

Dentistry Practice life

Helping anxious patients

Endodontics specialist Dr Julian Webber talks about anaesthesia and 'magic' to Richard Horner of Scope Dental Professional Relations

RH: Could you tell me a little bit about yourself Julian; I think you qualified at Birmingham, didn't you?

JW: Yes, I qualified BDS at Birmingham in 1974.

RH: So what led you down the endodontics path?

JW: In some ways I think I was nudged in this direction by a colleague who I eventually ended up working with – Richard Mitzman. In fact, some years ago Richard retired from dentistry and then became an architect. He designed my premises at Harley Street, where I work now. He helped, encouraged and sponsored me to go to the USA to study.

I returned in 1978 after two years at Northwestern University Dental School, Chicago, with a masters degree in endodontics. I am proud to say I was the first UK dentist to receive a North American qualification in endodontics. Richard and I worked together for nearly three years and he gave me my first real break.

RH: In recent years, there have not been that many endodontic specialists – in relation to the overall number of dentists – and the number of patients (only 220 on the GDC specialist register). Do you think there is an increasing interest in this specialisation?

JW: If you look at the competition, particularly in the West End today, I would have said that now there are a lot of endodontists about. Now there is competition – 25 years ago there was no competition. It was just me, Fred Harty and Chris Stock. We set up the Lister House Endodontic Practice together. It's very different now.

RH: I am sure the techniques/instrumentation have also changed?

JW: It's far easier now to do a root canal treatment than it ever was before. The basic principles and the concepts remain exactly the same, however. Endodontics is all about saving and maintaining teeth as part of a healthy dentition and eliminating endodontic infection at the same time. Tooth survival in a healthy state – that is our ultimate goal. Yes, it is a lot easier now than it ever was before to achieve with all the fancy instruments, gizmos and gadgets that we have. Saying that of course, re-treatments are a different story. They have never been easy!

RH: What procedures for removing endodontic infection do you use?

JW: In terms of clinical procedure? I use a hand syringe of sodium hypochlorite and I activate it with heat, sonics or ultrasonics. Sodium hypochlorite is proven to be the best and most effective means to disinfect a root canal. And it's cheap!

RH: Let's talk a bit about anaesthesia. I know you use what many people describe as the 'Magic' Wand. How did you hear about The Wand technology originally?

JW: Good question – it's hard to recall. I think it was Wayne Williams who introduced me to The Wand. I believe Wayne, who was working with Milestone Scientific at the time, introduced me to The Wand, probably in 1998

if not before. Then Brian Jackson of DPS took over the distribution of The Wand in the UK and we have enjoyed a good relationship ever since.

RH: Why invest in this system?

JW: It is a very non-invasive injection technique. The variety of different injection techniques available with The Wand, especially in and around the palatal area, are innovative and very well accepted by patients, certainly much more so than conventional syringe anaesthetic delivery systems. I feel I can give an injection absolutely painlessly without the need for a topical anaesthetic.

RH: Is that because anaesthetic is delivered ahead of the needle?

JW: With The Wand a pre-anaesthetic technique can be used by pushing on the tissue before you actually start the injection, and starting to inject before you pierce the tissue. This provides a topical anaesthetic itself, just before you go into the tissue and I use this technique for all Wand recommended protocols – which are numerous. It makes the entire anaesthetic delivery with The Wand painless. Painless anaesthesia is a big practice builder. The patients love it, they always comment positively on it.

RH: Do you use it routinely on every patient?

JW: I use The Wand routinely – I haven't used any hand syringes for local anaesthetic since day one in 1998. I am not sure I would know how to pick up a syringe now to administer a local!

RH: Prior to adopting The Wand, did you accept that perhaps with the very anxious or nervous patient, you were bound to cause them some pain using a conventional syringe?

JW: There have always been ways of mitigating against discomfort when giving a local anaesthetic for any patient with any technique. However, I do feel that that side of the procedure is much easier to accomplish with The Wand. Any anaesthetic technique should be painless, however with The Wand it always is. It is much easier to ensure that.

RH: The variety of techniques – are they instinctive to pick up and learn or is there a learning curve with The Wand?

JW: There is always a learning curve with something new, but I would say it was minimal with regard to The Wand. I particularly like the new Wand, the STA system – the ease of giving intraligamental anaesthesia and the feedback it gives me – so I know I am actually in the periodontal ligament.

RH: Does it save you any time?

JW: To be honest it takes longer than syringe delivery techniques because you are administering the local at a slow rate. In fact there are three different rates of administration with The Wand. The slower the administration, the less likely a painful injection. This is the huge advantage of The Wand. Speed is not the issue. With The Wand, I can



give a truly painless injection and that is all I am really interested in.

RH: There has been some recent discussion about The Wand online and there were a couple of dentists who had information about the techniques that you would use with The Wand, and they were now using those techniques with the conventional syringe. How reliable do you think that would be?

JW: It's not impossible. But you still can't give a local as painlessly as you can with The Wand.

RH: So you would recommend this technology?

JW: I always recommend The Wand, I talk about it in my lectures, I show images. I always recommend DPS and Brian Jackson. I suppose it is like anything, it is the initial cost that puts people off. And as there is a learning curve, if they don't master it straight away it goes in the drawer. That's a shame because many anxious patients would appreciate and benefit from the many advantages The Wand has to offer.

Dr Julian Webber was the first UK dentist to receive a masters degree in endodontics from a university in the USA. He received his BDS from Birmingham University in 1974 and his MS and Certificate in Endodontics from Northwestern University Dental School, Chicago, Illinois, in 1978. He has been a practising endodontist in central London since 1978, and opened his Harley Street Centre for Endodontics in October 2002. Dr Webber lectures extensively in the UK and has travelled abroad on many occasions to speak at major world dental and endodontic societies. Dr Webber has been president of the British Endodontic Society and the American Association of Endodontists, and serves on various committees. He is a Fellow of The International College of Dentists. He is editor-in-chief of *Endodontic Practice* journal, a clinical endodontic publication with a worldwide readership.

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