

under the microscope

ACTRESS Phyllida Law, 77, answers our health quiz



SLEEP WELL?

I SLEEP frightfully well, usually, but get exceedingly grumpy if I don't. I believe eight hours is essential. I like to start to go to bed at 9pm, but it takes me about two hours to get there, I've noticed. So many things to do. I don't read in bed because the book tends to fall on my face.

ANY VICES?

TWO-TONE brogues — I have six pairs in different colours and they are good for my feet. They cost me over £100 each. I wouldn't dream of getting into high heels unless I was paid — too uncomfortable.

POP ANY PILLS?

I'VE never had good nails — they split. But I started taking a calcium supplement and saw a difference in two weeks. I also take Omega 3 oils and B-Complex when I'm grumpy.

ANY FAMILY AILMENTS?

PILES. It was worse around the time I gave birth to my girls, but better now I'm an old lady. I also have glaucoma, which was handed down by my mother. Her sight grew worse as she aged — she only got medical help in her 90s. My glaucoma is kept in line by prescription eyedrops.

EVER DIETED?

YES and none of them worked, so now I don't bother. I weigh 10st, am 5ft 4in and I feel comfortable within myself. If you slim too much at my age your face goes all scrawny before you've lost your bottom, which is what you are looking to lose in the first place.

IS THERE A MALE MENOPAUSE?

MEN worry about ageing — maybe more than women. But while women can distract themselves by turning their hands to a million things, such as grandchildren and scrubbing under the bath — men are single-celled and can't help but dwell on it.



CAN YOU RUN UP THE STAIRS?

I LIVE in a ground-floor granny flat in London, but I do always walk briskly up the first set of escalators in the Tube.

IS SEX IMPORTANT?

IT'S gorgeous and glorious with someone you love, but why you have to mess about with it so much I don't know. I mean, who cares where the G-spot is?

WORST ILLNESS?

MUMPS when I was 60-odd. I looked like a pillar box — I was swollen solid. The worst thing was that I gave it to Robbie Coltrane. He just passed through the flat to see Emma [Thompson, her daughter], kissed me on the cheek and a few days later he, too, was swollen solid. He was very tolerant about it, bless him.

EVER GOOGLED AN ILLNESS?

DON'T be ridiculous — I can't Google.

EVER TRIED ALTERNATIVE THERAPIES?

I LIKE acupuncture. It was very useful for a frozen shoulder once. But I'd go for any treatment if I needed help.

CAN'T LIVE WITHOUT?

WINE, friends and my spectacles.

LIKE TO LIVE FOR EVER?

UNDER no circumstances. I think it was John Mortimer's father who said the afterlife sounded like being stranded in a large hotel. Not keen on that either.

■ *PHYLLIDA'S Notes To My Mother-In-Law is out now (Fourth Estate, £12.99).*

INTERVIEW: YVONNE SWANN

Steve used to superglue his teeth back in — now they're fixed with titanium screws

MORE than 11 million Britons wear some kind of denture to replace lost teeth. A newer option is to have dental implants screwed into the jaw. But it's not as brutal as it sounds, as Steve Hornby, 36, from Oldham, who runs a plumber's merchants, discovered. He talks to CAROL DAVIS.

THE PATIENT

WHEN I was 15, I thought it would be a great idea to drive my father's Ford Capri on a stretch of private land. But a few minutes later, I hit a hedgerow and, not wearing a seat belt, my face cannoned into the steering wheel. My top four front teeth cracked and broke — the pain was horrendous.

I couldn't bear the thought of being a toothless teenager, so had four crowns fitted to the stumps of my own teeth. They felt horrible — like racehorses' teeth. I was very self-conscious, though family and friends told me they looked fine.

The dentist told me those crowns would probably last ten years before they needed replacing; I managed to get almost 20 years out of mine.

But three years ago, they started causing problems — I'd go mountain biking, and when I hit a bump one would break off — I'd end up sticking it back on with superglue.

Then I got a nasty abscess and a small area of pus on my top gum, above the teeth. Penicillin from my GP didn't help — neither did root canal work, done by my dentist. It was then I was told I'd have to have my front teeth removed completely and replaced with a denture.

I hated the idea of not having front teeth. And dentures meant I wouldn't be able to eat or talk properly. So I lived with the abscesses as long as I could, even though eating was difficult and I was in a lot of pain. It was ridiculous really.

But I did start reading up about dental implants, which my dentist had mentioned. They drill a screw into the jawbone, then put a porcelain tooth on top.

For a whole mouth they can be really expensive — up to £30,000 — and they are not always available on the NHS. My dentist agreed they were a good option for me, as they last for decades.

He recommended Professor Cemal Ucer, a local oral surgeon. Professor Ucer said he'd take out the four damaged teeth and replace them with titanium screws; once my jaw bone had bonded with the metal — between six to eight weeks later — he could fix on the permanent porcelain teeth.

