

How I decreased my overall bracket debonding rate by 75% in one year.



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Dr Anshu Sood is a specialist orthodontist based in London with over 15 years of experience and the owner of two thriving practices. Additionally, Anshu serves as the director of clinical practice at the British Orthodontic Society, where she actively contributes to advancing the field.

Introduction

We introduced Dental Monitoring (DM) into the practice in 2018. At this stage, we mainly used it to monitor our aligner patients. The onset of Covid meant that we rapidly moved all of our patients to DM in order to manage the remote monitoring of patients without access to the clinic.

With DM Insights, the benefits of monitoring all my patients expanded immensely. DM Insights takes the AI analysis of each patient scan and captures key data elements, guiding our practice toward more efficient, data-driven care.

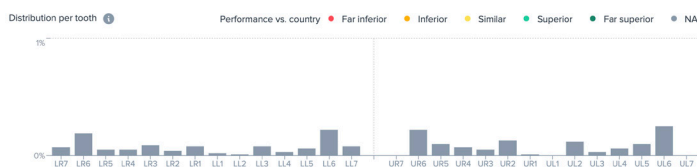
Using DM Insights, we have been able to dive into clinical data to make minor adjustments for major clinical gains. This carries the potential to maximize practice efficiency with improved treatment outcomes and a more standardised treatment process. For example in this case, by focusing on just one data point (bracket debonds), we were able to easily remedy this clinical inefficiency by reviewing our bonding process and retraining the team.

High rates of bracket breakage, not where we expected to be.

Prior to using DM insights, we always thought that our biggest issue with debonds was the molars. Many orthodontists are familiar with the dilemma between choosing bands or tubes on molar teeth, questioning our adhesive techniques, and reviewing our operator techniques.

Once DM insights was introduced, we were shocked to find that while all of our focus was on these debonding molar tubes, we hadn't noticed how many upper laterals were debonding, especially relative to the other teeth in the upper arch (figure 1).

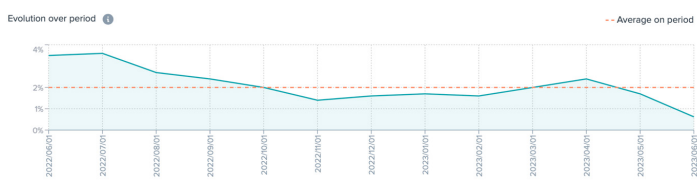
Figure 1



Once we were aware of this, we reviewed our bonding protocol, re-trained all the clinicians, and created a repeatable, consistent bonding technique.

We looked back at the data a year later and were happy to see that the overall debonding rate went from almost 4% to less than 1% (figure 2). That's almost a 75% decrease in just one year!

Figure 2



Conclusion

The integration of Dental Monitoring has proven to be invaluable in our journey of clinical improvement and optimising the patient experience. Through real-time data analysis, we discovered higher debonding rates among upper laterals, a crucial insight that would have remained hidden without the use of DM Insights. This discovery prompted us to revamp our bonding protocol and make necessary adjustments to enhance our clinical techniques. The continuous measurement and refinement of our practice data have become essential pillars in delivering exceptional care and ensuring ongoing progress in our approach to orthodontics.



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