PerioLife

The EFP Alumni magazine

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EFP Postgraduate Symposium: a window on the future of periodontology

The ninth EFP Postgraduate Symposium took place from September 1 to 3, 2022, in the seaside resort of Blankenberge in Belgium, bringing together students and lecturers from the federation's accredited programmes in periodontology.

These biennial symposia are always special for the participants, who forge professional and personal relationships that become important in their careers after they finish their studies and receive EFP accreditation. Many members of EFP Alumni have had very positive experiences of the postgraduate symposia, the first of which was held in Münchenwiller, in Switzerland in 2005.

"The postgraduate symposium is a special and unique event, which brings together students and teachers from all the accredited programmes," says Moshe Goldstein, chair of the EFP postgraduate education committee. "This was the largest symposium, with 136 participants from all the 19 EFP-accredited programmes [The universities of Queensland (Australia) and Athens (Greece) have subsequently received accreditation]. The research-studies reports and the clinical-case presentations showed the high level of postgraduate education delivered by the EFP, and the continuous improvement in scientific activity and clinical performance in these programmes.

"As well as the intense scientific and clinical activity, there was also a very special social one: beach games where the students competed in different tasks. The professional programme, the beach event, and the social interaction during the breaks and meals provided the atmosphere for friendship, communication, and possible future collaborations among the students."

He adds that this was his last symposium, so it provided "the possibility to say goodbye to my professor colleagues and to the EFP students before retiring from the postgraduate education committee."

Three of the second- and third-year students who gave presentations at the latest symposium – **Nargiz Aliyeva**, **David Naughton**, and **Mooad Alabi** – describe their experiences.

NARGIZ ALIYEVA (UNIVERSITY OF TURIN) PRESENTED ON ANTIBIOTICS AND PERIODONTAL REGENERATION

'IT WAS CHALLENGING TO DESCRIBE MY RESEARCH IN ONLY 20 MINUTES'

I am 36 years old and come from the beautiful city of Baku in Azerbaijan. I have two sons, who are ten years old and 18 months. In 2008, I finished university in Moscow and already had a master's degree in oral surgery. During my student years, surgery was my passion and in the fourth year in the department of periodontology I already knew in which field I wanted to work. After graduation, I worked as a general dentist for about eight years. It was quite difficult to take the decision to leave my family and to continue my education at the EFP-accredited programme in Turin. But it was all worth it!

My presentation was about the influence of local 14% doxycycline hyclate on the inflammatory status of periodontal intrabony defects and its effects on periodontal regeneration outcomes. We delivered local antibiotics two weeks before surgery in the test group, with the main goal of understanding whether the bleeding-on-probing reduction before surgery and the better early wound healing index were associated with improved clinical and radiographic outcomes after a year.

CHALLENGES

It was quite challenging to describe my research protocol in only 20 minutes. I started with the plan of my presentation and created each slide step by step. It would not have been possible without help of my research tutors and Professor Mario Aimetti (director of the postgraduate programme in periodontology at the University of Turin). Naturally, because of the time limitation, I was obliged to cut out some slides. It is crucial to be clear and synthetic at the same time!

Even though the presentation caused a lot of stress for me, I learned how to deal with it and I am confident it has helped me to further improve in my future professional career. To avoid being overwhelmed by stress, I recommend starting to prepare presentations well in advance.

The organisation of the EFP Postgraduate Symposium was highly professional: it was very stimulating because of the extremely high level of the participants. It is always important to interact with professionals from other countries, and the atmosphere was definitely international. I find it fundamental to be in an environment with participants from the other EFP programmes and exchange experiences in different topics. And one cannot ignore the fact that it took place in a small but charming seaside village.

Some of the presentations were very well done in terms of graphics and some participants were very efficient in their public speaking. It was also very formative to see in advance the research activities that are being carried out in the other EFP schools all over the world – it makes you feel even more than up to date compared to the current state of the art!

TEAM BUILDING

The team-building exercise on the beach was incredible because it was instructive and fun at the same time. Gameplaying helps people to work better together in allocating shared resources and negotiating task ownership. The collaboration in solving the problems along the way felt very good and the activities were very creative and stimulating.

The symposium's social events were also well organised and useful and, although I already knew some of the people, I was able to make new contacts, and I will remain in touch with some of them even after I finish my study journey in Italy.

Even though I don't feel that I will pursue a full-time academic career, maybe I will continue with some didactic activity in my motherland, Azerbaijan. And this symposium's experience has for sure given me more confidence in public speaking.

Nargiz Aliyeva was interviewed for Perio Life by Giacomo Baima

DAVID NAUGHTON (TRINITY COLLEGE DUBLIN)
PRESENTED A MUCOGINGIVAL CASE

'THE ATMOSPHERE WAS VERY FRIENDLY AND SUPPORTIVE'

My presentation was a mucogingival case of a young patient with multiple recession defects following orthodontic treatment. It involved the use of multiple connective tissue grafts via a tunnelling approach and also via a coronally advanced flap. The presentation took a form similar to our regular case presentations within our dental school, but the discussion afterwards allowed a much broader range of viewpoints because of the large number of staff and students. It was also enjoyable to give a presentation to such a large group. Although it can be daunting to give a presentation to your peers and some of the most well-known periodontists in the world, it is a great experience and actually very fun!

Presenting at the symposium is a great confidence builder for giving future lectures both in terms of standing in front of a crowd for 45 minutes and for answering a wide range of questions that, as students, we would be more used to in an exam setting.

The atmosphere was very friendly and supportive, both during the presentations and during the social activities. This really helped groups from different countries to mix and get to know each other. There were lots of opportunity to learn about experiences in the other EFP-accredited schools, and this gave some fascinating insights which we all enjoyed.

The main thing I learned from the other presentations was that, even though we were all studying in different universities and countries, the treatment plans and ways of thinking were largely similar. There was plenty of reference to the EFP's S3-level treatment guidelines on periodontitis.

The high-quality photographs of surgeries were also very beneficial and a great learning point, especially for the students in their second year who have more limited surgical experience.

'GASPING FOR BREATH'

The talking point after the symposium finished was definitely how much fun the social activity on the beach was. We were mixed into groups and played various team games against other groups. While at times we were all gasping for breath and exhausted from the determination to do our team proud, it was really enjoyable and well organised. It was very easy to meet and get to know new colleagues.

After returning home, I was able to connect with several people I met at the symposium on social media. This will be great as our careers develop and to meet up at future courses and conferences.

It was definitely a highlight to be able to present to so many like-minded colleagues and it was really encouraging to receive such positive feedback afterwards. So many of the teachers attending with the students are highly regarded published authors and it was great to be able to meet some of these professors whose papers we study.

David Naughton was interviewed for Perio Life by Ed Madelely

Professor David Herrera and students from the Complutense University of Madrid

MOAAD ALAMI (KU LEUVEN)
PRESENTED ON PERIODONTAL THERAPY

'IT HAS HELPED ME TO FURTHER UNDERSTAND AND APPLY THE EFP GUIDELINE FOR PERIODONTITIS'

The topic of my presentation was periodontal therapy and surgical gingival recession treatment in a stage II, grade B periodontitis patient. In this presentation, I described my clinical and radiographic findings and how these eventually led me to the diagnosis and chosen therapy, following the EFP clinical practice guideline on the treatment of periodontitis, stages I-III.

The main point of interest was the treatment of the gingival recessions, where I presented both an open-flap technique (coronally advanced flap) and closed-flap technique (modified coronally advanced tunnel), both incorporating a connective-tissue graft.

