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## i-CAT

### ← HIGH QUALITY 3D WITH A LOW DOSE

i-CAT FLX mv delivers optimal images, safety.  
MORE ON PAGE 3



## Kerr Dental

### UNIFORM CURING, WITH A QUICK CHARGE →

This LED light provides efficient curing.  
MORE ON PAGE 3



## DEXIS

### ← DIAGNOSE WITH CONFIDENCE

CariVu detects caries with patented technology.  
MORE ON PAGE 3



## KaVo USA

### AIR DRIVEN EFFICIENCY →

Produce easy preps with the MASTERtorque M8900 L.  
MORE ON PAGE 3



## COVER PRODUCTS

are chosen based on innovation or their perceived impact on improving patient care and practice efficiency.



## Axis|SybronEndo

### ← CORD-FREE POWERED OBTURATION

elementsfree is ready to go when you're ready to go.  
MORE ON PAGE 3

## TECHNOLOGY SURVEY

# RADIOGRAPHY REPORT

Find out what your peers think about radiography systems, along with other technologies in the practice.



## TECHNIQUE

### ← How to restore root caries

Using Pulpdent's new ACTIVA BioACTIVE-Restorative.

## ROUNDUP

### Adhesive Advances

Check out a variety of products and see what might work best for you.

# GrandioSO



## ► The ultimate combination of handling, esthetics and performance.

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- Enhanced color stability

### 30-50% less resin compared to classic hybrid and pseudo nano composites:

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- Non-sticky
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### Designer Nano particles:

- Excellent polishability and polish retention
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## ▼ See what your peers say:

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#### Description

**GrandioSO** is a light-curing, radiopaque nano-hybrid composite. It is indicated for Class I-V restorations, cosmetic restorations, splinting of loose teeth, repairing veneers, restoration of primary teeth, core build-ups, and composite inlays. **GrandioSO** is available in shades A1, A2, A3, VC A3.25, A3.5, A4, VC A5, B1, B2, B3, C2, D3 OA1, OA2, OA3.5, and Bleach (BL) in syringes and single dose capsules. The composite is compatible with all light-cured bonding agents. Curing times vary with shade selection. The kit evaluated contains 80, 0.25 g caps, 16 each in shades A1, A2, A3, A3.5 and B1; shade guide; product literature; manufacturer instructions; and MSDS. **GrandioSO** was evaluated by 31 consultants in 1054 uses. It received a 96% clinical rating.

#### Product Features

**GrandioSO** composite is easy to dispense and place. It has a viscosity that is heavy enough to be packable and is suitable for both anterior and posterior restorations. Shade matching and final esthetics are very good. The opacity of the cured composite is beneficial for masking stained dentin, yet blends well with the surrounding enamel. Shade A3.25 was useful for the cases in which a patient's shade was between A3 and A3.5. The quality of the final polish was rated excellent. Fifty-five percent of consultants reported that **GrandioSO** was better than their current universal resin composite and 35% reported that it was equivalent. Eighty-one percent would switch to **GrandioSO** and 90% would recommend it.



#### Consultants' Comments

- "Easy to dispense and place."
- "Good radiopacity."
- "The material has an excellent, non-sticky consistency."
- "Heavy viscosity packs and sculpts well."
- "Good shade match and final esthetics."
- "I prefer a more translucent body shade."
- "The unit-dose capsule has a wide tip."
- "Make the packaging sturdier."

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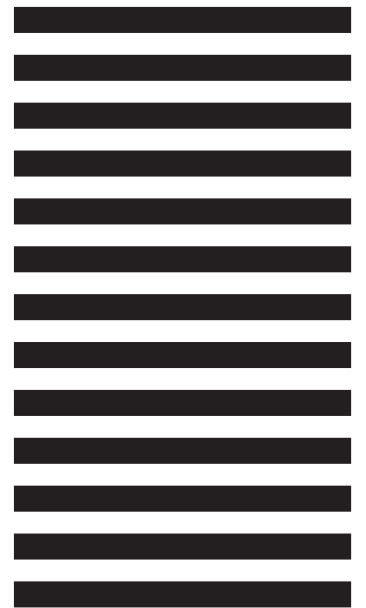
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ISSUE 03  
03/2014  
Volume 48

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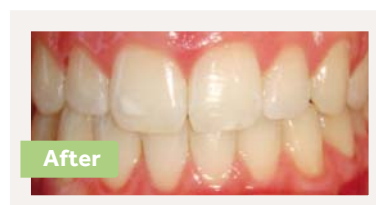
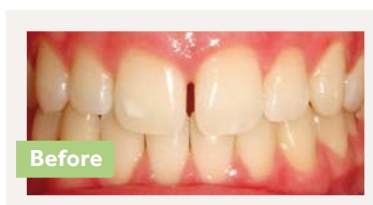
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Not all of these products are brand new, but presented as part of the KaVo Kerr Group family, each recent launch represents true innovation in its category. All were featured at a special launch event at the 2014 Chicago Midwinter Meeting last month.

## Low dosage + medium field-of-view

**i-CAT FLX mv** is designed to extend the balance of optimal imaging with low dosage to the medium field of view category in 3D imaging. It offers high-quality 3D images at a dose less than a pan with QuickScan +, plus is easy to use with SmartScan STUDIO's flexible workflow. Additionally, Visual iQuity Image Technology is said to offer the i-CAT's clearest 2D and 3D images.

**i-CAT**  
800-205-3570  
i-cat.com  
CIRCLE RS #3



## Quickly and confidently confirm caries diagnoses

**CariVu** is a compact, portable caries detection system that features patented transillumination technology. Designed to incorporate easily into current workflows, CariVu lets dental clinicians easily detect a range of carious lesions and cracks, plus it provides an easy-to-interpret image that is stored with the patient's additional images.

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dexis.com  
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**elementsfree** improves the RCT clinical experience with a cord-free, ergonomic and feature-rich obturation system using the warm vertical condensation technique. It features motorized extrusion for improved user experience, plus a cord-free comfort grip that allows interchangeability of tips and cartridges.

**SybronEndo**  
800-346-3636  
sybronendo.com  
CIRCLE RS #5



## Low-noise, high-power air driven handpiece

The **MASTERtorque M8900 L** air driven, high-speed dental handpiece reportedly allows for easier preparations and restorations with 23 watts of power, while a 57dB low noise level is less irritating and damaging to the ears. Also, the handpiece's Direct Stop Technology™ stops the bur in 0.8 seconds (on average) and reduces the risk of accidental contact if the patient moves. Plus, there is virtually no retraction of fluid or debris, which protects the turbine from damage and increases the handpiece's life.

**KaVo USA**  
877-746-3995  
trykavo.com  
CIRCLE RS #6



## Ultracapacitor curing light

The **Demi Ultra Ultracapacitor Curing Light's** U-40 ultracapacitor allows the device to fully charge in less than 40 seconds, offering 25 10-second cures without gradually losing charge strength like curing lights powered by conventional rechargeable batteries. This means that the Demi Ultra will have the same charge strength after 10 years of use as it did when it was new. Additionally, the LED light system is outfitted with Kerr's C.U.R.E. (Curing Uniformity and Reduced Energy) technology, which reportedly offers uniform curing depth at low temperatures, which translates into less heat delivered to the tooth itself.

**Kerr Dental**  
800-537-7123  
kerrdental.com  
CIRCLE RS #7



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DPR makes every effort commensurate with professional editorial and advertising standards to report manufacturer's product news accurately, but cannot assume responsibility for the validity of product claims. It is necessary for the editorial staff to remove itself from policing the content or images used in various ads or marketing campaigns. Any reader with a complaint should contact the manufacturer directly.

### Our editorial process

The dental profession and the publications that cover it have no shortage of dental professionals ready to share their expertise. DPR sets itself apart with an editorial team comprised of journalists, not dentists. Each month, we reach out to a wide variety of voices to help tell the story of innovation in the dental profession. We don't assume we know all the answers; we are, instead, committed to asking the right questions and delivering unbiased, quality content. None of the articles you read are "paid for," but as a product-centric magazine, working closely with our manufacturing partners is an important part of the process.

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## OUR MISSION

*Dental Products Report* provides dentists with comprehensive, accurate and unbiased information across the spectrum of specialties. In consultation with forward-looking clinicians and manufacturers, our staff supports dentists as they apply new products and technologies for excellence in patient care and practice development.



There's less stress knowing that  
**my crown's going to come back and fit.**

SOLVE MY PROBLEM P. 74

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## Couldn't make it to Chicago?

If you couldn't join your colleagues for the Chicago Dental Society's Midwinter Meeting in February — don't worry. The DPR team covered all the press conferences, walked the exhibit floor and had a seat at the best parties. You'll find all of our coverage — articles, video and photos — at [dentalproductsreport.com](http://dentalproductsreport.com). Just search using the "Midwinter 2014" tag.

## Clicks & Picks

What dentists were searching and savoring in February  
[@DENTALPRODUCTSREPORT.COM](http://@DENTALPRODUCTSREPORT.COM)



### 3 MOST-VIEWED PRODUCTS

- 01 Eaglesoft 17  
Patterson Dental
- 02 LD0707 Cut, Finish and Polish Kit  
KOMET USA
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SDI



### 3 MOST-READ ARTICLES ONLINE

- 01 What dental professionals need to know about e-cigarettes  
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- 02 3 Things your dental practice can learn from Starbucks  
by Denise Ciardello
- 03 How to keep up in a chartless dental practice  
by Jill Nesbitt, MBA

## E-NEWSLETTERS







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“I’ll let you make your own conclusion about the film vs. digital debate, but that seemed like a pretty damning statement...”

## Chicago and our commitment to you

As always, the Chicago Midwinter Meeting was a whirlwind of activity. I’m very proud of the way our editorial team tackled the meeting, and the way we kept our readers updated on the daily happenings in Chicago. You can see their work by visiting [DentalProductsReport.com](http://DentalProductsReport.com) and searching for “Midwinter 2014.”

Tying together our print and online components, in this issue, you’ll see some of the new products launched at CMW in our product pages, as well as an exclusive interview with Henk van Duijnhoven, president of KaVo Kerr Group globally. KaVo Kerr Group made a big splash at the Midwinter with a huge launch of products, and you’ll see some of those on the cover and in our Chicago review.

In this issue, we also are focusing on technology survey results, with specific attention paid to what you told us about

digital imaging. While the article may focus on the digital side, I tried to talk to several dentists who still use film in their practices for the article. No one, however, would go on record with me for an interview. One dentist told me he wouldn’t talk to me because he “didn’t want to seem behind the times to his colleagues.” I’ll let you make your own conclusion about the ongoing film vs. digital debate, but that seemed to be a pretty damning statement in and of itself.

Various organizations have made it clear that a line between journalism and opinion was crossed in our infection control column in our January 2014 issue. Our goal is to be an unbiased source of information for our readers. With this article, we failed, and we apologize to our readers for not presenting them with all of the perspectives on this topic.

Even though we regret the mistake, we are thankful for the opportunity to be reminded of our journalistic responsibility and are committed to a renewed vision of bringing the very best — and most unbiased — writing and editorial on the dental issues that affect you most.

We always welcome your feedback on any article published within the pages of DPR or our website. Your opinions are valued and appreciated. Read on, this is your magazine... ●

*Kevin G. Henry*

[ Kevin Henry ]  
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[khenry@advanstar.com](mailto:khenry@advanstar.com)

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## BIEN-AIR

Bien-Air Sales Representative Daniel Call shares his expertise with DPR on what makes his company's electric handpiece systems so efficient. [Compiled by Terri Lively]

There are several products that promise to help you run a more efficient practice, but Bien-Air's Optima MX2 Motor System and Microseries attachment delivers on that promise. A world-renowned line of electric handpieces, Bien-Air's system is the only one that uses just one handpiece for all of your highspeed and lowspeed restorative treatments.

We were intrigued by this claim, so we talked to Daniel Call, sales representative from Bien-Air, to find out more about this impressive system.

**DPR:** Time is money for a dental professional, and even saving five minutes can make a big difference in a practitioner's day. What is it about your Optima MX2 and Micro Series Attachment that can help practitioners run their offices more efficiently?

**CALL:** The one thing I want them to know is our system is able to reduce the operational costs of their practice while simultaneously delivering a better patient experience and reducing the amount of equipment their assistants have to manage.

**DPR:** That's certainly impressive. But when it comes to endodontics, what features make the Optima MX2 a good fit for most practitioners?

**CALL:** We have the only motor that delivers maximum torque output at any RPM, permitting a single 1:5 attachment to support a range of applications ... a Bien-Air exclusive that saves you money. Other systems require multiple attachments; some weaker motors use up to five. Also, the MX2 is the only electric that utilizes a direct ratio 1:1 attachment for endo.



### Bien-Air USA Optima MX2 INT

The versatile design of the Bien-Air Optima MX2 INT allows clinicians to take advantage of pre-programmed modes for restorative operations and for endodontics. Said to be a true, all-in-one system, this product boasts two contra-angle handpieces that can perform the vast majority of dentistry operations. These features mean more comfort for patients and shorter visits and operation times for practitioners.

**Bien-Air**  
800-433-2436 | [bienair.com](http://bienair.com)  
CIRCLE RS #14

**DPR:** Can you explain how the Smart Logic Control feature benefits doctors in the office?

**CALL:** I am glad you asked this. The electronic "control" is so commonly overlooked when comparing electric motors. Basically, Smart Logic Control, the most precise control ever measured, is like a cruise control system in a car. It senses the bur is slowing down and the motor adjusts to maintain a consistent RPM—the essence of electrics. That is inherently what sets our system apart: the ability to maintain consistent RPM at any point in the RPM range from 500 to 200,000 with 1:5 attachment, regardless of the load on the bur.

**DPR:** What is the Easy-Nav Philosophy and why is it beneficial to most practitioners?

**CALL:** The philosophy of the Easy-Nav system is to provide more control without complicating the use. For example, you have the ability to customize the preset with a name, up to 40. Most other systems have three. Also, our system displays the real bur RPM instead of having to manually calculate it. It's like programming seat positions in your car; with our Easy Nav, one press of a button you can go from 200,000 to 5,000 RPM with full torque.

**DPR:** Why did you choose to make the handpieces shorter? Does it change how the handpieces are used?

**CALL:** Weight is a common concern. We wanted to design a handpiece with the best balance to reduce strain on your wrist. To accomplish this, we moved the center of gravity as forward as possible by developing the shortest attachment in the world.

The best way to demonstrate the balance is to rest the handpiece assembly in the crest of your hand between your thumb and your forefinger and let go. You'll notice your fingers aren't needed to counterbalance the weight of the tubing, unlike a turbine.

**DPR:** Learning a new piece of equipment can be a hassle for practitioners that are already overloaded with the details of running a practice. What kind of training and installation is required for a new user of the unit at his or her practice?

**CALL:** Many people are apprehensive to get electrics because they think they have to learn a new system. That's not true. You can use it just like the turbine and control the speed with your foot pedal, or get as technical as you want.

**DPR:** If you had one fact you wanted doctors to know about the Optima MX2 all-in one system, what would it be?

**CALL:** We are known as a premier brand and we've earned our pedigree and that's impressive. But they (clinicians) get scared away by that. They hear "high price tag." The fact that our system is so versatile and consolidates equipment makes the investment a practical one. We have complete motor systems that start at \$1,250.

**DPR:** What advice would you give to a new dentist just starting his or her practice?

**CALL:** Beware of a price trap. A price trap is something that has a low entry cost but a high cost of ownership and lots of hidden costs. Be able to ascertain enough information to make an intelligent long-term decision. Just because a handpiece is cheap doesn't mean it's inexpensive. ●

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PHOTO: SIRONA DENTAL, INC.

## 01 Make it a routine experience

Using your camera often can help inform and educate patients. Tour the mouth and show patients two to three teeth that could benefit from treatment, i.e. Amalgam vs. Composite fillings. Email pictures to patients so they have them on file to consider and discuss with a spouse/significant other.

## 02 Call attention to potential problem areas sooner

Patients need to be aware of potential problems and treatment options. A camera can help identify problem areas so you can alert patients to a tooth that may break off, or cause pain or sensitivity in the future. A chipped tooth may not hurt, but dentin can be penetrated more easily by bacteria and decay if the enamel is gone. A fractured tooth is painless until it breaks off.

## 03 Strengthen documentation

Documentation protects the doctor and patient from emergency problems and strengthens insurance cases. Many insurance companies request a photo for approval of fillings that need to be replaced, and a crown will likely have better coverage with a photo. Keep image records of specific cases discussed with your patients.

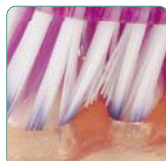
*Tips provided by TOMERICKSON, Territory Manager for Schick Intraoral Imaging with Sirona Dental, Inc. ●*

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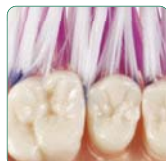


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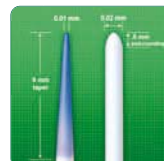
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### [ IN THIS SECTION ]



#### 30 TECHNOLOGY EVANGELIST

#### SEEING MORE WITH THE NEW DEXIS CARIVU

DPR's Technology Editor gives a thumbs up to this device, a transilluminator with a built-in infrared camera.



#### 46 DOUBLE TAKE

#### "EVERYTHING I NEED TO PREP, ADJUST AND POLISH IS ORGANIZED..."

One clinician's view on Brasseler USA's procedural kits, designed to handle every situation.



#### 48 BENCHMARK

#### SUNSTAR'S GUM EASYTHREAD FLOSS & GUM PROXABRUSH GO-BETWEENS CLEANERS

Catapult's review of these new at-home care products.

### [ WEB EXCLUSIVES ]



#### VIDEO



#### Preview Zirc Co.'s Z.O.B.E. System



Check out this new product and other videos captured on the exhibit floor at the 2014 Chicago Midwinter Meeting.

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#### Product Review: Planmeca ProMax 2D



How one clinician upgraded his 2D Planmeca ProMax system to a 2D/3D system and what it meant for his practice.

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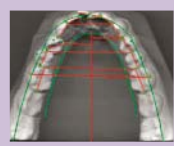
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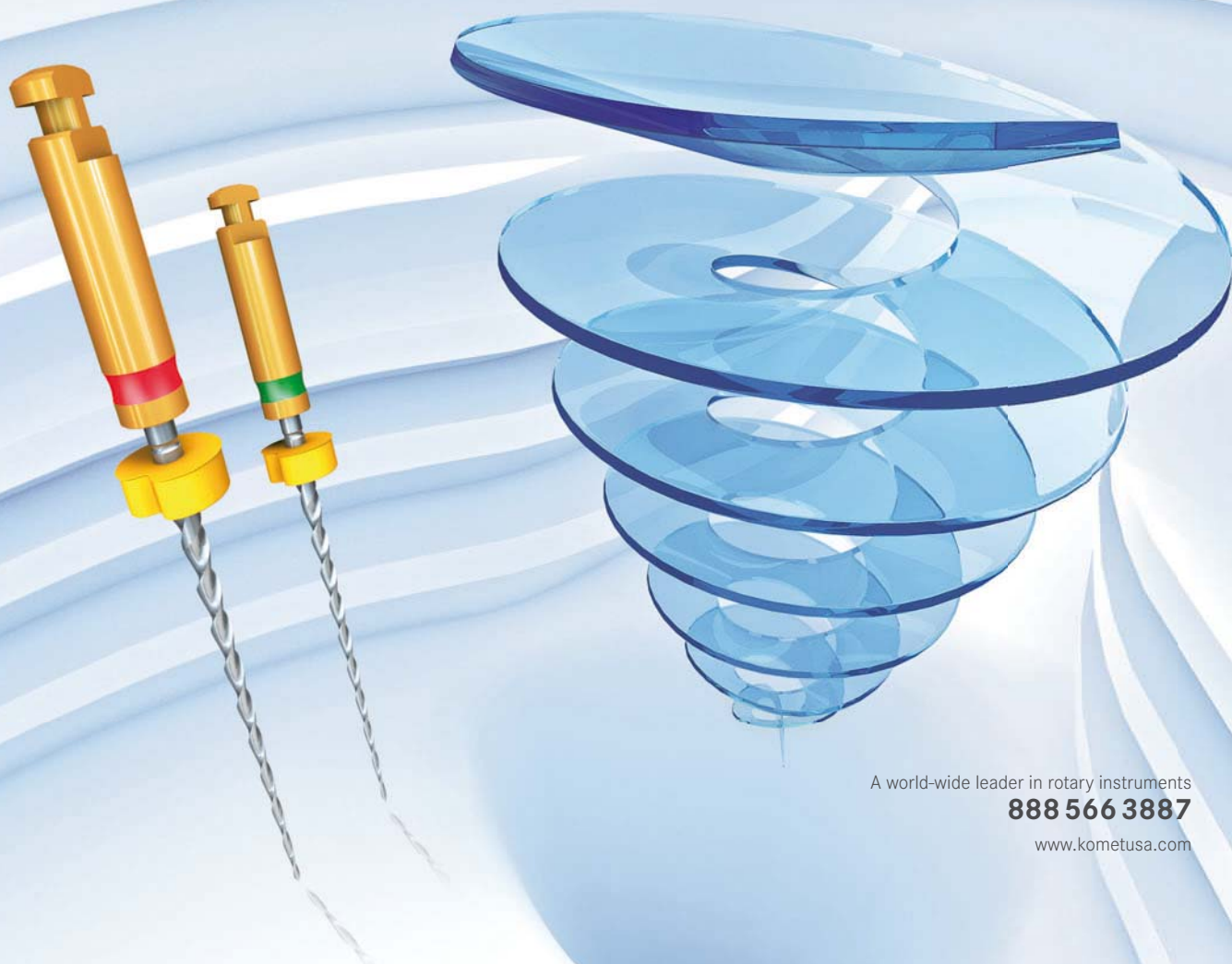


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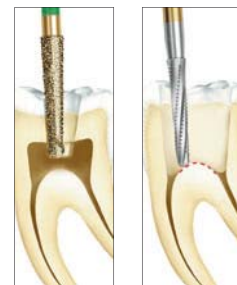


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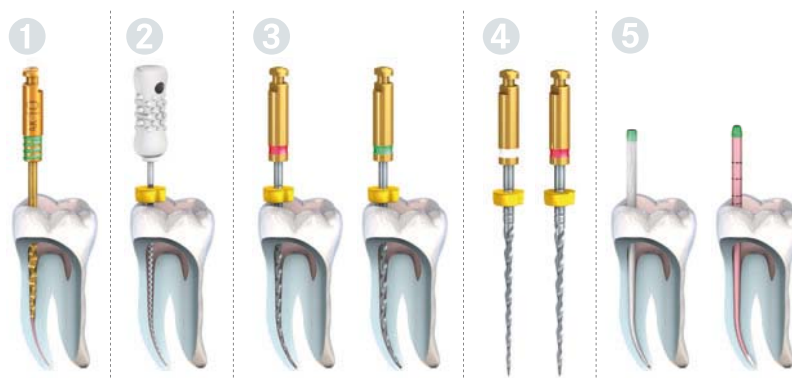
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[ DIGITAL RADIOGRAPHY ]

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CIRCLE RS #22



[ DIGITAL DENTAL CAMERA ]

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The **EyeSpecial C-II** digital dental camera features 12 megapixels and 8 shooting modes designed for faster, easier and more reproducible high-quality images. Also, the camera offers a 49mm close-up lens, one-touch operations, a lightweight body, and a large LCD touchscreen that allows for easy image scrolling and viewing, even with a gloved hand. Other features include anti-shake capabilities; infrared, UV and anti-reflection filters, plus it is said to be durable and scratch- and scuff-resistant.

