

# Working in lingual orthodontics: The importance of being prepared

*Orthodontic nurse Farah Anad describes her working relationship with specialist orthodontist Asif Chatoo and the emphasis on time management at the London Lingual Orthodontic Clinic (LLOC)—the first orthodontic clinic in the UK to be dedicated to lingual orthodontics.*

**F**arah Anad is currently preparing for the presentation she will be making at the European Society of Lingual Orthodontics (ESLO) congress in London.

This is the 9th biennial event for orthodontic practices with an interest in lingual treatment but only the second time that team members have been included. The joint presentation with her principal, Dr Asif Chatoo, takes place on the first day of the congress as part of the parallel session for orthodontic nurses.

Dr Chatoo is one of a very small number of orthodontists in the world accredited by both the European Society of Lingual Orthodontics and the World Society of Lingual Orthodontics. While this accreditation is based on clinical cases and thus a reflection of his technical ability, the management of his practice may also be of interest to colleagues in the same field. This was demonstrated at the 2008 ESLO congress in Cannes, when Dr Chatoo and Farah were also part of the nurses' programme, and orthodontic specialists joined the session.

## Background

The London Lingual Orthodontic Clinic was the first practice in the UK to be

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dedicated to lingual treatments and was established by Dr Asif Chatoo in 2005. (Lingual is taken from the Latin word for tongue and indicates brackets placed on the back of the teeth.) Didier Fillion, an exponent of lingual orthodontics for more than 20 years, is also based part-time in the practice.

## Emergency appointment

The area which stimulated most interest when Farah and Dr Chatoo presented 2 years ago was the emergency appointment. Once again, it will feature significantly.

Farah explains that the management of emergency appointments is critically important in a private practice where the other patients must not be kept waiting. At LLOC, they allow each emergency appointment just 15 minutes.

Usually, an emergency occurs for one of two reasons: a problem with a wire or a bracket which has debonded. The first will take 5 minutes and the second the full 15 minutes. It is vital to be well prepared. The reception team always ask in advance why the patient needs an emergency appointment.



*Farah Anad (right) cares for the patient as Dr Asif Chatoo (left) carries out an assessment.*

## Box 1. Emergency appointment for a sharp wire

- Scaler
- Composite
- Light cure gun

'At first they did not always ask and all I knew was that we had an emergency. Then I showed the receptionists the list of equipment I needed for the two kinds of appointment with three items on one list and more than 25 on the other. Now they understand and it is routine for them to find out' (see Box 1 and 2).

Thinking ahead is an important part of Farah's job and when she is not occupied with the patient she is making sure she is prepared for the next patient or the next day. The fact that everything is planned in advance and Dr Chatoo seldom has to ask for anything allows the patient to enjoy a seamless experience with the attention fully focused on them.

### Importance of preparation

Dr Chatoo and Farah work together as silently as possible with gestures, eye contact and hand-written notes being an important part of their non-verbal communication. Very occasionally, Farah will catch sight of something that is not in Dr Chatoo's line of vision, perhaps a tiny tie that needs attention. Her policy is to point so that he can take a look at the tie and check it is in the perfect position and the patient remains unaware.

### Building the relationship

Patients often comment on how well they work together and when a parent comes in with a child who is having treatment, they enjoy watching the teamwork.

Their excellent working relationship has developed over time. Dr Chatoo says that in the early days, after an appointment, he would ask her: 'How do you think that went?' This indicated that something could have gone more smoothly and was a cue for Farah to identify what it was.

Now, after 5 years, she intuitively knows what to do. At the same time as making sure Dr Chatoo has everything he needs, her attention is on the patient and making sure they are at ease. Every now and then, she will pick up that the patient has not fully understood Dr Chatoo's explanation and she will reinterpret it using layman's terms.

When Farah joined the practice, she had no idea that braces could be fitted behind the teeth, but it had always been her dream to have straight teeth. When offered orthodontic treatment, she quickly accepted. Her own experience of orthodontics at LLOC means she is able to explain knowledgeably what it will be like.

'I talk about my treatment often. It really changed my life. I try and be realistic because some aspects are uncomfortable and I think it is better to know what is in store but I can tell the patients that if they want a straight smile, they will never regret it. No-one ever says I want my old smile back.'

She obtained her National Certificate in 2006 and recently achieved her Orthodontic Nursing qualification. She did the course at Warwick University where Dr Chatoo is a part-time lecturer in lingual orthodontics and a course administrator. The course has added to her confidence and her desire to take on more responsibility. She has become so busy and such an important part of LLOC that she now has a temporary assistant. A dentist waiting for her registration with the General Dental Council to be confirmed is supporting Farah several days a week.

This is giving her a little time to prepare her presentation for ESLO. Another important aspect will be her tip for efficient alginate mixing. It is all done in a bag. She is planning to make a video to demonstrate just how effective it can be (see Box 3).

Retention will be another clinical area covered by Farah in her talk. It is now her job to provide patients with instructions on caring for their retainers. She also helps fit the temporary Essix retainers which are made for patients as a permanent stand-by.

## Box 2. Emergency appointment for a bracket debond

Fully-kitted tray with mirror, probe, scaler, Matheus, Weingharts, 2 x mosquitos, ligature cutter, distal-end cutter, light wire pliers. Also:

- Pt template
- Bracket holder
- Abrasion powder
- Handpiece
- Bur
- Acetone
- Etch
- Adhesive
- Micro brush
- Light cure gun
- Ligatures
- Modulus
- Cotton rolls
- Composite
- Mouthwash
- Tissue

## Box 3. Being prepared for taking an impression

Place two scoops of alginate powder—at LLOC they use Zhermack Hydrogum 5, which is recommended by their laboratory—in a smallish plastic bag.

Shake the powder into one corner. Add the recommended measure of water and then rapidly knead in the bag until you have a malleable impression material. Cut one corner of the bag and squeeze the alginate into an impression tray and smooth across the top.

You are now ready to take an impression and all that needs washing are the scissors and the water cup. It is a good idea to prepare and store several bags so you are always prepared for taking an impression.

### Conclusion

Two years ago she was very surprised at the interest shown in her work. For the 2010 Congress, she has more experience, more confidence and more of an idea what will interest colleagues and their employers. She is happy to say that she is on the way to being prepared.

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