PRIVATE SEPTEMBER 2024 DENTISTRY

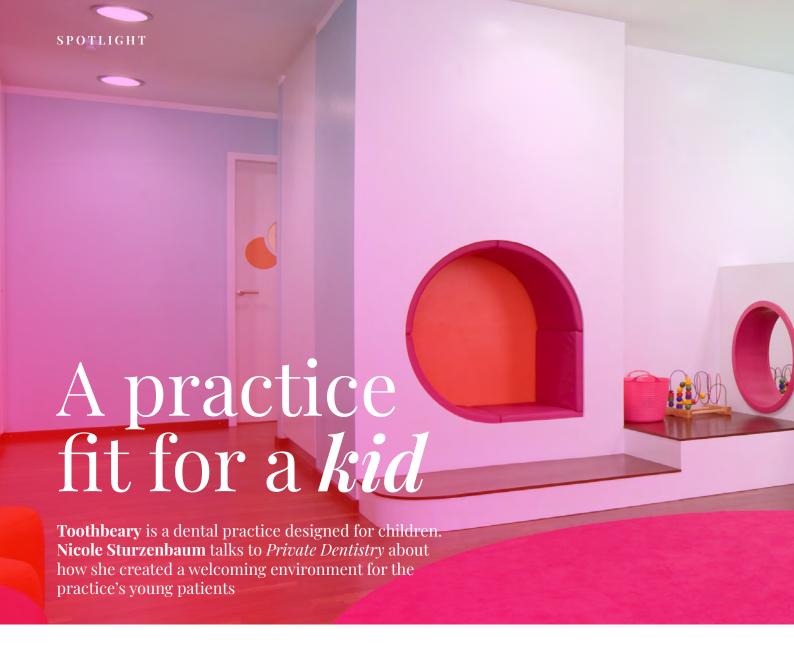
Just think



...how our **innovation** can **drive your success**



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ell us about Toothbeary and the ideas behind it
A traditional dental practice is designed for adults and not children.
This notion is in stark contrast to
Toothbeary's vision of creating a

Toothbeary's vision of creating a practice that caters exclusively for children and their parents/caretakers.

Our concept goes beyond standard dentistry and incorporates advanced techniques combining German, English and American approaches. Many facets needed to be considered to recreate the look and feel, resembling a reassuring, safe place rather than a brash dental practice.



Nicole Sturzenbaum

Nicole is the principal dentist and director of Toothbeary, a paediatric dental practice in Twickenham, London, which she opened in 2008. Most importantly, the design took the child's perception and perspective into account. For example, we selected a calming colour scheme, comprising only soft shades of pink, blue, and yellow. A child's space requirement differs to the standard space optimisation formulas of an adult practice.

Children embrace and explore space in ways that differ to adults, and space confinement of a new environment can induce anxiety, which should not be underestimated.

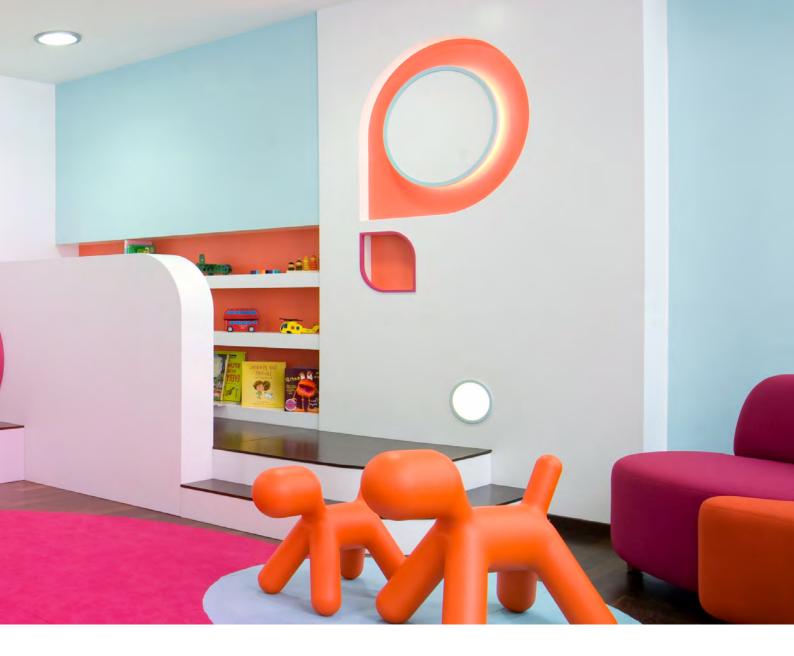
Toothbeary's footprint was therefore designed to include a large open plan play area with age-appropriate toys. We also reduced the height of the reception desk to allow the child to look over it, and to be welcomed by the friendly smiles of our reception team – after all, first impressions count!

Likewise, our toilets are smaller and mounted lower.

However, some major differences to a standard practice are, in fact, hidden. For example, the treatment rooms have flat benches that don't resemble dental chairs, and all dental instruments (including the drills) are invisible to our patients. When children lie on our specialist benches, they are instantaneously distracted by the cartoons playing on the ceiling-mounted television and enter a state of relaxation.

The process of acclimatisation is critical and can't be rushed. Often, parents first hope that treatment can commence immediately (to get it over with) but soon realise that our step-by-step approach is designed to reduce fear and often even cures past trauma.

In fact, this works so well that many youngsters in their early 20s have remained patients and travel from afar to return to Toothbeary for their regular check-ups!



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HOW DID YOU SET UP THE PRACTICE?

Back in 2006/7, during the planning phase of the practice, I first searched for a suitable location that is preferred by families, and I didn't have to look far – Richmond ticked all the boxes.

Then I had to find a fitting property in terms of size, adaptability and feel. In the end, we picked an exoffice building. It required planning permission for change of use, which eventually was granted. This took over a year. Thanks to Gary Bettis from design studio DDPC, we were able to convert our concept ideas into reality.

But I should mention that everything was bought and brought over from Germany: the flooring, the windows, the dental chairs, the cupboards – absolutely everything. This part of the project was a real *Grand Design* experience! My approach might have been more costly, but I knew that only the highest quality material and craftsmanship would ensure that the practice can endure the thousands of children that step through Toothbeary's doors.

WHAT ADVICE WOULD YOU HAVE FOR OTHER PRACTICES HOPING TO IMPROVE THEIR OFFERING FOR CHILDREN?

The UK is home to many well-trained specialist paediatric dentists.

However, most work in hospitals or community centres under an NHS contract, only a few work in private practices. Those colleagues that do typically attend traditional dental practices designed for adults and often only a few days a week.

This concept works well but differs to the bespoke and personalised child-centred treatment options we are able to offer.



Step inside...

THE PRACTICE

358a Richmond Road East Twickenham Greater London TW1 2DU

TELEPHONE

020 8831 6870

EMAIL

info@toothbeary.co.uk

Considering a mixed practice scenario, I would always create a dedicated area for children, not just a niche in the waiting room. If space is at a premium, you can still use this area for adults, but it should retain a vibe that appeals to children.

Children are very observant and sensory, therefore, position this space furthest away from any drilling noise. Also, always give yourself ample time for a detailed initial consultation. Don't underestimate the inner psyche of a seemingly confident and happy child, often they mask their anxiety. For this reason, if medically justified, avoid treatment on the first visit. Use this first appointment to establish a good relationship.

Of course, in an ideal world, children should never have to encounter tooth decay. But, if they do, then any treatment should remain a positive adventure towards retaining the best oral health – the ultimate path towards a happy and healthy smile!





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