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CIRCLE RS #23

3shape



[ CAD/CAM SOFTWARE ]

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CIRCLE RS #24



[ TEETH WHITENING ]

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CIRCLE RS #25



## What wowed us in Chicago

The comedian Dick Gregory once remarked that while voting is considered a right and a duty in most parts of the country, in Chicago it's more like a sport. And with the 2014 Chicago Dental Society Midwinter Meeting now behind us, it's pretty plain to see that dentistry could also be considered another important Chicago pastime. With that in mind, DPR pulled out all of the stops and sent the entire editorial team to the session to attend courses, try out new products and talk to key opinion leaders in the industry. And there was certainly plenty for us to do: lots of the major dental brands released new products at the show, and many others took the opportunity to remind us about time-tested products with reputations earned by way of the results they have consistently produced. With both of these types of products in mind, check out DPR's picks of the most interesting and innovative products from the show.



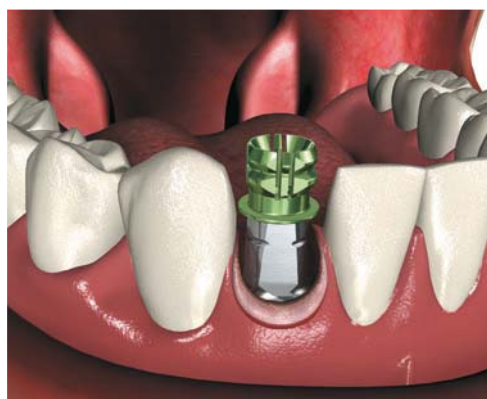
## DEXIS Mac™

DEXIS Mac's intuitive interface and functionality combines with existing DEXIS image management tools to provide integration across Mac and iOS products, plus it works with the DEXIS go® app for patient communication as well as the newly released DEXIS photo™ app. In addition, the native OS X software reportedly offers clinicians a more efficient digital imaging workflow and integration with Mac-based practice management programs like Viive™ and MacPractice®.

### DEXIS

888-883-3947 | [dexis.com](http://dexis.com)

CIRCLE RS #26



## Legacy4

The Legacy4 is a two-piece implant for two-stage surgery that features a fixture mount for precision transfers, as well as a torque-safety feature that prevents damage to the implant interface. Other features include a concave transgingival profile, quadruple-lead microthreads and more.

### Implant Direct

888-649-5425 | [implantdirect.com](http://implantdirect.com)

CIRCLE RS #27



## NOMAD PRO 2

The NOMAD PRO 2 is a portable and handheld intraoral X-ray scanner that can be easily carried from one operatory to another, eliminating the need for wall-mounted units. Also, it produces high-quality images twice as fast as conventional X-ray systems, and accelerates workflow by allowing clinicians to spend more time with patients.

### NOMAD

801-226-5522 | [aribex.com](http://aribex.com)

CIRCLE RS #28



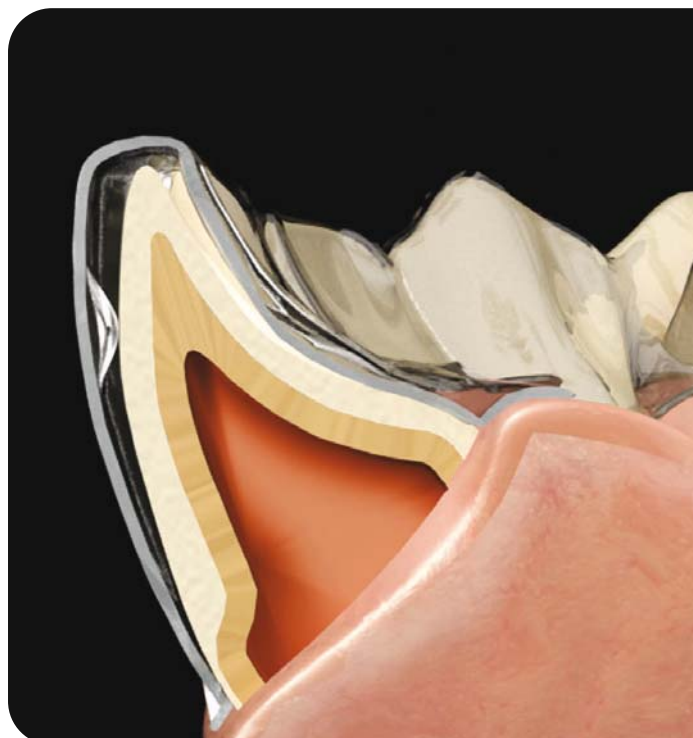
## PerfectPearl™

The PerfectPearl™ contra dental prophylaxis angle's beveled gearing offers smooth, low vibration operation, while the soft prophy cup provides flare for sub-gingival cleaning. Also, the spiral grooves help push paste towards the tooth, reducing splatter.

### KerrTotalCare

800-841-1428 | [kerrtotalcare.com](http://kerrtotalcare.com)

CIRCLE RS #29



# Not just different. Better.

## Introducing an innovative way to treat the most common misalignments.

Not all anterior misalignment cases are alike. That's why DENTSPLY developed **MTM® Clear•Aligner Service Center**, a turnkey lab-based solution for treating the "Social Six". With flat fee pricing and an unlimited number of aligners, **MTM® Clear•Aligner** is the easy and affordable way to treat your adult patients. Using "force points" and a unique "open pathway" architecture, **MTM® Clear•Aligner** moves teeth more easily into their desired positions, without the use of unsightly attachments. Whether you're making cosmetic improvements, treating relapse or finishing/refining other orthodontic treatments, **MTM® Clear•Aligner** can help you reach your goals in as little as three to six months.<sup>1</sup>

Call 1.888.898.4mtm(4686) to learn more about **MTM® Clear•Aligner**.



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- ✓ No Attachments
- ✓ Innovative Technology
- ✓ Highly Affordable

Visit [mtmClearAligner.com](http://mtmClearAligner.com) or call 1.888.898.4mtm(4686) to learn more.



Ultimate Comfort dental unit

The Ultimate Comfort dental unit features a heavy-duty chair frame with 550 lb. patient load capacity, as well as an ergonomic design and three programmable positions. Also, the chair swivels 45 degrees in each direction and left and right, plus many other features.

Ritter Dental  
855-807-8111 | [ritterdentalusa.com](http://ritterdentalusa.com)  
CIRCLE RS #30



SonicFill™

SonicFill is a sonic-activated, bulk fill dental composite system for posterior restorations that requires no additional capping layer. The sonic activation feature enables a rapid flow of composite into the cavity for easy placement and superior adaptation.

Kerr  
800-537-7123 | [kerrdental.com](http://kerrdental.com)  
CIRCLE RS #31



SCANORA® 3Dx

The SCANORA 3Dx panoramic imaging system reportedly produces detailed, high-resolution, localized images for endo or periodontics, or full skull images for orthodontics and OMS orthognathic surgery. With the Autoswitch™ feature, clinicians can easily change from high-definition panoramic to CBT without needing to reposition the patient or change detectors, while eight selected fields of view limit radiation exposure to precise areas of interest.

SOREDEX  
800-558-6120 | [soredexusa.com](http://soredexusa.com)  
CIRCLE RS #32



Eaglesoft 17

Eaglesoft 17 practice management software offers new features that are said to help dental practitioners simplify daily routines, including customized medical history, Eaglesoft Newsfeed, web-based Patterson Auto Update, CareCredit bridge and integrated Clinician Lite for Eaglesoft Clinician users.

Patterson Dental  
800-328-5536 | [eaglesoft.net](http://eaglesoft.net)  
CIRCLE RS #33



Lubricare

The Lubricare maintenance device offers sprays specifically designed for separate phases of the maintenance cycle: Spraynet, for dissolving impurities and cleaning the instrument; and Lubrifluid, for effective lubrication of instruments. The device holds up to four instruments per cleaning cycle, and cycles take 25 seconds per instrument with two choices of cleaning and lubrication modes.

Bien-Air USA, Inc.  
800-433-BIEN | [bienair.com](http://bienair.com)  
CIRCLE RS #34



SplashMax

SplashMax VPS impression material is formulated to provide immediate hydrophilicity, maximum tear strength, dimensional accuracy and enhanced color contrast. Reportedly, using SplashMax achieves a lower contact angle in seconds and results in higher tear strength, providing highly detailed and consistently accurate impressions.

DenMat  
800-433-6628 | [denmat.com](http://denmat.com)  
CIRCLE RS #35



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## Luxatemp: Everyone Has a Favorite

Over 20 years ago, Luxatemp set the benchmark as the ultimate provisional material with its ability to make temporaries beautiful in all lighting conditions. Since then, DMG has expanded its line of provisional products with tailor-made variations focused on the needs of the clinician. Whether its Luxatemp Fluorescence's unique handling and superior aesthetic qualities, Luxatemp

Ultra's record values for flexural strength and break resistance, or the tried and true reliability of Luxatemp Plus, Luxatemp continues to deliver the unmatched clinical results and overall quality synonymous with the Luxatemp name. For more information, contact your dental supplier, call 800-662-6383 or visit [dmg-america.com](http://dmg-america.com).  
*Dental Milestones Guaranteed*



Dental Advisor Award received for Luxatemp Ultra.

\* Free goods shipped directly from DMG America. To receive free goods, please fax your paid dealer invoice to DMG America at 201-894-0213. Order must be placed through Authorized Dealer and redeemed within 30 days of purchase. Limit (2) per dental office. Offer valid January 1 - March 31, 2014. May be discontinued at any time.

Interested? Circle Product Card No. 62

**DMG**  
AMERICA



Artizan dental cabinetry

Customizable Artizan dental cabinetry combines advanced functionality and a sleek, modern look for a more upscale dental space. The treatment station features a slender midsection, floating glass shelf and cantilever forward upper profile, providing shape while freeing up countertop space. The central station features a mirrored vanity front, LED lighting, a touch/proximity faucet and a cantilevered sink. The units also incorporate stainless steel and Ultraleather™ accents.

Midmark  
800-MIDMARK | midmark.com  
CIRCLE RS #36



DEXIS photo

The DEXIS photo app gives practitioners an automatic, wireless way to capture photos directly into the patient record, without cards, readers or manual file transfers. Offering two functions, DEXIS photo lets practitioners capture patient ID photos that are viewable from any imaging screen through DEXIS, as well as capture and send images for the software's extra-oral photo screen. With an applicable mobile device, users can perform these tasks while in proximity to DEXIS Imaging Suite software.

DEXIS  
888-883-3947 | dexis.com  
CIRCLE RS #37



TiScrubs®

TiScrubs, which are available in men's and women's tops and bottoms, feature antimicrobial and hydro-wicking technologies that help protect against germs and keep wearers dry. Created by Dr. Bill Busch, the dentist for the Kansas City Chiefs, TiScrubs are athletic and sleek, plus a portion of each sale helps fund the charity organization TeamSmile.

TiScrubs  
888-847-8330 | tiscrubs.com  
CIRCLE RS #38



ACTIVA BioACTIVE Restorative

Easy handling ACTIVA BioACTIVE Restoratives and Base/Liners are said to combine the benefits of composites and GIs without the disadvantages, while also offering greater release and recharge of calcium, phosphate and fluoride than glass ionomers. Strong, esthetic and durable, ACTIVA mimics the physical and chemical properties of teeth and reportedly offers long-term benefits to patients.

Pulpdent  
800-343-4342 | pulpdent.com  
CIRCLE RS #39



GXS-700™

GXS-700 digital sensors are designed to make migrating from film, or upgrading to a digital system, easy and hassle-free. Two ergonomically shaped sensors with rounded casings are designed to comfortably fit adult and pediatric patients, while custom-designed positioning devices ensure patient comfort with fast and repeatable sensor positioning.

Gendex Dental Systems  
800-323-8029 | gendex.com  
CIRCLE RS #40



Super-Snap X-Treme

The Super-Snap X-Treme red and green composite polishing disks are thicker to increase stiffness and durability, while maintaining flexibility in interproximal areas. Plus, the disks feature a 3D coating on the red aluminum oxide disks for enhanced polishability. The coating appears as rounded, 3D semispherical-shape grits that are arranged homogeneously for additional space to discharge ground particles and reduce clogging.

Shofu  
800-827-4638 | shofu.com  
CIRCLE RS #41



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Learn how to effectively integrate 3M™ ESPE™ MDI Mini Dental Implants into your practice by attending the seminar that best meets your needs. Attend one or both days.

## MDI Certification Seminar — 7 CE Credits

**DAY 1:** Learn how market leading 3M ESPE MDIs can help you offer a solution to patients who may be contra-indicated for conventional implant treatment. The focus of this seminar is on the surgical placement protocol and full dentures. Includes hands-on experience.

## MDI Expanded Indications Training Seminar — 7 CE Credits

**DAY 2:** Build on your knowledge from the certification course with the focus on:

- Removable partial dentures, maxillary dentures and single tooth restorations
- Addressing challenging cases

This course is for doctors who have completed the certification course or have experience placing mini implants.

For more information or to enroll today visit  
**3MESPE.com/ImplantSeminars**

**3M ESPE Customer Care: 1-800-634-2249**

Certification Seminar Tuition: \$595; Expanded Indications Training Seminar Tuition: \$495; or Both for \$995

\*Two-Day Hands-On MDI Pig Jaw Course Tuition: \$1295; register before March 15th, 2014, tuition is discounted to \$995.

For more information or to enroll contact 3M ESPE Customer Care.

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## 2014 MDI Certification and Expanded Indications Training Seminars

Event	Seminar	Date	Location
Day 1	Certification	Mar. 14	Las Vegas, NV
Day 2	Expanded	Mar. 15	Las Vegas, NV
Day 1	Certification	Mar. 21	Seattle, WA
Day 2	Expanded	Mar. 22	Seattle, WA
Day 1	Certification	Mar. 28	Minneapolis, MN
Day 2	Expanded	Mar. 29	Minneapolis, MN
Day 1	Certification	April 4	Detroit, MI
Day 1	Certification	April 4	Jacksonville, FL
Day 1	Certification	April 4	Denver, CO
Day 2	Expanded	April 5	Denver, CO
Day 1	Certification	April 11	Pittsburgh, PA
Day 1	Certification	May 2	San Francisco, CA
Day 2	Expanded	May 3	San Francisco, CA
Day 1	Certification	May 9	Little Rock, AR
Day 1	Certification	May 9	Los Angeles, CA
Day 2	Expanded	May 10	Los Angeles, CA
Day 1	Certification	May 9	New York, NY
Day 2	Expanded	May 10	New York, NY
Day 1	Certification	June 13	Louisville, KY
Day 2	Expanded	June 14	Louisville, KY
Day 1	Certification	June 27	Baltimore, MD
Day 1	Certification	June 27	Austin, TX
Day 1	Certification	July 18	Hartford, CT

For more information or to enroll today visit  
**3MESPE.com/ImplantSeminars**

## Two-Day Hands-On MDI Pig Jaw Course — 14 CE Credits\*

Presented by Dr. Steven Cutbirth  
Center for Aesthetic Restorative Dentistry in Dallas, TX  
April 11–12, 2014



**MDI**  
Mini Dental Implants

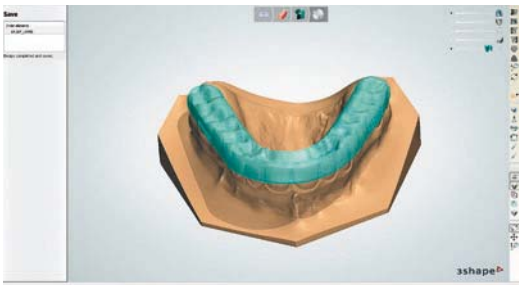
**3M ESPE**



Misch Atraumatic Extractors

Misch Atraumatic Extractors feature a claw and fulcrum design that reportedly allows clinicians to make extraction procedures faster and more pleasant, while also providing predictable results. Additionally, the extractors are said to aid in preventing the fracture of buccal cortical plates. Standard purchases include two opposing extractors, but packages that include additional instruments are available as well.

Surgical Solutions  
877-266-3360 | surgicalsolutionsusa.com  
CIRCLE RS #42



Splint Designer™ CAD software

Included free of charge with all 3Shape Dental System™ premium subscriptions, Splint Designer™ CAD software is an add-on module that lets users create CAD designs of splints, nightguards, protectors and similar dental appliances. An intuitive workflow guides users through the design steps, while splints and appliances can be ordered directly through the Dental System™ Order Form.

3Shape  
908-867-0144 | 3shapedental.com  
CIRCLE RS #43



3M ESPE Pentamix Lite Automatic Mixing Unit

From high-viscosity to medium-bodied materials, the 3M ESPE Pentamix Lite Automatic Mixing Unit delivers a consistent, homogenous, reproducible mixing quality for void-free impressions, plus its intuitive set-up is designed for ease of use. It is lightweight and features an integrated handgrip for portability between operatories, while a compact design saves space when in the standby position.

3M ESPE  
800-634-2249 | 3mespe.com  
CIRCLE RS #44



Spirit 3000 dental chair

The Spirit 3000 dental chair with Narrow Back Advantage measures 11.5" at the shoulders and 15" at the midline of the chair, allowing the patient's shoulders to fall back and chin to come up. This opens the airways for naturally relaxed breathing and enables greater access to the oral cavity. Also, the dual articulating headrest offers better visual access to the oral cavity's various quadrants, while ErgoSoothe™ Massage Technology, Memory Foam and Ultraleather upholstery reportedly provide greater patient comfort.

Pelton & Crane  
800-659-6560 | pelton.net  
CIRCLE RS #45



TF Adaptive NiTi file system

The TF Adaptive NiTi file system features Adaptive Motion Technology, which is designed to combine the best of rotary and reciprocating motions, plus an intuitive color-coded, green, yellow and red file identification system and fewer files. The files are twisted to maintain the integrity of the NiTi grain structure, and feature R-phase technology for improved file flexibility.

SybronEndo  
800-346-3636 | sybronendo.com  
CIRCLE RS #46



InterActive™ dental implants

InterActive™ dental implants feature a new fixture-mount and combined micro-grooves and micro-threads, as well as four diameters, two prosthetic platform options and a rounded apex. The implants are designed to offer the accuracy of an open-transfer impression with the simplicity of a close-tray impression, plus consistent soft tissue management throughout the restorative process.

Implant Direct  
888-649-6425 | implantdirect.com  
CIRCLE RS #47



### DEXshield

DEXshield is a positioning device for use with the DEXIS Platinum Sensor while also functioning as a personnel protective shield. It serves to align the sensor with the X-ray beam and protect the patient, the operator, or other persons from radiation exposure by providing an attenuating barrier that reduces absorbed dosage by 34 percent. Additionally, DEXshield helps optimize the clinical workflow by reducing the number of accessories needed, as practitioners can capture needed images in the same amount of time.

#### DEXIS

888-883-3947 | [dexis.com](http://dexis.com)

CIRCLE RS #48



### CustomDirect™ Abutments

CustomDirect Abutments are said to create the foundation for a final restoration that is indiscernible from natural teeth. Also, they feature a patient-specific design and provide kinematic pairing with Implant Direct implant interfaces. Implant Direct's robotic machining center fabricates precise abutments true to the patient-specific design, while the hue mimics natural tooth structure and a gold-colored anodized titanium base offers additional support for the zirconia top.

#### Implant Direct

888-649-6425 | [implantdirect.com](http://implantdirect.com)

CIRCLE RS #49



### NuStar SII

The NuStar SII dental chair is designed to enhance patient comfort and positioning while also incorporating style updates for a more modern look. Plus, new upgrade options allow for more choices in upholstery based on user needs.

#### Marus

800-304-5332 | [marus.com](http://marus.com)

CIRCLE RS #50



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THEM THE BEST POSSIBLE CARE."**

DR. GARRETT MORRIS  
Endodontic Specialists | Metairie, La.

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Nano HD loupes

Nano HD loupes reportedly offer high-definition resolution, lightweight comfort, generous field size and cool esthetics. The loupes' enhanced visual acuity improves patient care and procedural outcomes while delivering detailed imagery in a miniature, lightweight and comfortable footprint.

**Orasoptic**  
800-369-3698 | [orasoptic.com](http://orasoptic.com)  
CIRCLE RS #51



Lythos™ Digital Impression System

The Lythos Digital Impression System reportedly provides dental practitioners with one convenient scanning method to create data for all intended appliances and records. A lightweight, ergonomic wand attaches to the portable 25-pound unit, while video technology captures data in real time. Lythos is said to replace uncomfortable physical impression with a user-friendly digital scan, creating data that can be used with a variety of computer-based treatment planning tools and practice management software.

**Ormco**  
800-854-1741 | [ormco.com](http://ormco.com)  
CIRCLE RS #52



Damon™ Custom fixed appliances

Damon Custom fixed appliances are reportedly the world's first built-to-order custom prescription bracket: dentists simply choose the exact torque prescription values needed for each case. There is no minimum order requirement, and brackets come packaged in Single Patient Kits, consisting of 5 upper and 5 lower. Ordering is completed on a microsite for easy, simple processing with no digital setup or software needed.

**Ormco**  
800-854-1741 | [ormco.com](http://ormco.com)  
CIRCLE RS #53

INNOVATING UNDER A SINGLE UMBRELLA:  
A Q & A WITH KAVO KERR GROUP SENIOR VICE PRESIDENT HENK VAN DUIJNHOFEN

Dental Products Report Group Editorial Director Kevin Henry recently had a chance to get to the bottom of the KaVo Kerr Group formation with Henk van Duijnhoven, senior vice president responsible for the KaVo Kerr Group.

Why was it important to bring these brands together under one umbrella?

Our portfolio of brands are in virtually every dental practice around the world. Up until now, we lacked a halo or identity that bonded our brands together; therefore our customers didn't realize there was common DNA and values that connected us. Thus KaVo Kerr Group simply tells our customers that we are uniquely connected together and that our products, processes and people work together to better dentistry.

The KaVo Kerr Group is the halo that offers outstanding brands like KaVo, Kerr, i-CAT, Pelton & Crane, Orasoptic, Gendex, Instrumentarium, Ormco, Implant Direct, DEXIS and many others that our customers know and trust.

Now that KaVo Kerr Group has debuted, how will it impact the average dental practice?

