Can you tell us a bit about your background?

AB: I grew up in and around London, where I went to school. I first did a bachelor's degree in biology with management studies at Sussex University, before returning to London to study dentistry at Guy's Hospital. I then carried out my specialist orthodontic training at University of Pennsylvania, USA.

What or who made you choose a career in orthodontics?

AB: My father was a big inspiration. As a child, I was always building things or taking them apart, I was fascinated to know how things worked, my parents even used to call me 'Professor Fingers'. So, it was a natural fit to be interested in what my father did for a living.

Tell us more about Bass Orthodontics.

AB: The practice was established by my

father 50 years ago. It was one of the first specialist orthodontic practices in London. It has always tried to be at the forefront of orthodontic innovation; being one of the first practices in the UK to provide fixed appliance treatment, first with banded, then with bonded appliances. It was also one of the first to use indirect bonding technique, which we still use as standard, and recently we moved into 3D scanning and digital orthodontics. We have always had a special interest in early interventional treatment, as well as complex interdisciplinary adult cases.

How is the practice structured?

AB: We are a low volume practice where I am the principle orthodontist with my father as the second clinician. We also have an orthodontic therapist, an orthodontic assistant, a practice manager/receptionist and a treatment coordinator. Teamwork is

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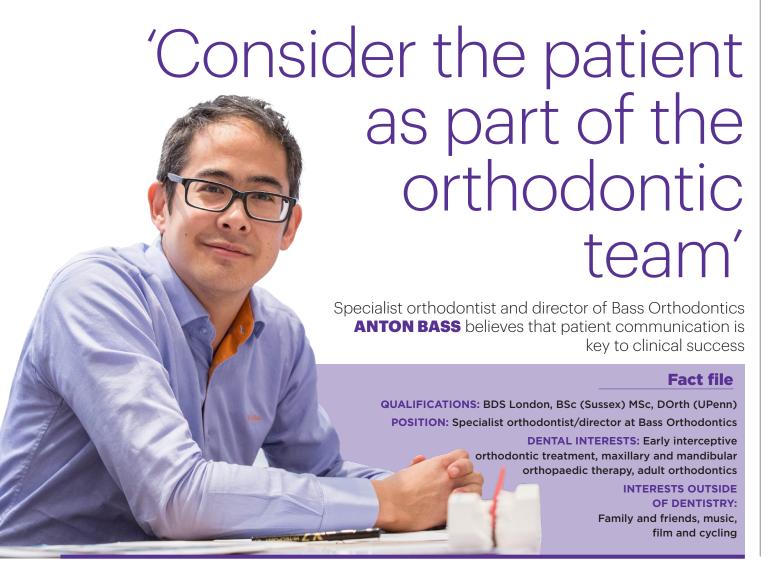
ORTHODONTIC PRACTICES

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very important at the practice - we are like a family; everyone is very loyal (one of our team members has been here for over 25 years), respectful and highly focused on our patients' well-being and satisfaction, their roles are interchangeable and overlapping, which allows for the best efficiency.

How do you think orthodontics has changed since you first started practicing?

AB: One of the biggest developments is in the use of intraoral 3D scanners





and digital models. I use these to set up the ideal finish, with optimal occlusion and aesthetics, and then positioning the brackets perfectly with custom bases. We have always used an indirect bonding technique, to place the brackets as accurately as possible and reduce chair-time, so this is the next logical progression. We bought an intraoral scanner at the beginning of the year, which has replaced impressions in our diagnostics and I am now setting up teeth using 3D software myself for all our aligner cases.

You are a believer in early intervention treatment in orthodontics - can you tell us more.

AB: There is so much that can and should be done during the mixed dentition phase to avoid larger problems later, such as impacted teeth, skeletal class II and III growth patterns, posterior crossbites and crowding which necessitates the need for permanent tooth extractions.

Treatment can be as simple as extracting deciduous teeth to optimise permanent eruption or allow natural correction of crowded teeth, to managing arch space with lingual arches and lip bumpers.

