

Re: tackling a difficult case

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G Xpetros <chpetros@hotmail.com> wrote:

> *Dr. Steve <drsteve@no-spam.com> wrote in message news:*
> > *George*
> > *You do not have to agree with me, but that seems to be a poor plan.*
> > *How will you ever learn to do quality work under NHS? And, you are not*
> > *making enough money to ever get ahead of your bills.*
> > *..*
>
> *Steve, Stovie,*
>
> *It's not impossible to do decent work under the NHS. If you have*
> *learnt to divide your time among patients effectively and don't worry*
> *too much about your income, you can maintain a good level of quality,*
> *at least for most restorative and prostho procedures. Right now I*
> *don't get crazy money but I don't care. This is my first year in work*
> *and the money I get is enough to lead a relatively comfortable life.*
> *And I'm not afraid to invest in my abilities.*

OK, fine; then at least do what I DIDN'T: give yourself a ceiling of say 5 years out, and bail out if it's not working...

> *When I asked you about*
> *posterior composites, I went ahead and bought flowables and packables*
> *out of my pocket instead of waiting to hear another one of my boss'*
> *lectures ("we always used these and we didnt have any problems, blah*
> *blah blah). I don't regret it a bit, and I actually think it turned*
> *into a profit for me.*

GOOD!!! Just remember they're not for every situation, unless your name is Steve Fawks... ;-)

At this point, I'd say take a few B/W's to evaluate your work, and finish your packables, and go back to Heliomolar over the flowable. <RB> told us that the older 55 percent filled composites are the best blend of workability and strength.

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One more thing: what ever bonding you're using, LET IT SIT, at least 15 seconds, then blow air until there is NO movement in the film of bonding. The bonding (unfilled composite resin) is the weak link. In this way, a lot of sensitivity issues are obviated.

- > *I know that I'm not staying forever in the NHS, but... I just don't*
- > *feel ready. I still do terrible mistakes (well, I at least think*
- > *they're terrible) and have to improve my skills in areas that may seem*
- > *simple to you, like diagnosis, treatment planning and manual*
- > *dexterity.*

Oh, Jeesuz, if you only knew.... look at some of my older posts in the archives on Google Groups... Listen, man these SMD'ers were young and green once too...

- > *I'm probably going to start my own practice next year with a friend*
- > *of mine who has 12 years of experience under his belt. It's going to*
- > *be NHS but under a new system that promises to reduce bureaucracy and*
- > *paperwork significantly, so at least you'll get more time sorting out*
- > *the patient. The money isn't bad; with some scheduling and good*
- > *management I can achieve a very respectable income, but the main thing*
- > *is trying to develop a relationship of trust with a patient base so*
- > *that I can move to private after a few years. I already have an idea*
- > *about that, that sounds like too crazy.*
- > *Oh, and London isn't that bad Stovie. The centre is colourful I*
- > *think!*

Understood.... after all, I'm older than you.... but just remember: it's always later than you think.... keep the SMD in the picture, George; I for one would like to keep abreast of what's happenin' ... :-)

- >
- > *Thanks for all the interest and the advice,*
- > *George*

Hope I didn't give y'all too much indigestion with my doom and gloom predictions.... just keep looking in the mirror. As long as that guy is smiling, I guess you're doin' OK.... ;-)

SP

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Not a real Addy, yet