Simply spoken, it's our desire to enhance clinical outcomes and improve workflows so our clinicians can optimize and simplify their work and personal lives. Our culture is founded on the relentless pursuit of continuous improvement and we anticipate that by leveraging our portfolio of brands, technologies and resources that we can deliver greater value to our entire customer base including our distributors, clinicians and institutional customers.

The companies that make up KaVo Kerr Group have more than 500 years of industry experience—what does the future hold?

We've never been more excited. Our investments in innovation and R&D continue to increase and the steady flow of new products is very healthy. More than new products this year is not an anomaly. Our global team continues to work more effectively, sharing technologies and collaborating to solve problems. We continue to invest in our customers' lives and are convinced that we will all win together.

For more of Kevin's and Henk's conversation, head to [bit.ly/1nVkjR](http://bit.ly/1nVkjR).

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Neil Olson, DDS  
Superior, Wisconsin, USA



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AD DPR 14



# Seeing more with the new DEXIS® CariVu™

DPR's technology editor gives a thumbs up to this device, a transilluminator with a built-in infrared camera.



DR. JOHN FLUCKE

**FOR YEARS NOW**, dentistry has been diagnosing, for the most part, interproximal decay in pretty much the exact same way. Since the introduction of the concept of the bitewing radiograph, the process of locating and diagnosing decay between the teeth has only gone through minor changes.

The good news is that, with bet-

ter collimation and digital sensors, we have managed to increase our diagnostic ability while greatly decreasing the amount of radiation that is needed to create the images. This, of course, means that we are seeing more and diagnosing more accurately while exposing patients to less and less radiation.

However, most of us will admit that we still routinely come across areas on a radiograph that are questionable. Now dentistry prides itself on conservative diagnosis and treatment, so we are faced with a clinical Catch-22. Do

we open a possibly non-carious area to make absolutely sure, or do we follow these areas hoping that the patient keeps his or her re-care appointments so that we can check these areas again in a year and see if the area appears to have changed?

Neither one of these choices is an easy one to make and, in the eyes of most practitioners, both have a significant downside.

## A breakthrough

However, how amazing would it be to be able to transilluminate with a

device that allows us to save what we see as a digital image so that we can review it at a later date? Then let's take this concept one step further. How cool would it be to be able to not only save that image but to compare it directly to the bitewing you just took earlier in that exam?

Well, this is no longer pie-in-the-sky or a dream. The above concept is now a reality thanks to the hard work of the people at DEXIS. Since early January, I have been using and testing a new device called CariVu. The device is a transilluminator with a built-in infrared camera. It shines near-infrared light through the teeth from both the buccal and lingual aspects simultaneously and puts the live image on the operator computer screen where it can be viewed live by doctor and patient. The image can then be stored in DEXIS imaging software along with intraoral photos and digital radiographs taken with a DEXIS sensor.

## CariVu benefits

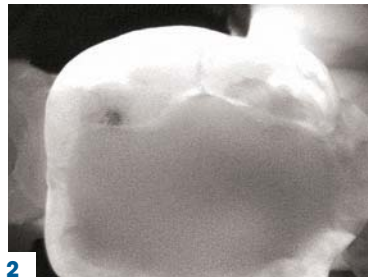
One of the best things about using the CariVu is the way its image capture capabilities were built into the software. Images are assigned to a tooth and, when captured, the most recent radiograph of that tooth comes up in the software next to the CariVu image. This allows for immediate comparison between the two types of images. Because the CariVu provides such crisp and clear clinical images, it is very easy to see interproximal decay as darkened areas in the transilluminated pictures.

The CariVu captures black and white images so they appear very much like a radiograph. Decay shows up as a darkened area in the lighter surrounding tooth structure. The device can be used to view the interproximal surfaces anywhere in the mouth as well as the occlusal surfaces. This allows the dental professional to finally be able to see under the enamel and find things such as decay around existing restorations, cracks, smooth surface caries, and interproximal caries with one device that does not use ionizing radiation.

Scanning the mouth with the CariVu device is quick and easy. It



**1** ▲ Cracks around an existing amalgam.



**2** ▲ Dark spot indicates caries around the margin of an existing porcelain onlay.



**3** ▲ Diffuse dark spot indicates central pit caries. Also darkened area of buccal groove shows buccal caries.



**4** ▲ Dark area shows caries in lingual pit and mesial of tooth No. 7 as well as distal of tooth No. 8.



**5** ▲ Dark area under mesial marginal ridge of tooth No. 12 shows caries (Fig. 5) that is undetectable on bitewing X-ray (Fig. 6) due to presence of porcelain veneer.



**7** ▲ Intraoral photo of tooth No. 12 shows no decalcification or any other indication of mesial caries.

“This, of course, means that we are **seeing more and diagnosing more accurately** while exposing patients to less and less radiation.”

connects to the operatory computer via USB and is easily recognized by the DEXIS software. While scanning and saving every tooth is an option, many offices will choose to scan but only save those images with potential problems.

Since CariVu uses infrared light, it will not replace radiographs for routine diagnosis. However, since using the device, I have certainly seen things that I have not seen on radiographs.

DEXIS has done a remarkable job of designing this device for ease-of-use clinically. They have also done a great job integrating this into their imaging software. If you are one of those doctors, like me, who frequently struggles with doing the right thing when it comes to questionable areas on a radiograph, the CariVu may be just what you've been looking for. ●

#### ABOUT THE AUTHOR

John Flucke, DDS, is Technology Editor for Dental Products Report and dentistry's "Technology Evangelist." He practices in Lee's Summit, Mo., and has followed his passions for both dentistry and technology to become a respected speaker and clinical tester of the latest in dental technology, with a focus on things that provide better care and better experiences for patients. He blogs about technology and life at [blog.denticle.com](http://blog.denticle.com).

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# What you need to know about **UNIVERSAL ADHESIVES**

Get the latest on universal adhesive products, people, trends and more.

[ Compiled by Michael Quirk ]

“

Last month, we dove into the world of implants in our product roundup. This month, we focus on the important topic of universal adhesives. It's a product that you may not think about a lot, yet can make a huge impact on patient satisfaction.

In a world where you're getting advice from every angle on every dental product that is out there, what *Dental Products Report* wants to do is cut through the clutter and present you with some of the options that can make a difference for you and your practice. Make no mistake about it: this is not a definitive, all-inclusive, end-all-be-all guide to every universal adhesive from every manufacturer that is available to you to use in your practice. You can work with your local rep or use Google to find that information.

What we wanted to do with this section was provide you with some of the latest information, some of the new or trending products that are available (including a sneak peek of a product being launched in April), and provide you with interviews and insights into where things are going with this product category in 2014. For more information about universal adhesives and their use in your practice, check out our videos and articles on [DentalProductsReport.com](http://DentalProductsReport.com). If you don't see what you're looking for there, drop a line to our group editorial director, Kevin Henry, at [khenry@advanstar.com](mailto:khenry@advanstar.com). Your suggestions could end up as a future online or print article.

Next month, we will be focusing on oral cancer screening devices in this section. Until then, keep learning, growing and improving.

IMAGE SOURCE /GETTY IMAGES



# G-aenial™ Universal Flo

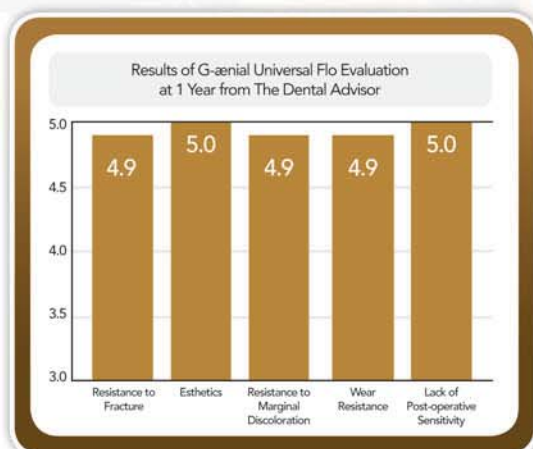
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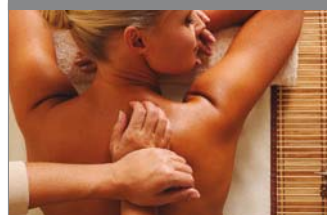
SANA O handpieces are filled with SciCan's special HPS resin to help prevent debris build up which can negatively effect the handpiece.

## CONTROL



The SANA O handpiece's unique design delivers a sure grip that allows for maximum control and access in the oral cavity.

## COMFORT



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## FEATURED PRODUCT

**3M ESPE Scotchbond Universal Adhesive**

Because Dr. Robert Margeas is a lecturer as well as a practicing dentist, he enjoys trying out products prior to the manufacturer's release before deciding those that are best for his patients and practice. Still, like most other dentists, he often makes product choices by keeping tabs on the best information available: the opinions of his colleagues, clinical studies, and simply identifying what works best in his practice. Still, Dr. Margeas admits he isn't likely to change out products that work, even if the manufacturer releases a new generation. However, when deciding to give 3M ESPE's Scotchbond Universal Adhesive a try, he went out on a limb.

"I was using Single Bond from 3M ESPE for many years," said Dr. Margeas. "When John Burgess shared studies that (3M ESPE) Scotchbond Universal Adhesive was that much better – you could use it for everything, I switched."

A single-bottle adhesive, 3M ESPE Scotchbond Universal Adhesive reportedly offers superior bond strength and performance, plus its tolerance to moisture allows it to exhibit high bond performance on moist and dry substrates. Best of all, these features are backed up by science, which, along with the implied prestige of the 3M ESPE brand, was an important factor in convincing Dr. Margeas to give Scotchbond a try.

"I wasn't having problems with Single Bond, but [the researchers] said Scotchbond Universal was better," commented Dr. Margeas. "I think 3M ESPE's adhesives have stood the test of time and using a manufacturer that makes good products is key. When you see the 3M logo on it – you know you're going to get a good product."

Want to see the science behind 3M ESPE's Scotchbond Universal Adhesive for yourself? Head to <http://bit.ly/scotchscience> for scientific facts about the product.

**3M ESPE**  
800-634-2249 | [3mespe.com](http://3mespe.com)  
CIRCLE RS #67



## HOW TO

# USE SCOTCHBOND™ UNIVERSAL ADHESIVE FOR VENEERS

*Information provided by 3M ESPE.*

**JUST BY CASUALLY BROWSING** 3M ESPE's Youtube channel ([www.youtube.com/1user/3MESPEDental](http://www.youtube.com/1user/3MESPEDental)), it's easy to see that the company doesn't just create some of the most innovative and trusted brands in the industry, but that they're committed to showing clinicians how to get the most out of them as well. In this step-by-step technique video, 3M ESPE shows you how to quickly and simply use Scotchbond Universal Adhesive for veneers.

**FIG 1.** Etch veneer with hydrofluoric acid for 15 seconds; rinse for 10 seconds and dry

**FIG 2.** Etch tooth with phosphoric acid for 15 seconds; rinse for 10 seconds and dry

**FIG 3.** Apply adhesive to etched veneer for 20 seconds and air dry for 5 seconds

**FIG 4.** Scrub on adhesive for 20 seconds and air dry for 5 seconds

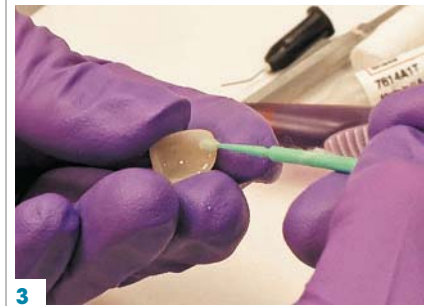
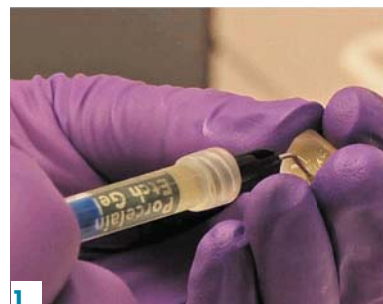
**FIG 5.** Apply cement and place veneer

**FIG 6.** Spot light cure

**FIG 7.** Final light cure and repeat the process for the other tooth

**FIG 8.** Completed veneer case

Head to <http://bit.ly/Scotchbond> to view the entire video



FEATURED PRODUCT

Prime&Bond Elect®

Prime&Bond Elect is designed as a one-bottle dental adhesive suitable for all-three adhesive modes: total-etch, self-etch and selective etch. Built off of 13 years of proven PENTA (i.e. the adhesive resin dipentaerythritol pentaacrylate monophosphate) technology from Prime&Bond® NT™, this new bonding agent provides a unique micromechanical and chemical bond for long-term success. Prime&Bond Elect® has a low film thickness which can help prevent adhesive pooling which could lead to false indications of recurrent decay. For indirect restorations, the low film thickness will ensure passive seating of the crown. Prime&Bond Elect is designed to provide consistently high bond strengths in both enamel and dentin with virtually no post-operative sensitivity.



DENTSPLY Caulk  
800-532-2855 | primeandbondelect.com  
CIRCLE RS #68

FEATURED PRODUCT

All-Bond Universal

BISCO's All-Bond Universal is a light-cured, single component dental bonding agent that combines etching, priming and bonding in a single bottle. It reportedly simplifies restorative procedures by adapting to self, total and selective-etching techniques, while its low film thickness allows All-Bond Universal to spread easily and thinly for simple cementation to tight-fitting crowns. Also, All-Bond Universal is compatible with all light, self and dual-cured resin composites and cements, meeting the needs for all direct and indirect bonding procedures.



BISCO  
800-247-3368 | bisco.com  
CIRCLE RS #69

PRODUCT Q & A: DENTSPLY CAULK'S PRIME&BOND ELECT®

DR. JOHN MUNRO, DDS



To learn more about Prime&Bond Elect, DPR talked to Dr. John Munro, a general and cosmetic dentist who practices out of Belle Forest Dental in Nashville, Tenn.

As a clinician, how has Prime&Bond Elect made a difference in your efficiency?

That is a very good question because it has helped me to be more efficient in several ways. First, it gives me the versatility to use in a number of different circumstances. We use it in the self-etch technique when bonding to significant amounts of dentin, with the total etch technique when primarily bonding to enamel surfaces or in a selective etch situation where we are bonding to dentin and enamel. It is also easy to apply since it has the primer and etchant in one bottle, saving time and preventing mixing errors and it virtually eliminates sensitivity, which we all know creates problems and is inefficient on many levels.

Can you tell me a little bit about how Prime&Bond Elect works?

Yes, Prime&Bond Elect employs a self-etching chemistry that incorporates the smear layer in the bond and as I said earlier it has the etchant and primer combined in the same bottle. The etchant demineralizes the surface to be bonded and the primer carries the resin filler to the depth of the etch, all occurring simultaneously. The demineralization reaction is controlled by the calcium ion from the demineralized tooth structure, which increases the pH and neutralizes the acid. It is a self-limiting reaction that cannot etch deeper than the resin particles can penetrate, and so ensures that there is little chance for nano-leakage and resultant sensitivity.

Are there any features in particular you enjoy about Prime&Bond Elect?

I would have to say it would include the brilliant chemistry that provides us with high bond strengths and a very low film thickness for bonding

indirect restorations. That and the lack of post-operative sensitivity would be features that give me confidence we are providing our patients with the best possible materials and treatment we can.

Why did you initially choose to use Prime&Bond Elect?

First of all, I am always aware of new products and procedures that may enhance our quality of care. I have a long track record of using Dentsply products and I trust a company that has provided us with such great innovations as they have throughout their history. I have used Prime&Bond NT, upon which the chemistry of Prime&Bond Elect is based, since it came on the market. So, when I was introduced to Prime&Bond Elect, and since we are a metal-free practice, I saw the possibilities for using it in my practice immediately. When I put all those things together, it was obvious that I was going to use it and evaluate its efficacy in my hands and I have not been disappointed. I consider it an invaluable resource in my bonding protocol.



***Prime&Bond Elect® Adhesive was rated as “Excellent”***

*by an Independent, non-profit, dental education and product testing foundation, Clinicians Report, September 2013. The full report is available from DENTSPLY upon request.*

***“95% of CR Evaluators stated they would incorporate Prime&Bond Elect® into their practice.”***

*An independent, non-profit, dental education and product testing foundation, Clinicians Report®, January, 2014. The full report is available from DENTSPLY Caulk.*

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## PRODUCT Q & A: BISCO'S ALL-BOND UNIVERSAL

DR. PAUL CHILD JR., DMD



DPR chatted with BISCO's Dr. Paul Child Jr. to learn what makes All-Bond Universal unique in the universal adhesives category.

### What is the most frequent question or concern you hear from dental professionals about universal adhesives?

Why do other "universal" adhesives require a dual-cure activator and All-Bond Universal does not?

### How does your company and your product seek to address these questions?

BISCO has optimized the formula for All-Bond Universal in several ways.

We have designed the pH of the adhesive to be 3.2, while other "Universal" adhesives are in the range of 2.3 – 2.7. While this may not seem like a big difference, chemically it results in All-Bond Universal being compatible with self- and dual-cured cements and

composites. There is no need for an additional dual-cure activator to be mixed with the adhesive. Chemically, an unintended reaction takes place between the tertiary amine in the base of the cement and the cured acidic monomer in the adhesive, creating a quaternary amine that is unable to react with the peroxide in the cement catalyst. By raising the pH above 3, this "acid-base" reaction does not take place and allows the tertiary amine to react freely with the peroxide in the catalyst resulting in polymerization of the mixture. The elimination of this unintended reaction makes All-Bond Universal unique in that it is compatible with self- and dual-cured cements/resins, without requiring a separate activator, or the use amine-free cements. Furthermore, All-Bond Universal has high bond strengths with resin cements in self-cured mode and resin composites in light-cured mode, indicating further proof of its compatibility with self- and light-cured materials.

### What about this All-Bond Universal helps dentists better practice clinical dentistry?

All-Bond Universal makes clinical dentistry easy. It is compatible with self-cured and dual-cured resin cements and composites. It bonds to indirect substrates (zirconia, lithium disilicate, metals, etc.). It can be used with both direct and indirect procedures, and gives dentists the flexibility to be used with their preferred etching technique (total-etch, self-etch, or selective-etch). All of these features provide a level of confidence and simplicity needed in today's busy practice. Having one adhesive to do all procedures simplifies what is often considered to be a confusing category and eases dental material selection.

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## Q &amp; A: TRENDS IN COSMETIC DENTISTRY

DR. JACK RINGER



[ By Michael Quirk ]

I recently had the opportunity to ask Dr. Jack Ringer, president of the American Academy of Cosmetic Dentistry (AACD), what trends he sees in cosmetic dentistry and what role universal adhesives might play in advancing the specialty. On top of his position at the AACD, Dr. Ringer is in private practice at Advanced Smile Design in Anaheim Hills, Calif. and has lectured on and taught contemporary esthetic dentistry for 16 years.

#### What trends do you see in cosmetic dentistry for 2014?

There are two major trends I see in cosmetic dentistry for 2014. The first is the continual advancement and development of technology that assists diagnosis, e.g. 3D imaging, and restoration manufacturing, e.g. CAD/CAM. Dentists and labs will find it easier to acquire and utilize these devices because as their cost drops, they are becoming more precise and accurate, as well as “talk to each other” due to the open architecture that manufacturers have developed for these devices.

The second trend I see is a definite increase in the demand for cosmetic therapy. This was also confirmed by a recent survey done by the AACD. I believe that the increased confidence in our economy has helped motivate many to engage in elective cosmetic work that they may have put off previously.

#### With all of the advances in materials and adhesives, what advice do you and the AACD have for keeping up with the latest trends?

Since there are many dental manufacturers who are eager to have a “slice of the economic pie” when it comes to the sale of materials and equipment, it is imperative that dentists review independent studies about these products to make sure they fit the practice’s style and expectations before purchasing and incorporating them into their arsenal. Dentists have to make sure that what manufacturers are promoting for their products is substantiated and will make clinical and financial sense for their practice.

#### How do you see universal adhesives fitting into the dentist’s arsenal?

Universal adhesives have been proven to be extremely valuable for dentists in regards to efficiency and success when placing direct and indirect

restorations. Due to their chemical nature and versatility, less time is spent cementing restorations, bond strengths in most cases are comparable to other adhesive systems, and patients are experiencing less post-operative sensitivity. This, however, is dependent on the dentist accurately following the manufacturer’s recommendation on how, where and when to place the adhesives. Universal adhesives are the latest development for bonding restorations, so they have the shortest track record as far as their long-term success is concerned. Therefore, though the results initially look extremely promising, dentists must keep an open mind as to how the adhesion will hold up over time.

#### What is a focus of this year’s AACD scientific sessions?

The AACD’s focus at all our scientific sessions is comprised of education, accreditation, philanthropy, and fun. 2014 is our 30th anniversary, so to celebrate we are bringing in some of the world’s top educators in the field of comprehensive cosmetic dentistry, we will be providing diverse programs; such as marketing strategies and business management; for the dentist, lab technicians and the team, and we will be putting on more hands-on clinical programs than ever before for our attendees. Times are changing and evolving, and so is the AACD as we are continually focusing on bringing new offerings for our membership to ensure a true value proposition for being a member.

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### OptiBond XTR

OptiBond XTR is a truly universal bonding agent that reportedly delivers predictable outcomes for any kind of clinical procedure, plus it bonds to a wide range of available restorative substrates. Also, it is compatible with resin cements without the use of a separate phosphoric acid, desensitizer, silane or dual-cure activator.

**Kerr**

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### One Coat 7.0

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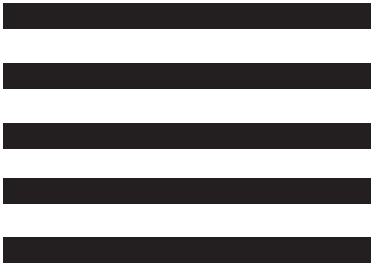
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## PRODUCT PREVIEW: IVOCAR VIVADENT'S ADHESE® UNIVERSAL VIVAPEN®



DR. GEORGE TYSOWSKY, DDS, MPH

DPR caught up with Ivoclar Vivadent's Vice President of Technology Dr. George Tysowsky to learn about the new Adhese® Universal Vivapen®, set to hit the market in April.

**Q: What is the most frequent question you hear from clinicians about this category?**

Prior to the introduction of universal adhesives there were two significant options: self-etch or total-etch. There was lots of debate about which was better.

**Q: In our Aug. 2013 material survey, 60% of respondents stated that they use six or more brands of materials in their practice. How important is it to provide a universal adhesive that can make dentists' choices easier?**

Having one adhesive material, such as Adhese® Universal, that can be used for all bonding and etching


techniques makes the bonding procedure less error prone. Office productivity also tends to improve because the clinical team becomes very proficient in using the one and only adhesive material in the practice. Furthermore, having only one bottle makes it much easier to manage inventory of dental supplies.

