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MORE ON PAGE 6



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## 3M ESPE

### THE FINAL TOUCH

These spiral finishing and polishing wheels give restorations the natural-looking gloss you're after.  
MORE ON PAGE 6

## HR for Health

### AVOID HR VIOLATIONS

HR software keeps you compliant and minimizes risk of lawsuits.  
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## Philips Sonicare

### EMPOWER YOUR PATIENTS

This customizable power toothbrush features the latest tufting technology.  
MORE ON PAGE 6



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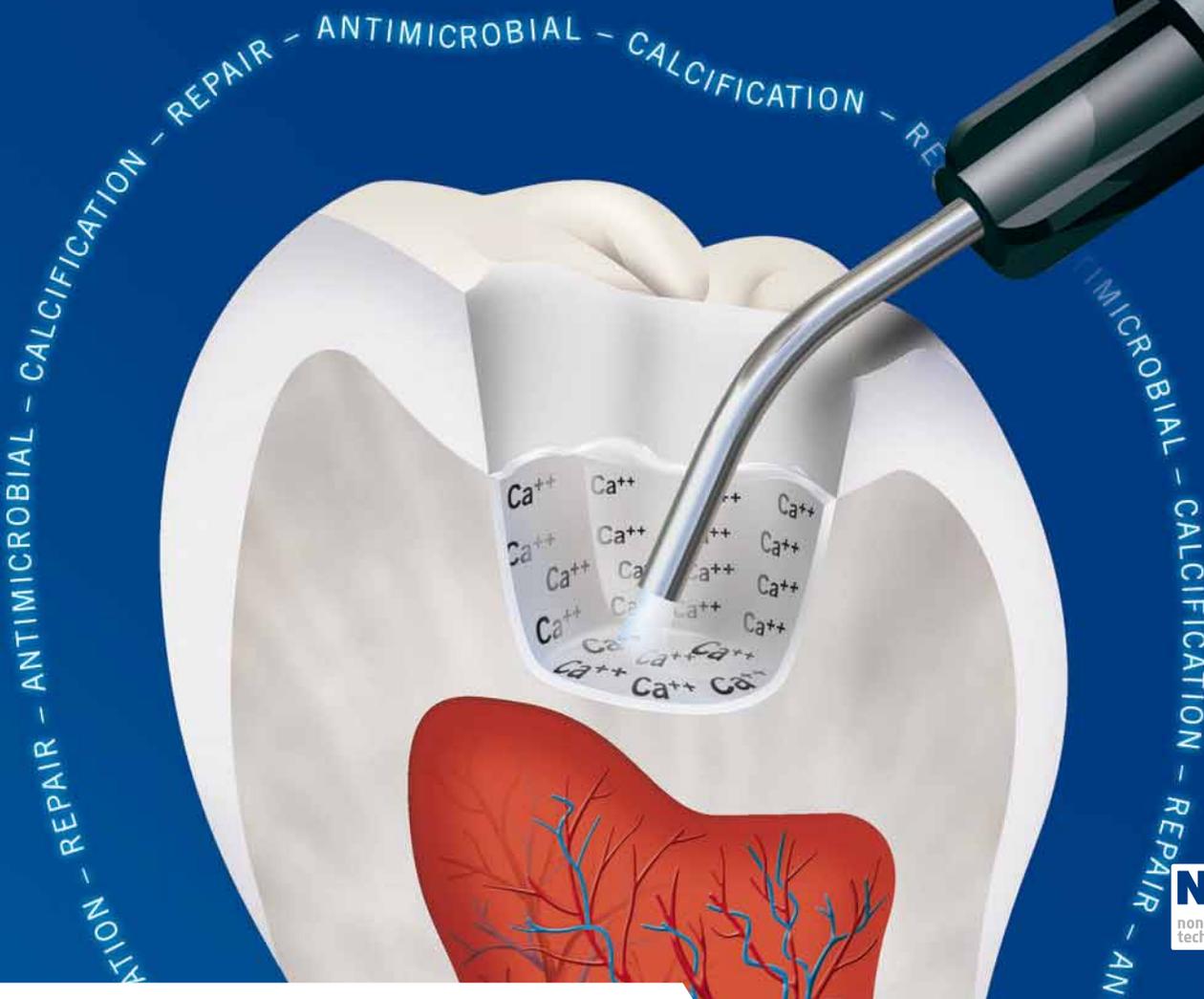
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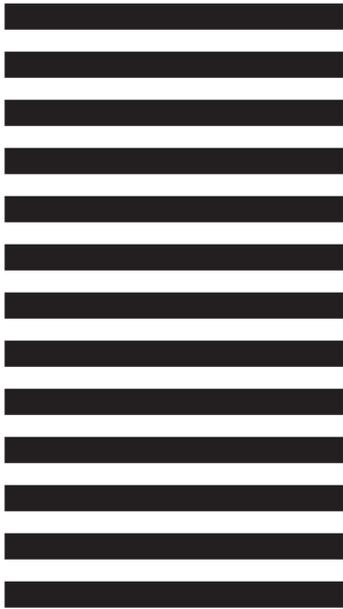
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Henry Schein Sales Consultant

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**BIOLASE**



**Philips Sonicare**

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#### 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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passion vision innovation



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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.

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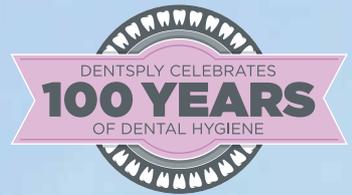
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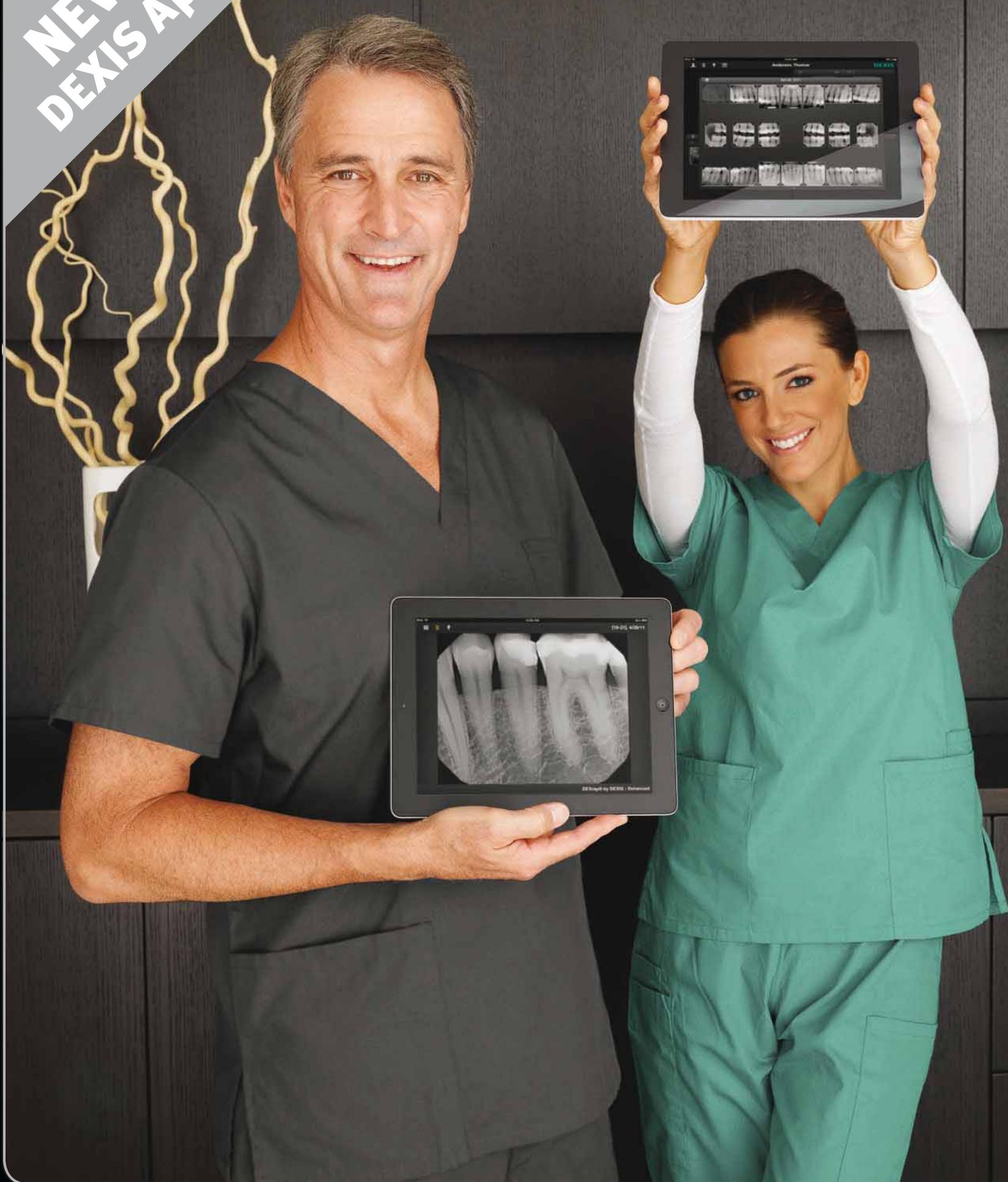
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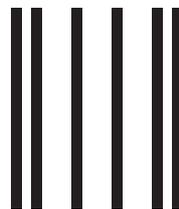
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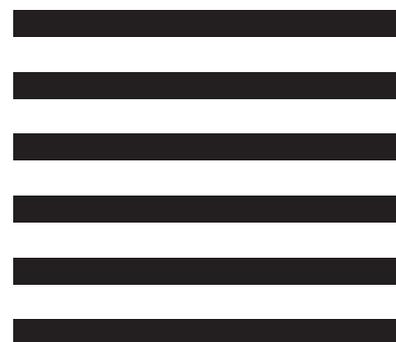
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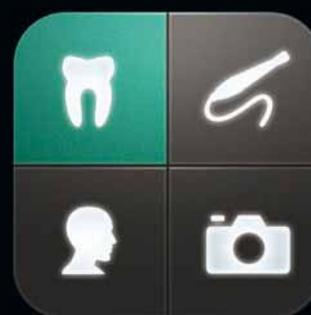
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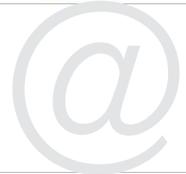


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## Top products advancements in pediatric dentistry

What you need to know about the latest and greatest.

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With wedding season upon us, now is a great opportunity to offer whitening specials for future brides and grooms. We tell you how to make the most out of wedding whitening season, while also managing expectations to avoid any Bridezilla moments in your practice.

## Clicks & Picks

What real dentists were searching and savoring @DENTALPRODUCTSREPORT.COM.

### 5 MOST-VIEWED PRODUCTS

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- 02 **MDI Mini Dental Implants** 3M ESPE
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DPR editorial team
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- 04 **How to stabilize partial dentures [video]**  
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- 05 **How to prepare atypical crowns [video]**  
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THE DENTAL ADVISOR, Vol.  
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# Oral cancer screening should always be a priority



A few years ago, the Wisconsin Dental Association invited me and my son to a Milwaukee Brewers game in the fancy suites at Miller Park on a day designated to educate kids how bad chewing tobacco is for their mouths and their health. It was a great event that featured a comic book giveaway depicting the ballplayers as super heroes fighting against spit tobacco evils, and my son left extra happy after the Cubs actually won the game.

It was great to see an organized effort to teach kids the dangers of tobacco. The sad fact, however, is that oral cancer kills someone every hour of every day in the U.S., according to the Oral Cancer Foundation ([oralcancerfoundation.com](http://oralcancerfoundation.com)). To make matters worse, research indicates that the increase in oral cancer cases is not brought on just by the traditional risk factors such as chewing tobacco, smoking and drinking alcohol.

With the incidences of oral cancer on the rise and with populations not considered to be at-risk now being found to indeed be candidates for oral cancer, it is more important than ever for patients to receive oral cancer screenings.

We have the technology to make this screening quick and

easy, and you owe it to your patients. When detected early oral cancer patients have an 80 percent survival rate within five years. The news is much grimmer when patients are diagnosed with stage 4 oral cancer.

From VELscope Vx to ViziLite Plus with TBlue to the Identafi Oral Cancer Screening Device, there are plenty of adjunctive devices to choose from—you just need to determine which one works best for you. As I write this, the calendar is about to turn from April to May. And while April is Oral Cancer Awareness Month, we should remember the importance of oral cancer screening every day of every month.

If a few Major League players teaching kids the dangers of tobacco is not enough to catch your attention, how about a

video from actor/oral cancer survivor Michael Douglas? Check out the great online article from Senior Editor Renee Knight, "Make a commitment to finding oral cancer early." The article includes a video interview with Douglas, who explains his surprise that the fastest growing number of oral cancer victims are young non-smokers.

While Oral Cancer Awareness Month has since passed, let's remember the importance of oral cancer screening and early detection every day ●

STAN GOFF  
EXECUTIVE EDITOR  
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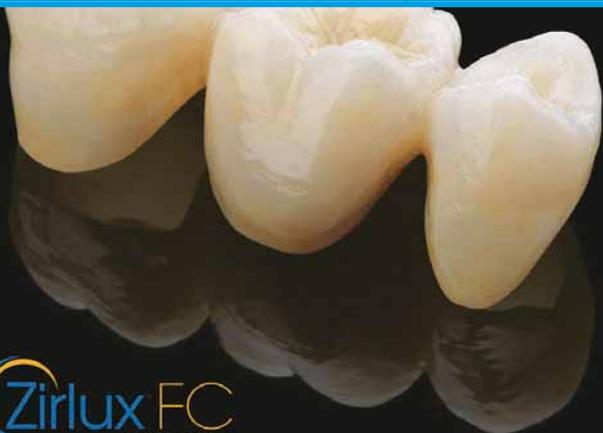
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## Top 7 WAYS TO PERFECT YOUR POSTURE >>



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### 01 Find the right support

You sit a lot throughout the day, and in the same, unsupported position. This causes a lot of wear and tear on your muscles, and that leads to many of the physical problems dentists face. Find an ergonomic seating option that properly supports you. Stools with a tilted seat pan and saddle stools are great options. Remember: Proper seating is the foundation for perfect posture and alleviating pain.