The main challenge was selecting a case that was both diagnostically and clinically challenging to treat and in which different treatment modalities could have been performed. As I recently started my final year of the periodontology programme in Leuven, I luckily had enough cases to choose from.

The EFP provided us with guidelines, which stated how long the presentation should be and in what format, which made it easier to outline the presentation. After I believed it was finished, I presented it to my fellow periodontists-in-training in Leuven to practise the timing and receive feedback, before sending it to my professors for a final evaluation.

A tip I would give students for future presentations is not to regard it as a stressful thing or some kind of oral exam, but rather as an opportunity to proudly present your work and engage in interesting discussions with your peers.

I found it insightful at the symposium to discuss my diagnosis in detail and how I could have otherwise approached my case.

The atmosphere at the symposium was vibrant and positive. I know from my fellow colleagues that they appreciated the opportunity to refresh their minds in a productive way with a few days off from their busy academic careers.

Meeting colleagues from the other EFP programmes gave me the opportunity to listen to different points of view and to learn new ideas and trends in the field of periodontology. It was particularly interesting to hear from my fellow periodontists-in-training about their periodontology programmes, about how they differed or were similar to mine, and about how periodontology is practised in their countries.

Although every day at the symposium was packed with insightful presentations and discussions, some were particularly meaningful. At the start of the symposium, Professor Ubele van der Velden (the original chair of the EFP postgraduate education committee, 1996-2014) taught us be critical when reading scientific papers. He gave an example of a published paper in which the findings could not possibly match reality and thereby underlined the importance of not taking information for granted just because it is published in a peer-reviewed journal.

I also learned from the clinical presentations that revolved around surgical recession management and were comparable to my case, because these taught me alternative ways to approach and treat such gingival defects. And the closing presentation by Professor David Herrera about the development and rationale behind the EFP's clinical practice guidelines – in particular, the one for the treatment of stage IV periodontitis – was particularly clarifying.

The team-building activity was a lot of fun. The teams were not grouped according to our universities but mixed in such a way that allowed us to connect and work together with other colleagues. The games on the beach were about communication and teamwork and there was a healthy competitive spirit.

The social activities were meaningful, because they facilitated interaction with colleagues from other programmes, helped build connections, and contributed to the overall positive mood at the symposium. Just recently at a congress in Geneva I came across the same colleagues I had met at the symposium in Belgium, which was fun. It's a small world.

Above all, attending and presenting at the symposium has helped me to further understand and apply the EFP guideline for periodontitis, which will help me improve the quality of my periodontal therapy in the future.

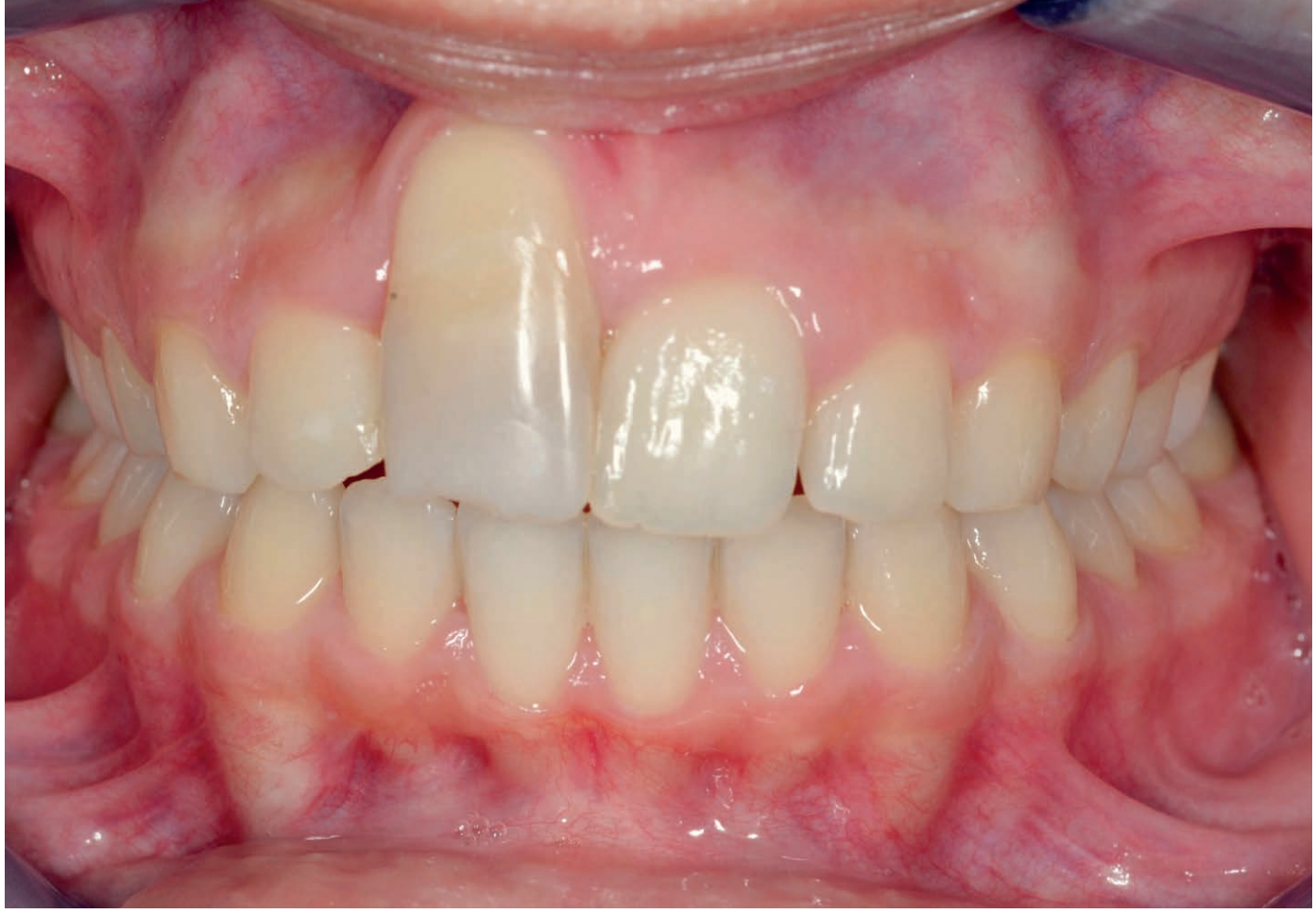
Moaad Alami was interviewed for Perio Life by Ana Castro

The teachers at the EFP-accredited programmes

Autotransplantation – new insights on an established technique

— DICK BARENDREGT

Autotransplantation is a technique that can be used successfully with predictable results, but it is significantly underused by periodontists. That's the view of **Dick Barendregt**, who will give a presentation on the subject that the **EFP's Perio Master Clinic 2023** in **Antwerp** in March next year. ***Ed Madeley***, chair of EFP Alumni, caught up with him.



This is the patient at intake with an ankylosed central incisor after trauma

PERIO LIFE: YOU ARE DUE TO PRESENT A CLINICAL CASE ON AUTOTRANSPLANTATION AT THE UPCOMING EFP PERIO MASTER CLINIC 2023 IN ANTWERP. THIS IS AN INTERESTING FIELD, WHEN DID YOU FIRST START PERFORMING AUTOTRANSPLANTATION CASES?

DICK BARENDREGT: I usually blame my orthodontist for this, because he came to me and asked me to look at his cases. He felt that, as periodontists, we have the necessary surgical skills but more importantly, the appreciation of the soft tissues and biological principles involved.