**Q: What makes your new Adhese® Universal different from all the other "universal" adhesives that have recently entered the market?**

Adhese Universal has broad indications, high bond strength and virtually no post-operative sensitivity like some of the other "universal" adhesives on the market. However, Adhese Universal will be the only universal adhesive available in the traditional bottle delivery form as well as the revolutionary VivaPen® delivery form. It's this unique delivery form that sets Adhese Universal apart from the other "universal"

adhesives on the market. The solvents used in dental adhesives are typically highly volatile. That means every time the cap is removed from the bottle, there is some evaporation of the solvent. Studies have shown that the bond strength of these materials decrease over time as the solvent evaporates from the bottle. The VivaPen on the other hand delivers consistently high bond strength over time because it 'locks in' the material to ensure fresh material every time.

Most clinicians don't realize how much adhesive is wasted in their practice because they seldom use the entire amount of adhesive dispensed in the well. VivaPen enables the adhesive to be delivered directly intra-orally, resulting in virtually no waste. Adhese Universal VivaPen delivers up to 190 single-tooth applications, which is significantly more than the traditional bottle. Therefore, the cost per application is significantly less with the VivaPen.



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## “Everything I need to prep, adjust and polish is organized...”

One clinician's view on Brasseler USA's procedural kits that are designed to handle every situation. [Compiled by Stan Goff]



**DR. JOHN COMISI, DDS,**  
MAGD, Ithaca, NY  
Practicing for 30 years.

**ORGANIZATION.** Sometimes that's one of the most difficult things to achieve in a dentist's busy day-to-day life. And for Dr. John Comisi and his dental practices, this lack of organization can make a good day go very badly. This is especially true when it comes to instrumentation at the office. When you can't find or track down items needed to make your procedures go smoothly, everyone in the office suffers.

And what happens when there are

staff changes and suddenly no one knows exactly what rotary instrument is needed for a particular procedure? It can certainly create some stress in the workplace.

### How does using these systems help in your practice?

These difficulties are some of the reasons I enjoy having the Brasseler USA Procedure Systems at my office. Everything I need to prep, adjust and polish is organized into self-contained kits. The best part, of course, is that my staff knows exactly what to “grab” for set up prior to beginning a procedure. It's all there in the kit. Doing a veneer? They prep the treat-

ment room with the instrumentation and the veneer kit, which has all the diamonds and burs I need for that procedure. Doing a crown prep? The Crown & Bridge kit is right there on my bracket table, ready for me to use. Adjusting a denture? The denture adjusting kit and polishing kit are available at my lab bench for me to use on my straight lab handpiece.

### What are the best benefits of these products?

When I am done, my staff simply inspects the components of the kit — worn instrumentation removed, placed into the sharps container, and then replaced by a new diamond,

### Procedure Systems

Brasseler USA Procedure Systems are designed to organize rotary instrumentation and increase efficiency in the office. A variety of self-contained kits are available, but Brasseler USA can also help you create a customized kit with the rotary instrumentation of your choice.

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CIRCLE RS #98



bur or polishing instrument. And because the identifying part number is etched into the kit block, there is never a question as to which rotary instrument is needed to replace the one that was just discarded.

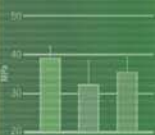
The convenient and efficient procedure systems also ensure that our stock of rotary instrumentation is maintained effectively since my staff can survey our stock of supplies and make sure we never run out. This also helps with efficiencies in ordering, since we are never overstocked with one particular item, and always have sufficient quantities to keep the office humming along. Not only does it allow my office to stay organized, but also ensures instruments are properly sterilized.

### Why would you recommend these kits to a colleague?

Another great feature of the Brasseler USA Procedure Systems is there is a kit available for just about every procedure you can think of doing in the office. Just browse through the online catalogue, and even if you can't find the exact type of kit you want, Brasseler USA will help you create one with the rotary instrumentation of your choice. All Brasseler rotary instruments are constructed with stainless steel shanks, which will resist corrosion, rusting or discoloration during sterilization. Organization makes the practice operate so nicely, and with these systems, organization is a “piece of cake.” ●

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# Sunstar's GUM EasyThread Floss & GUM Proxabrush Go-Betweens Cleaners

Catapult presents its review of these new at-home care products based on feedback from evaluators nationwide.

[ By Sam Halabo, DMD, Chula Vista, CA, Member of Catapult Group ]

now feature ergonomic handles and new triangular bristles/filaments, which remove up to 25% more plaque.

## Findings from Catapult for GUM® EasyThread® Floss

➔ 69% of Catapult evaluators found that EasyThread provided a better solution for their patients. Most stated that it was easier to use than floss threaders. Many of the evaluators really liked the dispenser. A few seemed to think that it was better suited for patients with braces than ones with bridgework.

➔ 85% stated their patients were more likely to add the use of EasyThread Floss to their oral hygiene routine versus other threader-floss products due to its ease of use. The ease with which this material threads under braces and bridges without the use of a separate threader was the main reason.



## ABOUT CATAPULT

Catapult is an organization that consists of more than 50 clinicians spread throughout Canada and the United States. As a company, manufacturers pay a fee for their product to be evaluated and what we deliver are truthful, independent answers from surveys that we develop with them. We have had many products that have either had to be altered before hitting the market or simply never arrived because of our openly honest evaluations. In this way, Catapult assists the manufacturer to avoid potentially releasing a faulty product, or simply a product that needs refinement. Lastly, our clients are omnipresent in the industry, small to large, no favoritism, simply reviewing the latest products in our practices.

The dental hygiene market is certainly a crowded one with so many products on the shelves for patients to choose from. Patients in most dental offices look to their dental professionals, the dentist and hygienist, to help them navigate the variety of options in this field. At the dental office, each patient presents unique hygiene needs for their at-home care. It is our job to help them make informed choices, which will lead to better overall results for their dentition. Patient compliance is always a key factor in the use of aids for home hygiene care. For this reason it is important for the dental professional to select the best fit for their patients' needs and lifestyles.

Under its GUM®, Butler® and Guidor® brands, Sunstar consistently delivers products and materials that enhance patient oral health and wellbeing. Two of the company's most recent products include GUM EasyThread® floss and a redesign of their popular Proxabrush® Go-Betweens® Cleaners line of interdental cleaners. EasyThread Floss features double-ended threader sections designed to easily navigate around braces, bridges and implants. Its hygienic packaging reduces tangles and waste, and its threader sections are designed with an ideal stiffness to benefit the hygiene patient. It also fea-

tures "puffy" floss designed to enhance plaque removal. The redesigned GUM Proxabrush Go-Betweens Cleaners



## EasyThread Floss and Proxabrush Go-Betweens

GUM® EasyThread makes flossing around braces, bridges, and implants easy. Dual-ended threader sections are designed with the ideal stiffness to easily navigate hard-to-reach places without irritating the gums. The product features innovative, hygienic packaging to reduce tangles and waste. GUM EasyThread Floss is available in rewindable dispensers for in-office use and sample packs for patient in-home trial.

GUM Proxabrush Go-Betweens Cleaners' triangular-shaped bristles remove up to 25% more plaque. They have a flexible handle for better comfort and control when cleaning hard-to-reach places. The bendable neck makes cleaning back teeth easy. GUM Proxabrush's germ-resistant bristles keep brush clean between uses.

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1



2

[ Figs. 1-2 ] GUM Proxabrush Go-Betweens Cleaners feature a bendable neck to easily get between tight spaces. (Fig. 1). The EasyThread Floss convenient dispensing system was popular with Catapult evaluators (Fig. 2).

➔ 69% of those evaluating stated they would be more likely to recommend this floss because it works better than other products intended for similar clinical uses, while 62% of patients polled indicated that it was easier to use than other products they had tried. Convenience was the main reason stated for this result.

➔ Some of the concerns listed for EasyThread Floss included a concern for the need of good manual dexterity by elderly patients. This concern is prevalent with many hygiene products. Others thought that navigating tight tissue spaces was also difficult.

### Findings for GUM® Proxabrush® Go-Betweens® Cleaners

➔ 94% of the evaluators who had used a previous version of the Proxabrush Go-Betweens Cleaners said they preferred the new design. Some of the reasons behind this included a sleek, more attractive design that is more compact and easier to hold. Others found the new cleaners to be easier to get between tight bridge spaces due to having a better angle.

➔ More than 95% of the evaluators felt that the Proxabrush Go-Betweens Cleaners provided a better solution for their patients. Some cited the preference of the product for elderly patients due to its large embrasure spaces; while others felt the triangular shaped bristles were a large improvement. Most felt these brushes would help increase compliance in their patients.

➔ There were no concerns with this device as the vast majority of evaluators felt this product was a great adjunct to those patients with periodontally involved teeth, implants, orthodontic brackets and the general elderly population.

### Conclusions

EasyThread Floss and its convenient dispensing system represent an improvement in flossing aids. Nearly 70% of the evaluators feel this product is a better solution for their patients than other products in the market place. There was a strong feeling that patients would be more likely to use this product, and that is significant due to compliance issues in homecare. Patients themselves reported a preference for this product. While this floss may not be the most ideal for all situations, especially those requiring a stiffer consistency, it represents a valuable addition to the home oral care armamentarium.

The new Proxabrush Go-Betweens Cleaners received almost unanimous accolades. The enthusiastic response was strongly represented by the desire for studies comparing this device to floss, indicating a perception that these interdental brushes may be a superior alternative to floss due to excellent efficacy and wider acceptance among patients. This perception may be a result of better patient compliance or simply a more effective plaque removal device for both routine care and special clinical cases involving orthodontics, crown and bridge, implants or other unique needs. 95% of the evaluators felt this was an improved design over the previous device, and 95% also felt this was a better solution for their patients. At a two-to-one margin, patients also preferred the Proxabrush Go-Betweens Cleaners to other hygiene adjuncts.

This review represents a summary of the findings amongst the Catapult evaluators who used these products. Overall, the evaluators reported favorably on both products and felt these products are worthy of use in their offices. ●

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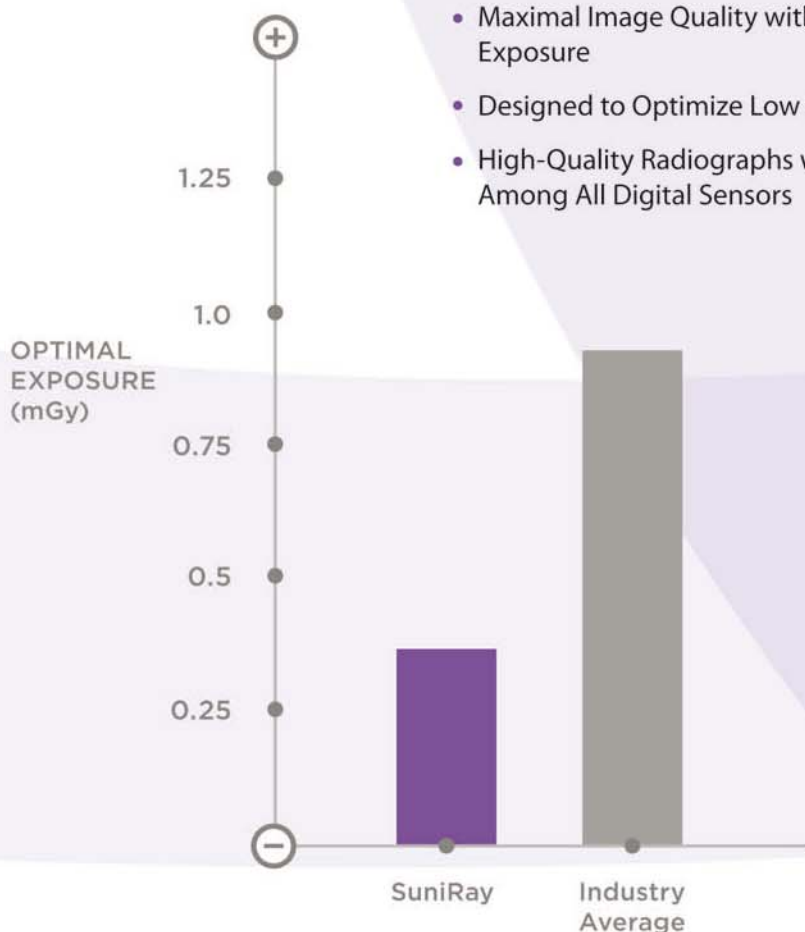
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Source: "Evaluation of image quality parameters of representative intraoral digital radiographic systems," Udupa et al.

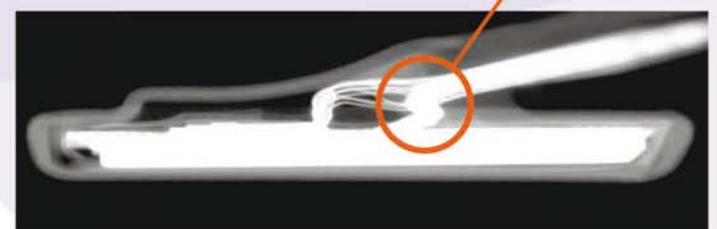
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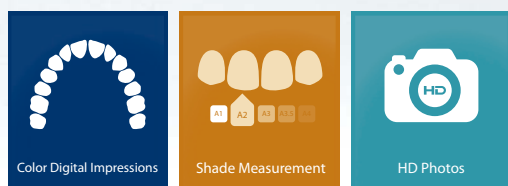
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## THE 28 BIGGEST EFFICIENCY PROBLEMS

What would you do with an extra hour in your schedule each day? What do those lost minutes mean in terms of long-term success? **We've located the time killers common in dental practices** and sought out solutions you can implement to earn those precious moments back. **More on page 54.**

### [ IN THIS SECTION ]



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##### "MY CROWNS ARE HIGH ..."

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##### A BETTER WAY TO RESTORE ROOT CARIES

One clinician shows how he used ACTIVA BioACTIVE-RESTORATIVE material to treat a tricky case.



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A closer look at this ultra-fast intraoral scanner for open CAD/CAM.

### [ WEB EXCLUSIVES ]



#### VIDEO



#### Tips to Boost Dental Practice Efficiency



DPR's YouTube channel features a playlist with more than 50 video clips offering concise advice to find more time throughout your day — in both the front and back halves of the practice. Watch them all here.

▲ <http://bit.ly/1dw3Y7F>



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##### Technique: How to complete an anterior restoration using a dual-shade technique



In this case, while incorporating two opacities of Filtek™ Supreme Ultra Universal Restorative, Dr. Cathia Bergeron, DMD, MS, walks the viewer through an esthetic build-up anterior restoration of two broken teeth (No. 8 and No. 9) using a dual-shade technique.

▲ <http://bit.ly/0zWfjN>

##### Do your clinical team and business team connect?



Cathy Jameson, PhD on 6 surefire ways to make sure meetings benefit everyone on the dental team.

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# THE 28 BIGGEST EFFICIENCY IN YOUR PRACTICE

These efficiency issues can drag down your whole clinic, but they don't have to. Use these solutions and products, supported by the leading minds in dentistry, to cut down on wasted time—and missed opportunities.

[By Kevin Henry]

# PROBLEMS & HOW TO FIX THEM

THE SUN WAS OUT ON A RECENT SATURDAY MORNING, SO I DECIDED TO ROLL OUT OF BED AND GET A FEW THINGS DONE. WALK MY BLACK LABRADOR RETRIEVER? CHECK. FINALLY PULL THOSE LIMBS FROM LAST MONTH'S ICE STORM INTO THE FRONT YARD FOR THE GARBAGE MAN TO HAUL OFF? CHECK. LEAVE 15 MINUTES BEFORE THE CAR SHOP OPENS SO I CAN BE FIRST IN LINE FOR AN OIL CHANGE? CHECK. PULL IN AS THE FIRST ONE IN LINE AND HAND THEM MY KEYS AS THEY TURN ON THE "OPEN SIGN" AT PRECISELY 9 A.M.? CHECK.

Ah yes, my morning was off to an efficient start. You see, I'm a box-checking kind of guy. If I can look back at the end of the day and see how much I got accomplished, I can lay down at night confident it was a pretty good day.

So my Saturday morning was in full gear as I walked from the mechanic to

the IHOP next door to get some breakfast. With free WiFi on the menu (and pancakes!) and laptop in hand, I would answer some emails and get some work done while my car was getting its oil changed. I sat down, turned on my computer, and ordered my breakfast. As I took a sip of coffee, a screen pops up asking for the access code for the WiFi. My server had walked away and was nowhere to be found. My efforts to have the most efficient Saturday ever had been thwarted!

How often during the day is your efficiency thwarted, no matter your best efforts or other efficiency successes? How often is a minute or two or five or 10 wasted in your business? How much more efficient and successful could your practice be if you could find all of those "efficiency killers" that lurk in your office and eliminate them?

Working with our sister publications (*Modern Hygienist*, *Dental Lab Products* and *Dental Practice Management*), we talked to consultants, dental professionals and manufacturers from around the nation to ask them what they see as an "efficiency killer" in a dental practice and how to transform downtime into productive time. Here's what we found.

## **PROBLEM:** Spending time on the Internet during office hours for personal reasons



**SOLUTION:** Put a policy in place that cell phones remain off during business hours. The dentist and team members can check cell phones on lunch break, but that's the only time they should be functioning during the day.



**Thoughts from an expert:** "Facebook, emails, texting and other personal online activities during patient hours shouldn't be allowed in the practice," said Cathy Jameson of Jameson Management. "This is unacceptable. The doctor is not paying team members for this. These activities need to occur before work, at lunch, at the end of the day or during scheduled breaks. If there is a personal emergency, your family can call the office. By the way, this applies to the doctor as well."

## **PROBLEM:** Slow, outdated hardware and systems keep the practice from maximizing its day



**SOLUTION:** In case you haven't heard, Microsoft will soon cease to offer support or upgrades for Windows XP (a software commonly used in dental practices). With this in mind, many practices are going to need to migrate their systems toward more current versions of Windows, according to DPR's technology editor, Dr. John Flucke. Dr. Flucke also encourages people to plan ahead for keeping their practice's technology updated rather than waiting until the last minute and changing everything at once.



**Thoughts from an expert:** "Rather than replacing all of our computers at once, we actually have a technology budget in our practice with a computer budget as a subset of that," Dr. Flucke said. "Every year, we replace one to three computers in the practice. It's better on our budget than pulling everything at once and putting in brand new items. It also ensures that our computers aren't all outdated at the same time."

**PROBLEM:** Not getting the most out of your practice management software

**SOLUTION:** Make sure your team has adequate training. Invest in training sessions on an annual basis to make sure your front office has the latest knowledge and tips and tricks.



**Thoughts from an expert:** “Your office is continually evolving and implementing change,” said Jana Berghoff, technology marketing manager for Patterson Dental. “To ensure your office is utilizing your software in the best way to support your practice, you should regularly spend some time with an expert on your software. Also, as your software updates, training is the best way to be sure you are taking advantage of the new tools that are now available to you.”

**PROBLEM:** Doctors asking team members to track statistics that aren't necessary for the success of the dental practice

**SOLUTION:** A dental practice's numbers will tell whether it's successful, just surviving or floundering. There are hundreds of numbers and statistics that a dentist could look through but there are really just five that you should know: over-the-counter collections, net new patients per month, percent of perio production to overall hygiene production, unscheduled time units and accounts receivable.

**Thoughts from an expert:** “Your computer software is a great data mining tool, so learn how to use it and get the statistics you need,” said dental consultant Dayna Johnson. “If your team is having to manually write down numbers all day, then add them up to get a total, then divide them to get an average, the time wasted is enormous. You should be able to pull numbers on a daily, weekly and monthly basis from your practice management software. Get creative! If you could create some in-office custom codes to attach to the patient and then be able to pull a report from your practice management software, this would be a huge time-saver. Also, if your doctor is asking for numbers outside of the five listed above, ask what he or she is using them for and why. If the numbers are not helping your team provide better care and be more profitable, then it's time to re-evaluate them.”

**PROBLEM:** Cutting corners to save money on sterilization supplies

**SOLUTION:** Nowadays, with the click of a mouse, dental offices can find inexpensive alternatives to daily sterilizing supplies like sterilizers, indicator tape and autoclave pouches. With some products, it can be OK to buy based on price, but with sterilizing supplies, you could be taking a risk. While you may think you're saving money, you'll find there are indirect costs, like poor quality pouch paper or chemical indicators that don't consistently change color that could impact team efficiency, not to mention patient's safety.



**Thoughts from an expert:** “As I always say, you get what you pay for,” said Judy Bendit, RDH, BS, who speaks, writes and consults on dental topics, including infection control. “It concerns me when offices tell me they have to cut corners and are forced to buy less expensive autoclave pouches thinking they will work the same. They soon realize that when the bags don't hold up and tear coming out of the autoclave, forcing them to re-bag, they end up spending more time and money in the long run. They end up switching back to a pouch they can trust.”

**PROBLEM:** Having to retake impressions, frustrating patients and hurting your bottom line

**SOLUTION:** Are you still hand-mixing your material? Think about getting an automixing unit, which, according to a recent study, can improve the accuracy of impressions and final restorations, simplify work procedures and increase productivity. In a recent study, almost 72 percent of testers reported that impression-taking with an automatic mixing unit saves time compared to their current mixing method. Also, make sure that the dentist and assistant are on the same page when it comes to how much working time and setting time is needed for the impression.

**Thoughts from an expert:** “You have to know how much working time you have. That's so important,” said Mark Cotton, 3M ESPE U.S. Procedure Marketer—Indirect Portfolio. “With a fast-setting material like Imprint 4, the material isn't staying in the patient's mouth as long and that's a good thing for the patient, your impression and your schedule. Also, take note of the hydrophilic behavior of the material. Your ability to capture a high quality detailed impression the first time improves when you utilize a material that is more hydrophilic in the unset state.”