### 02 Seat your patients properly

How the patient is seated also is important. Make sure your patient seating is flexible, and that the headrests as well as the upper and lower arches are properly adjusted.

### 03 Magnification matters

You need to practice with a neutral neck posture, which is nearly impossible without the proper magnification. If you're not using loupes, you're constantly leaning in to get a better look at the patient's mouth, which leads to neck and back fatigue. Magnification brings the teeth closer, and enables you to practice properly.

### 04 Take care of your hands

If you're not using the proper instruments, you're likely dealing with hand fatigue and carpal tunnel. Look for ergonomic instruments that are lightweight, comfortable to grip and easy to maneuver.

### 05 What you do after-hours matters

Doing the proper exercises during non-work hours also can help with work-related pain. Focus on exercises that target specific muscles. Yoga is another way to calm your mind and relieve muscle pain.

### 06 Ergonomic operatory set up

The less movement you have to make during procedures, the better. Your operatory should be set up to make you as efficient as possible. Cabinetry shouldn't be too far away. In fact, everything should be within arm's length.

### 07 Educate yourself on long-term risks

Not having the proper tools will lead to physical pain and maybe an early retirement. Make sure you stay up-to-date on the latest developments and invest in products that will keep you pain-free and practicing long term. ●

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**Please see Brief Summary of Prescribing Information on adjacent page.**

Infiltration injections, soft tissue anesthesia duration	2 hours*	2¼ hours*
Inferior alveolar nerve blocks, soft tissue anesthesia duration	2½ hours*	3 hours*

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PHA04-0910-1.1

## Citanest® Forte Dental (prilocaine and epinephrine injection, USP) 4% Injection with epinephrine 1:200,000

## 4% Citanest Plain Dental (prilocaine hydrochloride injection, USP)

### BRIEF SUMMARY

[See Package Insert for Full Prescribing Information]

### USE

Citanest® Forte Dental and 4% Citanest Plain Dental are indicated for the production of local anesthesia in dentistry by nerve block or infiltration techniques.

### CONTRAINDICATIONS

Prilocaine is contraindicated in patients with known history of hypersensitivity to amide type local anesthetics and in patients with congenital or idiopathic methemoglobinemia.

### WARNINGS

PRACTITIONERS WHO USE LOCAL ANESTHETICS SHOULD BE WELL VERSED IN DIAGNOSIS AND MANAGEMENT OF EMERGENCIES THAT MAY ARISE FROM THEIR USE. RESUSCITATIVE EQUIPMENT, OXYGEN AND OTHER RESUSCITATIVE DRUGS SHOULD BE AVAILABLE FOR IMMEDIATE USE. To minimize the likelihood of intravascular injection, aspiration should be performed before the local anesthetic is injected. If blood is aspirated, the needle must be repositioned until no blood can be elicited by aspiration. The absence of blood in the syringe does not assure that intravascular injection will be avoided.

Citanest Forte Dental Injection contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening asthmatic episodes. The overall presence of sulfite sensitivity in the general population is unknown and probably low. Sulfite sensitivity is seen more frequently in asthmatic than in nonasthmatic people.

**Methemoglobinemia:** Prilocaine has been associated with methemoglobinemia. Very young patients, patients with congenital or idiopathic methemoglobinemia, or patients with glucose-6-phosphate deficiencies are more susceptible. Patients taking drugs associated with methemoglobinemia (e.g., sulfonamides, acetaminophen, acetanilid, aniline dyes, benzocaine, chloroquine, dapsone, naphthalene, nitrates and nitrites, nitrofurantoin, nitroglycerin, nitroprusside, pamaquine, para-aminosalicylic acid, phenacetin, phenobarbital, phenytoin, primaquine and quinine) are at greater risk.

### PRECAUTIONS

**General:** Prilocaine's safety and effectiveness depend on proper dosage, correct technique, adequate precautions, and readiness for emergencies. Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use (see **WARNINGS**). The lowest dosage that results in effective anesthesia should be used to avoid high plasma levels and serious adverse effects. Repeated doses of prilocaine may cause significant increases in blood levels with each repeated dose because of slow accumulation of the drug or its metabolites. Tolerance to elevated blood levels varies with the status of the patient. Patients that are debilitated, elderly, acutely ill, and children should be given reduced doses commensurate with age and physical status. Prilocaine should be used with caution in those with severe shock or heart block.

Local anesthetic injections containing a vasoconstrictor should be used cautiously in areas of the body supplied by end arteries or having otherwise compromised blood supply. Patients with peripheral vascular disease and those with hypertensive vascular disease may exhibit exaggerated vasoconstrictor response. Ischemic injury or necrosis may result. Preparations containing a vasoconstrictor (Citanest® Forte Dental) should be used with caution during or after administration of potent general anesthetics, since cardiac arrhythmias may occur.

Cardiovascular and respiratory (adequacy of ventilation) vital signs and the patient's state of consciousness should be monitored after each local anesthetic injection. Restlessness, anxiety, tinnitus, dizziness, blurred vision, tremors, depression or drowsiness should alert the practitioner to the possibility of central nervous system toxicity. Signs and symptoms of depressed cardiovascular function may result from a vasovagal reaction; particularly if the patient is in an upright position (see **ADVERSE REACTIONS, Cardiovascular System**).

Since amide-type local anesthetics are metabolized by the liver, prilocaine should be used with caution in patients with hepatic disease. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at greater risk of developing toxic plasma concentrations. Prilocaine should be used with caution in patients with impaired cardiovascular function since they may be less able to compensate for functional changes associated with the prolongation of A-V conduction produced by these drugs.

Many drugs used during the conduct of anesthesia are potential triggering agents for familial malignant hyperthermia. Since it is not known whether amide-type local anesthetics may trigger this reaction and since the need for supplemental anesthesia cannot be predicted in advance, it is suggested that a standard protocol for the management of malignant hyperthermia should be available. Early unexplained signs of tachycardia, tachypnea, labile blood pressure and metabolic acidosis may precede temperature elevation. Outcome success is dependent on early diagnosis, prompt discontinuance of the suspect triggering agent(s) and institution of treatment, including oxygen therapy, indicated supportive measures and dantrolene (consult dantrolene sodium intravenous package insert before using).

Prilocaine should be used with caution in patients with known drug sensitivities. Patients allergic to para-aminobenzoic acid derivatives (procaine, tetracaine, benzocaine, etc.) have not shown cross sensitivity to prilocaine.

**Use in the Head and Neck Area:** Small doses of local anesthetics injected into the head and neck area, including retrobulbar, dental and stellate ganglion blocks, may produce adverse reactions similar to systemic toxicity seen with unintentional intravascular injections of larger doses. Confusion, convulsions, respiratory depression and/or respiratory arrest, and cardiovascular stimulation or depression have been reported. These reactions may be due to intra-arterial injection of the local anesthetic with retrograde flow to the cerebral circulation. Patients receiving these blocks should have their circulation and respiration monitored and be constantly observed. Personnel for treating adverse reactions should be immediately available. Dosage recommendations should not be exceeded (see **DOSAGE AND ADMINISTRATION** in package insert).

**Information for Patients:** The patient should be informed of the possibility of temporary loss of sensation and muscle function after infiltration or nerve block injections. The patient should be advised to exert caution to avoid inadvertent trauma to the lips, tongue, cheek mucosae or soft palate when these structures are anesthetized. The ingestion of food should therefore be postponed until normal function returns. The patient should be advised to consult the dentist if anesthesia persists, or if a rash develops.

**Clinically Significant Drug Interactions:** The administration of local anesthetic injections containing epinephrine or norepinephrine in patients receiving monoamine oxidase inhibitors, tricyclic antidepressants or phenothiazines may produce severe, prolonged hypotension or hypertension. Concurrent use of these drugs should generally be avoided. In situations when concurrent therapy is necessary, careful patient monitoring is essential. Concurrent administration of vasopressor and ergot-type oxytocic drugs may cause severe, persistent hypertension or cerebrovascular accidents. Prilocaine may contribute to the formation of methemoglobinemia in patients treated with other drugs known to cause this condition (see **WARNINGS**).

**Drug/Laboratory Test Interactions:** Intramuscular injection of prilocaine may result in increased creatine phosphokinase levels. Thus, the use of this enzyme determination, without isoenzyme separation, as a diagnostic test for the presence of acute myocardial infarction may be compromised by the intramuscular injection of prilocaine.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Studies of prilocaine in animals to evaluate the carcinogenic and mutagenic potential or the effect on fertility have not been conducted. Chronic oral toxicity studies of ortho-toluidine, a prilocaine metabolite, in mice (150–4800 mg/kg) and rats (150–800 mg/kg) have shown that ortho-toluidine is a carcinogen in both species. The lowest dose corresponds to approximately 50 times the maximum amount of ortho-toluidine to which a 50 kg subject would be expected to be exposed following a single injection (3 mg/kg) of prilocaine. Ortho-toluidine (0.5 mg/mL) showed positive results in *Escherichia coli* DNA repair and phage-induction assays. Urine concentrates from rats treated with ortho-toluidine (300 mg/kg, orally) were mutagenic for *Salmonella typhimurium* with metabolic activation. Several other tests, including reverse mutations in five different *Salmonella typhimurium* strains with or without metabolic activation and single strand breaks in DNA or V79 Chinese hamster cells, were negative.

**Use in Pregnancy: Teratogenic Effects** — Pregnancy Category B. Reproduction studies have been performed in rats at doses up to 30 times the human dose and revealed no evidence of impaired fertility or harm to the fetus due to prilocaine. There are, however, no adequate and well-controlled studies in pregnant women. Animal reproduction studies are not always predictive of human response. General consideration should be given to this fact before administering prilocaine to women of childbearing potential, especially during early pregnancy when maximum organogenesis takes place.

**Nursing Mothers:** It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when prilocaine is administered to a nursing woman.

**Pediatric Use:** Dosages in children should be reduced, commensurate with age, body weight, and physical condition (see **DOSAGE AND ADMINISTRATION** in package insert).

**ADVERSE REACTIONS** Swelling and persistent paresthesia of lips and oral tissues may occur. There have been reports of persistent paresthesia lasting weeks to months, and in rare instances paresthesia lasting greater than one year. Adverse experiences after prilocaine administration are similar to those observed with other amide local anesthetics. These adverse experiences are generally dose-related and may result from high plasma levels caused by excessive dosage, rapid absorption or unintentional intravascular injection, or may result from patient hypersensitivity, idiosyncrasy or diminished tolerance. Serious adverse experiences are generally systemic in nature. The following types are those most commonly reported:

**Central Nervous System:** CNS manifestations are excitatory and/or depressant and may be characterized by lightheadedness, nervousness, apprehension, euphoria, confusion, dizziness, drowsiness, tinnitus, blurred or double vision, vomiting, sensations of heat, cold or numbness, twitching, tremors, convulsions, unconsciousness, respiratory depression, and arrest. Excitatory manifestations may be brief or may not occur at all. The first manifestation of toxicity may be drowsiness merging into unconsciousness and respiratory arrest. Drowsiness after administration of prilocaine is usually an early sign of a high blood level of the drug and may occur as a consequence of rapid absorption.

**Cardiovascular System:** Cardiovascular manifestations are usually depressant and characterized by bradycardia, hypotension and cardiovascular collapse, which may lead to cardiac arrest. Signs and symptoms of depressed cardiovascular function may commonly result from a vasovagal reaction, particularly if the patient is upright. Less commonly, they may result from a direct effect of the drug. Failure to recognize the premonitory signs (e.g., sweating, a feeling of faintness, changes in pulse or sensorium) may result in progressive cerebral hypoxia and seizure or cardiovascular catastrophe. Management consists of placing the patient in the recumbent position and ventilation with oxygen. Supportive treatment of circulatory depression may require administration of intravenous fluids, and, when appropriate, a vasopressor (e.g., ephedrine) as directed by the clinical situation.

**Allergic:** Allergic reactions are characterized by cutaneous lesions, urticaria, edema or anaphylactoid reactions. Allergic reactions as a result of sensitivity to prilocaine are extremely rare and, if they occur, should be managed by conventional means.

**Neurologic:** Adverse reactions (e.g., persistent neurologic deficit) associated with the use of local anesthetics may be related to the technique used, the total dose administered, the particular drug, the route of administration, and the physical condition of the patient.

**OVERDOSAGE** Acute emergencies from local anesthetics are generally related to high plasma levels encountered during therapeutic use of local anesthetics (see **WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS**).

