

ELLIS PAUL LOOKS AT
THE HARLEY STREET
ORAL
RECONSTRUCTION
CENTRE



Malcolm Schaller opened his Harley Street Oral Reconstruction Centre at 152 Harley Street in September 2000. The Centre was designed by Richard Mitzman and is the latest of his many dental projects. Malcolm is one of the leading implantologists in the country and having worked in Wimpole Street for many years, he began to see the need for a comprehensive oral reconstruction and surgical centre in the West End, where every facility could be provided. Up to then, patients tended to be sent from one dentist to the other for X-rays, CT scans, surgery and prostheses.

THE CONCEPT

Most of the premises he looked at for over five years were unsuitable. Most had two or three rooms on each floor and he found the constant movement up and down stairs unacceptable. Other buildings

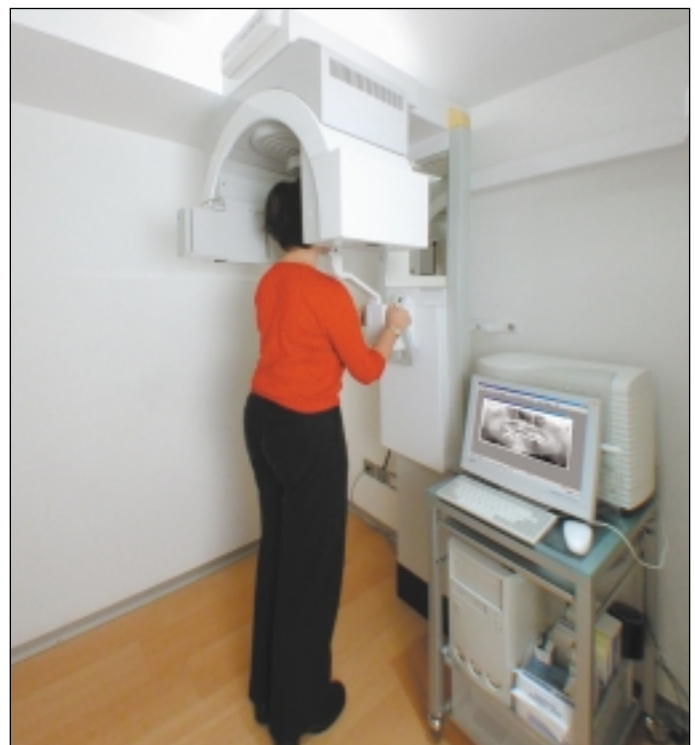
wife who actually found the present building. This had 14 rooms on one floor with an upper and lower mezzanine. The suite was in a poor state of repair and had problems with the electrics and plumbing.

When Richard Mitzman was asked to look at the building, he noticed it was steel-framed so that it was possible to knock down every wall and rebuild it from scratch – a facility few places would allow.

Malcolm does a great deal of his surgical work under IV sedation, which needed to be carried out in operating theatres as day care admissions. Private hospitals are now becoming very expensive so he felt that he wanted a dedicated unit for surgery under sedation for

were Grade II listed and English Heritage had too many restrictions placed on refurbishments. After five years of searching, it was his

Figure 1: X-ray facilities



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Figure 2: The reception and waiting room - clean and minimal

medically-fit patients using cutting-edge facilities including monitoring equipment and post-operative recovery facilities.

Implant and reconstruction surgery has changed and is still changing and so it is an advantage to have on-site lab, X-ray and CT facilities, tomography, OPGs and lateral cephs (Figure 1).

Malcolm was not optimistic that the Crown Estates would allow him to proceed with the alterations but they were in fact very helpful. Richard Mitzman and he discussed tentative designs and submitted these and once they were approved, he did an in-depth design and submitted it for the final approval – which was granted at the end of 1999. Malcolm advised Richard on the number of surgeries, theatres and all the ideal facilities he required. They went through 20 to 30 alternative designs, all on computer, until a format was found which seemed to flow both for patients and staff.

The design was rather unconventional and contained many features not normally carried out in the UK and so was a very ambitious project. Richard's design carried large areas of glass walls and

Malcolm's biggest worry was that sound and conversation would be carried through them. However, this has proved not to be a problem, particularly as there is background music constantly playing.

