'I learnt about Dentistry from that'

Readers are encouraged to submit clinical experiences, good and bad, in a culture of open reporting, so that other clinicians will learn from these experiences. Unlike articles in *Dental Update*, in which published articles are peer reviewed by two experts in the field of the article, this page is not subjected to review other than by the Editorial Director.

Thank you for this initiative: here is one to help start it off. The patients' names have been changed.

About a year after purchasing a practice, a Mr G Black was booked for an UR5 crown preparation at 11.00h. I went to the waiting room, seeing Mr Black seated I asked him to come in. There was another patient with his back to me examining the magazines. He came in, was seated and his medical history checked. I checked what we were to do – the UR5 was missing the buccal cusp and had a fractured MOD filling. The crown preparation was undertaken uneventfully and he was asked to rebook for a fortnight later.

Upon examining the day-sheet, I noted that the next patient was also a Mr G Black? So I returned to the waiting room. I found that Mr Black was sitting there. Apparently, the same man, but in slightly different clothes. I asked him to come into the surgery. I checked the address details and it appeared that this was actually the 11.00h patient. So I hastily apologized for being so late, and checked the medical history. His UR5 was also missing the buccal cusp and had a fractured amalgam! So I prepared the crown and rebooked the patient. We ran late.

It transpired that the receptionist was aware that these two men were twins. They had been patients of the practice since they were children but had not spoken to each other for some years. Finding themselves together in the waiting room they had proceeded to ignore each other. Thinking that I knew him, I had asked the wrong twin in. Fortunately, both had identical dental problems, so required the same dental care! Unfortunately, in those days it was required for NHS care to have taken a pre-operative radiograph – so, although I received the patient's payment, I did not feel it wise to submit an FP17, as the radiograph was taken post-operatively.

The lesson that I learnt from that was:

Since then I have always asked for patients by their forename and surname. When working in a busy hospital environment, from time to time this has caused two patients to stand up when more common names were called. But at least the confusion has been immediately recognized before I prepared a tooth.

For repair of fractured ceramic from a metal-ceramic crown, one of my associates had used a standard phosphoric acid etching technique and, of course, the restoration failed within a couple of weeks. I therefore wrote a protocol, as follows:

1. Fully isolate with rubber dam – ensure caulking agent is applied to any exposed papilla;
2. Ensure full PPE is worn – Hydrofluoric (HF) acid has to be handled with extreme care;
3. Pumice and mechanically roughen the fractured area;
4. Apply HF acid for 90 seconds, rinse thoroughly;
5. Use phosphoric acid for 10 seconds, and rinse thoroughly;
6. Apply silane agent for 60 seconds, air dry;
7. Add composite – bond is not required but an unfilled resin or flowable composite can be used as an initial layer.

Note from Editorial Director: An alternative method to that described above for repairing porcelain fractured from metal-ceramic crowns was presented in *Dental Update* Technique Tips (Burke FJT. Repairing fractured metal-ceramic restorations using tribochemical impregnation. *Dent Update* 2016; **43**: 989). This used Cojet (3M) sandblasting, silane and composite, thereby avoiding the use of Hydrofluoric acid, which is extremely caustic.