**Management of Local Anesthetic Emergencies:** The first consideration is prevention, best accomplished by careful and constant monitoring of cardiovascular and respiratory vital signs and state of consciousness after each local anesthetic injection. At the first sign of change, oxygen should be administered. The first step in the management of convulsions is immediately attending to the maintenance of a patent airway and assisted or controlled ventilation with oxygen and a delivery system capable of permitting immediate positive airway pressure by mask. Immediately after the institution of these ventilatory measures, the adequacy of the circulation should be evaluated. Should convulsions persist despite adequate respiratory support, and if the status of the circulation permits, small increments of an ultra-short acting barbiturate (e.g., thiopental or thiamylal) or a benzodiazepine (e.g., diazepam) may be administered intravenously. The clinician should be familiar with these anticonvulsant drugs. Supportive treatment of circulatory depression may require intravenous fluids and, when appropriate, a vasopressor as directed by the clinical situation (e.g., ephedrine). If not treated immediately, both convulsions and cardiovascular depression can result in hypoxia, acidosis, bradycardia, arrhythmias and cardiac arrest. If cardiac arrest occurs, standard cardiopulmonary resuscitative measures should be instituted. Endotracheal intubation, employing drugs and techniques familiar to the clinician, may be indicated, after initial administration of oxygen by mask, if difficulty is encountered in the maintenance of a patent airway or if prolonged ventilatory support (assisted or controlled) is indicated. Dialysis is of negligible value in the treatment of acute overdosage with prilocaine. Methemoglobinemia is generally dose related but may occur at any dose. While values of less than 20% do not tend to produce any clinical symptoms, cyanosis at 2–4 hours after administration should be evaluated in terms of the patient's general health status. Methemoglobinemia can be reversed when indicated by intravenous methylene blue at a dosage of 1–2 mg/kg given over five minutes.

# 27 CLINICAL TOOLS



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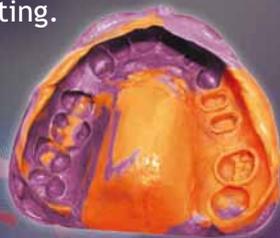


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**Brighter, more translucent shades**

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**Anterior teeth shades and molds**

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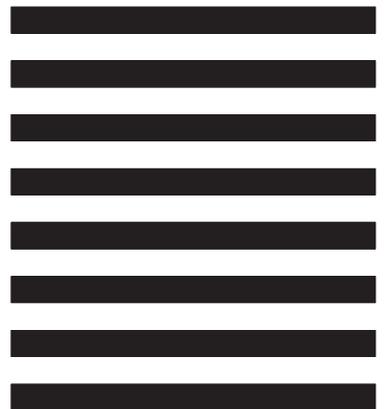
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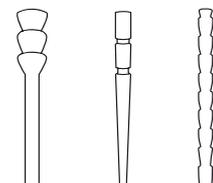
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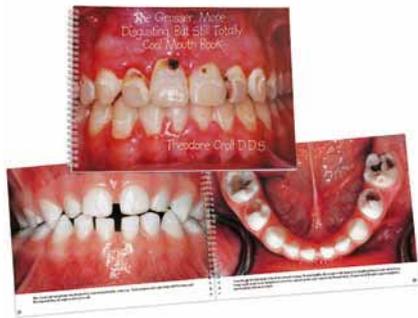


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**Practicon**  
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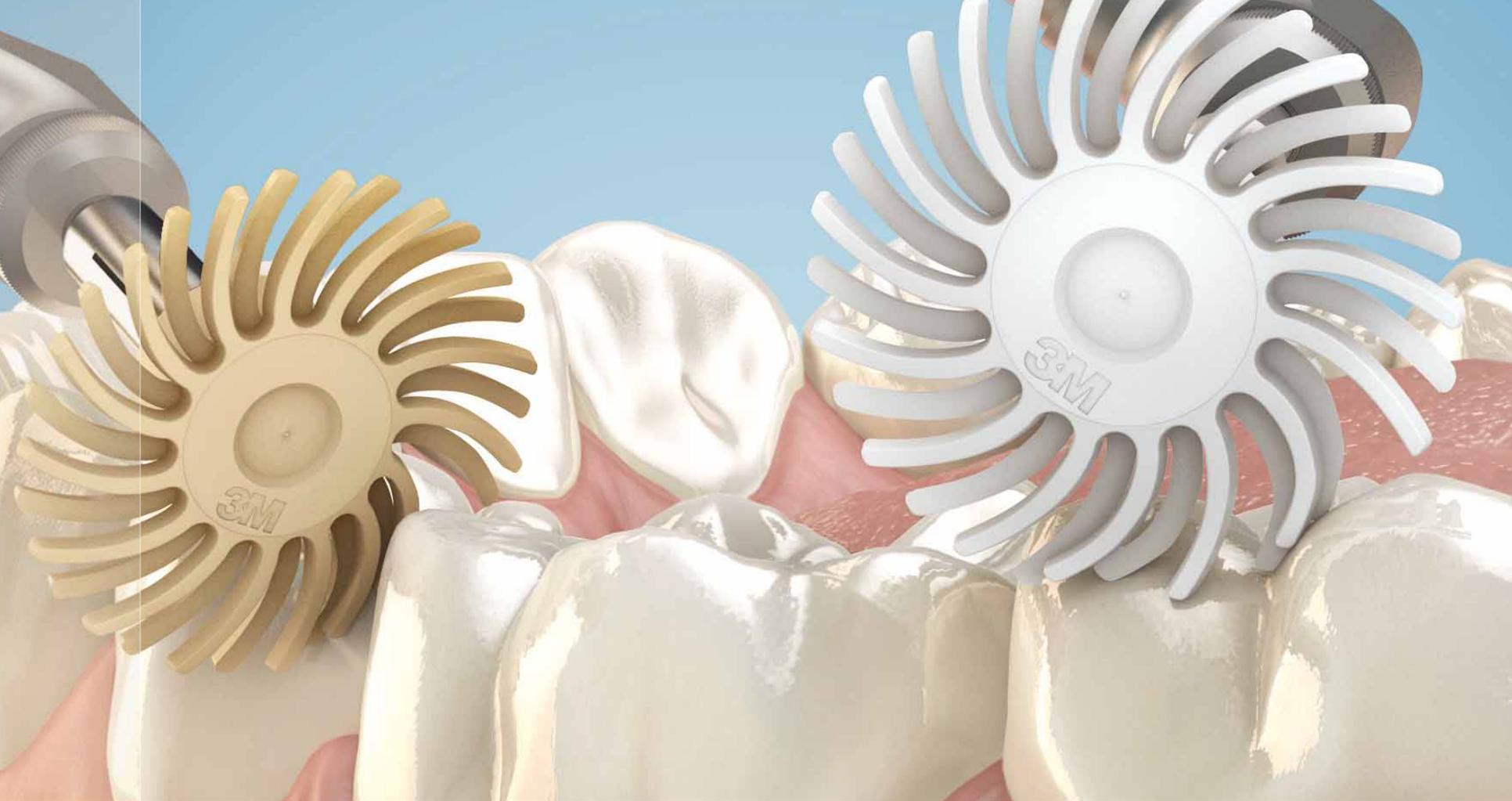
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This reportedly great tasting **Bubblegum Fluoride-Free Toothpaste** is available in a convenient 0.85-ounce tube. It is said to be a great way to encourage good brushing habits in young patients. Children will love the bubblegum flavor, and it's fluoride-free, so it's safe to swallow when used as directed. The toothpaste is packaged in boxes of 24 tubes.

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# A focus on high-tech

This family-focused practice relies on technology to provide its patients with the most minimally invasive, high-quality care possible. Biolase lasers, including the WaterLase iPlus and the Epic, play a huge part in making that happen every day.

by Renee Knight



## DR. PETER HARNOIS

graduated from the University of Illinois Dental School in 1982 and has been with what's now known as Hinsdale Dentistry ever since. The practice first opened in downtown Hinsdale in 1969 and has changed locations twice, the last move happening about a year ago. The high-tech, family-focused practice serves about 5,000 patients and has a staff of 14.

After 22 years at the same location, Dr. Peter Harnois and the team at Hinsdale Dentistry decided they needed a new space, a space where they could really showcase their technology and enhance the patient experience—from the relaxing atmosphere to the engaging learning experience that truly makes their patients partners in their care.

Dr. Harnois, along with two associates and 14 team members, made the move about a year ago—2-and-a-half years after deciding it's what the practice and the patients needed. Patients can't help but be impressed when they walk in. The practice sits back in the woods, overlooking a beautiful pond that patients can see from any of the many windows throughout the practice. Each of



**A family-focused practice** The team at Hinsdale Dentistry is dedicated to providing their patients with the best possible care, and that means offering the most up-to-date technology in a relaxing and comfortable setting.

the eight operatories provide a private space where patients can relax. The rooms are equipped with television screens in the ceiling, giving patients the opportunity to learn about any recommended procedures while in the chair, and to really understand the possibilities. When they're properly educated, patients are better able to make the right decisions about their oral health, and to communicate what they want as the end result.

"The key to this is to properly educate them and to give them all their options," he said. "With our practice's look, listen and learn philosophy, we're able to find out what they want. We're really geared toward what the patients want."

## The right technology

Hinsdale Dentistry is a family-focused practice, and each team member strives to offer patients the most minimally invasive dentistry possible. Technology is a big part of that, and is why it's such a focus at this Illinois practice. From digital x-rays to digital impressions to laser dentistry, this practice stays on the cutting edge.

This has been the practice's philosophy since it first opened at its original downtown Hinsdale location in 1969. Dr. Harnois can't help but remember his interview with now retired partner Dr. Donald Thorne in 1982, and how impressed he was with the practice's level of technology. Even though Dr. Thorne no longer works at the practice, keeping up with that level of innovation

remains important to Dr. Harnois and the rest of the team.

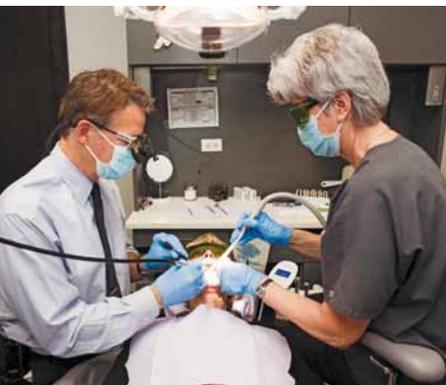
"I looked around the office and it looked like something out of *Star Wars*. The practice housed every bit of technology they talked about at dental school," he said. "That's exactly what we're doing with the practice now. Always keeping technology at the forefront of what we're offering to take better care of our patients."

Laser dentistry fits perfectly into the practice's philosophy of care, and Biolase's WaterLase technology has been part of their armamentarium since it was first released.

## Why the move to laser dentistry

When the first version of the WaterLase came out in the late 1990s, Dr. Harnois and then partner Dr. Thorne were among the first in the country to buy it. When they saw it at the MidWinter Meeting, it just made sense. Instead of damaging their patients' teeth with a drill, they could use water spray combined with laser light to get

Photos: James Svehla



## The right products make all the difference

Patients appreciate the fact that Dr. Harnois and the team at Hinsdale Dentistry offer the latest and greatest products, like the WaterLase iPlus, to help make their experience pleasant and time needed in the chair minimal.

the job done. Why wouldn't they make the switch?

"We had a demo the day after MidWinter and we purchased it on the spot," Dr. Harnois said. "You could see where things were going. Dr. Thorne trained me that if it's good technology and working for the benefit of the patients, we get it."

They began using that first version immediately, and patients loved it. They loved the fact that they didn't have to use anesthetic and that procedures were just so much simpler and pain-free. But back then, Dr. Harnois had no idea how much the technology would evolve in the coming years.

In 2005, Dr. Harnois upgraded to the WaterLase MD, which offered tooth cutting speed that was roughly half the speed of a highspeed drill. Now, in 2013, he has upgraded to the latest version, the WaterLase iPlus, which cuts as fast as a highspeed and offers many other "very impressive" features, Dr. Harnois said.

### The latest in laser technology

Laser technology just continues to improve over time, and Dr. Harnois loves the fact that WaterLase iPlus comes complete with dozens of procedure pre-sets. If he wants to do a cavity prep, he finds the icon on the laser, pushes it and the settings pop up. He can adjust the water and wattage as necessary, but now he doesn't have to come up with procedure settings chairside.

As in the beginning, laser dentistry is still a huge draw for patients. On his practice's website Dr. Harnois and one of his partners demonstrate the difference between a drill and the WaterLase, letting

patients hear how they both sound. For patients looking for a high-tech practice—especially those with children—actually seeing the difference helps them understand one of the benefits of laser dentistry.

No matter what technology you're using, Dr. Harnois said it's key to talk about it on your website and to educate current and potential patients about its benefits. His practice website has an entire tab dedicated to laser dentistry. More than half his new patients "interview" the practice by looking at the website to decide if it's a good fit, so it's vital to have a robust website that offers that education.

### A support team

As with any new technology, training is key to making laser dentistry a success in your practice. Dr. Harnois and his team spent two weeks training with laser guru Dr. William Chen, really giving them a feel for how to best use the laser. They did this training for both the second and latest version of the laser, and it made a huge difference both times. Beyond that, the local rep, Jim Buckley, is a great resource on not only the business side of laser dentistry, but the clinical side as well. He also offers in-office training, and Dr. Harnois has been impressed with his level of knowledge on the clinical and scientific side.

"It's rare to have that," he said. "Biolase is good about offering hands-on resources. A lot of times you buy something and the company disappears and you can't get anybody on the phone."

### The Epic's impact

Not only does Dr. Harnois use the WaterLase iPlus, he incorporated Biolase's newly released Epic laser into his practice a few months ago. This soft-tissue diode laser has been a huge asset, especially when it comes to whitening.