This was about 20 years ago, and I so I went to Ghent University, which was at the forefront of autotransplantation and conveniently close to us in Amsterdam. At Ghent, they were doing plenty of autotransplantation cases in conjunction with their orthodontic department and this is where I started to learn the protocols.

'NOT ALL PERIODONTISTS CONSIDER WHAT ORTHODONTICS CAN DO FOR THEM AND THEIR PERIODONTAL CASES IN PRACTICE'

PL: WHAT MADE YOU WANT TO EXPLORE AUTOTRANSPLANTATION AS AN OPTION FOR YOUR PATIENTS OR FOR TRAUMA CASES?

DB: I started placing implants in 1991. Over time I saw a lot of my cases coming back in younger patients with infra-position of the implants, and moreover I was disappointed with what was possible in terms of bone grafting. I felt that this would not the case with autotransplantation, as the result is a vital periodontal ligament. Autotransplantation would maintain vital bone and gingival tissues and you can move the tooth orthodontically – none of which you get with dental implants. It is a physiologically sound solution, and this is what interested me.

PL: HOW IMPORTANT IS YOUR INTERACTION WITH OTHER SPECIALITIES SUCH AS ORTHODONTISTS, PAEDODONTISTS, AND ENDODONTISTS IN THE PLANNING OF THESE CASES?

DB: Very important, and this is why I think the upcoming Perio Master Clinic 2023 in Antwerp – on the "perio-ortho synergy" – is so exciting. Most periodontists know orthodontics, but not all of them consider what orthodontics can do for them and their periodontal cases in practice.

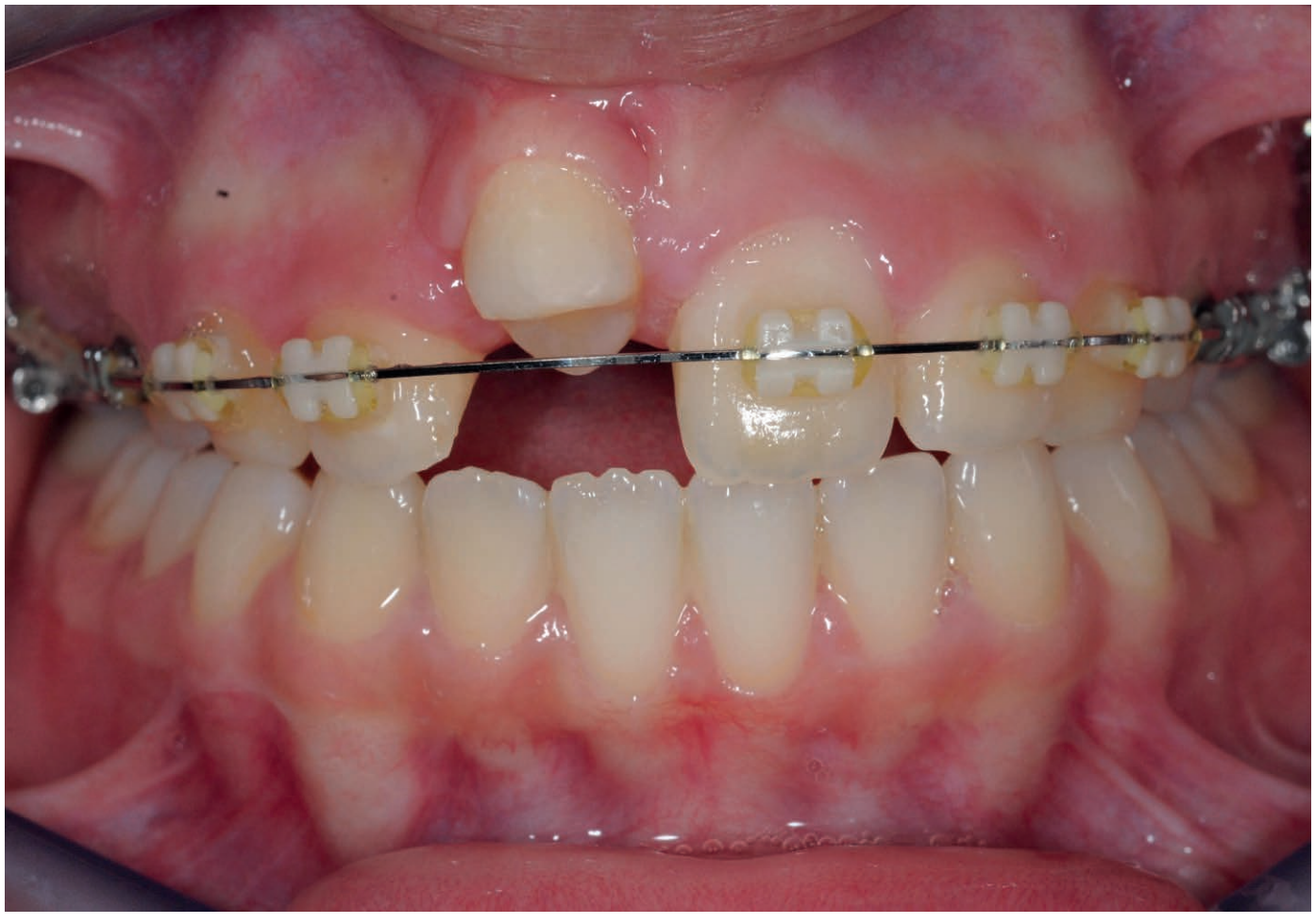
Certainly, when it comes to transplantation you need orthodontists, as without them becomes more difficult. You will need orthodontists to compensate for the spaces created in transplanting the donor tooth and they need to be involved in the planning stage. This is where having an interdisciplinary practice and regular treatment-planning meetings is essential.

We also get the restorative dentists involved very early now – as early as six weeks – to modify the transplanted premolars into incisors. The orthodontists can therefore load the premolar as an incisor and get the correct gingival architecture. And we get the endodontists involved early too, as it is easier to solve vitality issues before they become a major problem with less predictable outcomes.

