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Winning smiles

We catch up with orthodontist **Catherine McCanny**, big winner at last year's Aesthetic Dentistry Awards

What inspired you to choose a career in dentistry?

Having orthodontic treatment as a child. I went through two courses of treatment with removable appliances – one when I was about 12, and another at 16. That was the first time I can remember thinking I might be interested in dentistry.

What made you decide to specialise in orthodontics?

My first house job was in Dundee Dental Hospital and it was in orthodontics - it was then that I started to think that I really fancied doing it.

I didn't fancy doing all the extra studying though – the irony of it all is that I did dentistry because I wanted to do a degree whereby at the end of it I wouldn't have to do any more studying! I literally finished my dental degree and took every folder, and put them in the bin. I told my dad that I was never going to sit another exam in my life – which I regretted later on!

But working in it changed my mind: I thought I could really enjoy orthodontics, and that's why I went into it.

What's your favourite thing about practising orthodontics?

I treat a lot of adult patients now, and I think it's seeing the transformation in people. Not just their smile, but their whole self: their confidence

Fact file

Name: Catherine McCanny Qualifications: BDS FDS(RCS Edin) MDentSci MOrth(RCS Edin) Job title: Director, St Michael's Orthodontics



and self esteem. You can really make a difference to somebody's life and I feel very privileged to be able to do that.

And what do you find the most frustrating?

The restrictions imposed by the NHS: I have a huge waiting list with a very small NHS contract and I'm not able to provide the service that I would like to. It's really frustrating.

In an ideal world, I'd like to do more NHS work. I do predominantly private work, but I would like to have a bigger contract, better funding and be able to provide the NHS service that we could before the 2006 new contract was set in place.

What sort of cases do you enjoy treating the most?

I really enjoy Invisalign. The more I use it, the more I like it. I've seen what it can do, and the patients really enjoy the whole experience of the treatment, so I'm doing more and more of it at the moment.

I also really enjoy doing joint cases. I work closely with an implant and restorative clinic and I get great satisfaction out of doing combined cases with the team there.

We have a really good working relationship: they send me cases, and I send them cases. It's a mutually beneficial relationship, and I think those kinds of cases are really satisfying.

How do you manage your time?

Mondays are supposed to be my day for myself, to do things for me, and get a little bit of chill out time. So I work almost four days a week.

My work is quite varied – at least, there's not a typical day. It's a mixture of different cases and patients all the time.

I work later on a Wednesday, so I do tend to see the more difficult cases on a Wednesday evening... which can be quite challenging at the end of a long day!

How do you unwind?

It's not a glass of wine any more: I gave up drinking when I had children! I decided I couldn't do both.

I generally don't get much time during the week, to be honest. I try not to take work home with me.

I suppose really, it's coming home to two bouncy, bubbly kids. They have their moments, but they're very good kids. They're usually full of various sorts of fun things; it's the perfect finish to my day.

When I close the door when I leave work, I change my role from being a professional to being a mum. I think that's what keeps you sane.

What skills does a good orthodontist need to have?

You need to be a good communicator. I think

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you need to be good at putting people at ease, too – you get a lot of young, very anxious children coming in and you need to get on their level and help them enjoy it. It's the same with adults too: it's all about being understanding.

As orthodontists, we are very particular about what we do – I'm a perfectionist. I think it does attract a certain personality type! I think that's your typical orthodontist – perhaps a little bit OCD!

How did winning three Aesthetic Dentistry Awards last year feel?

Words can't describe it. Even now, I still find it hard to believe – I entered the awards purely because I wanted to show off one of the cases I had done with an implant dentist.

I put in my orthodontic cases and, being the perfectionist that I am, I didn't really think they were good enough. So when I won the first one I was totally shocked – and of course, absolutely delighted!

Never in my absolute wildest dreams did I imagine I would come away as the overall winner. I keep pinching myself! Did it really happen?

It was beyond any expectation I've ever had; it was a great morale boost. I'm taking a year off entering this time round though. I've obviously set myself a high standard to meet, so if I'm going back to it, I want to give myself the best chance. I've got a few cases lined up for next year that I hope will be good enough!

Who are your professional heroes?

Ashley Latter has probably been the biggest inspiration for me.

In 2006, when the NHS contract changed, I was in a position where I didn't have the confidence to do private work. I did a little, but I didn't really know where to go with it.

I went along to a two-day training course he ran for orthodontists, and he helped me believe in myself, and what I could achieve. He gave me an outside perspective and helped me improve how I communicate with patients, and understand that you can give people choices rather than hard selling, and that was a key thing for me.

In terms of inspiration, and giving me the confidence to go for it, I owe it all to Ashley.

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As an orthodontist, how do you feel about the growth of cosmetic orthodontic treatments?

I think it's great that more and more dentists are moving away from full mouth reconstructions and going towards cosmetic interventions. I think the concept is very good, actually.

I do have some concerns, of course. It's being marketed as a very simple treatment: put the appliance on, line the teeth up, and that's it – but, of course, there's more to it than that.

There are some clinicians who are very skilled with these treatments, and they're already showing fantastic results with it, but I think there are lots of dentists who are going to get into difficulties with it.



I would love to see dentists with an interest in these treatments getting involved, by all means, but also taking advice and guidance from specialists along the way. At the moment, it's very much a 'them and us' feeling – there's a bit of a rivalry between the specialists and cosmetic world that I would like to see disappear.

I love the fact that dentists have an interest in these things, but I'd like them to come along to see how it's done and learn the pitfalls, too.

If we could all work together it would make life much better. That's my philosophy!

What systems do you use?

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Well, Invisalign I've already mentioned. But I use standard metal braces and the Damon system as well.

I do a lot of cosmetic fixes. I do an awful lot



of functional treatments on children and try and avoid extractions.

I've done a few minor lingual cases but I've stayed away from full lingual treatments. Access to the mouth is very difficult and I've had problems with my neck in the past, so I don't want to make that any worse!

Is there any equipment you wouldn't want to be without?

My camera – when it comes to treatment planning, I just couldn't be without it!

What advice would you give to dentists looking to get more involved with orthodontics?

Go and make friends with your specialist orthodontist! Ask them for help and guidance, and work together – we're not enemies!

If you get into trouble, ask somebody. I'm not too proud to phone up my local consultant and ask them to take a look at a case: never be afraid to ask for help.

Where do you see orthodontics going in the next 10 years?

I think it's going to grow and grow. The adult market and the cosmetic market are both huge, growing areas. I think the UK is going to become more like America where trying to ignore your teeth is unacceptable.

And what about your plans over that time?

I'd like to think I'll be winding down before 10 years is up, because I want to retire when I'm at the absolute top. I've always said when I get to the point where I know I can't be any better, that's time to put my tools down and go.

I want to retire early enough when I'm still young and healthy enough to be able to enjoy retirement. And it's not that far away!

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