"It is the home run of the century for whitening," he said. "It takes an hour plus proce-

## FEATURED PRODUCTS



### WaterLase iPlus [biolase.com](http://biolase.com)

The dual-wavelength WaterLase iPlus all-tissue laser is said to deliver more power, control and versatility for experienced laser dentists. Reportedly able to cut hard tissue twice as fast as current laser systems, without the discomfort or risk of cross contamination associated with conventional drills, iPlus creates an optimal bonding surface. The unit also features an intuitive applications-based user interface with a large, high-resolution touch screen programmed with more than 50 factory-loaded procedure presets. The iPlus with the proprietary 2780 nm YSGG technology is available in a dual-wavelength configuration with an integrated iLase 940 nm diode laser, or as a standalone unit. The completely wireless iLase will enhance the capabilities of the YSGG by providing a diode laser that can be used for unexpected soft-tissue cases in an adjacent treatment room, better control of bleeding, and the freedom to move around with no foot pedals or cords.



### Epic [biolase.com](http://biolase.com)

The EPIC™ diode laser provides three distinctive treatment modes: surgery, whitening and pain therapy. The laser is controlled by a full-color touch-screen interface. With treatment options ranging from soft-tissue surgery to whitening to pain therapy for TMJ patients, it can address various clinical situations. The laser is FDA cleared for providing temporary relief of minor pain, meaning it can be used to treat TMJ and other musculoskeletal pain. Providing up to 10 Watts of peak power, the compact console also is fully portable. ComfortPlus settings deliver precisely controlled micropulses of diode energy to the tissue followed by down time to allow tissue to positively respond.

dures and cuts it down to about 20 minutes. You put gel on the teeth and use laser energy to cure and activate the whitening gel with the laser. The Epic kicks that gel into gear and you cure each quadrant for 3 minutes, repeat the procedure twice and the patient is done in less than 30 minutes. You get the patient out of the chair quicker with less sensitivity and you get great results. It's the best system to date for how well it works."

Using the Epic laser for surgical applications also means much less damage to gum tissue. Electrosurgery disrupts 500-1,000 cell layers with collateral damage and recession. The Epic effects 3-5 cell layers with no

recession. This does wonders for the healing process and means patients don't leave with damaged tissue. He also no longer needs to use retraction cord to access the margin before taking an impression for a crown, which can lead to permanent damage. Now, he trims off a tiny bit of cells with no damage.

"This fits into again talking about Minimally Invasive Dentistry," he said. "What's nice about these lasers is they will cut and coagulate, there's no post-op bleeding, they sterilize and decontaminate the area."

### A philosophy of care

Dr. Harnois loves the fact that he practices dentistry in the town

he grew up in, and he and the rest of the team are committed to serving their patients with the most up-to-date technology to achieve natural looking, beautiful and confident smiles.

Minimally invasive dentistry is their goal, and the Biolase lasers couldn't fit that philosophy of care any better—and the 5,000 patients who call his practice their dental home have noticed.

"Patients really get it pretty quickly. I think the public now is much more educated," he said. "We really focus on technology and being minimally invasive to give our patients the best possible result." ●

Don't just read about it—watch! Go to [dentalproductsreport.com/hinsdale-dentistry](http://dentalproductsreport.com/hinsdale-dentistry).

I MADE THAT:

# GC FujiCEM 2

An interview with Futoshi Fusejima, the developer of GC FujiCEM™ 2, about this second-generation glass ionomer that's making a reputation for itself.

Compiled by ANNA SACKS



**FUTOSHI FUSEJIMA**  
R&D MANAGER



When GC Corporation released GC FujiCEM 2 in 2012, this second-generation resin modified glass ionomer luting cement was met with much praise for its F2 Flex Fuse Technology. The F2 Flex Fuse Technology was created and perfected to support indirect restorations through amplified strength, a greater release of fluoride and tremendous reliability, all while maintaining a low film thickness.

As a developer, Futoshi Fusejima took on the task of improving an already successful product. He and his R&D team worked diligently to better the product through customer feedback and released the product to the dental community with the hope that it would be as successful as its predecessor.

We took an inside look at what the process was like from Fusejima's perspective. Here's what he had to say:

**Q:** Was there a customer need that spurred the creation of this product?

**A:** When we decided to develop GC FujiCEM 2, we looked at the background of the previous product called GC FujiCEM. It is very strong in the market and the highest selling product from GC. Because GC FujiCEM had already been on the market for a 10-year period, we thought we had much more technology to improve this product.

Last year we had our 90th anniversary celebration and because our company started from cement, we thought we should have a 90th anniversary product in a cement. We also thought we should keep

the customer satisfied and many people like the handling properties and easy-to-remove excess cement of GC FujiCEM. So we needed to keep these features but still improve the physical properties to secure more long lasting seating of the prosthesis.

**Q:** What was the process like in meeting that need?

**A:** In GC Research & Development (R&D) we are looking for customer satisfaction and quality first. When we are developing a product, we have a process to develop the materials under GC's Quality Management System (GQM). In each process we look at how the products are meeting the customer or market needs, not only the physical properties or chemistry. We also look at how to transfer our technology in R&D to manufacturing to keep our same quality as we design. We have a total management system (GQM) to make good products to offer to our customers.

**Q:** Is there a specific aspect of this product that you're especially proud of?

**A:** We incorporated a new high-elastic crosslinking monomer with a modified filler-surface treatment into the Resin Modified Glass Ionomer matrix to get more flexibility and durability. This material compared to the previous one has 30 percent more flexural strength. We changed the color of the two pastes to pink and blue

## GC FujiCem 2

Second-generation resin modified GC FujiCEM 2 glass ionomer luting cement is powered by F2 Flex Fuse technology. The cement features new high-elastic crosslinking monomers with a modified filler-surface treatment to increase strength properties. Indicated for a broad array of indirect restorations, including all types of metal-, resin-, alumina- and zirconia-based inlays, onlays, crowns and bridges, it's said to deliver optimal bond strength while allowing the clinician to complete more restorations in less time.

**GC America Inc.**  
800-323-7063  
gcamerica.com  
CIRCLE: RS NO. 44

SCAN:



but still after mixing, the shade is the same as it used to be with GC FujiCEM. This color changing technology makes it more user-friendly with better physical properties for the customers.

**Q:** What has the reaction been by users?

**A:** GC FujiCEM 2 has received customer praise like "There is no stress to switch from GC FujiCEM to GC FujiCEM 2." Those customer voices are proof our development process was correct. ●

INTRODUCING



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I MADE THAT:

# Riva Bond LC

An interview with Lyn Chau, SDI's Scientific Affairs Manager, about the development of SDI's Riva Bond LC.

Compiled by ANNA SACKS



**LYN CHAU**  
SCIENTIFIC AFFAIRS MANAGER

**Q:** Where did the idea for Riva Bond LC come from?

**A:** After the launch of our company's seventh generation adhesive system, Go! in 2010, I asked myself, "What's next in dentin bonding?" The all-in-one systems are already the simplest system to use, therefore, "Do we just stop here? Or have we missed something?" We needed something that current bonding systems on the market do not have. As the Scientific Affairs Manager for SDI, looking for ideas for new products is part of my role and I enthusiastically took on this challenging search. A few consultants pointed out that SDI should look at extending the life of composite restorations, which is shorter than amalgam fillings due to the interfacial stresses developed during polymerization of the restorative material. Polymerization contraction stresses are considered to be primary factors leading to the loss of bonding integrity, and it would be great to have a bonding system that can counter this stress at the bonding interface.

**Q:** What was the development process like?

**A:** Joshua Cheetham leads the R&D Team at SDI and his team was responsible for the development of Riva Bond LC. The group, together with glass ionomer development scientists, glass material scientists and polymer chemists, formed the initial design for Riva Bond LC. They took on this challenge in 2008 and the biggest struggle was to find the ideal formula that achieved adequate bond strength, expanded enough to compensate for the shrinkage stress caused by composites, but not so much that it would be detrimental to the bond over time. Success came in

2011, when a range of formulations showed adequate expansion to compensate for the shrinkage of composites while maintaining reasonable bond strength. An independent preliminary contraction stress study of this design concluded that there was a significant difference in contraction stress between Riva Bond LC and a typical resin based adhesive on the market.

**Q:** What advancements in adhesive technology influenced Riva Bond LC?

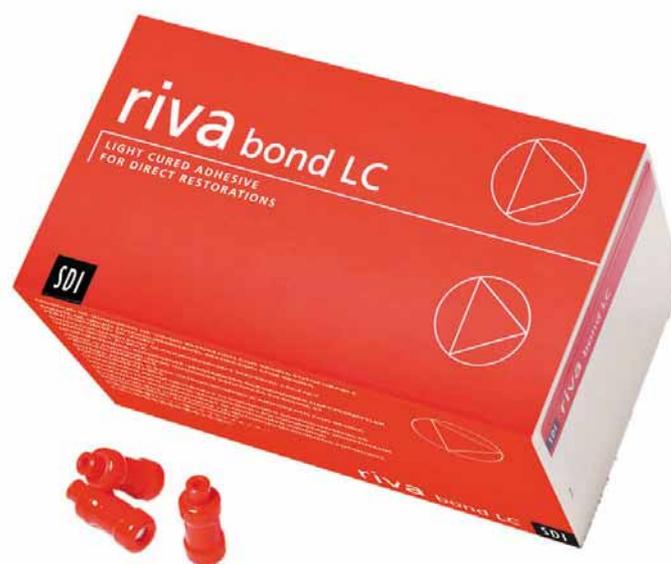
**A:** The introduction of the all-in-one, seventh generation, self-etching adhesives influenced the birth of Riva Bond LC. It pushed our developing team toward a different angle of thought for adhesion, which focused on helping the restoration to cope with the shrinkage stress caused by all composites.

**Q:** What are the key features you are most proud of?

**A:** The ability of Riva Bond LC to absorb the interfacial stress was the most important feature to ensure composite restorations last longer. More and more patients are requesting esthetic restorations; however, one of the common complaints is "My silver filling lasted forever and my white filling needs to be replaced after only a few years!" We were excited to be able to develop a product that meets all the criteria of an ideal bonding agent, and for the first time reduce the shrinkage stress of the composite.

**Q:** In what ways will this product make a dentist's life better?

**A:** More happy patients. Like any caring health care provider, the patient's well-being



## Riva Bond LC

Riva Bond LC universal light cured adhesive for direct restorations is said to dramatically reduce polymerization stress caused by composites shrinking. It features Stress Reduction Technology™ and bioactive ionglass™ technology with advanced glass ionomer resin technology to ensure minimal stress at all bonding interfaces.

**SDI**  
800-228-5166  
sdi.com.au  
RSNO.46

SCAN:



is the practitioner's top priority. In the current global financial climate, there is an increase demand for direct restorations, with patients demanding to get more life out of their white fillings. This demand will continue to increase and it would be beneficial for clinicians in the long run to offer longer life white fillings to their patients. When using Riva Bond LC, patients get sensitive-free restorations—without microleakage—that are longer lasting. ●



# riva bond LC



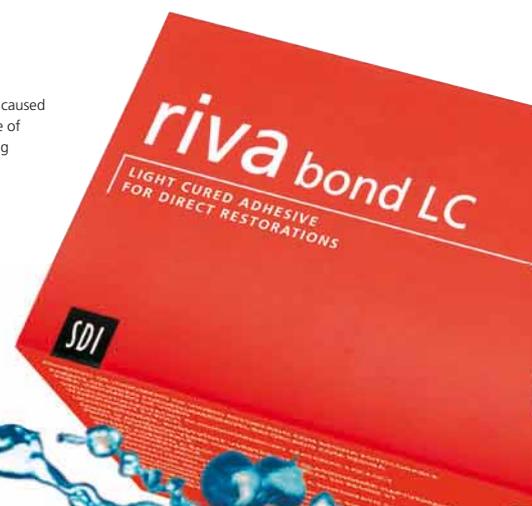
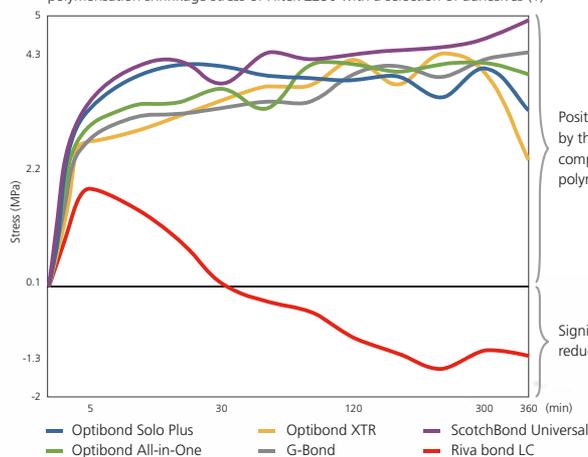
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polymerisation shrinkage stress of Filtek Z250 with a selection of adhesives (1)\*



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Interested? Circle Product Card No. 47

# “No one else on the market has a product like this...”

A clinician’s take on the DenMat SOL™ Portable Diode Laser.

Compiled by ANNA SACKS

## DenMat SOL™ Portable Diode Laser

SOL™ is a versatile device for entry-level to experienced laser users that is easy to use and versatile. It reportedly offers portability and precision at an economical price. It’s well suited for clinicians looking for their first diode laser, or clinicians trying to expand their practice.

**DenMat**  
800-445-0345  
denmat.com  
CIRCLE: RS NO. 48



**DR. LOUIS KAUFMAN**  
Chicago

SCAN:



Patients see this product as better technology, and that’s satisfying for them. With an electrosurge or a scalpel you really have to consider the healing aspect, but it’s much faster when you’re using a quality diode laser. This device is the best when it comes to laser technology.

### Why was the SOL™ Laser a good fit for your practice?

I was intrigued by the blue laser, and being able to see it with the aiming light on it. We do a lot of implants, and sometimes the healing caps aren’t snug and we have excess tissue to remove. It’s great for that. It just makes life easier than having to do the damage you would do with an electrosurge or a scalpel.