THE FINISHED PREMISES

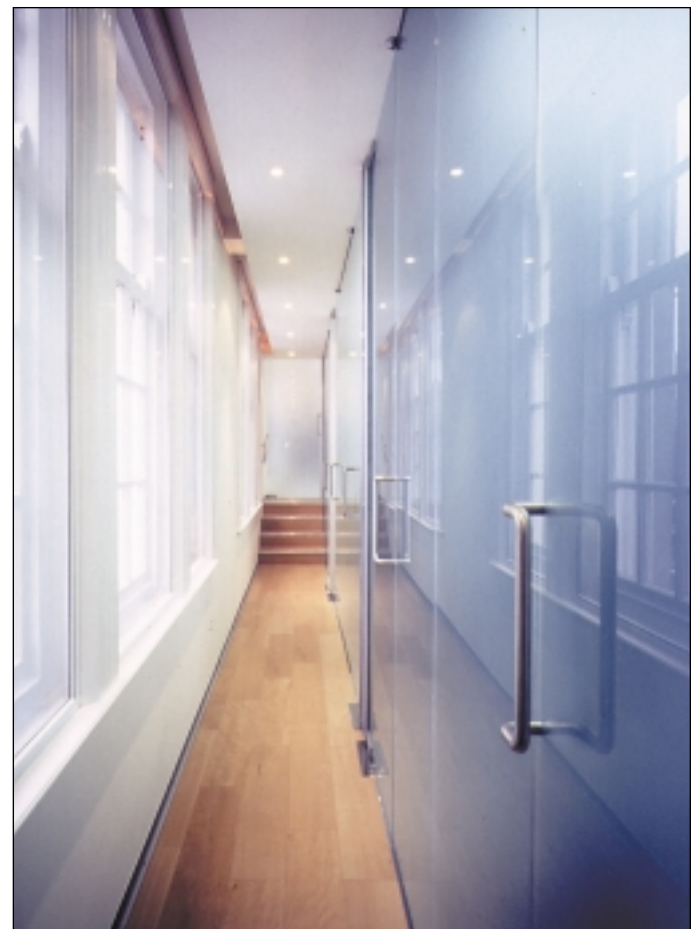
The moment one steps across the threshold there is an awareness of being in a different space – even though it is housed in a traditional building one knows one has arrived in the 21st century.

The reception (Figure 2) and waiting room are simple and minimal but extremely up-to-date and use the same materials as those used throughout the practice, i.e. maple, stainless steel and glass. Leaving reception, one is immediately transported along a corridor between the natural windows of the building and the glass walls of the surgeries – an unusual and exciting space (Figures 3 & 4).

On entering the surgeries (Figures 5 & 6), they feel and look clean, bright and spacious and yet are actually measure only 3m by 4m. This is because there is nothing in the surgery other than the dental chair and a long glass shelf under which is housed glass-



Figures 3 & 4 (above and below): A corridor between the natural windows of the building and the glass walls of the surgeries - an unusual and exciting space





Figures 5 & 6: Although the surgeries look bright and spacious, they only actually measure 3m by 4m

topped mobile trolleys (Figures 7a & 7b). Behind this is a ‘Steri-Wall’ (Figures 8 & 9) faced in aluminium laminate. This houses every possible service needed, including compressor, clean and dirty instruments, electrics, services, waste bin and/or instrument cleaning facilities.

Behind the Steri-Wall is the CSD (Figure 10) where the surgeries are services and all cleaning and sterilising takes place.

SURGERIES

These look clean and bright but there is no traditional cornicing and skirtings. Instead, there is a ‘floating’ ceiling with a shadow gap instead of a cornice which makes them look minimal (Figure 6). The wall skirtings are recessed and faced with stainless steel. The walls are sandblasted (chemically baked) glass which borrows light from the natural windows so the surgery walls appear to glow and this means that though there is no window, they feel much brighter.

Because the surgeries are not built right up to the windows, the latter don’t determine the size or shape of the rooms so they can be of optimal size, i.e. not dictated by the windows. Even the lights are special ‘mellow’ ones, giving an output of 500 lux at the working plane but no dazzle. Not only this, but they also look extremely aesthetic.

CONSULTING ROOM

This is an extremely important area (Figure 11) because it produces much of the ‘wow’

factor for the new patient. The desk is also in glass and stainless steel and helps also to contribute to this.

The whole suite looks so minimal because all services are hidden. As they are all piped through the walls, the audio, video, gasses and communication systems are all totally out of sight – in fact, every wire and service pipe is in one place, giving extremely easy access in the centre of the practice.

There is a separate suite for visiting surgeons to use on a sessional basis complete with



Figures 7a & 7b: The Wacom trolley (left) and a closer look at the Wacom machine (right)





Figures 8 & 9: The Steri-Walls open (left) and closed (right)

recovery room (Figure 12), changing facilities, lockers and their own consulting room (Figure 13).