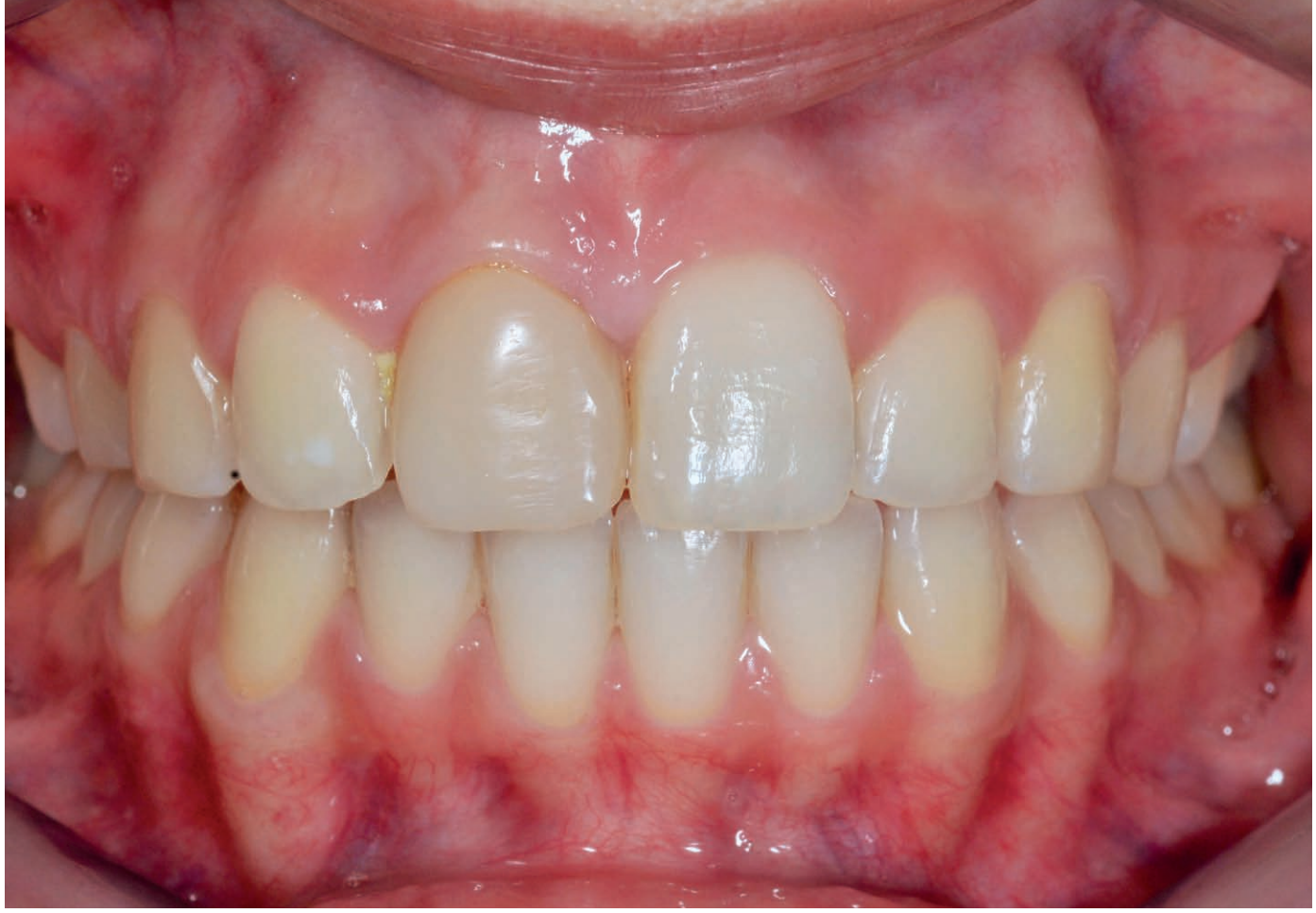
In our practice, for example, we meet monthly to discuss our interdisciplinairy cases, among others. Without this, we could not do the type of work and cases that we do.

PL: DO THE POTENTIAL COMPLICATIONS OF THIS PROCEDURE WORRY YOU, OR DO YOU FEEL IT IS PREDICTABLE IF YOU FOLLOW THE CORRECT PROTOCOLS?

DB: Nowadays, using the correct protocols and guidelines, the failure rate is less than 2%. And this is all laid out in a study we are hoping to publish in 2023, where we have transplanted more than 2,500 premolars.



Initial position of autotransplanted donor premolar



Final tooth position with prosthodontic composite-resin restoration

'AUTOTRANSPLANTATION IS UNDERUSED BECAUSE YOU HAVE TO RETHINK AND RETRAIN'

The main complication of autotransplantation is that you need to have a replacement for the site from which the tooth is taken. Most the time this is solved by the orthodontic planning. The other complication is you are somewhat limited by the size and shape of the tooth that is transplanted, which is why having the interdisciplinary team is so important to overcome this issue.

PL: GIVEN ITS RELATIVE SUCCESS AS A TREATMENT MODALITY, DO YOU FEEL THIS IS AN UNDERUSED TECHNIQUE?

DB: Absolutely! It is underused perhaps because you have to rethink, change your mentality, and retrain somewhat from what we are used to doing with dental implants. It is also certainly more complicated in terms of planning and surgery than dental implants.

PL: GIVEN THAT WE NOW KNOW DENTAL IMPLANTS HAVE THEIR OWN LONG-TERM ISSUES, IS THIS A TECHNIQUE WE SHOULD BE CONSIDERING MORE OFTEN FOR OUR YOUNG TRAUMA CASES?

DB: If you look at the comparative success rates of dental implants after 10 years compared with autotransplantation, the implants fare worse. The criteria for the success of transplanted teeth are an aesthetically

pleasing result but also with a vital periodontal ligament; this cannot be said for dental implants. If the tooth does eventually fail, then this is the time to do your implant. And, of course, if the tooth is ankylosed and fails for that reason, you most likely already have hard- and soft-tissue structures in place to successfully place your implant.

PL: WHAT ADVICE WOULD YOU GIVE A PERIODONTIST WHO IS LOOKING TO EXPAND INTO THIS FIELD IN TERMS OF TRAINING AND FIRST STEPS?

DB: Ensure you have a sound periodontal background, training, and a good level of surgical experience. Speak to – or, ideally, be mentored by – a surgeon who has plenty of experience in this field.

You will need good support from an interdisciplinary team. Talk to your local paedodontists and orthodontists because it is from them that cases will come to you.

Once you gain competence, autotransplantation is only a good thing, because you will have additional – and more biologically viable – treatment options to offer your patients. And this will make you a better periodontist.

Perio Master Clinic 2023 takes place in Antwerp on 3-4 March, 2023. Dick Barendregt will be presenting a clinical case of autotransplantation in the session "Dealing with missing teeth and facial growth" on Friday 3 March.

DICK BARENDREGT

DDS, MSc, PhD finished dental school in 1988 at the University of Groningen, the Netherlands, and then worked as dentist in the Royal Dutch Navy and several private practices before starting his MSc training in periodontology at the University of Amsterdam. After completing his training in 1994 he worked in referral clinics restricted to periodontology before founding his own clinic in Rotterdam in 1996, where he works as a specialist in periodontology and implantology. The emphasis in patient treatment has been on interdisciplinary planning together with endodontists, orthodontists, prosthetic dentists, dental technicians, and oral surgeons.

Dick Barendregt received his PhD from ACTA (Academic Center of Dentistry Amsterdam) in 2009 for his thesis on probing around teeth. He was a lecturer in the EFP postgraduate programme at ACTA from 2002 to 2018, and since July 2019, he has been adjunct professor at the Department of Periodontology, Adams School of Dentistry at the University of North Carolina, USA. He is author and co-author of several articles and chapters on dental traumatology and autotransplantation.

How the modified free gingival graft can improve root-coverage results

— OLIVIER CARCUAC

The free gingival graft is a tried-and-trusted technique used by periodontists in daily practice. However, the amount of root coverage gained when using this technique varies considerably. **Olivier Carcuac**, an EFP alumnus of the University of Gothenburg in Sweden, has modified the technique to improve its predictability. He explains the approach and its benefits.

The free gingival graft (FGG) is commonly used for addressing gingival recession defects at lower incisors. However, from a clinical perspective, I noticed a great variability in terms of subsequent root coverage, a fact that has been reported in the literature (where root coverage ranges from 11% to 87%, with a mean of 72%). This poor predictability of root coverage when applying FGG has always been an issue for me.

When I tried to analyse the factors that might be implicated in such variable outcomes, I concluded that one of the technique's inherent challenges is the limited blood supply to the FGG, because that part of the graft is positioned on an avascular recipient site (i.e., the exposed root surface). Limited blood supply to a graft means tissue necrosis, which I could clearly see in many cases of FGG in the marginal midfacial aspect of the recession defects.