### How has the SOL™ Laser worked benefited your practice?

I think it’s a fantastic device. It cuts cleaner and it cuts faster than older laser platforms, so it’s really just much more efficient. We do a lot of contouring for cosmetics for veneers and Lumineers when we need to establish the proper heights of the tissue, and this allows us to do so.

### In your opinion, what are the best aspects of this product?

Hands down it’s the blue aiming beam and its ease of use. It’s pre-programmed, easy to charge and lightweight, so they’ve succeeded in making it very versatile and portable.

### What would you say are the main benefits of the SOL™ Laser?

I can’t praise the blue aiming beam enough. You are able to see exactly where you’re at with it, which makes it easy

on tissue while remaining fast and cutting very cleanly and precisely. That allows you to do a lot less damage to the surrounding tissues.

### If a colleague came to you and said they were looking into the SOL™ Laser for their practice, what would you tell him or her?

The biggest differences between this laser and other diode lasers are going to be the blue aiming beam, its affordability, its portability between operatories because it’s not cumbersome and overall ease of use. No one else on the market has a product like this, that is lightweight and has features like the blue aiming beam. ●

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Soft-tissue Diode Laser

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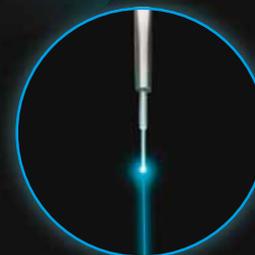
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# “DIAGNOdent is a tool I highly recommend for all dental offices.”

One hygienist’s take on KaVo DIAGNOdent laser caries detection aid.

Compiled by RENEE KNIGHT

## DIAGNOdent Classic

DIAGNOdent aids in the detection of caries. Even very small lesions and incipient caries can be detected, enabling clinicians to protect and preserve the tooth substance. Benefits include: a high level of patient acceptance and satisfaction; it’s said to be more than 90% accurate in caries detection; it’s an optimal adjunct to minimally invasive techniques (air abrasion, micro rotary instrumentation, etc.); it allows monitoring of caries progression; the small portable device is well-suited for both the hygienist and the doctor and is simple to operate.

### KaVo Dental

888-275-5286  
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CIRCLE: RS NO. 50



**SHELLEY RICE RDH, GDH**  
PRACTICING SINCE 1984

SCAN:



When dark pits are noted on the first or second molars during the clinical examination, how many doctors will merely instruct the staff to put a monitor or watch on that finding? Do you really know what is going on with that area enough to diagnose the area correctly? Is your recommendation for a sealant correct or is decay really the issue? That’s where KaVo’s DIAGNOdent comes in. It helps take the guess work out of your examination. A dental hygienist can easily screen these areas during the hygiene appointment and report findings during the clinical examination to improve accuracy of the diagnosis.

### Why did you decide to incorporate the DIAGNOdent into your practice?

We have used the DIAGNOdent caries detector in my clinic for many years. We purchased our first unit after having a young 14 year old in the chair with just the tiniest of dark

pits but in a lot of pain. We cautiously and conservatively opened up the pit only to discover decay into the nerve of the tooth from this “stained pit.” The patient proceeded to have a root canal and a crown. I believe if we would have had the DIAGNOdent earlier, it could have been prevented.

### What are the main benefits for your practice?

I have found the KaVo DIAGNOdent to be an extremely valuable and easy-to-use tool that helps my doctors perform complete and accurate examinations. When we use the DIAGNOdent, our patients immediately think we’re a “high-tech” office. The children are not afraid of the evaluation; I explain it as using a laser light to check their tooth.

I also have found patients are more likely to accept care when we have quantitative findings to back up the diagnosis of decay. I have the laminate of values on my countertop, so patients can see the recommendations. The DIAGNOdent

not only has a visual reading for patients to co-diagnose their condition, it also has an audible sound to go with the reading. The higher the DIAGNOdent value, the higher pitched the sound.

We never have been disappointed in our discovery and findings when using the DIAGNOdent. I have been in clinics when they have demo units and the doctor’s schedule is filled with operative dentistry diagnosed with the DIAGNOdent.

### What’s the main benefit for the patient?

In many cases the diagnosis of decay can be made early enough to keep the restoration very small or to recommend sealants in areas of non-decay. It has been a valuable asset to our office. We are and providing better care to our patients. The KaVo DIAGNOdent is a tool I highly recommend for all dental offices. ●



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“...patients are always absolutely ecstatic over the results every single time.”

A clinician's take on Evolve's KÖR Whitening System.

Compiled by ANNA SACKS

### KÖR Whitening System

The KÖR Whitening Deep Bleaching System is said to ensure optimal whitening with the lowest sensitivity possible. KÖR offers whitening systems for every situation and type of patient. The KÖR System is available as a nighttime or daytime at-home-only system, as well as the “full KÖR System,” which is at-home whitening followed by in-office whitening. A special protocol for difficult cases, such as tetracycline, is also available.

#### Evolve Dental Technologies

866-763-7753  
 evolvedental.com/results  
 CIRCLE: RS NO. 52



DR. L. DON WILSON  
 HUNTSVILLE, AL

SCAN:



Nothing is more important to the success of any dental practice than happy patients. Any patient asking for teeth whitening expects truly white teeth — anything less will not impress the patient, and that's bad for our business. I find that when patients get truly white teeth, they always become infatuated with their smile and notice any defects and become more conscious of their overall oral health, so they also accept my recommendations for treatment. I've tried virtually every whitening product under the sun, and before KÖR Whitening, there just wasn't anything that consistently created “wow” results and excited patients. With KÖR, I know every single patient is going to be wildly excited about the results.

#### What are KÖR Whitening's best features?

KÖR is different than any other whitening system, but it's very simple to use. The KÖR Quickstart Guide walks you

through the procedures, the KÖR Reference Manual has all the information you could possibly need, while the DVD shows the simple step-by-step method. The cost of KÖR is also extremely competitive. In fact, to get the same amount of product from one of the other whitening companies would cost me a lot more.

#### How has using this product benefited your practice?

KÖR has been a huge boost for my practice. Now, I always start my patients out with KÖR Whitening because I know that when they see the results they'll be even more excited about necessary and optional treatment than they were when they first walked into my practice. The type of dentistry I do is really a lot of fun, especially when I can relax and enjoy it. Now that I know my patients will gain enthusiasm instead of lose it, my stress is gone and I'm having so much fun treating my wonderful patients.

#### In your opinion, what are the biggest benefits?

First and foremost, it works. And the patients don't have much sensitivity like they do with other systems. In fact, most have no sensitivity whatsoever.

#### Why would you recommend this product to other dental professionals?

Well, I actually have recommended KÖR to many of my colleagues, and the feedback I get from them is just as enthusiastic as my own. I tell my friends KÖR is simple to use, it's extremely low in sensitivity, it's priced very competitively, and patients are always absolutely ecstatic over the results every single time. For any dentist who comprehends the value of a practice full of excited patients, KÖR is a no-brainer. ●



Case photo courtesy of Dr. Victor Burdick, Littleton, CO

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# Your personal cloud drive

Love using the cloud to store your data but don't love some of the risks? Dr. John Flucke just may have the solution you need.

by DR. JOHN FLUCKE

## 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).

For a while now, both here in *Dental Products Report* and on my blog ([blog.denticle.com](http://blog.denticle.com)), you've been reading things from me about cloud computing and why the cloud is changing the way we live, work and interact.

The cloud is an interesting idea for lots of reasons. For those of you unfamiliar with the concept, cloud computing is basically using someone else's computer and hard drive to store your data and do computing tasks for you.

Online banking is a great example. You don't download any programs or do anything special. You go to a designated website, log in with a username and password, and go to work. You can pay bills, check balances, transfer funds, do almost anything you can imagine from a banking standpoint all on the bank's computers.

It's the same way with online travel. Hardly any travel arrangements are made by dealing with a human being anymore as you can either log directly into a carrier's computers or use an online company that can access multiple carriers all at the same time.

In the late 1990s, Scott McNeely of Sun Microsystems said, "The network is the computer." It took a few years for the statement to become prophetic, but that time is now.

## The benefits

In the last two years, we've seen the cloud go mainstream as two of the Internet's major players have jumped in with cloud services. Amazon and Google now offer cloud-based storage solutions that allow you (for a fee) to have hard drive space in their server farms. These virtual hard drives allow you to store anything you'd like and access this data from any computer that has an Internet connection.

There is also the benefit of not having to back this data up as that is all taken care of by the engineers from the respective companies.

Two years ago I added a home theater in my basement with a great sound system. I really loved that I could listen to my music collection on my high-end surround sound. I had a computer installed as part of the system and I had my music library syncing to that computer. It took awhile to get set up, but once done, it was awesome. Alas, the computer crashed and I was just too busy to reinstall and rebuild the machine, so for 18 months the entertainment area was without music. Recently I finally found time to fix the problem. The amazing part was that in that short span of time the idea of syncing my music files was completely outdated. All of my music is now

stored on the cloud as part of my Google and Amazon accounts. I simply open a browser window and stream in the tunes. No local storage is even needed!

## The risks

This, or course, is not without potential problems. Leaving your data on someone else's computers means you are at the mercy of that someone. If their Internet connection goes down...or your Internet connection goes down, the data is unavailable. If, for some reason, the company should suddenly decide to terminate the service, your data is gone.

However, maybe the greatest potential problem lies with third parties in the darker parts of the Internet world.

Hackers and professional criminals are, more and more, breaking into online systems in the hopes of discovering credit card numbers, bank account information or any other confidential things that could compromise your security. These types of people aren't looking to break into just your account—they're hoping to break in by a way that gives them access to everyone's info. Because of that, the bigger the company you work with may mean the bigger the reward for the crooks.

GETTY IMAGES / TEEKID



**The Transporter from Connected Data** is an easy, secure way to store your important files on the cloud.

**A solution**

So what are you to do? Is the only solution to just keep doing what we've been doing for the past 20 years? Should you just be sticking your data under your mattress?

How about a solution that allows you the advantage of cloud storage, but stores it on a device that is only accessible to you?

That's the thought process behind a new device called Transporter from Connected Data. I've been beta testing the device for four months and am impressed.

Transporter is a standalone device that contains a single hard drive for data storage. It has a speedy Gigabit Ethernet port and connects to your network (at home, at your office, or any other network you want to connect it to). You install some software on your computer (both PC and Mac versions are available) and a folder for the Transporter is created on your computer desktop.

When you want to store a file on the Transporter, you simply drag and drop the folder from your computer into the Transporter folder. The file is stored locally on your computer and transferred to the Transporter as well.

Want to ensure your data is backed up and secure? Just purchase and install another Transporter and the info can be synced between the devices ensuring that even if one of them should suffer a failure, the other (as well as any computer with the software installed and a folder on the desktop) will have a copy of the data. Change a file and it updates across the board.

You also can share files and folders with other people. They then have access to the files and folders you specify while keeping all of your other data stored securely.

Need access to your data when you're on the go? I thought so. The folks at Connected Data have created an app for iOS that allows you to access your files directly from your iPad. How much more simple can it get?

The final piece of the puzzle is the idea of backing up your patient data. While some offices use offsite backups from dedicated dental companies that take special care to encrypt and protect your data, many offices use regular old garden variety offsite backup services that do not provide the necessary security.

The Transporter device encrypts your data when it is being transferred and it is never stored in the cloud. Now I should point out (as I always do) that you need multiple backups to ensure you are ready in case of a disaster. Backing up is like a chain and the more links (backups) you have, the better off you are. Transporter is a great link to have in that chain.

Transporter is created to grow with you. If you ever need a larger or a new hard drive, replacing the hard drive in the device is simple.

Price is another big advantage. While cloud storage providers charge fees year after year, the only cost you incur from a Transporter is the purchase price. There are no monthly fees, no service plans, zilch, nada. You buy it, plug it in, and start storing. It comes in three configurations.

- ⦿ No hard drive installed \$199
- ⦿ 1 Terabyte Drive (1000 gigabytes) for \$299
- ⦿ 2 Terabyte Drive (2000 gigabytes) for \$399

As you can see, Connected Data's Transporter system is affordable, easy to use and secure. I've used two of the devices on a daily basis for months and have nothing but great things to say about the company and the system.

In health care there are very few things that provide this kind of service at this particular price point.

The Transporter can be purchased through the company website ([filetransporterstore.com](http://filetransporterstore.com)) and from several retailers, including Amazon.

The Transporter system is sitting here next to me as I type this. It is storing my photos, documents, videos and lots of other files as well. This is truly one of those products that I feel you should check out. You won't be disappointed.●

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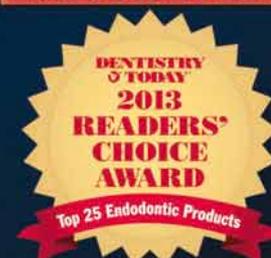
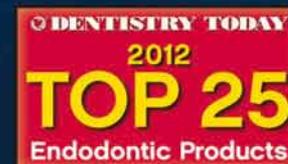
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\*Research available upon request.