**PROBLEM:** Double-entering information in a paper chart and in the computer

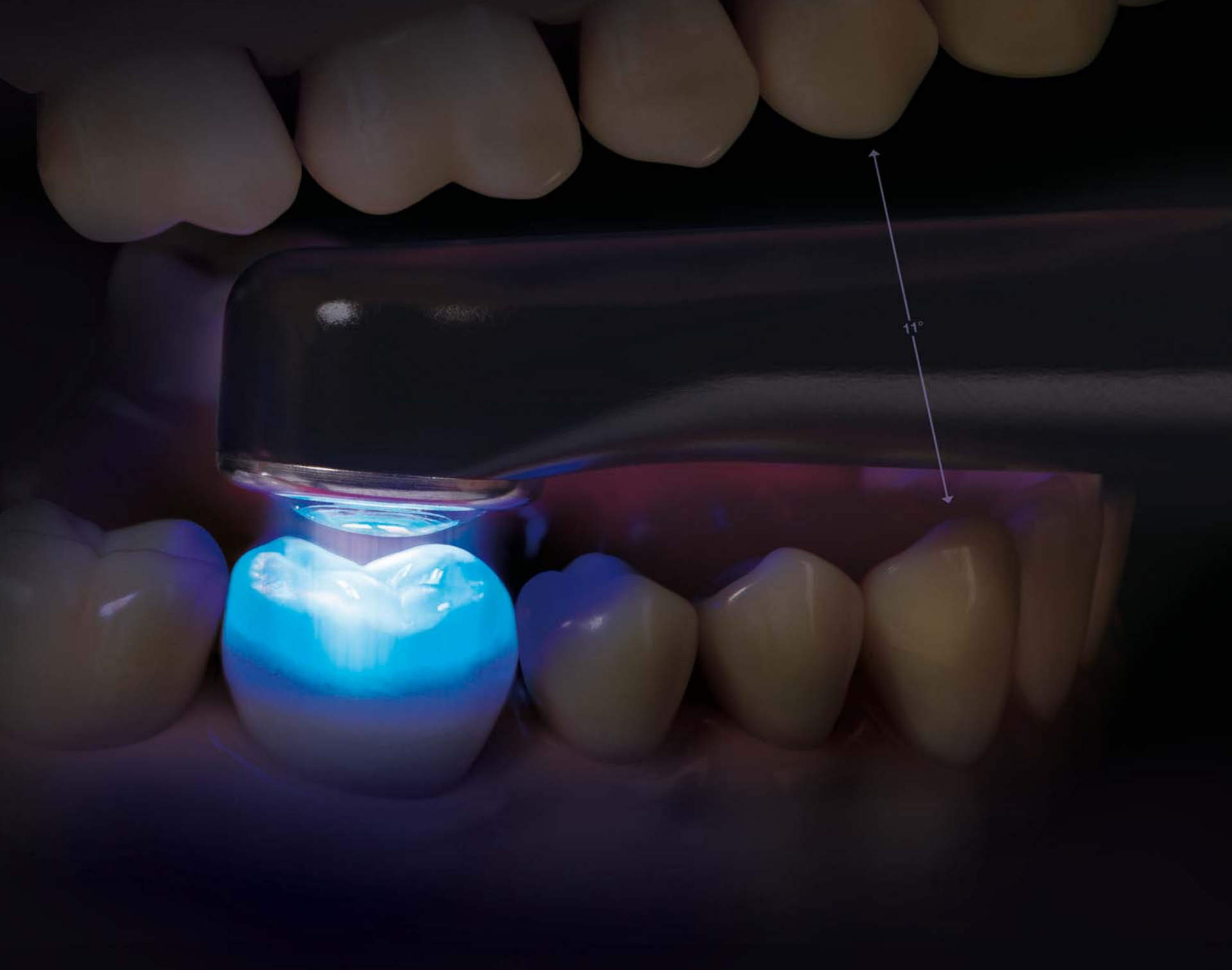
**SOLUTION:** Set a goal to become paperless and take it one step at a time—but do it. Double-entering any information leads to wasted time (which translates to wasted money) and you run the risk of making mistakes. If you don't have time to do something correctly the first time, you do not have time to do it again.

**Thoughts from an expert:** “I see this a lot,” Johnson said. “The most common cause is with a divided team. I see a couple of team members who are ready to go chartless so they develop their own system, and then half the team is putting information into the computer while the other half of the team is entering information in the paper chart. Nobody can find anything. This causes frustration, inefficiency and poor patient care. Come together as a team and all agree on a date to go chartless, then work on a plan. Write down where information goes into the computer and document your new protocols. Everyone on the team needs to be on the same page when it comes to going chartless because you all rely on the same information to perform your job in the office. If information is misplaced, then the team wastes time looking for it or entering the same information again.”

**PROBLEM:** Inefficient use of meeting time

**SOLUTION:** If your team meetings offer nothing more than a chance for everyone to zone out for a few minutes, you have a problem. Boring, redundant meetings are good times for naps, not building a business. So keep your meetings fresh by including webinars, guest speakers, new articles or studies, a review of new products, time to get your team familiar with that new technology or practice management software program, or just find something to clean and organize.

**Thoughts from an expert:** “For meetings, dental practices should have a plan, an agenda, a facilitator and someone who records what was decided,” comments Dru Halverson of Jameson Management. “It's always important to not get weighed down on one thing. Make your decisions and move on. Check off your successes and move on. There's always something else to tackle and learn.”



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**PROBLEM: Ineffective treatment plan presentations**

**SOLUTION:** Are you still presenting treatment options to patients without having the “wow factor” that will help sway them? Are you using your digital radiography to its maximum potential to help you sway those patients? In a recent survey, 73 percent of respondents said digital radiography is more diagnostic than film. One of the advantages of digital radiography over film is the ability to enhance or alter x-rays, highlighting certain areas of the image to patients so they can more clearly understand their proposed treatment plans. When patients feel more involved in the diagnostic process, they are more likely to accept treatment.

**Thoughts from an expert:** “By clearly demonstrating to the patients on a digital monitor their diagnosis and proposed treatment plan, I’ve seen significant improvements in case acceptance,” said Dr. Alex Parsi, who uses Suni intraoral sensors and Suni’s Advanced Imaging Software in his practice. “When I show my patient pre- and post-treatment radiographs, there’s a real ‘light bulb effect’ and ‘a-ha moment’ that takes place.”

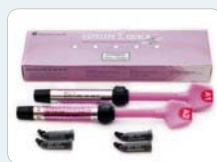
**PROBLEM: Not having a set of standards in the practice**

**SOLUTION:** If everybody in the practice seems to be operating in a separate universe, maybe it’s because you haven’t come together to work on a series of standards for the practice. If everyone in the practice wouldn’t handle the same situation in the same way, you have a problem if something unexpected pops up. When a problem pops up, you spend valuable time defusing a crisis rather than focusing on your patients. Get everyone on the same page by setting standards.

**Thoughts from an expert:** “Offices often aren’t willing to invest the time up front to come up with standards for their practice,” said dental consultant Judy Kay Mausolf. “Instead, they’re often wasting time down the road putting out fires that could’ve been avoided. I often ask those who attend my lectures if they have communication guidelines/standards in their practices, and very few do. How can you expect your dental team to be on the same page when each person comes from a different background and has different experiences? Take the time to get everyone on the same page by setting standards. Otherwise, you’re wasting valuable time every day putting out fires.”

**PROBLEM: Trying to match composite shades**

**SOLUTION:** Rather than wasting time comparing and contrasting with a shade guide and hoping that your material matches the rest of the patient’s tooth structure, look for a universal composite that has excellent blending capabilities (and doesn’t leave you crossing your fingers on the results). With Estelite Sigma Quick from Tokuyama Dental America, dental practitioners need to just to be in the general shade range, eliminating the need to stock a myriad of different composite shades in the office. According to the manufacturer, seven of Estelite Sigma Quick’s shades can cover the most popular shade ranges.



**Thoughts from an expert:** “As a clinician, I desire a composite that is efficient and predictable for everyday dentistry,” said Frank J. Milnar, DDS, AAACD. “Estelite Sigma Quick is a supra-nano universal composite comprised of spherical fillers. This creates a chameleon effect compared to other composites. As a result, one shade of Sigma Quick can match several shades. This reduces the inventory of materials with a cost savings. The most important feature of Sigma Quick is its smooth handling and superb polishability. When you incorporate Estelite Flow Quick with Sigma Quick, the stress of bonding disappears.”

**PROBLEM: Hygienists continuously scraping with hand instruments**

**SOLUTION:** Instruments have come a long way. The paradigm shifted for hygienists in the early 1990s as ultrasonic scalers were put in a position to be the instrument of choice for *all* dental hygiene procedures for children and adults. What do hygienists love about them? The tips and techniques are efficient and well tolerated by most patients. Also, for those patients with heavy staining, the air polisher is a welcome ally.



**Thoughts from an expert:** “The beauty of ultrasonics in hygiene begins with our choices,” said Anastasia Turchetta, RDH. “Back in the day, it was literally making one size, the universal, fit all areas of the mouth in every mouth! Today’s tips have ergonomic features with grip and swivel actions, granting us the ability to perform our task swiftly. Patients are more comfortable and prefer this service.

“Another service that has only gotten better is the air polisher for stain removal. Of course, it will be a favorite for our orthodontic patients and cigarette smokers. While the older versions only seemed to create more aerosol than my grandmother’s hairspray, today’s version offers controlled pressure, ergonomics and considerably less aerosol with [the] ease of the toughest stain removal!”

**PROBLEM: Not knowing a patient’s insurance benefits before he or she walks through your front door**

**SOLUTION:** If a patient walks into your practice and is presented with a treatment plan, you know what the next question will be, right? So why would you present a case without knowing what insurance benefits the patient has? If that patient walks out the front door confused or frustrated, the chances of him or her accepting your treatment plummets dramatically. Don’t scramble at the last minute. Do your homework ahead of time and present those benefits as part of the case presentation before the patient even asks.

**Thoughts from an expert:** “The last thing you want to do is look disorganized at a very important time in your relationship with the patient,” said Jennifer Schultz, the owner of Virtual Dental Office. “Once that patient leaves your office, it becomes much harder to schedule him or her for that case you just presented. Having all of the information at your fingertips makes you look knowledgeable and prepared in their eyes and much more likely to say ‘yes’ to treatment.”

**PROBLEM: Not using technology to automate tasks**

**SOLUTION:** If your practice is still submitting paper insurance claims or folding patient statements and stuffing envelopes, you are spending your team’s valuable time on minimum-wage tasks. Find a company who can help you automate these tasks, such as OneMind Health.

**Thoughts from an expert:** “Waiting on hold is one of the most frustrating and time-wasting aspects of a team member’s job,” said Laura Edwards with OneMind Health. “It’s also very frustrating for them to have a dozen different insurance sites to visit and each has a different user name and password. Plus, they may get a different answer from different insurance companies! If you have conflicting information, how do you know what to tell the patient? We come in with our automated system and take away these frustrations and give time back to the dental team. That’s time that can be used for a number of other much more productive tasks.”



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**PROBLEM:** Practices overstock their sterilization areas, storage areas and operatories with too many consumables (cotton rolls, gloves, bibs, etc.) and procedure materials (bonding agents, composite, etc.)

**SOLUTION:** Overstocking leads to over cluttered workspaces, overflowing storage areas and endless amounts of expired product being thrown away because it is forgotten. With all of these locations to store items, accurate inventory counts and control is not possible. With this in mind, implement a bulk storage area and a procedure tub in your practice. Stocking a procedure tub with procedure-specific items (bonding agents, composite, etc.) and using your operatory drawers to control your consumables will streamline procedures from start to finish. Put all excess inventory in *one* bulk storage area. This will allow for accurate and effective inventory control, resulting in cheaper reorders, less inventory on hand, and eliminating the need to throw away expensive, expired products.



**Thoughts from an expert:** “As a dental assistant, I am constantly asked to try the newest ‘must have’ product, so I have become very selective with the ones I truly would try or recommend,” said Mercy Guerrero, CDA. “The Zirc organization and storage systems have blown me away. My days have become more efficient since everything I need for any given procedure is now at my fingertips. I no longer need to search through all the drawers to find anything and the practice is neat and organized, making everyone’s day easy and pleasurable.”

**PROBLEM:** Dealing with temporaries that don’t fit and aren’t esthetically pleasing

**SOLUTION:** Create a strong, beautiful temporary the first time, thus preventing the restorative from breaking or falling off. Find the right temporary material with properties (strong, esthetic, doesn’t shrink, etc.) that enable you to be efficient and save you office chair time. Ensure you are following the directions by holding the temporary in the mouth for the right amount of time. Removal of the temporary after the initial material set time is critical in order to prevent the material from locking into undercuts. One technique to help prevent this issue is to tease the temporary on and off a few times once the initial set time is over. Setting a timer is always a great way to ensure you are leaving the temporary in for the specified amount of time and taking it out at the optimal moment. Also, attend continuing education classes in order to stay on top of what’s new, in order to find that right material for your office and patient needs.

**Thoughts from an expert:** “One of the biggest complaints we receive from patients about temporaries is their unhappiness with the way their temporary looks,” said Tiffinie Blanks, CDA. “One of the toughest problems we have as an office with temporaries is finding that right material that is strong, doesn’t shrink and comes out esthetically pleasing for our patients. My material of choice right now is DenMat’s new Perfectemp10. It is strong, fits beautifully in the patient’s mouth and comes out shiny on its own with minimal to no polishing required. All of these properties save our office chair time and leave our patients happy with their temporary restoration.”

**PROBLEM:** Sensitivity in patients may cause additional treatments

**SOLUTION:** Combat sensitivity by first achieving a great bond.

**Thoughts from an expert:** “The initial steps to bonding create the foundation for a exceptional restoration,” said Dr. Paresh Shah. “Consider these two steps before your next restoration: use a universal adhesive and a selective etch technique to ensure a great bond for the restoration.”

**PROBLEM:** Finishing and polishing restorations is a time-consuming process

**SOLUTION:** Previously, to achieve a lifelike luster on restorations, dentists had to constantly switch shapes during the finishing and polishing procedure, making the process time-intensive. Now, a single-use, two-step system is available: 3M™ ESPE™ Sof-Lex™ Spiral Finishing and Polishing Wheels. These wheels have an innovative spiral shape that adapts to all posterior and anterior surfaces. With just one shape and no water-cooling necessary, dentists finally have a simple, versatile system for finishing and polishing.

**Thoughts from an expert:** “Sof-Lex Spiral Finishing and Polishing Wheels produce an exceptional esthetic and functional restorative result with far fewer steps than before,” said Dr. Alan Weinstein. “The spiral wheels are effective from any angle, making it easier to work intraorally without the need to change to different grade and size disks. These unique, abrasive impregnated wheels have flexible ‘fingers’ that adapt to irregular, convex or concave tooth surfaces, making intra- and extraoral finishing and polishing easier.”

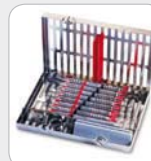
**PROBLEM:** Micromanaging in the dental practice

**SOLUTION:** According to dental management expert Linda Miles, in order to have an empowered and accountable team, the five magic words are: HIRE, TRAIN, TRUST, PRAISE and MONITOR. While it is a good idea for the boss to have his or her thumb on the pulse of their business through monitoring, it is not a good idea to micromanage.

**Thoughts from an expert:** “One of the biggest obstacles slowing progress in the dental office is having a dentist who micromanages. Second guessing every detail of every task being performed not only displays a lack of trust but it also keeps the employees from growing out of fear of making a mistake,” Miles said. “Team members give up trying if someone constantly looks over their shoulder, criticizes them or does their tasks for them. They shut down. One of the biggest losses in this micro-managed scenario is having the staff unable to talk favorably about their doctor in and out of the office. I’ve never heard a team member brag about their job, their dentist or their doctor’s dentistry if they are being micromanaged.”

**PROBLEM:** An unorganized, messy dental practice

**SOLUTION:** Is your practice one of “those” that likes to keep everything out on the countertop so it’s easy to find when the time is right? Well, having everything in plain sight can lead to an image problem in the eyes of your patient. You can have the nicest practice in the world, but if your countertops are filled to capacity, the patient’s perception will be “cluttered and unorganized.” If he or she is thinking that about your countertops, what are they thinking about your dental skills? Start working ASAP on an organization system that works for everyone in the practice.



**Thoughts from an expert:** “It is amazing how much time is spent looking for that instrument, that new bonding material, that instruction book or so many other things. Get your inventory under control,” said Dru Halverson of Jameson Management. “If you live in clutter, your mind is full of that clutter as well. People will think that your dentistry and your management are messy as well. Take the time to get things minimized and organized. It saves you time and headaches in the long run!”

  
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### PROBLEM: Using out-of-date sterilization equipment

**SOLUTION:** There's nothing that can lead to more frustration and stress than not knowing if instruments are *really* clean. It's also a situation that can lead to image problems and your patients could question your sterilization methods. Update your sterilization center. Purchase a cassette system with a large-capacity ultrasonic cleaner and sterilizer. Loose instruments that need to be sorted onto trays and small autoclaves that have to be run more than once lead to inefficient sterilization processes, frustration among team members and stress.

**Thoughts from an expert:** "In my experience, when an office complains about instruments not getting clean, it usually means they need to invest in a new ultrasonic cleaner or take a second look at how they are utilizing their cleaner," said Marcy Cady, a dental infection control specialist. "Offices should look at the type of ultrasonic solution they are using, the ratio of solution to water, and the time they are putting their instruments into the ultrasonic cleaner. Additionally, it might be time to update your sterilization center by purchasing a cassette system, and upgrading to a larger ultrasonic cleaner and sterilizer. Loose instruments that need to be sorted onto trays can lead to inefficiency and safety and lower productivity, as well as increasing stress for staff members."

### PROBLEM: Not using your curing light properly

**SOLUTION:** What is probably the most common error committed by clinicians performing cures? Improper positioning of the curing light in relation to the restoration. Even if your light is delivering 100 percent of the light intensity you think it is, you can still diffuse that energy by being slightly off the mark in your positioning. Remember, if only 50 percent of the intended intensity is available to cure the composite, then curing time must be doubled. As with all dental procedures, curing will always be somewhat dependent upon operator technique. But by learning proper techniques from the manufacturer and choosing a curing light that provides features designed to counteract as many variables as possible, clinicians can go a long way toward ensuring proper cures in their restorations.



**Thoughts from an expert:** "Most dentists think if you waft the light in the mouth somewhere, it's going to cure the restoration," says Richard Price, DDS, MS, a Dalhousie professor of prosthodontics and the inventor of the Managing Accurate Resin Curing Device (MARC), which measures the light energy that is actually delivered to the restoration as opposed to the energy emitted by the curing light. "We've discovered that there is a huge difference among operators. (The difference) can be an order of magnitude."

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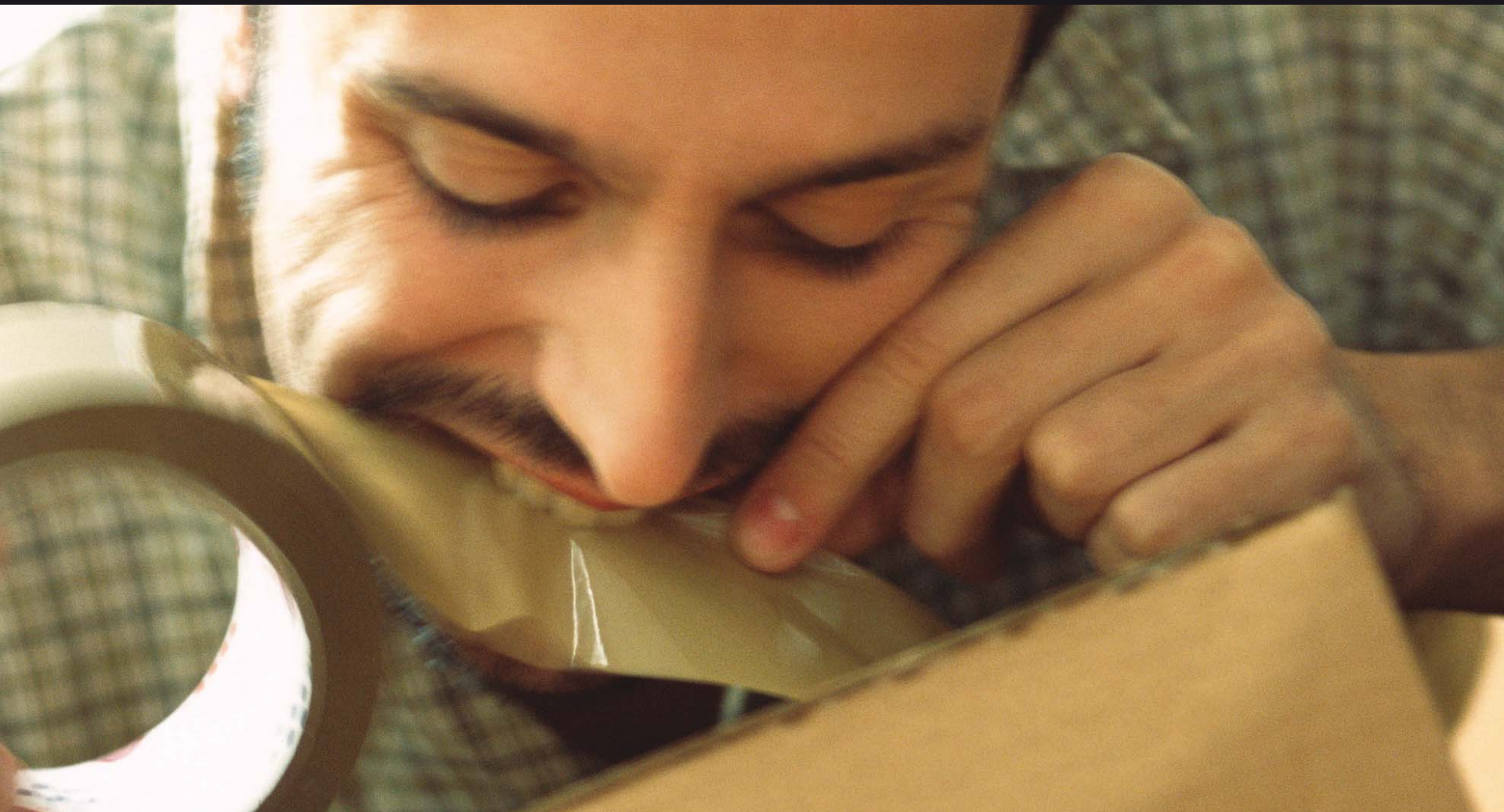
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**PROBLEM:** Spending the money for continuing education, then not implementing what you learned when you return to the office

**SOLUTION:** Traveling to CE courses can be a lot of fun for dentists and team members. The location ... the food ... the atmosphere ... it's all part of a great team-building experience. However, it can also be a complete waste of resources if you're not willing to take what you learned on that trip or in that course and change some of the ways your practice operates. It can also be incredibly frustrating and disheartening for dental team members to see the dentist go off on a CE trip only to come back and do nothing with what he or she just learned. Simply put, if you learn something and pay to learn about it, use it to the fullest extent possible.

**Thoughts from an expert:** "A lot of people are looking to blame a third party for their failures," said dental consultant Hollie Bryant. "If someone goes to a CE course and doesn't utilize what they've learned to the fullest extent, it's a hedge bet because they can always go back to the way things used to be. There's a difference between water being at 211 degrees and 212 degrees. That one degree can make a difference between water boiling or not. You have to trust the system you've just invested in, and you have to fully engage in the process or it's a waste of money and time."

**PROBLEM:** Incomplete or inaccurate prescriptions sent to the dental lab

**SOLUTION:** Make sure solid communication systems are in place between the dentist, assistant and lab. Ensure the dental assistant has been trained in how to properly take impressions to help ensure retakes won't have to be done, keeping the patient happy and not in the chair for longer than necessary.