I tried to find a way to address this limitation. My first attempts involved using biologics, such as enamel matrix derivative (EMD), to enhance the healing of the FGG in this critical area. Unfortunately, these attempts were not conclusive. As a next step, I investigated whether it would be possible to prepare the recipient site differently. The idea of modified free gingival graft (ModFGG) came about when I realised that every time I used FGG to increase the amount of keratinised tissue in an edentulous area, the outcome was always 100% successful — for the simple reason that the FGG could survive and integrate entirely because the recipient site was completely vascular.

It then became obvious for me to apply this when using FGG to treat gingival recession defects at lower anterior teeth, and to develop a way of transforming the recipient site from a mixed vascular/avascular bed to a 100% vascular bed. This is what inspired me to develop the ModFGG concept.

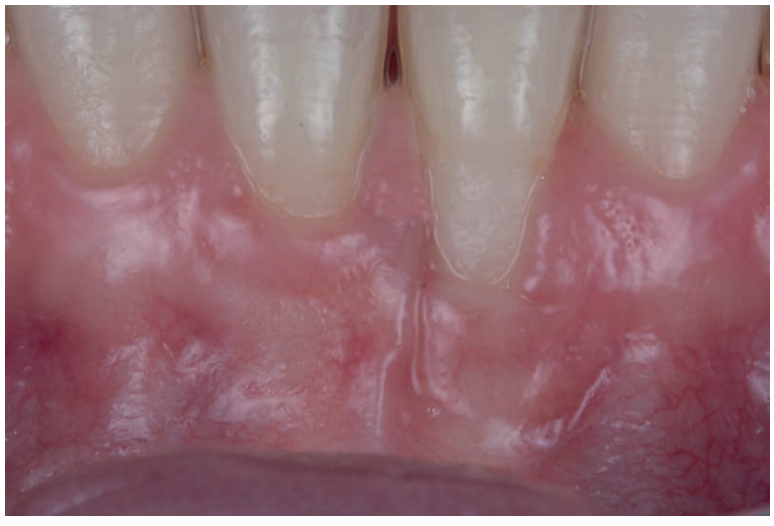
MODFGG, STEP BY STEP

The ModFGG technique consists of a modification of the way the recipient site for conventional FGG is prepared. It involves four steps.

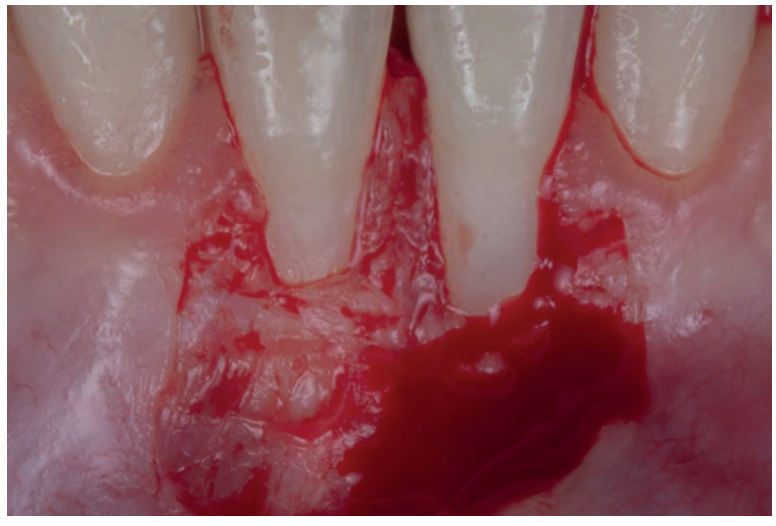
STEP 1

PREPARATION OF THE RECIPIENT SITE

Following an intrasulcular incision, 2mm-long horizontal incisions at the level of the cementoenamel junction (CEJ) are performed bilaterally. From these, vertical releasing incisions are placed in a diverging manner, extending well into the alveolar mucosa. To prepare the recipient area, a thin partial-thickness flap is subsequently raised and then excised. The dimension of the resulting site is measured to obtain a foil template.



Initial presentation

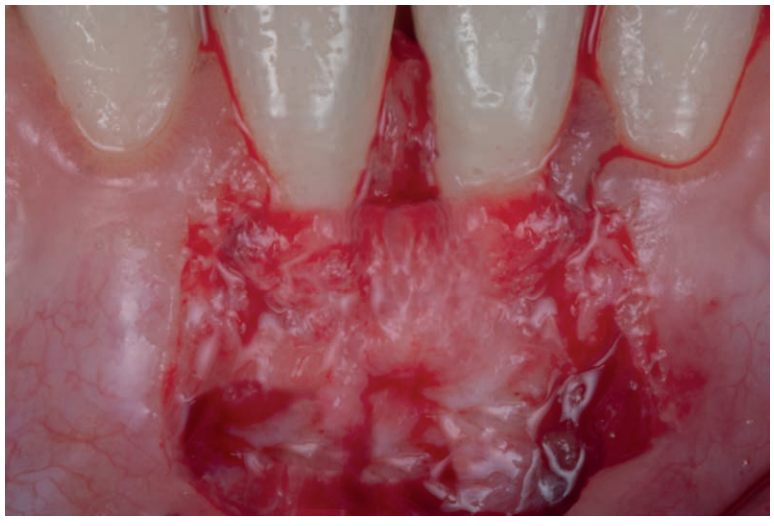


Recipient site prior to modification

STEP 2

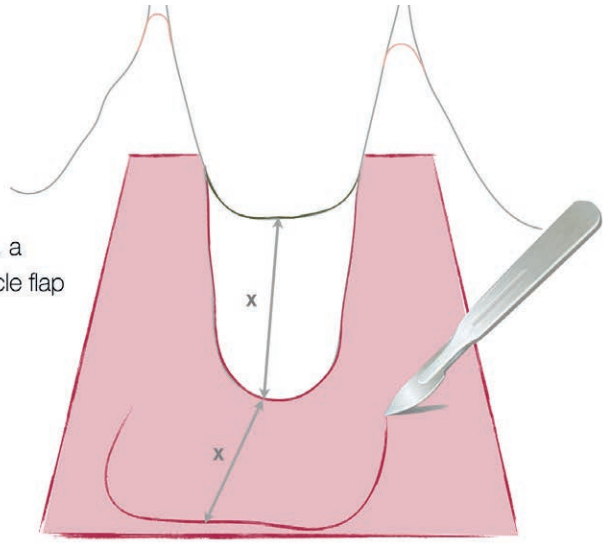
PREPARATION OF THE CONNECTIVE-TISSUE PEDICLE FLAP

Apically to the exposed root area of the target teeth, a horizontal incision is placed at a distance corresponding to the height of the exposed root surface. From the endpoints of this incision, and running in a coronal direction, two slightly diverging incisions are added. The connective-tissue pedicle flap is thereby outlined, and it is then carefully dissected from the periosteum. The pedicle graft, attached in its most coronal part, is then flipped and anchored over the exposed root surface through laterally located bioabsorbable sutures.