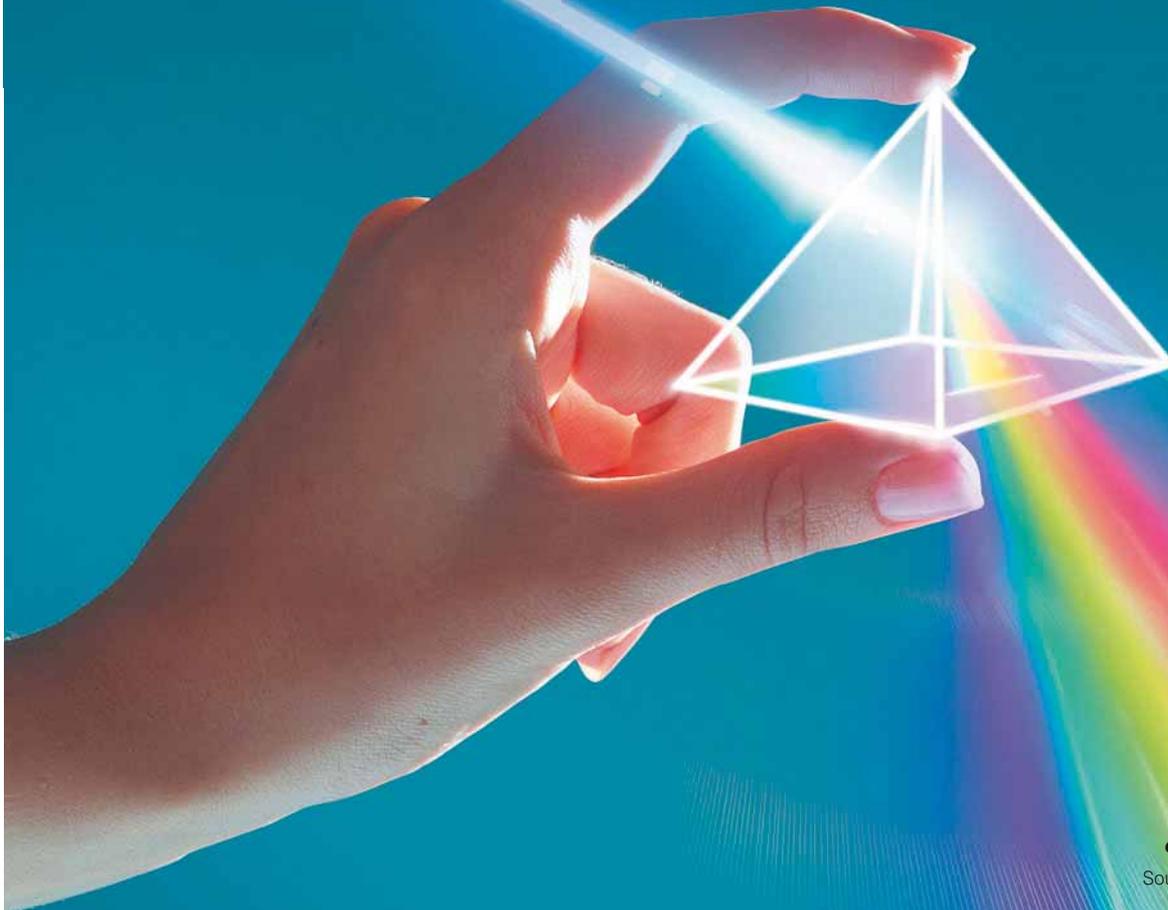
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# WHERE DO YOU FIT ON THE IMPLANT SPECTRUM?

## THERE'S NO DOUBT THE IMPLANT MARKET IS GROWING.

As baby boomers age and the technology behind implants continues to improve, more and more GPs are adding implants to their list of offerings. Whether you've been placing them for years or are new to the playing field, there's plenty you need to know from keeping your skills up to date to marketing implants to your patients. This month, we take a look at everything implants to make sure you're up to speed, no matter where you are on the implant spectrum.

50



69%

of adults ages 35 to 44 have lost at least one permanent tooth to an accident, gum disease, a failed root canal or tooth decay.

Source: American Association of Oral and Maxillofacial Surgeons

Read about what that means for your practice in our DPR Cover Story.

### TECHNIQUES AND TECH BRIEFS TO HELP YOUR PRACTICE SUCCEED...

#### Technique

#### PREDICTABLY PLACE ANTERIOR RESTORATIONS

A step-by-step of Ivoclar Vivadent's OptraSculpt Pad modeling instrument.



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#### Technique

#### SIMPLIFY COMPOSITE DECISIONS

A step-by-step of DENTSPLY Caulk's TPH Spectra.



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#### Tech Brief

#### I-CAT FLEX

A closer look at Imaging Sciences International's new 3D Imaging Solution.



80

# Are you ready to **MOVE**



Thanks to advances in technology and materials, GPs and patients are more into dental implants than ever. Are you ready to get more involved?

*by* ANNEMARIE MANNION, CONTRIBUTING WRITER



# AHEAD

with

# IMPLANTS?

**WHETHER SURGICALLY PLACING OR JUST RESTORING, MANY OF YOU ARE GETTING MORE INTO IMPLANTS. HERE, WE EXPLAIN WHY AND OFFER SOME TIPS TO HELP ENSURE YOU'RE SUCCESSFUL.**

More general dentists are integrating implants as a service they can offer patients, and it's easy to see why they are capitalizing on this burgeoning market. Implants are on a steep upward trend,

according to iData Research, an international marketing research and consulting firm that studies the dental industry. It reports that, in 2011, the total U.S. dental implants market for dental fixtures and final abutments was valued at \$754.6 million, while the dental prosthetics market hit \$9.64 billion. Every segment of the dental implants market, as well as the final abutment and dental prosthetic market, experienced growth in that year except for inlays/onlays, as a result of the decline of the in-laboratory fabrication of inlay/onlays.

### **Driving the demand**

U.S. demographic trends are bolstering the increasing demand for implants. The American Association of Oral and Maxillofacial Surgeons has found that 69 percent of adults ages 35 to 44 have lost at least one permanent tooth to an accident, gum disease, a failed root canal or tooth decay. In addition, by the age of 74, it is estimated that 26 percent of all adults will have lost all of their permanent teeth.

Babyboomers, too, are accounting for the increased use of implants. They want to maintain attractive, youthful smiles and the dentures their

### **THE TAKE-AWAYS**

- The dental implant market continues to grow.
- The proper tools and education can help GPS successfully incorporate implants into their practice.

# 26%

of adults will lose all their permanent teeth by age 74.

Source: Association of Oral and Maxillofacial Surgeons

# A New Implant Designed Exclusively for Overdentures

The LOCATOR® Overdenture Implant System by ZEST Anchors is a predictable, durable option for patients who need an effective, economical technique to secure their dentures.

In the past, choosing a narrow diameter implant for patients with narrow ridges who declined bone grafting often meant a sacrifice in attachment performance and ultimately decreased patient satisfaction. There is a new treatment option for these patients – introducing the LOCATOR Overdenture Implant System (LODI).

## The features

LODI features intuitive surgical instrumentation designed with safety in mind; narrow diameter implants for denture patients with narrow ridges; the world's leading overdenture attachment, LOCATOR; and a male processing pack for customizing retention levels and draw correction.

The LODI System incorporates a unique two-piece coronal design not found with O-Ball mini implants, a critical feature that optimizes patient satisfaction by providing flexibility for simple attachment interchangeability and replacement should wear occur throughout time. This allows for easier case



planning, implant surgery and restorative process.

In addition, LOCATOR's dramatically reduced vertical height increases patient comfort when the denture is removed and provides increased denture strength (Figs. 1a and 1b).

## The system

Featuring convenient, all-inclusive packaging, the system is comprised of 2.4 or 2.9 mm diameter implants (available in 10, 12 and 14 mm lengths), a detachable LOCATOR Attachment (available in a 2.5 or 4 mm cuff height), as well as a LODI Male Processing Pack (Fig. 2). The processing pack is ideal for customizing retention



**Fig. 1a and 1b** Note the dramatically reduced vertical height of the LOCATOR Overdenture Implant in comparison to the O-ball mini implants. Clinical image courtesy of Dr. Paresh Patel.



**Fig. 2** LODI all-inclusive implant package.

levels and addressing draw correction, ultimately improving ease of denture placement and removal for the patient.

## How it's made

The LOCATOR® Overdenture Implant is manufactured from the strongest titanium alloy available and features a proven RBM roughened surface on the entire length of the implant. LODI also incorporates a self-tapping design for ease of implant insertion, as well as an aggressive thread design that widens at the coronal portion, providing primary stability when immediate loading may be indicated.

## Intuitive instrumentation

LODI osteotomy preparation instruments are designed to be intuitive, with easily identifiable laser etched depth markings for clear visibility when drilling and

placing implants, a key benefit when used with a flapless technique for better patient comfort.

## How it's different

The LOCATOR Attachment provides superior benefits known worldwide, including its patented pivot technology, customizable levels of retention and draw correction of divergent implants up to 40°. All of these benefits combined offer a clear distinction when comparing LODI to the O-Ball mini implant treatment option. Why compromise with an inferior treatment option? The LOCATOR Overdenture Implant System is a less invasive, predictable and durable implant-retained overdenture for patients requiring an effective, cost-conscious technique for securing their denture.

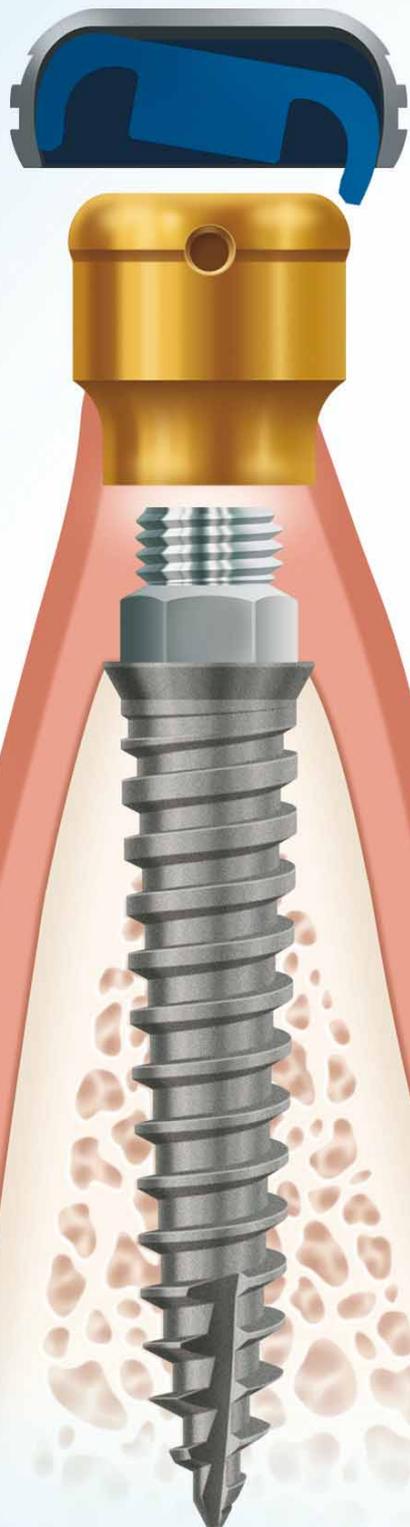
For more information please visit [ZESTAnchors.com](http://ZESTAnchors.com) or call 855-868-LODI (5634).●

## What people are saying about LODI

“The LODI System is a great addition for those patients who have narrow ridges and are not in favor of additional surgeries or who have limited finances. I am thrilled to now have an overdenture implant from a company I trust in my armamentarium.”

-Paresh Patel, DDS, North Carolina

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Until now, choosing a narrow diameter implant often meant a sacrifice in attachment performance and ultimately patient satisfaction. Introducing the LOCATOR<sup>®</sup> Overdenture Implant System (LODI) featuring LOCATOR, the world's leading overdenture attachment.

The unique two-piece coronal design of LODI, not found with O-Ball mini implants, is a critical feature that optimizes patient satisfaction. The LOCATOR attachment is seated after implant placement making case planning, implant surgery and restoration easier and allowing for replacement if wear should occur throughout time. LODI is manufactured from the strongest titanium available, features a proven RBM surface and is designed to provide exceptional primary stability when immediate loading may be indicated.

The LOCATOR Attachment provides all of the superior benefits known worldwide including its patented pivot technology, customizable levels of retention, and draw correction of divergent implants up to 40 degrees. All of this while having a dramatically reduced vertical height compared to O-Ball mini implants.

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Radiograph courtesy of Dr. Gary Glassman.

**You're in control** > TF Adaptive is designed to work with our Elements™ Adaptive Motion Technology, which allows the TF Adaptive file to self-adjust to intra-canal torsional forces. In other words — **rotary when you want it and reciprocation when you need it.**

**Keep it simple** > An intuitive, color-coded system designed for efficiency and ease of use.

**Peace of mind** > TF Adaptive is built on the success of the Classic TF design and includes the same advanced Twisted File technology.



**Trusted by**

**Gary Glassman, D.D.S.**  
Endodontist  
Toronto, Canada



# You're in control.

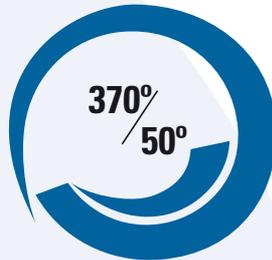
## Rotary when you *want it*. Reciprocation when you *need it*.

Adaptive Motion Technology is based on a patented, smart algorithm designed to work with the TF Adaptive file system. This technology allows the TF Adaptive file to adjust to intra-canal torsional forces depending on the amount of pressure placed on the file. This means the file is in either a rotary or reciprocation motion depending on the situation. The result is exceptional debris removal with our classic rotary Twisted File design and less chance of file pull-in with our Adaptive Motion Technology. Now that's rotary when you want it and reciprocation when you need it.

