-3 weeks to make. The appliance is then reviewed after 5 weeks of use. A follow up sleep study with the appliance is usually required.

The mandibular advancement splint is generally well tolerated and in selected cases will work well to stop snoring and reduce the severity of the sleep apnoea.



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