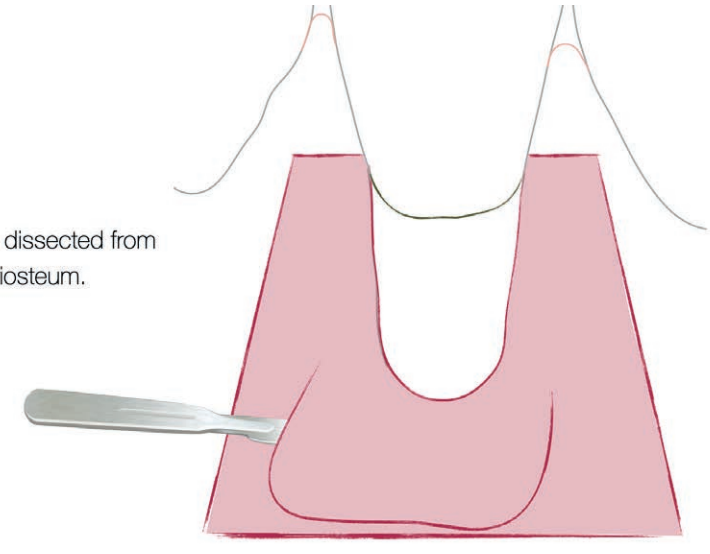


Recipient site after modification

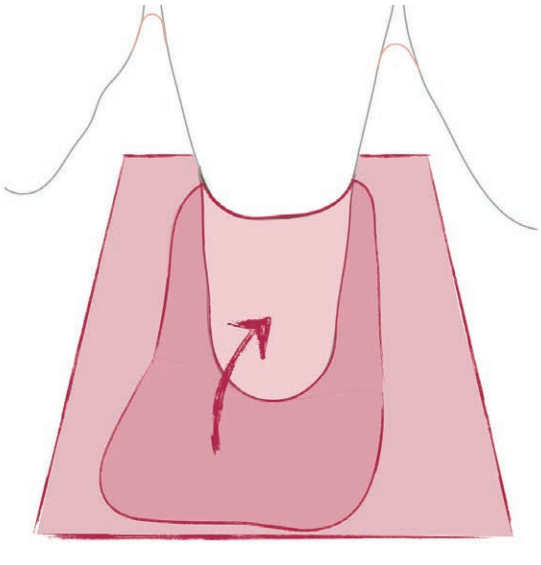
Apical to the recession, a connective tissue pedicle flap is outlined …



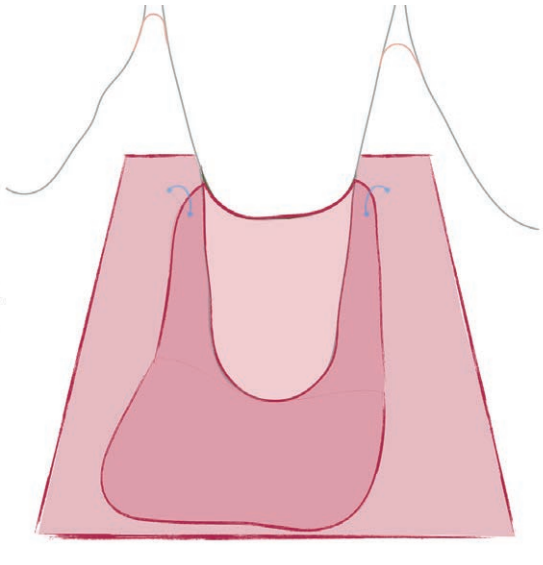
… and dissected from the periosteum.



The pedicle graft, attached in its most coronal part, is then flipped …



… and anchored over the exposed root surface through laterally located bioabsorbable sutures.



STEP 3

HARVESTING OF THE FREE GINGIVAL GRAFT

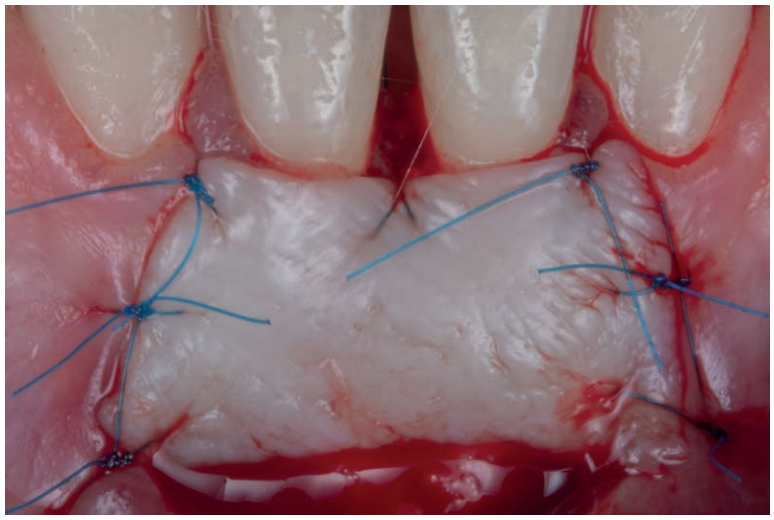
Using the foil template, graft dimensions are outlined in the palate adjacent to the premolars and first molar. A partial-thickness graft consisting of epithelium and a thin layer of underlying connective tissue is harvested (with an intended total thickness of 1.5mm), maintaining a distance of ≥2mm to the maxillary teeth. Following harvesting of the FGG, several drops of high-viscosity cyanoacrylate tissue adhesive are applied to the palatal wound prior to coverage with a porcine-derived collagen sponge. The sponge is then stabilised by crossed sutures (6-0 non-resorbable monofilament).

'THE POOR PREDICTABILITY OF ROOT COVERAGE WHEN APPLYING FGG HAS ALWAYS BEEN AN ISSUE FOR ME'

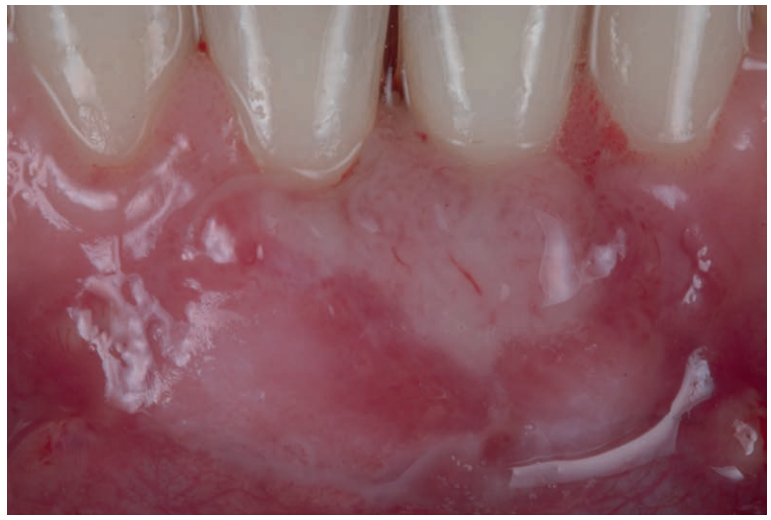
STEP 4

PLACEMENT OF THE GRAFT

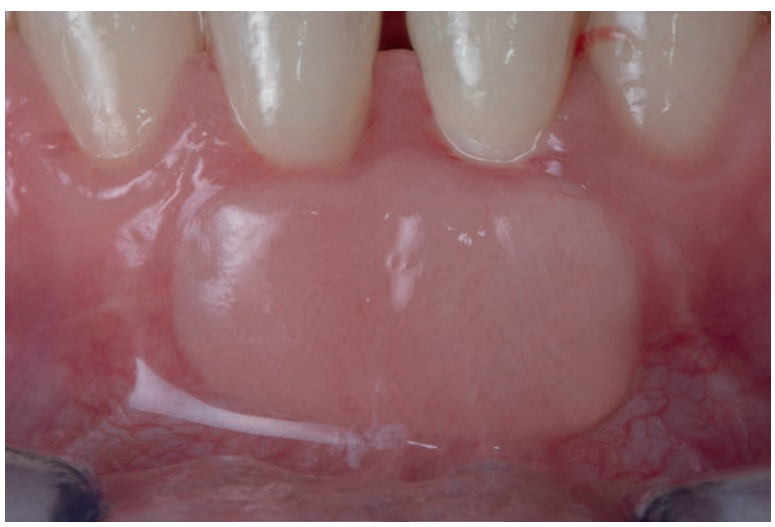
The FGG is adapted to the recipient site and anchored to the periosteum by means of simple interrupted sutures (6-0 non-resorbable monofilament). Suturing is continued along the lateral borders of the graft for complete stability. Vertically suspended crossed sutures are placed, when needed, to achieve a slight compression of the graft to the recipient site.