### ADAPTIVE MOTION TECHNOLOGY



**Rotary:** 600° clockwise and 0° counter-clockwise file motion when no load is applied.



**Reciprocation:** 370° clockwise and up to 50° counterclockwise file motion when load is applied.

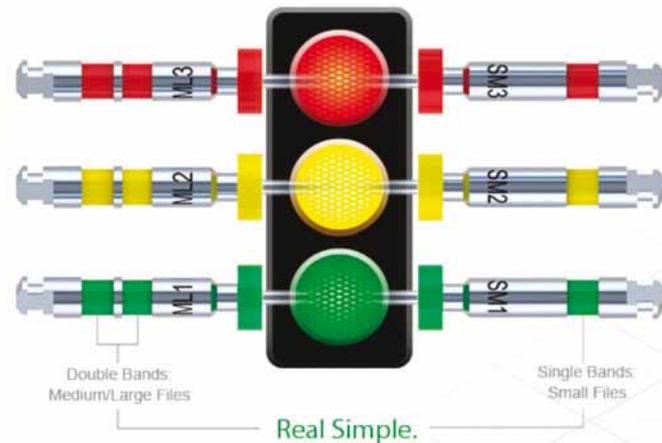


**Elements Motor :**  
6 Presets - provides recommended settings for TF Adaptive, K3/K3XF, TF, LightSpeed, M4 and a custom setting.

## Keep it simple.

### Intuitive, color-coded file identification.

An intuitive, color-coded system designed for efficiency and ease of use. Just like a traffic light... start with green and stop with red.



## Peace of mind.

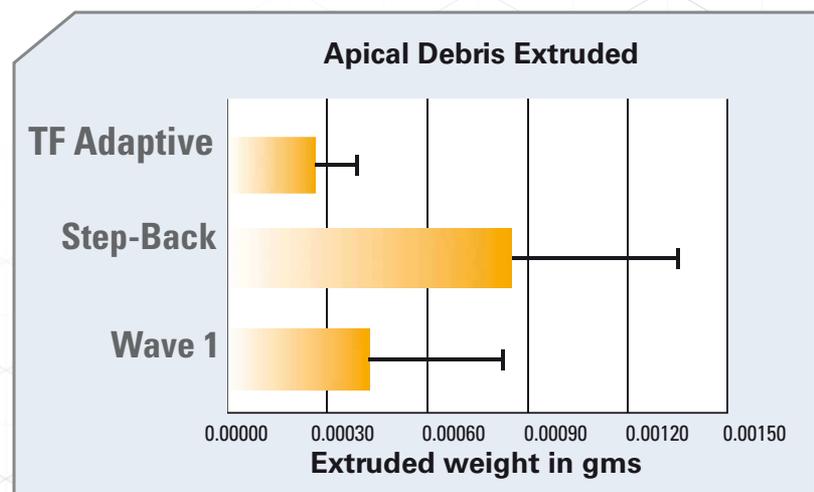
### Leveraging the success of our clinically-proven Twisted File design.

The TF Adaptive file design is based on our clinically proven Twisted File technology, which means the file is twisted to shape for improved file durability, features R-Phase Technology to improve file flexibility and provides exceptional debris removal. So with TF Adaptive and Adaptive Motion you get the best of both worlds. Rotary when you want it, and reciprocation when you need it.

#### Study on Apical Debris Extrusion\*

Compared with the TF Adaptive system, the Manual Step-Back technique generated 207% more debris from the apex than TF Adaptive while Wave One generated 59% more debris from the apex than TF Adaptive.

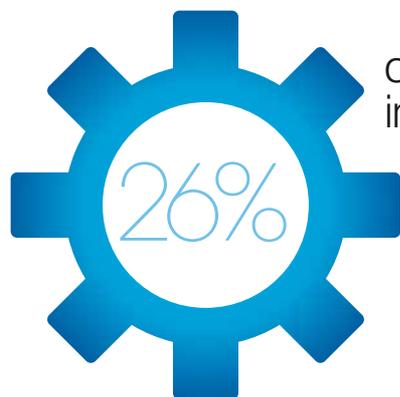
\*Jaramillo, D. and Raydolfo, A. (2013) Comparison of the Extrusion of Dentin Debris Using a New Instrumentation. Publication pending.



For more information contact Axis|SybronEndo at 800.346.3636 or visit [sybronendo.com](http://sybronendo.com)

[tfadaptive.com](http://tfadaptive.com)





of dentists not placing implants are interested in doing so

Source: August 2012 ADM Implants Research Study

parents took in and out of their mouths won't cut it. At the same time, the attributes of cosmetic dentistry, commonly pictured on reality TV shows, have become a more accepted part of American culture, fueling patient interest.

For providers, improved technology makes implants easier to place. More dentists—with the appropriate education—are willing to delve into offering them.

### KEATING DENTAL ARTS SAYS TO USE THE ENTIRE IMPLANT TEAM, TOOLS TO GET EVERYTHING RIGHT

Even though it's a tried and true protocol, all too often restorative dentists skip the implant triad—the surgeon, the restoring doctor and the technician—when it comes to case planning.

"When the surgeon, restoring doctor and technician work together, surprises – especially for the patient at the delivery appointment – are eliminated," said Shaun Keating, CDT and owner of Keating Dental Arts in Irvine, Calif.

"The most challenging aspect of restoring dental implants is dealing with the location and angulation of the implant body," Dr. Paul Hertz, a New York-based dentist, observed. "Often cases are returned from the surgeon with implants uncentered, too close to each other or to adjacent teeth, and with the inability to use the manufacturers' stock abutments. Moreover, even when a stent is provided, it is often questionable whether it was actually used."

"In the end, the restorative dentist is the one who must take responsibility for sizing, emergence profile, etc," Dr. Hertz said. "Certainly, this can be achieved by extremely talented dentists and dental laboratory teams. However, in reality, many of us have more average skills; this is where an implant tool, such as the Delineator (exclusively from Keating Dental Arts) comes in."

Inspired by the word "delineate," which means "to map out," Keating Dental Arts' exclusive 4-in-1 implant tool, the Delineator, is a radiographic guide, surgical stent, provisional restoration and implant locator. This practical tool allows the general dentist to gain much more control of the surgical phase of implant dentistry.

"By using the Delineator, the restoring dentist can exactly direct the surgeon as to the most ideal position for implant placement," Dr. Hertz concluded. "Used as a stent, the Delineator provides superior guidance and practicality to that of most implant guides. Given adequate bone, the surgeon can precisely place the implant using the metal sleeve/drill guide, which is located in the exact center of the proposed implant crowns, allowing for the most ideal emergence profile and tooth sizing."

*This tip provided by Keating Dental Arts*



**The Delineator 4-in-1 implant tool allows GPs to gain more control of the surgical phase of implant dentistry.**

### No decline in site

The future for dental implants looks rosy, but the experts agree there are tips and strategies that general dentists should consider to successfully integrate the service into their practices.

We spoke with dentists who have practiced implant dentistry for decades to get their input and strategies on how to make implants a thriving part of a general dentistry practice. You'll also find manufacturer-submitted tips and advice throughout the article, all designed to help you master implant care in your practice—whether you're actually placing implants or offering treatment planning and implant restoration.

### Training/education

Education, of course, is key to achieving competence in placing implants and making it part of a general dentistry practice. Fortunately, much has changed, including the availability of continuing education, in the 62 years since implants were first introduced. In the early days, implants had a dubious reputation among dental professionals, and dental schools even refused to teach about them, according to the American Academy of Implant Dentistry (AAID).

Dr. Joseph Orrico, of Illinois Implant Dentistry, has been placing implants for 34 years.

"I was ahead of the curve," said Dr. Orrico, a past president of AAID. "There wasn't a whole lot mentioned about them in dental school, and they didn't have the continuing education courses they have today."

Because of this, Dr. Orrico said he learned by doing. "You watched a few, you assisted on a few and then you went out and did them," he remembered.

Dr. John Minichetti, of Englewood Dental in Englewood, N.J., said he was lucky to receive good oral surgical and periodontal training in dental school and during his residency before he started placing implants 30 years ago. He also received on-the-job training while working under a prothodontist/implantologist.

While training is more prevalent, technology is always changing, and both recommend keeping up on advances through CE programs.

"Implant dentistry is consistently evolving. The key to staying ahead is continuing education," Dr. Orrico said.

**"Implant dentistry is consistently evolving. The key to staying ahead is continuing education."**

– Dr. Joseph Orrico

Any general dentist interested in placing implants will need to evaluate the depth of training they require. Dr. Minichetti recommends a comprehensive course such as the MaxiCourse, offered through the AAID.

It provides 300 or more hours of lecture, laboratory sessions, live surgical demonstrations and home/office assignments, and is presented in 10 parts, once a month, over a 10-month period.

### Certification

Implant dentistry is not a recognized specialty, but dentists can receive certification from AAID. (Dentists who graduate from an approved MaxiCourse will meet the minimum educational requirements for an associate fellowship.)

AAID offers an Associate Fellow Membership that has educational and experiential requirements, as well as a two-part examination. Candidates interested in the more rigorous credential of Fellow Membership must have practiced implant dentistry for at least five years, provide both the surgical and restorative phases of treatment, and meet the educational and experiential requirements for the examination.

Another certification is the Diplomate in Implant Dentistry offered by the American Board of Oral Implantology/Implant Dentistry.

Dr. Orrico said pursuing rigorous credentials establishes competence, as well as credibility, with your patients.

"It's not a recognized specialty. Credentialing is all we have," he said.

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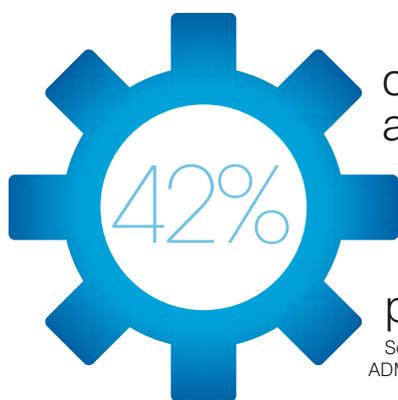


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of dentists  
already  
place  
implants  
in their  
practice

Source: August 2012  
ADM Implants Study

### Patient base

The potential patient base for implants is broad, especially given the statistic that 26 percent of adults will lose all their natural teeth by age 74.

Dr. Orrico said 80 percent of his patients receive implant surgery or prosthetics at his practice. He acknowledges the name of his practice—Illinois Implant Dentistry—draws patients to his door who already expect they will need to replace a tooth or teeth.

“It’s how you market your practice. People come here knowing what we do,” Dr. Orrico said.

Dr. Minichetti said he reaches out to potential patients through a variety of means including his website, e-blasts to patients and other external marketing.

### Specialist support

“Start easy.” That’s how both Drs. Orrico and Minichetti advise general dentists who are new to implants. They suggest handling simple cases such as single teeth extractions and referring more complex cases such, as impactions, to specialists. Dr. Minichetti said he tries to have a rapport with other specialists to whom he may refer. On occasion—for patients who want it—he will tap the expertise of an anesthesiologist who visits his office to put patients under.

Dr. Orrico said he does all his own surgery, and he hasn’t experienced any negative feedback from specialists in regards to his work. The patient base is great enough that he believes there is plenty of work to go around.

“There are a lot of patients out there,” he said.

### Staff enthusiasm, buy-in

Both Drs. Orrico and Minichetti said their team members are eager to learn new procedures.



ATLANTIS  
patient-specific  
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abutments are  
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systems.

## INCREASED PROFITABILITY FOR THE DENTAL PRACTICE

This tip helps you incorporate and grow your implant cases using patient-specific, CAD/CAM abutments. Implant dentistry continues to be the fastest growing therapy of choice of dental professionals and patients alike. As advancements in product technology continue to simplify the clinical process, incorporating implant treatment into your practice can be profitable and easier than one might think.

An example of this is the ATLANTIS™ patient-specific abutment solution for cement-retained and single tooth, screw-retained implant prosthetics. ATLANTIS abutments are available for all major implant systems and in

titanium, gold-shaded titanium and up to five shades of zirconia. Incorporating ATLANTIS into your treatment plan allows you to easily offer implants as a tooth replacement therapy without the need for inventory management of stock components.

Based on traditional crown and bridge concepts, using ATLANTIS also simplifies the procedure for implant-supported restorations, so all you need to do is take an implant-level impression, send it to your laboratory and ask for ATLANTIS. In addition, because ATLANTIS abutment margins can be designed and manufactured to where you want them, cement removal is simplified for ensured,

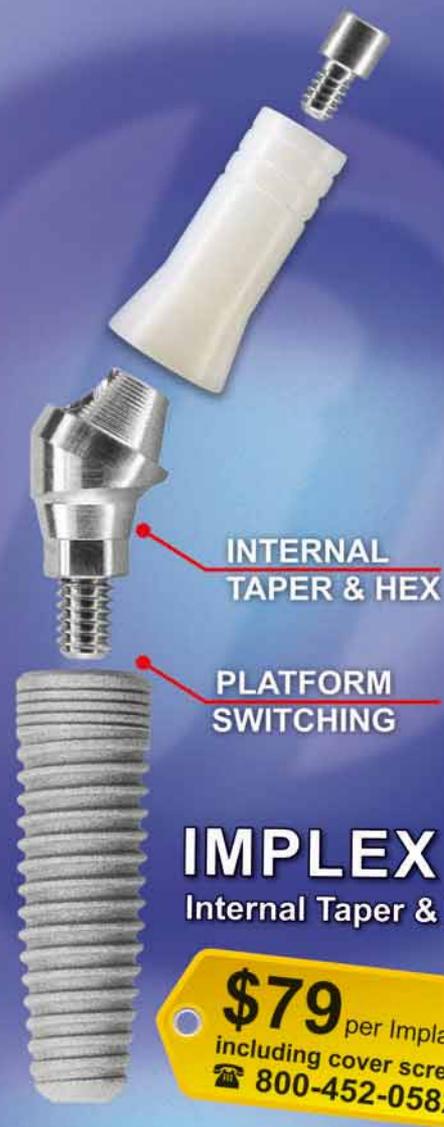
long-term results. If retrievability is what you need, ATLANTIS™ Crown Abutment is provided as one final component that is placed using only a single step for single-tooth, screw-retained restorations.