It is so important to develop the jaws, when necessary, with maxillary expansion, maxillary protraction or mandibular advancement using orthopaedic appliances, not only to avoid problems such as unfavourable jaw growth or crowding, but most importantly to provide the framework

for an optimal result without compromise in aesthetics, function or periodontal health.

How important is patient communication to you?

AB: Patient communication is key to successful treatment, I consider the patient as part of the orthodontic team. I always emphasise to my patients that I am providing the equipment but they are the ones who need to look after it and do what is necessary to drive the treatment forward.

Are there any products that you couldn't live without in your practice?

AB: There are no particular products that I couldn't really live without, if

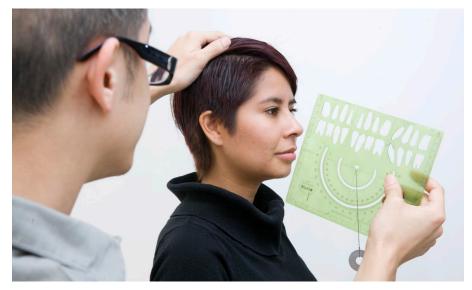


Archimedes could move the Earth with a long enough lever, hopefully I could move a tooth with even the most rudimentary equipment! The orthodontic programme at the University of Pennsylvania exposed me to a very wide range of braces and products, from non-prescription to pre-coated prescription brackets. I find orthodontics is a discipline of every day adaptation, so I'm sure I could adapt to any product if I had to. Although, with that said, I couldn't live without self-ligating brackets!

What do you think about all the controversy in orthodontics today and general dental practitioners practicing short-term orthodontics?

AB: I am concerned about the long-term results, I don't think that aesthetic and functional stability can be achieved in







short-term treatment; I always consider long-term periodontal health, occlusion, space requirements and smile design. On the other hand, it stimulates an interest in orthodontic treatment, especially in adults. So, I'm happy if general dental practitioners know which cases they should refer.

How have patient expectations changed over the years?

AB: The expectations of patients seem to be rising since I have been in practice. Firstly, they are bombarded with images of 'perfect' smiles from sources such as social media, advertisements and reality TV show makeovers. Also, many are well versed with the high volume of information available on the internet, some of which is not so accurate. Whilst I try my best to meet my patients' expectations, at the same time it is becoming increasingly important to manage their expectations, especially when they expect instant results.

How do you stay abreast of modern techniques?

AB: I attend as many courses, lectures, meetings, seminars and study groups as I can, as well as keeping on top of the orthodontic literature. Also, I'm not afraid to dive in head first and try the latest techniques.

Professionally, what are you most proud of?

AB: Completing the orthodontic programme at University of Pennsylvania, where I received a very broad spectrum of orthodontic



knowledge and skills; from Tweed and Begg (we spent three weeks bending wires at the Tweed foundation!); to courses given by Dr Larry Andrews himself about his Six Keys approach; to the latest 3D radiographic and topographical analysis of the face, jaws and teeth. I also take pride in the results I see in the patients at the practice everyday.

Where do you get your motivation and drive from?

AB: From the transformations I see in my patients, the satisfaction of a great result when the braces come off, not just from the improved smile and function but in the boost in my patients' confidence I see almost every time. Also, every new case for me is a 3D puzzle which is to be solved, I know that I will have a physical and intellectual challenge ahead, which is incredibly stimulating and motivating.

How do you relax in your spare time? How do you balance work and family life?

AB: Although I absolutely love my career and treating patients, life outside, especially my family, will always be more important. I have three young children who keep me very busy, we take advantage of the culture and entertainment London has to offer. I cycle to keep fit and have a passion for music and cinema.

Do you have any regrets?

AB: I don't have any professional regrets, if anything that I didn't start my dental career earlier but studying a bachelor's degree first and finding a passion for science, learning and knowledge was all part of the process in broadening my perspective and getting me where I am now.

What are your plans for the future?

AB: My plans are to continue to learn and improve, in order to treat my patients to the highest standard at Bass Orthodontics, steering the practice into the digital age of orthodontics and beyond.