Intial placement of graft



Six weeks post-operative



One year post-operative

FIRST TRIALS

I did my first cases of ModFGG in 2019. My approach was to create a connective pedicle flap apical to the gingival recession defect and flip it coronally to cover the exposed root surface before positioning the FGG. I could apply this approach both at single and multiple recession defects at lower incisors, with the same successful outcomes.

In 2021, with Professor Jan Derks, I published a case series as a proof of concept (Oliver Carcuac, Jan Derks. "Modified Free Gingival Graft Technique for Root Coverage at Mandibular Incisors: A Case Series." *Int J Periodontics Restorative Dent*, 2021 Mar-Apr; 41 (2): e37-e44. DOI: 10.11607/prd.5398).

Since 2019, I have applied the ModFGG concept in more than 100 patients with outcomes in terms of predictability and root coverage which are very similar to the ones we can achieve when using the connective tissue graft and the coronally advanced flap (CTG+CAF) at upper teeth.

PROVING THE CONCEPT AND TIPS ON USE

From a scientific perspective, data from trials comparing ModFGG to conventional FGG and assessing the long-term efficacy of this novel technique were needed. Therefore, we recently completed a randomised controlled trial with a one-year follow-up comparing FGG and ModFGG. Single and multiple RT1 recession defects at lower incisors were included in this trial. The manuscript is now under peer review ahead of publication in a high-ranked journal.

Considering the results from our RCT, the ModFGG technique represents a valid approach for the management of single and multiple RT1 recession defects at mandibular incisors. The technique is superior to traditional FGG in terms of root coverage, gain and stability of keratinized tissue height, and patient satisfaction. I do not see any reason to continue using the conventional FGG approach, which is in my opinion outdated.

It is important to emphasise that I am still using other mucogingival surgical approaches – such as the vertically coronally advanced flap, the laterally closed tunnel, the laterally stretched flap, the coronally advanced tunnel, and vestibular incision subperiosteal tunnel access (VISTA) – for treating gingival recession defects at lower incisors. My decision on which technique to use depends on the clinical condition. But I am using the ModFGG approach whenever these other techniques cannot be applied, as in cases with short vestibule, highly attached frenum, complete lack of apical or lateral keratinised tissue, root prominence, or scar tissues.

Gingival-recession defects at lower incisors are probably the most difficult soft-tissue deficiencies around teeth to treat and require experienced clinicians. When applying the ModFGG, one critical aspect is the preparation of the apical connective-tissue pedicle. One of my recommendations to colleagues would be to make sure when preparing the recipient site (step 1) to remove only a very thin partial-thickness flap, to preserve enough connective-tissue thickness for the harvesting of the apical pedicle.

I would really recommend to colleagues interested in applying the ModFGG in their everyday practice to attend hands-on workshops whenever possible to become familiar with the different steps of the technique and to start progressively with simple cases.

— ALUMNUS INTERVIEW:

Rutger Dhondt

Rutger Dhondt studied at the EFP-credited programme at the Catholic University of Leuven, Belgium,where he is now completing his PhD while also working in private practice. He talked to Bruno de Carvalho and Ana Castro.

TELL US A BIT ABOUT YOURSELF?

My name is Rutger Dhondt. I live and work in Belgium. I am married and I have three kids. When I am not fighting gum disease around Flanders, I like to play golf, play the guitar, and try to do some real sports as well.

WHEN DID YOU FINISH YOUR DENTAL DIPLOMA AND WHERE?

I got my dental degree in 2011 at the Catholic University of Leuven.

WHAT OTHER JOBS HAVE YOU HAD APART FROM BEING A DENTIST?

I haven't really had other jobs. I used to pick up the balls at the local driving range where I lived in the Netherlands when I was in high school. But I did not have any other job in the past.

WHEN DID YOU REALISE THAT PERIODONTOLOGY WAS THE DENTAL SPECIALITY THAT YOU WANTED TO PURSUIT, AND WHY?

I realised this during the master's years of the dental training. I liked all dental disciplines, but periodontology just spoke to me the most. Small subtle surgeries, requiring good hands and lots of knowledge about the oral tissues – what's not to like?

HOW CHALLENGING WAS TO MOVE TO ANOTHER COUNTRY?

I had moved to Belgium before starting university. I do not really regard Belgium as being abroad. I was born in Belgium, though I grew up in the Netherlands. I have a lot of family in Belgium, and it has always been home to me.

I think Belgium is unique in that often people finish their dental training and immediately start their specialisation. At least that is how I often see it happening. In other countries, practical experience is often demanded, but in Leuven this was not the case.

"IT FELT IT WAS A HUGE OPPORTUNITY TO ME. WE HAD A VERY NICE GROUP OF PEOPLE IN LEUVEN. AND EXCELLENT GUIDANCE BY THE SUPERVISORS"

If I had not been selected by Leuven, I would certainly have considered going to another country. It would seem a good experience for me.

DID YOU ENJOY THE PROGRAMME?

I certainly did! It felt it was a huge opportunity to me. We had a very nice group of people in Leuven. And excellent guidance by the supervisors.

WHEN YOU SELECTED YOUR PERIO PROGRAMME, DID YOU SPECIFICALLY SELECT AN EFP PROGRAMME? IF SO, WHY?

Yes, I did. I regard the EFP seal of approval as a mark of quality and a boost to the resumé. I was very lucky that the Catholic University of Leuven had an EFP programme, so I could stay at the university I was already attending. But it did matter to me. I still had dreams of working abroad, possibly in England or even Australia, and I looked into this after graduating. But, in the end, it did not happen.

WHEN DID YOU FINISH YOU PERIO PROGRAMME?

I finished in 2014 after the EFP examination by Professor Nikos Donos.

WHAT ARE YOU DOING AT THE MOMENT AS A PERIODONTOLOGIST?

I am working in private practice (one in Antwerp and the other in Heist-op-den-Berg, also in Belgium) where I am exclusively focused on periodontology and implantology. I own these practices together with my business partner Willem-Frederik Simons. I am also still involved at the University in Leuven, doing a PhD – on the buccal bone regeneration and stability around implants – and supervising the perio trainees.

WHAT MOTIVATES YOU TO DO RESEARCH IN PERIODONTOLOGY?

I think it keeps you sharp. It can be a tedious process, but it can be quite rewarding when projects move along nicely. Also, it forces you to keep up to date – at least on the topics you are researching.

WHAT WOULD BE YOUR ADVICE TO A YOUNGER YOU, AT THE START OF YOUR PERIO SPECIALITY?

Start your PhD immediately and do not wait until after the training. I would also advise to always work with magnification (loupes) from the beginning of the training and use the microscope in your daily routine. Those things require a lot of practice, but they make the difference. The earlier you start, the better you become.