Overall, one realises the clever ergonomics of the practice (Figure 14) as patients go round the perimeter window corridor and staff can access all the surgeries through a central corridor and the sterilising areas. In this way, nobody gets in each other's way. The overall impression is one of an ultra-modern practice with the best of everything and in an atmosphere which always seems to be relaxed for both staff and patients.

THE CENTRE AT WORK

Finally opened in September 2000, it provides premises where not only Malcolm could carry out the full range of his own work but provides a centre with cutting-edge facilities for other like-minded colleagues to use and work in, using it as a surgical day-care facility. A full range of oral surgical procedures are undertaken from removal of impacted wisdom teeth to bone grafting and sinus lifting. The centre was one of the first to provide the Brånemark Novum 'Same Day' implant and provides facilities for the prosthodontist and his technician if necessary.

Postgraduate courses are also given at the centre with audio and visual links between the operating theatre or any

Figure 10: Behind the Steri-Wall is the CSD, where the surgeries are serviced and all cleaning takes place



Photograph by Etienne Clemence

surgery and the lecture room. This is invaluable as participants can not only watch procedures under high magnification but can also ask questions to the operator whilst sitting in the lecture room.

He uses an American software programme (Simplant) and can carry out

implant operations electronically on a computer, which gives a clear idea of bone density and volume. The computer is networked between surgeries and theatres. This can be used under sterile conditions and has given the ability to diagnose bone contouring and topography to

Figure 11: The consulting room, which produces much of the 'wow' factor for new patients

Photograph by Etienne Clemence





Figure 12: The recovery room

an extremely high and accurate level - and quickly. Touch screens allow sterility to be maintained when carrying out surgery.

David Nancekeivell, a consultant anaesthetist, formally clinical director at St Bartholomew's Hospital, was very helpful in setting up the sedation facility in monitoring requirements (Figure 15) which are second to none. Recovery rooms are designed for patients both lying down and sitting up. Patients in other situations are closely monitored at all times with the

very latest equipment and with a qualified recovery nurse in attendance.

Sterilisation procedures are also designed to the same high standard. For example, there is a Miele machine, which cleans instruments with hot pressurised water jets containing disinfectant, and thoroughly cleans all instruments before they are sterilised in vacuum autoclaves. All infection control is completed in separate areas which are located between each pair of operatories and instruments can be accessed from the operatories by pulling



Figure 13: Visiting surgeons have their own consulting room

a flap in the wall.

One's overall impression of this superb facility is of a carefully planned ultra-modern environment which is both aesthetically pleasing, restful to the patient and yet in an extremely hygienic environment.

I asked about patients' reactions and it is obvious that the combination of superb design light and bright operating theatres produces an incredible 'wow' factor for patients.

Above all, it seems to have fulfilled Malcolm's dream of centre which will provide excellent patient care and attractive working conditions. **ID**

Figure 14: A map of the practice - the patients travel around the perimeter and the surgeons can access all the surgeries through a central corridor and the sterilising areas

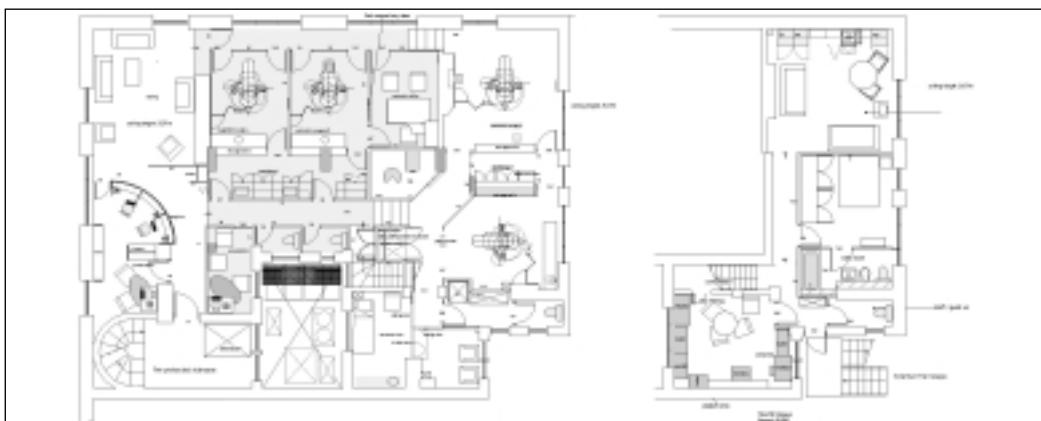


Figure 15: The sedation facilities are second to none - including monitoring units