Knowing I was worried about the cost, he suggested using two implants, one at each end of the gap, and then fixing the four teeth securely in a bridge between them. This would cost nearly £6,000, so I sold one of my mountain bikes to help raise



Picture: KEVIN HOLT

ME AND MY OPERATION

DENTAL IMPLANTS

the money. On the day of the operation, last September, I had a local anaesthetic and then a sedative. I felt Professor Ucer pulling out my damaged front teeth, but it didn't hurt. He then put in the titanium screws, stitching up the gum afterwards. The procedure lasted 40 minutes.

Once the anaesthetic wore off it felt like bad toothache, although painkillers helped. I went home that night with a temporary denture to wear until I could have my new teeth.

Professor Ucer told me that once the screws were firmly bonded with my own bone, they would make an impression of my jaw so a technician could make porcelain teeth and posts to support them.

Then he would screw the posts on to the titanium implants and fix the porcelain teeth permanently to the posts. Finally, I'd be able to eat and talk normally again.

The temporary denture rubbed the stitches in my gums and felt horrible, like having toffee stuck in my mouth. So I did without — living on soup and soft foods. Initially talking was impossible — no one could understand me — but two months later, I could speak properly.

In January, with everything healing nicely, Professor Ucer measured me up for the new teeth using mock ones to check they fitted properly. Then in February, I had the permanent posts and teeth fitted. This took

under half an hour, and I didn't need sedation or an anaesthetic. Professor Ucer removed the caps which protected the screws, then fitted the bridge.

For the first two days, I was nervous about putting pressure on my new teeth. But then I could bite into a raw carrot, which I hadn't been able to do for years. And finally I can eat a juicy steak without worrying.

THE SURGEON

PROFESSOR Cemal Ucer is professor of dental implantology at Salford University, and oral surgeon at Oaklands Hospital in Salford. He says:

DESPITE advanced dental care, there are many Britons with missing teeth, partly because people are living longer. Teeth can be lost because of decay or gum disease, through accidents, or because of infections or abscesses which affect the root of the tooth.

Losing teeth has huge consequences — people feel less attractive and have difficulty eating and speaking. When a tooth is lost, the bone which supports the tooth is gradually lost, so the face appears shrunken.

There are various options to rectify this. In some cases the patient can have either a partial or full denture; even a bridge may be suitable, which means attaching a prosthetic tooth to the adjacent teeth.

If teeth have broken off, the root can be capped with porcelain crowns, but they can be prone to fracture, as happened to Steve. There is also the risk of an infection, causing an abscess in the soft tissue inside the root of the tooth. Dental implants have been around since the Sixties, but

have greatly improved in recent years. They heal far more quickly than before — the surface of the titanium screw is now prepared in such a way that the patient's bone bonds to it in just six weeks.

For many people, this is the best way of replacing a lost tooth with an artificial one. Because the implant goes deep into the jawbone, it fools it into thinking the tooth is still alive, preventing it from withering through lack of use.

Although most dental implants are done privately, they can also be done on the NHS if a patient has oral cancer or has had teeth missing since birth. Dental implants are still expensive, but many people see them as a better alternative to repeated dental treatment.

As with all operations, there are risks, including infection. But dental implants are suitable for most patients who are fit enough to have a tooth removed, as long as they haven't lost too much supporting bone.

Those not suitable are heavy smokers, because smoking affects circulation in the gums, or those with gum disease or uncontrolled diabetes, which makes them prone to infection.

If the bone has shrunk too far, it may need replacing with a bone graft taken, for instance, from the hip or chin. The process will then take a lot longer.

THE first step is a clinical examination and scans, which may include a CT (computerised tomography) scan to check the bone is healthy.

The operation involves first making an incision in the gum and drilling a socket into the bone below where the tooth was. The socket is slightly smaller than the titanium screw, which can vary from 6mm to 15mm in length.

Then I stitch the gum around it. A temporary cap is put on it to stop the gum growing over.

The patient's bone grows around the base of the screw and holds it in place, normally within six weeks. During that time, special dentures are worn to take pressure off the wound and the screws, but still allow the patient to eat and talk.

We then make a silicone impression of the jaw and teeth, and a technician makes porcelain teeth and the titanium or gold alloy posts to support them.

When the jaw is healed, I remove the caps and screw in the posts firmly. This stage is painless, so no anaesthetic is needed. Then I fix the porcelain teeth to the posts, using either dental cement or a tiny screw.

Patients are delighted they can eat normally again. And if a tooth becomes damaged, we can replace it with a new one and fit it to the implant. If the patient looks after their teeth, dental implants can last for decades.

■ *DENTAL implants cost around £1,500-2,500 each privately, and a similar cost to the NHS.*

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Percentage of women who buy shoes knowing they don't fit. Tight shoes increase your risk of bunions and osteoarthritis