**Thoughts from an expert:** "We want to do everything we can to help the dentist help himself or herself, but even the tiniest things are so important," said Mike Lomax, owner of Reliable Arts Dental Lab. "It starts with making sure that the writing on the prescription is legible and making sure the patient name, shade, material to be used, due date and tooth number are written properly. If we have one impression and one prescription, that's OK. However, we often get numerous impressions and numerous prescriptions in one shipment from a bigger practice. Any incomplete information makes us have to call the practice, which then makes an employee of the practice have to stop what he or she is doing and chase down the information. It's a waste of time for both of us. Also, study models on anterior cases and snapping a quick photo and attaching it to an e-mail sent ahead of time can communicate a lot to your lab. We send photos back with questions all of the time."



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**PROBLEM:** Fragmented, disorganized online marketing becoming a time-sink that doesn't get enough results

**SOLUTION:** When patients need care, they go to the Internet to find it. So, make no mistake about it: Online marketing is essential for the modern practice. But dentists often build their websites separately from the rest of their online marketing. Important supplementary services like social media, blogging, search engine optimization (SEO) and online reputation monitoring are often attached as an afterthought. Using those services is crucial, but the piecemeal approach leaves the resulting Web presence scattered. Dentists have to speak with different entities for each service, decreasing efficiency and massively increasing the amount of time required to manage their online marketing. Therefore, consolidate all your practice's online marketing onto one cohesive platform. When you can manage your website, mobile site, social media, SEO and even more from one location, you can drastically reduce the amount of resources devoted to your online marketing. And the less time you have to spend working on it, the more profitable it becomes.

**Thoughts from an expert:** "Everything becomes simpler with everything in one place," said Glenn Lombardi, president of Officite. "With a platform, you don't have to juggle a different provider for every service, and that makes online marketing more efficient, effective and affordable, so consolidate what you have. If you're just starting out, start with a company that can handle everything."

**PROBLEM:** Using disposable instruments improperly

**SOLUTION:** In an effort to minimize costs, many dental practices incorporate disposable instruments into their everyday operations, and, despite the "disposable" label, they sterilize and reuse the instruments. This habit compromises instrument integrity and patient care. In addition, the overuse of disposables creates excessive waste. Use high-quality, sterilizable instruments for patient procedures.

**Thoughts from an expert:** "When rendering patient care, anything less than optimal is unacceptable," said Warren White, COO of Komet USA. "Although I understand the allure of the low sticker price of disposable diamonds, I do not believe the price reflects their true cost, which is compounded in hidden fees. A sacrifice in quality is reflected in the disposable bur's short service life and imperfect cutting capacity. Often, problems arise from non-concentric shanks with non-ISO standard tolerances, leading to excessive vibration that damages the tooth and the handpiece. Inventory needs, lost chair time and sharps-disposal handling and processing fees also add hidden costs. Finally, the burs are dumped into overflowing landfills, making the high volume of disposables costlier, both in dollars and in ecologic terms. Premium, reusable diamonds based on proven research, engineering and quality control standards are the best choice for delivering expert dental care."

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**PROBLEM:** Finding a way to decrease chair time for patient cleaning

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**Thoughts from an expert:** “Let’s face it, most people don’t floss, so why not give them a chance to choose an alternative to floss that they will actually use?” suggested veteran dental hygienist Edie Shuman-Gibson. “By offering our patients alternatives to floss, such as GUM Soft Picks, we can increase compliance with cleaning in between their teeth, reducing plaque and biofilm build up. The reduced build up and improved tissue health will in turn make the recare appointment more comfortable and pleasant for your patient, not to mention for the hygienist! This will translate into a more productive, less stressful workday because the patient is more relaxed and happy, instead of anxious and fearful. If we customize our patients’ home care options based on what they will use, we drastically improve compliance. Remember, if they choose it, they will use it!”

**PROBLEM:** Doctors and office staff want to move away from latex gloves, but find nitrile gloves are too slick for their tasks

**SOLUTION:** Poly-chloroprene exam gloves—sometimes referred to as Neoprene—provide users with a synthetic, non-latex exam glove with a high level of wet grip performance. Poly-chloroprene glove film delivers soft, stretchy comfort, outstanding grip as well as strength and durability. Technology enhancements as well as changes in raw material costs have now positioned poly-chloroprene in the same range as many latex and nitrile exam gloves. Users now have a solid option to avoid latex protein allergies without giving up performance.

**Thoughts from an expert:** “Exam glove comfort and wet grip is crucial to dentists and hygienists alike,” said Derek Warneke, vice president of innovations for Microflex. “Your glove is an extension of your hands and the right glove can actually enhance your ability to perform fine motor skills. On the flip side, the wrong glove can hinder your natural abilities and decrease your hand ergonomics resulting in hand fatigue and possible injury. The wet grip performance of poly-chloroprene gloves has the potential to meet, if not exceed, your highest expectations!”



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# TIME IS MONEY

## 5 THINGS YOU NEED TO KNOW ABOUT DIGITAL RADIOGRAPHY

If you have yet to make the move to digital X-rays in your practice, you may want to check out the benefits you are missing out on. [By Kevin Henry]

**W**ith technology growing every day in our personal and professional lives, there is still one pocket of the dental practice where the latest advances are having a more difficult time gaining ground—the world of radiography.

That doesn't mean that dentists aren't looking to make a change. Dr. Joseph Kenny of Beecher, Ill., recently told me that one of his goals at the Chi-

cago Midwinter Meeting was to check out the various digital radiography systems that were available.

"I've had digital radiography in the first two practices I have owned, but not in this one," Dr. Kenny said. "It was tough for me to go back to film and I am looking to change this practice into a digital practice. I am not a dentist who enjoys doing fillings. I like the surgical aspect of dentistry and placing

implants and I feel like I can do that a lot better using digital than film."

Dr. Kenny certainly isn't alone in his thoughts. In a recent DPR study, 77 percent of the respondents said they were using a digital radiography system in their practice. We asked 689 dental practitioners the same question near the end of 2013; you can see on Chart 1 what they told us.

Dr. William Choi of San Leandro,

Calif., worked in a film-based digital practice when he first came out of dental school and quickly found it was not his preference. He believes one of the misconceptions about making the switch from film to digital is the cost.

"I understand the hesitance about making the switch, but I also believe you can't make a seven-figure office with film," Dr. Choi said. "I can tell you 10 different ways that digital radiography reduces my costs."

The American Dental Association seems to agree. SUNI Medical Imaging quoted the ADA in a recent e-book stating that, on average, it's estimated that every film X-ray captured costs about \$1.11. The material went on to state that if your practice captures an average of 500 film X-rays per month, that's \$6,000 spent on X-rays alone (and that's excluding storage and development costs). SUNI goes on to

tell its potential customers that the money saved just by eliminating the material costs of film X-rays will cover the initial cost outlay of a digital imaging system in one year.

Additionally, digital proponents state that capturing an X-ray with a digital sensor requires up to 80 percent less radiation than film X-rays. That means digital radiography allows you to take as many as 10 X-rays using the same amount of radiation as it takes to capture just two film X-rays.

In our most recent survey, we wondered if the numbers of those who prefer film over digital would be changing much for practices over the next year. We wanted to go a little deeper and asked those who said they still had film in their practice if they planned to “go digital” any time in 2014. See what they said on Chart 2.

So there’s still some room to grow in terms of digital radiography in the practice, but what about computers? The technological foundation of many homes has made its way into the dental practice, right? And what about tablets? With seemingly everyone pulling out an iPad or Galaxy tablet, those devices are also gaining traction in the dental practice, right? Not necessarily, say our readers, according to Chart 3.

Dr. John Flucke, DPR’s technology editor, believes tablet computers will become more and more visible in dental practices in the near future as more practices discover their benefits.

“The Tablet PC is a new concept that is making a big impact,” he said. “This device is, unlike Apple and Android tablet devices, a fully functioning Windows computer. The difference between a Tablet PC and a traditional PC is the Tablet PC is designed for mobility and combines the form factor of an iPad with the processing power of a Windows PC. These devices can do anything a standard PC can do, just in a more portable format. They access the office network and the Internet over the office wireless network instead of connecting via an Ethernet cable. They allow the doctor and staff to move freely and eliminate the need for PCs in every room.”

Speaking of the future, we asked dental practitioners how much they thought about the future when making their current technology purchases. See Chart 4 for the results.

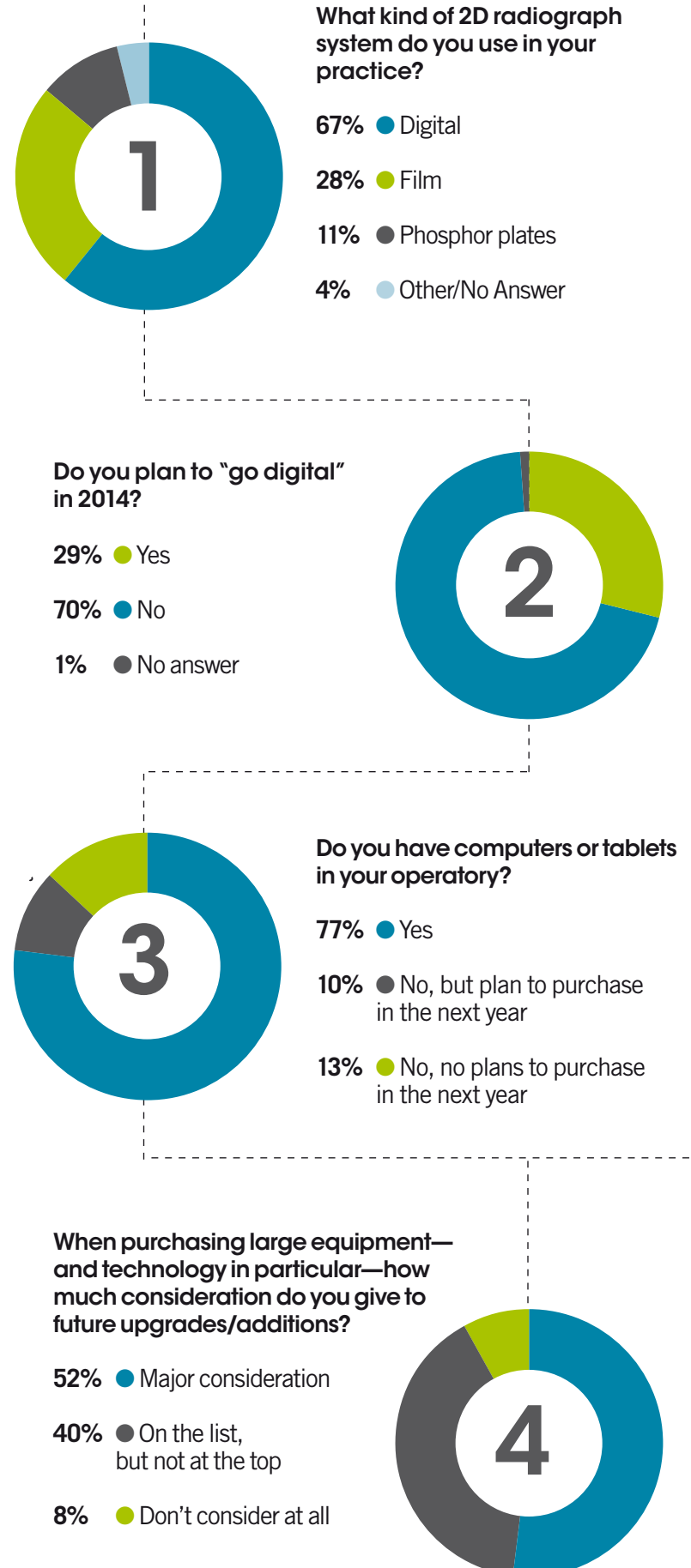
Patrick Crowley, an independent dental office designer and author of the book, “Dental Office Design: 1001 Practical Tips for Creating Your Ideal Dental Office,” believes not enough dentists think ahead when planning their current practice.

“I recently consulted with a brand new office where, shortly after moving in, the doctor wanted to install cone beam as a part of his practice,” Crowley said. “When the measurements came for the room where his current panoramic unit was installed, it was discovered it wouldn’t accommodate CBCT. He’d been in his practice about six months and he was already frustrated with it.”

So how can dentists and designers work together to ensure that frustration doesn’t occur in the near or distant future?

“You have to ask the questions today and make sure the dentist is thinking about the future,” Crowley said. “When you first start designing an office, the dentist can be excited about it, but overwhelmed when you start talking about the budget. Those early costs can keep the doctor from thinking about the future, but that’s where the designer has to come in with questions and plans. Even if the dentist says he or she doesn’t want cone beam, the room should still be able to accommodate cone beam down the road if he or she ever changes his or her mind.”

Crowley has one other piece of design advice: Don’t hide the technology. “If you’re going to invest a lot of money in something like a CAD/CAM system, you don’t want to hide it in the lab so the patient never sees it. You want to put it on display and make it a focal point for your patients,” he said. “It’s about planning accordingly and making sure that your current design can accommodate anything you might want in the future. When the designer asks the right questions and the dentist plans ahead, it eliminates a lot of worries about the future.” ●



# DIGITAL RADIOGRAPHY

More dentists are making the switch from film to digital radiography than ever before. In a recent Dental Products Report survey, 77 percent of respondents said they currently were using a digital radiography system in their practice. It's only a matter of time before traditional film radiography is phased out completely and replaced with safer, more efficient, digital radiography systems. There's never been a better time to go digital. Here are five reasons why.



## SAFER FOR PATIENTS, SAFER FOR THE ENVIRONMENT

Digital radiography allows you to capture high-quality diagnostic X-rays comparable to film using a fraction of the radiation exposure and none of the harmful chemicals and waste. Patients are becoming more and more wary of exposing themselves to any more radiation than is absolutely necessary; digital radiography can help allay those health concerns. Capturing an X-ray with a digital sensor requires up to 80 percent less radiation than traditional film X-rays. That means digital radiography allows you to take as many as 10 X-rays using the same amount of radiation that it takes to capture just two film X-rays. Also, the chemicals used to process and develop film X-rays are harmful to the environment, and by switching to digital imaging you can eliminate not only the ongoing costs of purchasing these chemicals and properly disposing of their waste, but also their harmful environmental impact.



**Capturing an X-ray with a digital sensor requires up to 80 percent LESS radiation than traditional film X-rays.**

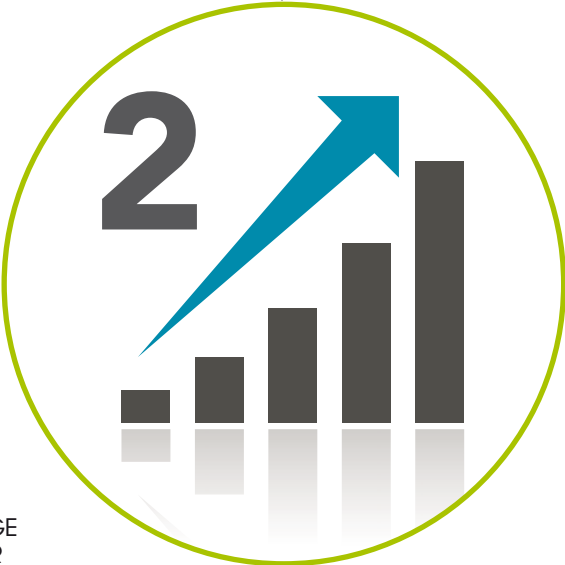
Source: Suni

**10:2**

**Digital radiography allows you to take as many as 10 X-rays using the same amount of radiation that it takes to capture just two film X-rays** Source: Suni

## REDUCES COSTS, INCREASES REVENUE

The benefits of digital radiography wouldn't amount to much if doctors couldn't afford to adopt the new technology. Fortunately, digital imaging systems have great value—starting prices for sensor and software packages are very reasonable and the relatively low upfront costs can be covered in one year by the ongoing costs of film materials alone. ROI Calculators can show you how much your practice could be saving over a one- or five-year period, and you might be surprised by the numbers. In addition to eliminating material costs, digital radiography increases revenue by allowing your practice to run more efficiently and increasing patient case acceptance rates. “The ability to capture a diagnostic image in seconds and display the magnified image to a patient—compared to the 10 or 15 minutes it takes to capture and develop film X-rays—facilitates trust between patient and dentist,” says Dr. Alex Parsi, DDS, who runs an endodontic practice in Los Angeles.



	SINGLE X-RAY	BITE WING	FMX	AVERAGE LABOR PER WEEK
FILM	4 MINUTES	8 MINUTES	24 MINUTES	16.6 HOURS
DIGITAL	2 SECONDS	8 SECONDS	24 SECONDS	8.3 MINUTES

Source: Suni

## LESS TIME- AND LABOR-INTENSIVE



= THE COST TO MOUNT **50** FILMS PER DAY

One of the ways digital radiography can increase your practice's revenues is by cutting down on the time and labor required to process film X-rays. Less time developing X-rays means more time to treat more patients. E.J. Bartolazo, DMD, estimates "the labor cost for a staff member to process, develop and mount 50 films a day is approximately \$50, equivalent to roughly \$1,000 per month." That's \$1,000 per month your practice could be saving by allowing your staff to capture digital X-rays in a matter of seconds, ready to display almost instantly to your patients. Plus, reducing the amount of time spent per patient benefits both dentists and the patient: dentists can treat more patients throughout the day, and patients can shorten the length of their visits to the dentist, which makes them more likely to return or refer.



## MORE DIAGNOSTIC THAN FILM

This reason to go digital shouldn't come as a surprise since digital imaging allows dentists to manipulate X-rays in ways that simply aren't possible with film. Most digital sensors come packaged with feature-rich software that gives dentists the ability to digitally enhance X-rays. Digital zoom, coloring, brightness and contrast adjustment, and other image enhancement options allow you to highlight intraoral pathologies so that your patients will gain a clearer understanding of their treatment plans.

**73%**

of respondents claimed that they found digital radiography to be more diagnostic than film.

Source: Suni

## DIGITAL EFFICIENCIES

Digital radiography lifts many of the cumbersome analog burdens inherent to film. We've already discussed how it eliminates costs related to film materials and waste disposal, but going digital also saves you the space it takes to store patient records and X-rays. Digital imaging systems provide easy and convenient patient record storage, with some newer systems even allowing remote access and compatibility with tablets. Some companies go as far as providing the flexibility of moving a sensor from one operatory to another with fully-portable plug-and-play recognition. What this all adds up to is a dental technology with limitless possibilities, that adapts to the needs of your practice. Digital radiography is the future, and the future is here.



The number of charts a dentist will have to convert when he or she buys your digital radiography-based practice in the future.





# SOLUTIONS TO EVERYDAY PROBLEMS

How one clinician is using Dentsply Caulk's Aquasil Ultra Cordless impression system to solve problems. [By Stan Goff]

When Dr. Mary Ann Hollis started having some problems with her crowns not seating properly, she began to experience some stress and even began to wonder if her current laboratory was not doing a great job.

But when Dr. Hollis, one of the owners of Grove Dental Associates in the western suburbs of Chicago, switched to the Aquasil Ultra Cordless Tissue Managing Impression System, her crowns started to fit like a glove. She has also noticed other benefits from using the system and made plans heading into the Chicago Dental Society Midwinter Meeting to stock up on the relatively new product.

## THE PROBLEM: Crowns not seating properly

"I've had a problem with crowns being high. [I've had] to do adjustments for a period of time and I have been talking to the lab about it," Dr. Hollis said. "It's very frustrating when you feel like you've done everything you can possibly do to give the lab what they need, and you get a crown back and it's high, or you know you need to spend time adjusting."

## SOLUTION: Change the system

"The only thing I've done differently is change to this system," said Dr. Hollis, who was an early beta tester of the Aquasil Ultra Cordless System. "Now [the problem] has gone away. I talked to my lab, and that's what I figured out. I called them earlier and I wrote a letter, and they just asked: 'How is it going for you?' And I was thinking *Wow, now these crowns are dropping in.*"

Dr. Hollis had asked the owner of her lab if he had noticed any differences in the cases she was sending along since she made the switch to the Dentsply Caulk system.

"I said, 'Did you notice a difference in the material working for you?' He said, 'Absolutely.' And then he added that everything is great," Dr. Hollis recalls. "We talked and I said the only thing I'm doing differently is using the Aquasil Ultra Cordless System. It's more accurate than what I was using before. Now I'm not adjusting and the crowns are dropping in. Also, [the lab] told me they're able to scan it and it's more accurate, and they feel it's more accurate than having to pour up a model."

## THE PROBLEM: Wasted material and patient discomfort

## SOLUTION: No waste at all and happier patients

In addition to better fitting crowns, Dr. Hollis loves the waste-free delivery tips and her patients enjoy the faster setting times and better tasting material.

"The patients definitely notice a difference," Dr. Hollis said. "What we were using before has a bitter taste and a longer setting time. The consistency of this material is really nice. It's not runny. It's great. It's exciting to have a material like this."

Another benefit is the delivery of the material. "With a lot of the systems, there can be a waste of material with the syringes," she said. "There's no waste with this. You have the little carpule and you're done, rather than our assistants filling up a full syringe of material for one tooth. With this system, there is no waste."

## Conclusion

Dr. Hollis loves the new system from Dentsply Caulk and plans to recommend the product to the other locations that are part of Grove Dental Associates. She works out of the Lombard, Ill., practice, but the group also has three other locations. "I really would bring this to the rest of the owners and say 'you've got to see this,'" she says of the Aquasil Ultra Cordless System. "I think it's a cost saving too. You have less chair-time and less waste."

One other important bonus is the confidence the product can deliver. "There's less stress knowing that my crowns are going to come back and fit just right," she said. ●



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## HOW TO

# GET AN “EDGE” WITH PARTIAL COVERAGE RESTORATIONS

Using the 3M™ ESPE™ Trifecta System to get excellent restoration results.

[ By Blair Moser, DDS ]

Information provided by 3M ESPE.



BLAIR MOSER, DDS

**WHEN PLACING PARTIAL COVERAGE RESTORATIONS**, marginal integrity and esthetics are logical concerns. Dentists with in-office milling systems may have a heightened awareness of these issues, as they can see the impacts of the edge quality of their materials at each step of the way. While some chairside blocks can be brittle, resulting in minute chipping at the margins of a restoration, a non-brittle material makes the process much smoother, with a restoration that almost disappears into the margins.

After almost 10 years of using a CEREC machine in my office, I have recently come across a combination of materials that is now my first choice for partial coverage restorations: 3M™ ESPE™ Lava™ Ultimate Restorative, 3M™ ESPE™ Scotchbond™ Universal Adhesive and 3M™ ESPE™ RelyX™ Ultimate Adhesive Resin Cement. This combination of products, known as 3M™ ESPE™ Trifecta System, not only gives CAD/CAM dentists a strong, easy-to-mill chairside block, but also tools for adhesion and cementation that contribute greatly to the efficiency of a procedure.