HOW DO YOU IMAGINE YOURSELF IN 10 YEARS?

I imagine myself doing all the same things, though possibly a little differently. Also, I intend to start playing a little more golf again.

How dentists can benefit from SEO

In the past, patients typically used “yellow pages” and other printed directories to find local medical and dental services. But today, more and more people search online to find a dentist or periodontist. This means that a practice’s website is increasingly important and being able to stand out online can help win new patients. **Cristina Muñoz**, who helps the EFP with its digital strategy, explains how dentists can use search-engine optimisation (SEO) to their advantage.

Digital marketing might not be top of your priorities, but it will give you a competitive advantage and will help get more patients through the door. Your website is therefore one of your most valuable assets and making sure it is easy to find is extremely important. This is where search-engine optimisation (SEO) comes into play.

SEO is a series of techniques that ensure your website can be easily read and displayed by search engines. The overall goal is to increase the quantity and quality of traffic to your website through "organic" search results (rather than those which are achieved through advertising). The search engine's goal is to show its users the best and most relevant results to their users. If Google concludes that your website is good, it will position it higher in search results and it is therefore likely to be seen by more potential patients.

Google, the world's most widely used search engine, uses various criteria to assess the quality of your website. It is important to know how Google "thinks" to be able to optimise your website for the search engine.

"ON-PAGE" AND "OFF-PAGE" SEO

On-page SEO refers to optimising both the content and the HTML source code of a page (HTML is hyper-text mark-up language, the standard mark-up language for documents to be displayed in a web browser). This includes:

CONTENT:

This is the most important factor to make the page worthy of a high search-result position. Having good-quality content – which is relevant, informative, and useful to the user – will improve the site's authority, which is highly valued by Google.

KEYWORD RESEARCH:

Keywords are a search engine's way of matching a user's search question to your website's content. Keyword research will tell you which keywords have driven visibility and traffic to your website. For example, you might not know you were ranking high for a particular keyword. In this way, you can make sure your content is optimised for your specific audience.

PAGE STRUCTURE:

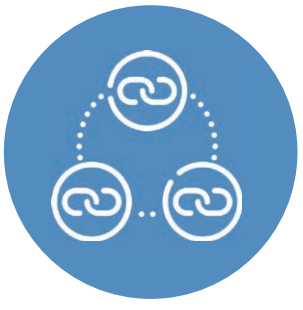
Make good use of headings, applying predefined heading styles (such as H1, H2, and H3) to the various headings and sub-headings on your pages.

TECHNICAL SEO OR "CRAWLABILITY":

A well-structured website, with a logical information hierarchy/menu structure, built to accessibility standards (to ensure that people with disabilities can use the site), with fast page speeds.

TITLE TAGS, META-DESCRIPTIONS, AND ALT TAGS:

Title tags and meta-descriptions are part of the HTML code that indicates the metadata of a page. This information is not displayed on the page itself but is processed by web browsers and search engines to figure out how to display information in search-results pages. A more detailed explanation is provided on the Liquid Light blog.



INTERNAL LINKS:

In terms of a user's experience of the website, it is important that there are links throughout the site that connect to other pages on it, so that users can find more information related to the topic that interests them and to encourage them to continue browsing.

Off-page SEO refers to the actions taken outside your website that affect your rankings. These include:

BACKLINKS:
Having a good number of high-quality, relevant inbound links from other websites will make your website more trustworthy and your ranking will improve.

SOCIAL MEDIA:
Having a strong social-media presence and influence will also impact your ranking.

ONLINE PR:
Activities such as guest blogging or writing articles for other people's websites and "influencer marketing", where people with a strong online presence mention your brand.

LOCAL MARKETING:
Ensuring that your business listing on Google Maps is accurate and has positive reviews.

SEO AND THE USER EXPERIENCE

Google favours sites that offer a good user experience (UX), and in recent years has increasingly focused on this aspect, along with high-quality content and relevance. Optimising the user experience means focusing on the visitor to your website and it should be the glue that holds your website together. Even if you rank very highly on Google, if your website does not provide a smooth and enjoyable experience to the user, engagement is likely to suffer, and users might leave the site. Investing a little time in asking a few trusted patients if they could test your website to see if the information that they need is easy to find could be a worthwhile exercise.

"SEO ON A BUDGET" CHECKLIST

SEO is a long-term strategy, and it does not bear fruit overnight. If you do not have an agency or a member of staff who can monitor SEO regularly, you can still set up some small objectives. You don't need to worry about ticking all the boxes straight away and can make some simple steps that will help move your website forward:

Optimise existing pages: if you do not have many resources to spend on SEO, you could start by improving your existing content by:

- Finding out what your users are looking for by looking at Google Analytics or by asking some of your users.
- Identifying the most important pages on your website and making sure they are optimised for your users' needs: include keywords where relevant, answer your users' questions, and make their "journey" through your website an easy one.

Improve your site's mobile experience: it is essential that your website works well on mobile phones and not just on computer screens.

Improve your title tags and meta descriptions: think of these as a shop window that attracts people to click. It can make you stand out among your competitors and get more clicks.

Improve your links: it is important to fix your broken links (by redirecting pages that have been moved or deleted to a page that exists), and to spend time setting up a link-building strategy. You can use Google Alerts to notify you when someone mentions your brand, so that you can request a link back.

You can also optimise your anchor links (the text displayed in a link before you click on it). Google uses anchor text to make sense of what a page is about. Having vague anchor text such as click here is neither informative nor useful for the user. Instead, use anchor text that is descriptive and informative.

USEFUL FREE TOOLS

1. Google Search Console
2. Google Analytics
3. Answer the Public
4. Google Trends

CRISTINA MUÑOZ

Cristina Muñoz is a digital account manager at Liquid Light, the EFP's website designer and digital agency. With a background in marketing and broad experience in SEO and UX, she is part of the team responsible for the EFP's website and SEO strategies.

www.liquidlight.co.uk/

Perio Life & EFP Alumni

Perio Life, the magazine of **EFP Alumni**, is published twice a year and presents articles about and by alumni of the EFP-accredited postgraduate programmes in periodontology.

EFP Alumni brings together the alumni and teachers of the universities where the EFP programme is taught so that they can connect, collaborate, and maintain strong ties. You can register as a member at the EFP Alumni section of the EFP website: www.efp.org/publications-education/efp-alumni

AT PRESENT, 21 ACCREDITED DENTAL SCHOOLS TEACH
THE THREE-YEAR EFP POSTGRADUATE PROGRAMME IN PERIODONTOLOGY:

- University of Queensland, Brisbane, Australia
- Catholic University of Leuven, Belgium
- Ghent University, Belgium
- University of Liège, Belgium
- University of Strasbourg, France
- University of Paris and Rothschild Hospital, Paris, France
- National and Kapodistrian University of Athens, Greece
- University of Hong Kong, Hong Kong
- Dublin Dental University Hospital, Trinity College, Dublin, Ireland
- Hebrew University - Hadassah Medical Center, Jerusalem, Israel
- Health Care Campus Rambam, Haifa, Israel
- C.I.R. Dental School, University of Turin, Italy
- University of Florence, Italy
- Academic Centre of Dentistry, Amsterdam, Netherlands
- Complutense University of Madrid, Spain
- International University of Catalonia (UIC), Barcelona, Spain
- Sahlgrenska Academy, University of Gothenburg, Sweden
- University of Bern, Switzerland
- Yeditepe University, Istanbul, Turkey
- King's College London, United Kingdom
- UCL Eastman Dental Institute, London, United Kingdom

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