## Block, Adhesive and Cement Working Together

Lava Ultimate restorative is a unique block material that is categorized as a “resin nano ceramic.” This material is both strong and resilient, and it is designed for fast, easy milling and easy adjustments. It can even be repaired with composite, making it very versatile for teeth that might need additional work in the future. It is indicated for crowns, inlays, onlays and veneers, and as noted, I particularly prefer it for partial coverage restorations. When used for inlays, onlays or three-quarter crowns, the material’s ability to mill with no chipping helps it blend seamlessly into margins. Additionally, no firing is required for this material and it takes only a few minutes to polish, adding to the efficiency of a chairside milling system.

Efficiency is also a key feature of Scotchbond Universal adhesive. This adhesive bonds methacrylate-based restoratives, cement and sealant materials to dentin, enamel and glass ionomer, as well as indirect restorative substrates like metals, glass ceramics, alumina and zirconia, without an extra primer step. It can be used in total-etch, self-etch or selective-etch modes, providing reliable strength and virtually no post-operative sensitivity.

The simple technique of Scotchbond Universal adhesive is made even better by combining it with

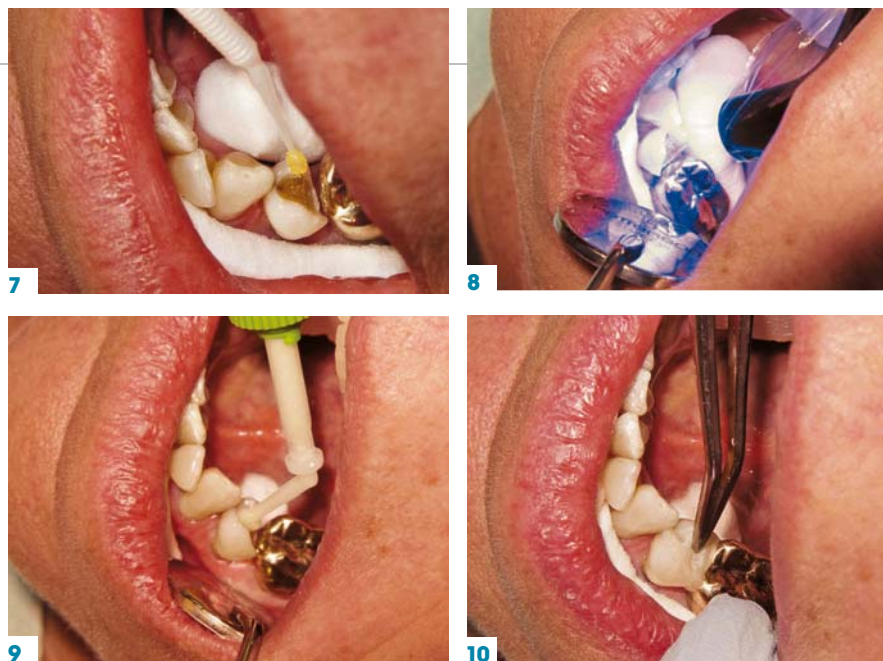
RelyX Ultimate cement. The cement is made with an integrated dark cure activator for Scotchbond Universal adhesive, so when the two products are used together there is no need for a separate activator. This can give dentists extra peace of mind in cases where a restoration is hard to reach with a curing light or they are worried about the depth of cure. The cement also cleans up easily, whether it is still in its liquid form or after tack curing. I personally prefer to clean away excess cement right away without tack curing, and have found this gives me great margins and adaptation. With RelyX Ultimate cement, I can do this easily and achieve a great bond. The cement is ideal for CAD/CAM and glass ceramic restorations, making it an easy choice to use in combination with Lava Ultimate restorative.

The case shown here will illustrate the use of these products to create a seamless onlay.

**STEP 01** A patient in her 50s presented complaining of sensitivity on a 20+-year-old amalgam restoration on tooth No. 20. Examination revealed a crack through the enamel on the lingual cusp of the tooth (Fig. 1).

**STEP 02** The patient consented to removal of the amalgam and treatment with a Lava Ultimate restorative onlay, which would cover the lingual cusp and reduce the sensitivity.





## AT A GLANCE

1. The patient was experiencing sensitivity due to a cracked lingual cusp on No. 20.
2. The old amalgam was removed and the tooth was prepared for an onlay.
3. The Lava Ultimate restorative onlay after milling
4. Removal of the sprue
5. The inside of the onlay was sandblasted.
6. Scotchbond Universal adhesive was applied to the onlay.
7. Adhesive was scrubbed into the prepared tooth for 20 seconds.
8. The adhesive was light cured.
9. RelyX Ultimate cement was applied to the preparation.
10. The onlay was seated and excess cement was immediately cleaned away.
11. Polishing was done with a Brasseler point, polishing paste and a micro-cloth disc.
12. The completed restoration



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**STEP03** The old amalgam was removed and the tooth was prepared for an onlay (Fig. 2). The CEREC Omnicam was used to capture a digital scan of the tooth, and the onlay was milled with a Lava Ultimate restorative block (Fig. 3).

**STEP04** The sprue was removed from the block (Fig. 4) and it was tried in the mouth to confirm a good fit. Following this, a Danville Micro-Etcher was used to sandblast the inside of the onlay (Fig. 5), after which it was rinsed and dried.

**STEP05** Scotchbond Universal adhesive was scrubbed for 20 seconds into the bonding surface of the restoration (Fig. 6) and then air thinned until the solvent was evaporated and the adhesive no longer moved.

**STEP06** The adhesive was also applied to the prepared tooth and scrubbed in for 20 seconds (Fig. 7). The material on the tooth was also air-blown until it no longer moved and then light cured for 10 seconds (Fig. 8).

**STEP07** RelyX Ultimate cement was applied to the preparation (Fig. 9), and the onlay was then seated in place (Fig. 10). Excess cement was immediately cleaned away and the restoration was light cured for 20 seconds.

**STEP08** A fluted finishing bur was then used to clean residual cement away from the edges. Polishing was performed with a Brasseler point with Diamond Twist SCO polishing paste and a micro-cloth disc. The case was completed in approximately one hour, and the final result was a much more esthetic restoration with undetectable margins (Fig. 12).

## Conclusion

The combination of the esthetic block material, adhesive and cement used here helped create a restoration that is nearly invisible at the margins, with a strong bond that will keep it

in service for the long term. With a system of products that is designed to work together, dentists can enjoy a process with fewer steps while still feeling assured they are delivering great care. ●

## ABOUT THE AUTHOR

Dr. Blair Moser earned his Doctor of Dental Surgery (DDS) from the University of Iowa in 1992. Upon completion of his residency, Dr. Moser moved to Sacramento to join his family's practice, Charles Dental Group, where he has practiced for the past 20 years.



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## HOW TO

# A BETTER WAY TO RESTORE ROOT CARIES

One clinician shows how he used ACTIVA BioACTIVE-RESTORATIVE material to treat a tricky case.

[ By Robert A. Lowe, DDS ]

Information provided by Pulpdent Corp.

**EVERY RESTORATIVE DENTIST WILL BE,** at some point, faced with a patient that presents with root caries apical to an existing crown margin. The choice is whether to remove the existing crown and additional decay and replace the crown, or to attempt to directly restore the affected area without crown replacement. Let's further assume this root caries exists on a strategic abutment of a long span bridge—this compounds the decision, especially if economics does not allow the patient to replace the bridge. What are the options now?

## Activa: A Bioactive Restorative Material

One critical aspect that will impact on the ability to restore an area of the tooth or root below an existing restoration will be clinical access to the area. Often these lesions will be subgingival, so access to restore may require a gingivoplasty, or “mini flap procedure,” to access all the restorative margins. If a flap procedure is not needed for access, use of a soft-tissue dental laser is ideal for this procedure. The wavelength of a diode laser can help with localized hemostasis and is considerably less invasive as far as a zone of necrosis when compared to electrosurgery. Also, it is difficult to use electrosurgery instrumentation safely around metallic restorations.

The second clinical problem is that the surface of the root is not a very good substrate on which to use resin-bonded dental materials. It is well documented that glass ionomer cements “seal” this type of dentin bet-

ter than adhesive resins. The difficulty in using traditional glass ionomers may be in the clinical placement into these difficult to reach areas and then maintaining the field to allow for the self-cure set of the material, which may be minutes. Light-cured resin-modified glass ionomers offer a more realistic approach utilizing command set, but often do not allow long-term diffusion of ions through the resin limiting the “healing effects” of the material.

A new RMGI restorative material (ACTIVA BioACTIVE-RESTORATIVE from Pulpdent Corp.) has been shown to allow continual passive diffusion of calcium, phosphate and fluoride ions through the restorative material and to have excellent compressive strength, which is unusual for light-cured RMGI materials. Activa was chosen to restore this carious lesion on the root of this posterior tooth with a full coverage restoration.

## Clinical Case: Root Surface Repair With A Bioactive Restorative Material

**STEP 01** The patient in **Figure 1** presented with root surface decay apical to existing porcelain to metal crown. She is in her late 60s and has battled periodontal disease most of her life. Having lost several maxillary posterior teeth and had them replaced with implants, the treatment goal at this time is to maintain her existing restorations as long as possible. In order to gain access to the carious area, a full thickness flap was reflected.

**STEP 02** A SmartBur II (SS White Burs) round polymer bur is used to carefully excavate the carious area. Thirty-seven percent phosphoric acid is used to “clean the preparation” for five seconds, then rinsed away with copious amounts of water. Air dry, but do not overdesiccate the surface of the dentin.

**STEP 03** The metal mix tip with metal cannula supplied with ACTIVA BioACTIVE-RESTORATIVE is ideal for access in this area as it can be bent to the appropriate angle to allow for easy and precise delivery of the restorative material to the center of the preparation. It is important not to overfill the preparation to limit the amount of finishing, since access to the restoration with finishing instrumentation will be difficult. Ideally, just enough ACTIVA Restorative should be placed so that removal of excess or finishing after curing is not needed.

**STEP 04** **Figure 2** shows the ACTIVA Restorative material after placement and light curing. After verifying the accuracy of placement with a bitewing radiograph, the flap will be closed with a silk suture through each side of the interproximal papilla. After one week, the suture is removed.

**STEP 05** **Figure 3** shows a similar type of lesion radiographically on the mesial abutment (tooth No. 31) of a long span bridge. It is financially not feasible for this patient to have the bridge replaced at this time. Rather than section away the pontics (tooth Nos. 29 and 30) from the anterior abutment and extract the

distal abutment, it was decided to see if the lesion could be excavated and successfully restored using ACTIVA BioACTIVE-RESTORATIVE.

**STEP 06** **Figure 4** is a post-operative radiograph after placement of ACTIVA Restorative on the root surface of tooth No. 31. There was no pulp exposure during preparation and the patient was told, “we will see how the tooth responds to therapy.” Our hope is that by removing the caries and placing a bioactive restorative material such as ACTIVA Restorative, the ion exchange will help to remineralize any affected dentin remaining and the clinical life of this fixed prosthesis will be extended for an indefinite period of time.

## Conclusion

These are cases where teeth with recurrent root caries in difficult to access areas have been restored with a bioactive restorative material in hopes of preventing further tooth loss and extending the life of the existing restorations. This is one of many clinical examples where a bioactive restorative material, such as ACTIVA BioACTIVE-RESTORATIVE, will prove to be extremely useful in our quest to help patients maintain their dental health. ●



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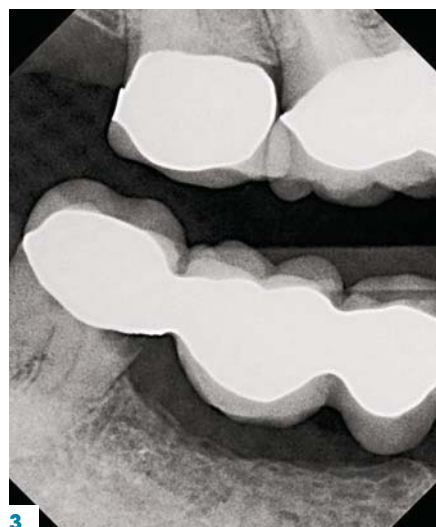




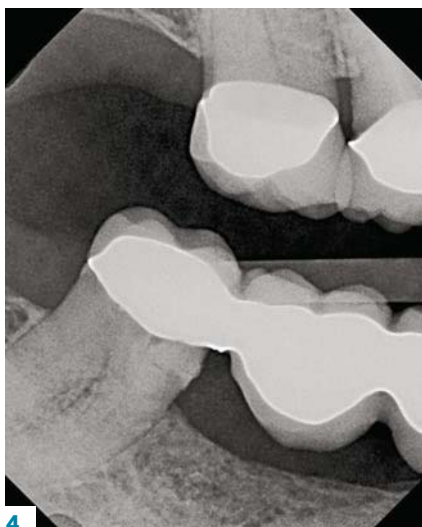
1



2



3



4

## AT A GLANCE

1. Patient presented with root surface decay.
2. ACTIVA BioACTIVE-RESTORATIVE after placement and light curing.
3. A similar type of lesion shown radiographically on the mesial abutment.
4. A post-operative radiograph after placement of ACTIVA BioACTIVE-RESTORATIVE on the root surface of tooth No. 31.

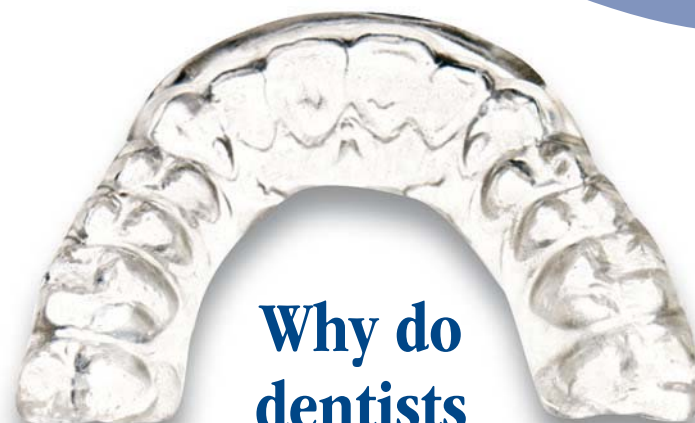
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## HOW TO

# UTILIZE MILLED CHAIRSIDE ABUTMENTS

Using e.max crowns with CEREC 4.2 and GALILEOS on a two-unit immediate molar implant case.

[ By August de Oliveira, DDS ]

Information provided by Sirona Dental.



DR. AUGUST DE OLIVEIRA

**DR. CARL MISCH ONCE SAID,** “An implant is not a tooth.” And he is absolutely right, it’s far from it. It’s gray, it’s cylindrical, and much smaller than a tooth. Dr. Scott Ganz once said, “Patients don’t come to us for implants, they come to us for teeth.” And he too, is absolutely right. Patients don’t understand that implants are not teeth; they look online at implant cases and just assume they have the proper biology to have implants that look like teeth. So what’s a doc to do? Custom esthetic abutments give us the ability to take implants that do not look like teeth, and deliver to our patients the teeth they want, at times, even on the first appointment.

## STEP01 Diagnosis and treatment planning

The following is a case I completed utilizing both CEREC and GALILEOS technologies in both the surgical and restorative aspect of this implant case. This patient presented with pain on an existing bridge. Tooth No. 31 had a retreated root canal and some “heroics” done to an existing failed bridge with a lot of decay. There was bone loss in the furcation and the patient was given options of seeing a periodontist for osseous surgery or sectioning the bridge, extracting No. 31 and placing implants in

the Nos. 30 and 31 areas (Fig. 1). The patient did not love cleaning around his bridge with floss threaders, so the patient opted for implants with individual crowns. After planning and ordering the surgical guide in the GALILEOS software with optical scan data from CEREC (Fig. 2), a Sirona OPTIGUIDE was delivered in 6 days.

## STEP02 Surgery

After No. 31 was removed atraumatically with periostomes sectioning the bridge distal to No. 29, the guide was seated (Fig. 3). The osteotomies were prepared utilizing Implant Direct’s Guided Surgery Kit. In the No. 30 position we placed a 4.7 by 11.5 Legacy 3 Implant from Implant Direct and in the No. 31 position we placed a 7 by 11.5 Legacy 2 Implant (Fig. 4). When any immediate implant is placed, there is almost always some degree of a gap between the implant and the tooth socket. As a rule of thumb, I will place bone graft material (Demineralized Freeze Dried Bone Aggregate DFDBA) from a cadaver in this gap if the space is greater than 2mm. Under 2mm I do not graft and let the socket heal by secondary intent. When grafting you are in a battle against time. Tissue cells such as Fibroblasts and Epithelial cells will attempt to grow into your graft and prohibit the growth of bone. To counteract this result, a collagen membrane was used to cover the graft material and primary closure was attempted to seal the membrane from the oral cavity. It’s

sometimes difficult to suture around membranes. A great trick is to punch a hole in the membrane and tack it down with the healing abutment or cover screw. The membrane is then stabilized and sutured over (Fig. 5).

## STEP03 Restoration

After 4 months, the case is now ready to restore. The benefits of digital intraoral impressions over conventional impressions are numerous. There are many steps in which errors can be introduced into an implant impression with PVS material such as the misplacement of implant restorative parts and contraction of the impression material. This case was imaged with the CEREC Omnicam using version 4.2 with ScanPosts compatible with the Zimmer TSV line (Figs. 6 and 7).

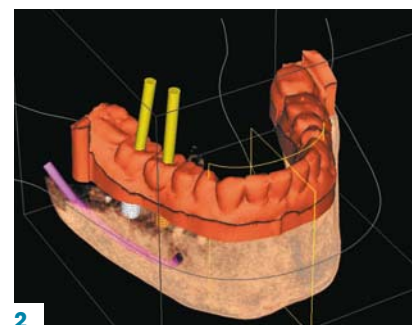
Within the CEREC 4.2 Software there are numerous advancements from previous versions. The biggest change, in this author’s opinion, is the ability to design and mill implant abutments and screw retained crowns chairside. First the type of restoration is selected in the software and various intraoral models are generated. The ScanPosts are located in the model digitally and then the restorations are designed. In this case, we planned to use two InCoris TZI blocks to fabricate custom zirconia abutments and e.max crowns were milled chairside to compliment these (Fig. 8).

## STEP04 Choosing materials

As many know there are numerous materials available for most CAD/



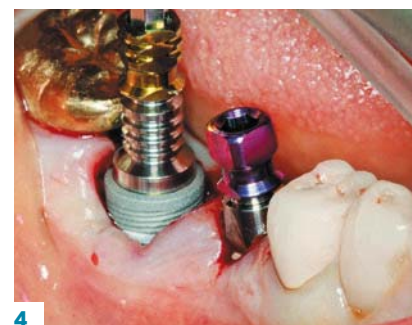
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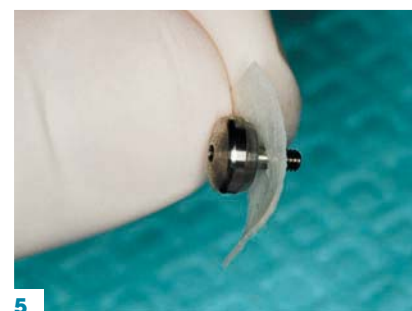
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3



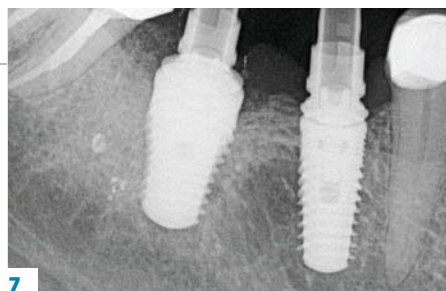
4



5



6



## AT A GLANCE

1. Radiographic evidence of a periapical lucency in the furcation of No. 31.
2. After planning the case using CEREC and GALILEOS an implant OPTIGUIDE surgical guide was ordered from SICAT.
3. The OPTIGUIDE was placed after sectioning the bridge between Nos. 29 and 30. The OPTIGUIDE was stabilized with an Isolite that also aided in suctioning the irrigation.
4. Implants were placed and the No. 31 socket was grafted with human demineralized freeze dried bone.
5. A collagen membrane was stabilized by making a hole in it and using the 3mm healing abutment to tack it down.
6. ScanPosts were used and scanned with CEREC Omnicam.
7. Seating of the ScanPosts was verified with a radiograph.
8. After intraoral scanning, two Zirconia abutments and two e.max crowns were designed and milled using CEREC version 4.2.
9. Zirconia abutments were milled chair side and sent to a lab for sintering.
10. The e.max crowns were milled and finished in the dental office.
11. Note the tissue contours around the abutments. Margins placed 1mm subgingival for esthetics and easy cement clean up.
12. Crowns cemented using composite cement and BluSep™ to facilitate easy cement clean up.
13. Crowns cemented. Easy cement appointment due to proper implant and margin placement.
14. Happy patient and doctor



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CAM systems, however there are only a few available now for abutments and screw retained crowns. In this case we utilized Sirona's InCoris TZI (translucent Zirconia) blocks for the abutments and Ivoclar Vivadent's e.max for the crowns. Since we are utilizing Zirconia abutments and I do not have a Zirconia sintering oven, we replaced cylindrical healing abutments with Contour Healers, which are anatomic healing abutments used to shape the tissue (Fig. 11). We got the abutments back from the lab after being sintered. The e.max crowns were milled and finished in my office (Fig. 10).

### STEP 05 Case completion

The Zirconia abutments were tried in and later torqued down to 35 Ncm as per Sirona's recommendations using a variable torque wrench. Because we had full control of the shape of the abutments the margins were placed 1mm sub gingival to allow for esthetics as well as easy cement clean up.

The crowns were seated and the occlusion adjusted. BluSep™ was used in the interproximal and cement clean up was verified with a bitewing (Fig. 12). In my opinion, this is what implants are all about, an easy cement appointment. Gone are the days in my office of trying to make the tissue work around stock abutments. I plan my implants with the restorative outcome in mind so when it comes time to restore, there are no surprises (Fig. 13). Patients are getting educated on the benefits of implants over bridges and want this

type of treatment. Get educated on implants; work with your specialists to see the benefits of guided surgery and CAD/CAM restorations. Everyone will be happy, especially your patients! (Fig. 14).●

### ABOUT THE AUTHOR

August de Oliveira, DDS, began lecturing on 3D technology in 2004 when he became a CEREC basic trainer. Dr. de Oliveira has written two books on implantology and has been involved with beta testing Sirona's Sidexis program. Dr. de Oliveira moderates both the Implantology and Mini Implant Forums for Dentaltown.com. He lectures nationwide for Sirona on the GALILEOS conebeam system and guided implant surgery. Dr. De Oliveira practices General Dentistry in L.A. and is co-founder of DigitalEnamel.com and implantsmadeeasy.com



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# Applying Planmeca PlanScan in your practice

A closer look at this ultra-fast intraoral scanner for open CAD/CAM.

[ Compiled by Stan Goff ]

Information provided by Planmeca CAD/CAM Division E4D Technologies.

The Planmeca PlanScan, driven by E4D Technologies, is described as an innovative, technologically advanced, ultra-fast intraoral CAD/CAM system for restorative dentistry. With video-rate scanning and Thunderbolt™ connectivity to your Planmeca PlanCAD® laptop, Planmeca PlanScan captures and processes data almost as quickly as you move your hand – even with full-arch cases.

**EASY TO USE:** Everything about the Planmeca PlanScan makes restorative dentistry quicker and easier—from intuitive computer-guided image capture to plug-and-play technology that gives you the freedom to scan at multiple Planmeca PlanScan workstations. Additionally, it's powder-free.

**OPTIMAL ACCURACY:** It's the only intraoral scanner in the world with blue laser technology. Its smaller wavelength (450 nm) is more reflective, resulting in sharper images. Its ability to capture fine details allows for more clinically precise prosthetics.

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## HOW TO BATTLE DISEASE ON A DAILY BASIS

We all feel confident when addressing disease in the oral cavity. However, we don't spend nearly enough time considering disease in the dental practice itself. **Infection control is real and important.** Dr. Shannon Mills shares his expertise on the topic. **More on page 88.**

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##### DISCOVERING IMPRESSION "CENTS-ABILITY"

Ho Dental's Vacu-sil offers new impression sensibility.



#### 90 I USE THAT

##### SIRONA'S CEREC AND IVOCLAR VIVADENT'S IPS E.MAX

How this CAD/CAM system and material blocks make life easier for one clinician and dental assistant.



#### 100 PATIENT PERSPECTIVE

##### GREAT CARE, PRODUCT, DURING EMERGENCY VISIT

A patient shares how her dentist used DENTSPLY Caulk's TPH Spectra to save her tooth and her Thanksgiving holiday.

### [ WEB EXCLUSIVES ]



#### VIDEO



##### Successful Dentist Secrets



Group Editorial Director Kevin Henry interviews Dr. Payam Ataii on how he grows his practice and how other GPs can create similar success.

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There are multiple goals associated with eco-friendly infection control. They include: prevent infection transmission in health care settings; improve safety for employees; and preserve and improve the environment. Learn more!

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# Discovering impression ‘Cents-ability’

Vaccu-sil from Ho Dental offers new impression sensibility.



DR. LORI TROST, DMD

Even though dental practices have more technique options and material choices than ever, certain procedures remain stressful and can be costly. One such trigger point is impressioning. Within those choices are factors that ultimately persuade the decision for the dentist—what to use, when, and why. Some products make claims, others spin their savvy marketing, while another selection may actually be available that not only can stand up to the major players, but also deliver on its ownership helping dentists take easier and better impressions, while being cost-conscious.

## What to look for

In selecting an impression material, the clinician wants a material that will perform and be predictable every time! This material has to be easy and uncomplicated; able to capture margins, embrasures, and the sulcus with finesse; and provide all the demands of material performance—elastic and tensile strengths as well as viscosity. Considering that 80% of impressions made today are for a single crown, dentists need to become aware of

“Considering that 80% of impressions made today are for a single crown, dentists need to become aware of products that are designed to innately achieve success in performance, time, and value.”

products that are designed to innately achieve success in performance, time, and value.

## Delivery, material options

Material delivery is central for a favorable outcome when impressioning. Several methods have emerged onto the current dental market that warrant a closer look. How precisely the impression material can access hard-to-reach areas and be syringed around the margin is critical. By utilizing a delicate syringe tip in a hand-held syringe (BFC syringe), the clinician

can expect control and consistent flow that leads to exceptional marginal capture.

With the choice of light or heavy body viscosities and a regular or fast set material, the clinical case in combination with the dentist's preference will determine the material used. Too often, many choices can lead to confusion and lack of understanding as to what the case presentation requires. By keeping the choice simple, Vaccu-sil impression material by Ho Dental is an excellent consideration of a proven evaluated performer.

## Vaccu-sil benefits

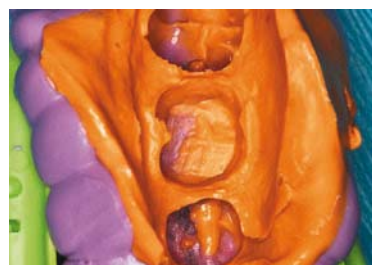
Vaccu-sil offers several unique benefits for the dentist, assistant, and patient that deserve the spotlight. The BFC syringe design fits well into any hand, making syringing more exact,

while reducing waste. Dentists will love it because of the accessibility to difficult areas and precision control as well as the flowability of the light body material directly into the sulcus. Dental assistants will appreciate how they can further improve their timing synchronization in loading the heavy body with ease into the tray. Patients like the faster set time and flavor. The final caveat is the significant bottom-line savings of approximately one-third the cost of leading brands. And, even if dentists don't want to switch to Vaccu-sil impression material, they can still utilize the BFC syringe design advantage by loading their preferred material into it—offering a real cost savings because of reduced waste!

## Clinical case

A 36-year-old patient presented with tooth No. 30 having a very large MOD amalgam, recurrent decay, and a fractured disto-lingual cusp. An all-porcelain crown was treatment planned.

After anesthetic, the amalgam was removed and a build-up completed. The crown preparation was finalized. Due to a single crown, a Harmony Posterior Dual-Arch tray was selected along with Vaccu-sil fast set, impression material. Figure 1 illustrates the detailed capture of tooth No. 30 crown margins. Figure 2 represents the dual-arch tray with Vaccu-sil impression. ●



▲ Fig. 1 A detailed capture of tooth No. 30 crown margins.



▲ Fig. 2 Dual-arch tray with Vaccu-sil impression.



▲ **Economical:** Available in fast and regular set formulas, Vaccu-sil light and heavy body impression material is said to provide solid performance at an economical cost.



▲ **Easy to dispense:** The light body is available in pre-filled BFC Complete syringes.



▲ **No waste:** The heavy body is provided in a 50cc cartridge, and more exact syringing reduces waste.

#### ABOUT THE CLINICIAN/AUTHOR

Lori Trost, DMD, maintains a private practice - "Smiles of Distinction" in Columbia, Ill., merging contemporary esthetic dentistry with a minimally invasive approach to patient care. She is well-published, a Shiels Foundation Award Recipient, and a member of the ADA, AGD, and ASDA. Dr. Trost is an accomplished international lecturer and presents on topics spanning from current cosmetic techniques and materials, minor tooth movement, to practice management and team building. Her vision and approach to everyday dentistry is informational, motivational, and refreshing.

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# Disease has to be battled on a daily basis

Infection control is real and it is important. Dr. Shannon Mills explains how dental practices need to make sure to take steps to protect their patients—and their staff. [By Kevin Henry]

**EDITOR'S NOTE:** The cover story of the April issue of *Dental Products Report* will focus on infection control. With that in mind, and with DPR and OSAP, the Organization for Safety, Asepsis and Prevention, a recognized authority of, and voice for ensuring safe, infection-free access to oral healthcare, working together in close partnership, we talked to Dr. Shannon Mills, an OSAP stalwart and infection control expert, to get his opinion on the current state of infection prevention in the dental industry.

**DPR:** What do you see as one of the main problems with infection control in the dental practice today?

**SM:** One of the biggest frustrations is that we all understand what we should be doing in the dental practice to protect ourselves and our patients, but we don't always do it. In my job in dental benefits, I continue to see dentists being sanctioned by state boards and even losing their licenses because of what they aren't doing properly when it comes to infection control. I can't understand it, because it all seems so common sense. I think part of it is because people are people—there are those who still smoke and don't wear their seat belts and that is common sense. However, doing things like that mostly hurts that person. When you don't follow proper infection control procedures, you are not only hurting yourself but also your team members and your patients.

I think sometimes there is even a blatant disregard for science and people sometimes don't want to accept scientific fact. When barehanded den-

tistry was being practiced, people did get sick, including staff members and patients. We have come a long ways, but we still have room for improvement. I hear often dentists say, "Well, I've done this for many years and no one has ever gotten sick." But people do get sick when proper infection control procedures aren't followed. There was a case several years ago of a dental practice in New Mexico that was doing a lot of things right, but they had the first documented case of patient-to-patient transmission of Hepatitis B in a dental office.

**DPR:** Properly maintained waterlines are a very important part of a practice's overall infection control plan. Overall, are you still seeing problems out there when it comes to waterline cleanliness?

**SM:** A lot of dentists and staff members will acknowledge this is a problem but are quick to say theirs aren't dirty. In addition to the potential risk for patients, they also don't understand they are at risk of exposure to bacteria and bacterial endotoxin in aerosols that are breathed in and can cause or worsen respiratory problems over time. There is evidence that more dentists are taking notice of this concern. I will talk to companies often and understand that sales for waterline cleaning solutions are improving, and that's good news. Now we just need to make sure that they are being used properly.

**DPR:** Speaking of that, how can dental practices ensure their entire team

is trained in proper infection control protocols?

**SM:** I used to give an infection control presentation where I would ask the audience at the beginning how many of them were dentists. Relatively few hands would go up. The staff is very engaged with the infection control tasks in the practice. For many practices, it really doesn't matter until it matters, and that's after someone's reputation and practice has already been ruined. Look at the oral surgeon's practice in Tulsa, Okla., that received so much negative attention last year. One wonders if he actually did not know his instruments needed to be sterilized and updated. Infection control is the responsibility of everyone in the practice.

**DPR:** What's the one thought you'd like to leave with our readers?

**SM:** Dentistry has done a remarkable job addressing the containment of disease. There was such a public spectacle when dentistry and AIDS were in the headlines in the 1990s and our profession's response to that was exemplary. However, we can't sit on our laurels and we can't become complacent. You don't want your practice to be the next Tulsa oral surgeon. You don't want to be that guy. The majority of dentists and team members have a conscience that would bother them if harm came to one of their patients. Infection control is real and important and disease has to be battled on a dhowaily basis. Complacency is the biggest enemy we have in the daily fight against disease being spread in the dental practice. ●

## ABOUT THE AUTHOR

Shannon E. Mills, DDS, is Vice President for Professional Relations and Science at Northeast Delta Dental in Concord, N.H. He served as the Chairman of the Organization for Safety, Asepsis and Prevention (OSAP) and is also a consultant to the American Dental Association (ADA) Council on Scientific Affairs and the Centers for Disease Control and Prevention Division of Oral Health. He currently serves as Chairman of the ADA and American National Standards Institute Standards (ANSI) Committee for Dental Products.



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# Sirona's CEREC and Ivoclar Vivadent's IPS e.max

How this CAD/CAM system and material blocks make life easier for one clinician and dental assistant, as well as their patients. [Compiled by Kevin Henry]

## Sirona Dental Systems, Ivoclar Vivadent

**CEREC** offers a variety of CAD/CAM systems for patient individual all-ceramic restorations in one single appointment. Together with CEREC, dental professionals come quickly and safely to the desired results for both them and their patients: esthetic restorations. Unlike any other CAD/CAM material, **IPS e.max CAD** covers a comprehensive spectrum of indications, offers a wide range of translucency levels, shades and block sizes and coordinated cements to ensure clinical performance and esthetic success.

### Sirona Dental Systems

[sirona.com](http://sirona.com) | CIRCLE RS #125

### Ivoclar Vivadent

[ivoclarvivadent.com](http://ivoclarvivadent.com) | CIRCLE RS #126

strength that is rivaled by none.

For the patients, they see a gorgeous restoration, done in a little over an hour that matches the shade of their existing teeth, and will stand up to years of wear. They love the one visit as much as we do!

For us, it's about having the confidence in delivering a quality in-office restoration that is both functionally sound and esthetically beautiful for anterior and posterior restorations.

Our go-to block is IPS e.max every time!

## What is CEREC?

CEREC is the unique CAD/CAM system for patient individual all-ceramic restorations in one single appointment. To meet the individual needs of every dentist, Sirona has expanded its product range to include two camera solutions and three different milling units.

## What is IPS e.max?

IPS e.max CAD is an innovative lithium disilicate glass ceramic that delivers optimal durability, esthetics, and long-term clinical success to CAD/CAM clinicians. IPS e.max CAD covers a comprehensive spectrum of indications, offers a wide range of translucency levels, shades and block sizes and coordinated cements to ensure clinical performance and esthetic success. ●



**DR. ERIC HURTTE (RIGHT) AND DENTAL ASSISTANT TIJA HUNTER**  
O'Fallon, Mo.

In this installment of "I Use That," we asked Dr. Eric Hurtte and his lead dental assistant, Tija Hunter, CDA, EFDA, FADAA, about their use of CEREC from Sirona and IPS e.max from Ivoclar Vivadent. With a thriving practice in suburban St. Louis (O'Fallon, Mo.), they believe these two products have changed the way they approach dentistry.

### What the dentist (Dr. Hurtte) says about CEREC and IPS e.max

I purchased our CEREC about two years ago. In that time, I have probably done close to 450 restorations and the majority of them using Ivoclar Vivadent's IPS e.max blocks. I

prefer e.max over other restorative blocks for several reasons, including beautiful shade matching, esthetics and strength. Adjustments to contacts and occlusion are easily made before the crown is glazed, eliminating intraoral adjustments that may leave the restoration feeling rough to the patient. Once the crown is glazed and fired, the esthetics are very good and the material is incredibly strong. The material is easily bonded to the tooth providing superior retention over other materials. I can never go wrong when choosing IPS e.max.

### What the assistant (Tija) says about CEREC and IPS e.max

Just over two years ago, we entered into the world of CAD/CAM dentistry and purchased a CEREC. We dearly love how it has transformed our practice. Forget about what they say about saving money on lab fees,

the convenience of having everything in our office, and being able to do a crown in one visit is something that our patients and our team love. We can deliver a level of customer service like never before. Our patients love being involved in every step of the process.

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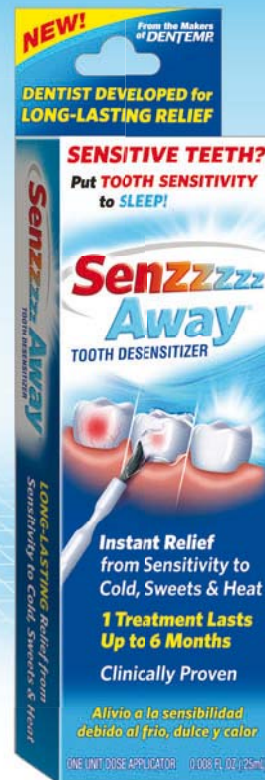
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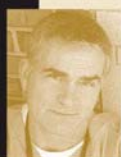
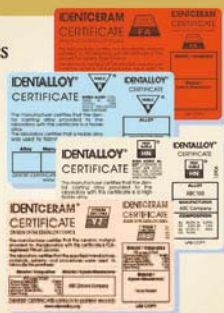
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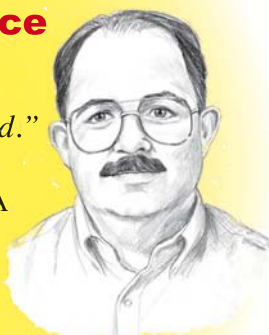
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Splintek sleepright.com	49	101
Steri Shield steri-shield.com	64	109
Sterilex Corp. sterilex.com	66	112
Suni Medical Imaging suni.com	50-51	102
Sunstar Americas Inc. gumbrand.com	14	17
Tek USA tekusaproducts.com	31	66
Town And Country Dental Studios townandcountrydental.com	34A-B	
Ultradent ultradent.com	57	104
VOCO America Inc. vocoamerica.com	F1, F2	1
Zahn Dental Inc. zirlux.com	69	131
ZEST Anchors Inc. zestanchors.com	61	106

# GREAT CARE, PRODUCT, DURING EMERGENCY VISIT

One patient tells how her dentist used DENTSPLY Caulk's TPH Spectra to save her tooth and her Thanksgiving holiday. [Compiled by Stan Goff]



**MARY COOK**  
Cleveland, Ohio  
Patient of Dr. Tim Bizga,  
Cleveland, Ohio

**T**he snowy morning before Thanksgiving, Mary Cook was mentally preparing for the next day. Cooking was the main concern, along with getting the complete grocery list and thinking about who all was attending the holiday gathering. These were the things rushing through her head as she began to brush her teeth that morning.

"A thorough brushing is what my Mom had taught me. She did have gorgeous teeth and a great smile, so it seemed well worth it to me to emulate her good habits," Mary said.

While methodically brushing her teeth, Mary heard something clang into the sink. She quickly pulled up the stopper so that nothing would go down the

drain. "I carefully looked around and picked up whatever this something was. I cleaned it off and began to examine it carefully," she said. "It looked like part of a tooth! Oh no, I thought. Not today!"

After checking her mouth closely a couple of times, Mary realized there was a large hole in one tooth. Could there be a worse time for this, she thought? She worried that dentists might not be working on the Wednesday before Thanksgiving.

"I got my phone and nervously dialed my dentist, Dr. Tim Bizga," said Mary. "To my amazement, he answered by saying, 'Come on in and I'll fix it.'"

At an earlier time, Dr. Bizga had fixed her bite in order to correct a TMJ issue (a painful jaw condition). He had also ingeniously repaired a tooth that another dentist had wanted to pull out. "On top of that, he is truly a painless dentist—I barely feel it when he gives me the shot that temporarily numbs part of my mouth," said Mary, who has referred family and friends to her dentist. "Above all, I thought as I was driving, he is incredibly personable and genuinely cares about each and every patient."

Mary arrived a few minutes late due to the snowy road conditions, yet the visit turned out quite well.

"He told me that earlier in the week he had asked his assistant to work a half a day on the day before Thanksgiving because he knew there would be patients who would have emergency dental issues," she recalled. "It turns out that I was the third patient he had helped that morning because of our unforeseen dental problems."

Upon examination, he noted Mary had lost a lot of her tooth as the old filling was a large one. Mary wondered if she'd lose the tooth or maybe need a crown.

## TPH Spectra

Dr. Bizga paused, and then said, "No, you won't. I think I can fix it with a new product I have been using."

In the past, Mary was suspicious of new products in dentistry, but she trusts Dr. Bizga, noting that his use of new technology always benefits his patients, and that he is thorough in his research.

"When it came time for the tooth to be filled, it felt unlike other filling material that had been used in the past to fill my teeth," she said. "Dr. Tim inserted the product. I sat in the chair while the filling set. Soon, he was back to check the progress of the filling. There was no scraping of the filling surface as there usually is when bits of the filling material fall into your mouth. And it didn't take Dr. Tim long to adjust my bite."

"As I was answering his questions about how the tooth felt, I was amazed at the filling and told him that. Then I apprehensively asked him when I was going to have to come back 'for the real filling.'"

"You're done," he said as he smiled. "I rebuilt your tooth and that filling will last you a long, long time."

Mary's dentist explained the product used was DENTSPLY Caulk's TPH Spectra and that he was using it successfully on his patients.

"I left his office and marveled at his mastery of dentistry and his constant quest for knowledge that had led him to this new filling material," she said. "I have a great appreciation for him and his work in dentistry. I am very grateful that he is the dentist for me and for my family."

It's been months since that dental visit, and the TPH Spectra restoration has stayed perfectly and comfortably in the tooth. Now Mary is looking at other treatments. "I am choosing to replace old silver fillings with this new product," she said. "There couldn't be a happier ending to a dental story—perfect doctor and perfect product."●

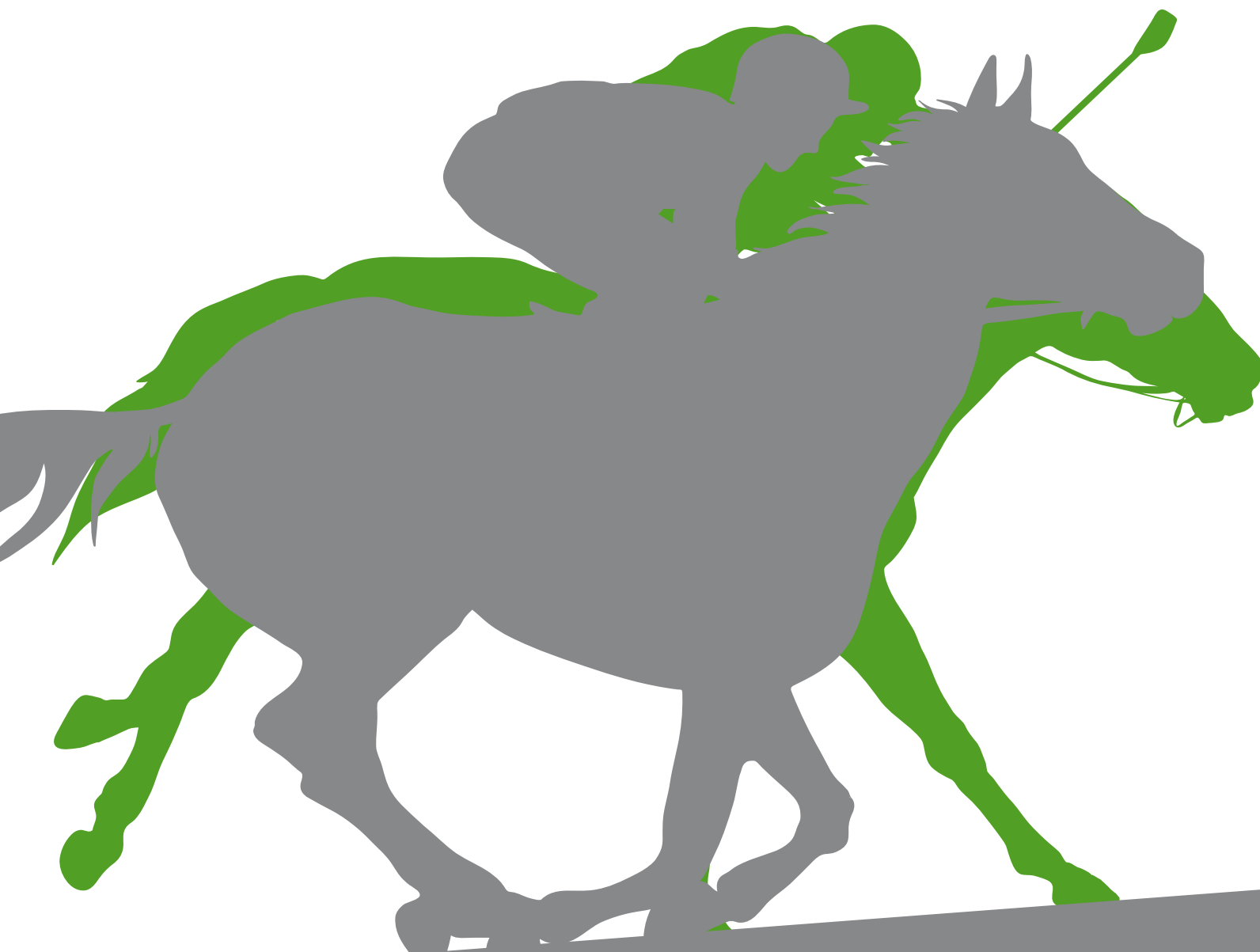


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