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For more information, visit [dentsplyimplants.com](http://dentsplyimplants.com).

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**TALKING WITH PATIENTS ABOUT IMPLANTS**

Many patients may be leery of implants, or simply not aware they're candidates. Here's a few questions they should ask themselves to find out if implants might be a treatment option, and questions you can use to get the conversation started:

- Do you have one or more missing teeth?
- Do you have a bridge that needs to be replaced?
- Do your dentures affect your quality of life by slipping, clicking or keeping you from eating what you want?
- Do you have bite problems or pain because of a missing tooth?
- Do you find yourself hesitant to smile because you are missing teeth?
- Do you have trouble eating or chewing?
- Do you have difficulty speaking properly?
- Do you believe your quality of life will be improved if your teeth looked or functioned better?
- Do you want a treatment option for missing teeth that provides a more permanent, long-term solution?

Source: American Academy of Implant Dentistry

"They love it. They don't want to be bored doing the same thing all the time," Dr. Minichetti said.

However, dentists need to consider what training the team may need and how it will be done. Opportunities are available through professional associations, and dentists may even choose to take it on themselves. In addition to assisting the dentist, there are other areas staff may need to get more training on such as financing and scheduling.

**Technology/armamentarium**

The cost of purchasing basic equipment and systems to deliver implant care is estimated at \$10,000 to \$15,000, Drs. Orrico and Minichetti said. Additional expenses can be significantly greater when adding technology like 2D and 3D imaging, but the diagnostics delivered by 3D imaging can be invaluable when treatment planning and surgically guiding implants.

"That's for a basic set-up," said Dr. Minichetti, who also advised choosing an implant company that provides ample knowledge and support.

"A Panorex is still considered the gold standard, and it's been that way for years," Dr. Orrico added.

Both suggested GPs take advantage of this technology to improve their implants care, but added that some practices may want to consider outsourcing these 3D scans if purchasing a unit isn't in their budget. Mobile imaging centers have evolved and are a nice option for those not yet ready to invest in cone beam 3D imaging.

The good news is that technologies and materials have advanced significantly, and placement has become easier.

"There are a lot of advances in bone grafting materials," Dr. Orrico said. "It's always evolving."

Implants also have become easier to place. "It doesn't require the amount of surgery it used to," Dr. Orrico said. "It's not as technique sensitive. The surgery is less complicated."

Equipment is better, too. "You can get drills that approximate the size of the implant socket," Dr. Orrico said.

**Educating the market**

Both Drs. Orrico and Minichetti agree: Once you start placing implants, you'll have to spend time educating patients about the risks and benefits of the procedure.

"You always want to talk about the benefits and risk factors," Dr. Orrico said. "There are always risks with a surgical procedure."

Recovery time, potential for infection, the number of visits, the advantages of an implant over a bridge or a crown, the cost and how to finance the procedure are all topics you may delve into when discussing implants with patients.

But in recent years the predictability has improved so much that dental implants today often are the best long-

**"The more you know the easier it is to teach. You will educate your patients."**

- Dr. John Minichetti

# A must for implants, but this GP loves his 3D imaging every day

Long Island's Dr. Howard Golan wouldn't practice without the diagnostics his NewTom VGi cone beam imaging system provides.

by Stan Goff



**JAMES HSU**  
**Product Marketing Manager, Imaging, on the NewTom technology:**

"NewTom set the bar with true medical-grade Rotating Anode technology that allows for the smallest focal spot available, which results in precise image clarity without compromising patient safety.

"Also, NewTom's systems feature 'SafeBeam' technology, which provides the lowest dose possible based upon measured bone density. And our image quality is second to none, based on internal data.

"The best part is that all of these industry best features are contained in our newest product, the NewTom VG3. This exciting imaging system\* is a cone beam-ready 2D panoramic/ceph system that can be modular and scalable. Practices can get started with a NewTom 2D imaging system, and add 3D cone beam functionality later."

\*Pending FDA 510(k) clearance.

With a long history of working with dental implants, Dr. Howard Golan knows the importance of using 3D imaging to acquire as much information as possible. And as an attorney, he knows the legal importance for clinicians to take all the necessary steps to provide their patients with the best possible care.

But this Long Island general practitioner also knows that cone beam imaging is not just for those dentists who are working with implants. Now that he's used the CB3D technology offered by the NewTom VGi (distributed exclusively by BIOLASE), he knows that the diagnostics help him every day. He wants GPs – whether they're big into implants or not – to realize just how many benefits come from using cone beam imaging.

"The 3D imaging is not just about implants. It is so robust in terms of endodontics, and caries diagnosis, and perio, and sleep apnea," Dr. Golan said. "I mean we use this every day for all sorts of diagnostics. This is not just for a GP who places implants. This is for a GP who diagnoses and treatment plans for implants. We want

to make it as simple and as easy as possible for patients and we want to keep that confidence level high in the dental profession. So diagnosis, just from a GP's perspective even if they refer all of their implants out, is huge because they'll get to see more things and they'll be able to say, for a fractured root canal retreatment, for example, 'We've got to do this now.'"

Armed with improved information, dentists might just turn a possible endodontic retreatment into an implant crown, which would benefit both the patient and the clinician's return on investment.

## Patients, practice see value

"As I dive more and more into this technology and I see how it affects me every day in my diagnoses, I realize we can't see a lot of things on 2D and we have to be able to see them on 3D," Dr. Golan said. "It's huge for the future and the present for what we can do as clinicians to change the way patients look at us and what we can do for them."

As a licensed attorney in California, Dr. Golan, from a medical *and* legal perspec-



**First one into the game** NewTom introduced cone beam to the dental industry and leads the way with products like the VGi.

tive, has a "very large understanding of the necessity for complete diagnostics."

When lecturing, he says doctors need to realize that patients are not two dimensional; rather, they're three dimensional and sometimes four dimensional. Using his NewTom VGi system is the only way to do tackle many cases properly.

"Right now, it's the only way to get a true understanding of position of the bone, height of the bone, width of the bone and also information on the critical structures such as nerves and sinuses," he said.

Dr. Golan suggests dentists do their homework before investing in cone beam technology, but added that he chose NewTom because of its long track record in 3D imaging and because of his long history with BIOLASE and their lasers. On top of that, the system fits well in his practice and delivers great results. As for the images themselves, Dr. Golan said the image quality is "brilliant." ●

## A specialist's take



**"3D cone beam technology is a must for any dentist that places implants – but it can open many new frontiers in a dental practice, such as treating sleep disorders, painful TMJ conditions, and other painful head and neck disorders."**

– Dr. Michael Gelb, founder and CEO of The Gelb Center, is an innovator in sleep apnea and painful TMJ disorders and a long-time user of 3D cone beam technology. His work and vision has led to a clinical and educational focus on Airway Centric™ dentistry.

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**Howard S. Golan, DDS**  
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# This practice uses Gendex GXDP-700 for many areas of care

Dr. Norberto Velazquez and his wife Dr. Laura Davila specialize in different types of care, but both agree they could not practice at their current level without their GXDP-700™ Series.

Compiled by Stan Goff

**D**rs. Laura Davila and Norberto Velazquez, P.A., purchased their dental practice from retiring Dr. D. Harper Taylor in March 2007. The practice has been in the same Greenville, N.C. location since the late 1970s and offers a wide variety of services to patients of all ages.

They expanded the office in the fall of 2010 and now have four new operatories. That same year, the practice added the Gendex GXDP-700™ Series cone beam imaging system that allows the staff to perform a CBCT scan of the oral cavity.

Here, Dr. Velazquez answers questions about how and why he loves to use the Gendex system.

**DPR:** When did you first decide to add this technology, and how did you choose the GXDP-700?

**NV:** I did plenty of research when I decided to move forward with a

CBCT scanning unit. By the time I took my comprehensive, second year-long implant course, I decided, “This is where the technology is going; this is where the standard of care is moving.” It was during this last course that I became aware of this new technology from Gendex that offered a more controlled and smaller field of view, which is awesome. You can leave out all those areas that you do not need for a scan. I was very happy to evaluate the Gendex system and then decided to move on with the purchase (of the GXDP-700). This is one investment I will never regret. It’s as basic for my practice as my explorer and mirror. I don’t even really calculate a return on investment on this machine because it’s also a panoramic and cephalometric machine—we use it daily.

**DPR:** What do you like most about this imaging system?

**NV:** The most important thing

is the value I get out of the three-dimensional images. The reconstruction software actually allows me to do so much more pre-operatively for my implants. I don’t have the guesswork as with 2D imaging. Before 3D, the implant surgeon or the implant dentist had to have an arsenal of implants on hand, because you really didn’t know exactly what you were going to use until you actually began the surgery. With this machine, you basically can see exactly what’s beneath the gum, and you can take accurate measurements. You know precisely where your anatomical landmarks are, where the nerve is located, where the blood vessels are located—it’s full planning before you even begin surgery.

**DPR:** So the GXDP-700 really helps with implant cases?

**NV:** With the planning software included with this machine, you can pretty much simulate the complete implant placement. You know what kind and size of implant you’re going to use for that particular case before the patient’s even in the chair. Also, before 3D, in surgery you might uncover the ridge and realize that it was not the size that you were estimating. All of a sudden, the plan has to change—now, with the flap open you have to tell the patient you cannot do the implant today, that you actually have to go through an extra procedure to regrow or regenerate bone so you end up with a positive bone architecture to place the implant. That’s a disappointment for the patient and for the doctor.



## Taking advantage of top technologies

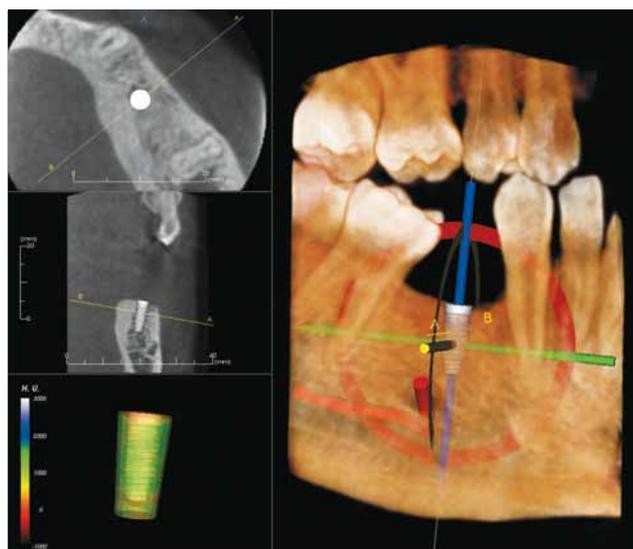
Drs. Norberto Velazquez and Laura Davila use CBCT technology to offer better implant care along with improved perio, ortho, endo, and general dentistry care.

**DPR:** How have your patients reacted to this technology?

**NV:** Patients are just astonished when you present this technology, and they can see themselves in 3D. You reach them better—you can better explain treatments so they have a more accurate understanding of what is going to happen. For me it’s easier to tell them, “You do not have enough bone; you have to go through additional procedures before you can even think about implants. You see on the screen we have this many millimeters of bone? We need this much.” Again, the patients feel totally confident of my skills, my knowledge, and my good use of technology for the treatments that I propose to them.

**DPR:** Was the purchase a tough decision?

**NV:** Deciding on getting into this technology was not an impediment or an obstacle that I had to overcome. The biggest obstacle is the initial investment, but once you obtain the technology and you use it, you forget about the cost of the machine. I’ve taken two year-long courses as well as additional continuing education every year. So I’ve invested in my education—why not in the technology? Implant dentistry is definitely the future of single as well as multiple tooth restoration. A well-done implant will last...but to achieve a predictable outcome with an implant, you need the right diagnostic tools. CBCT is one of these tools. To be honest with you, I couldn’t practice at the level that I do now without my Gendex GXDP-700. ●



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# Using the best tools to deliver the best care

An interview with Dr. Brent Harris about the integration of E4D CAD/CAM with dental implants.

Compiled by Anna Sacks



Dr. Brent Harris is a graduate of Nova Southeastern College of Dental Medicine who served as a Dental Officer with the U.S. Navy Dental

Corps. Since 2005, Dr. Harris has practiced at S.A.H. Dentistry in Saint Lucie West, Fla. Dr. Harris also facilitates study clubs for dentists using the E4D Dentist system, a complete powder-free chairside system for digital impressioning, designing and fabricating metal-free inlays, onlays, crowns and veneers in the office or through a laboratory.

Here he shares his insight on using the technology and how his practice delivers implant dentistry to its patients.

**Q:** In the beginning, what drew you to incorporate more implant dentistry into your general practice?

**BH:** I've always been eager to use implants in my practice because in many ways they represent the most predictable form of restorative treatment, and also can be considered one of the best investments a patient can make.

**Q:** How did you manage the relationship with implant specialists you'd worked with previously?

**BH:** I continue to enjoy working with select specialists who choose to comprehensively treatment plan cases and perform implant services in a manner that I am comfortable with. It's important to me that the patient see consistency between my office and the specialist, and that the communication between our offices is timely and thorough.

**Q:** How did you decide on the implant system you currently use in your practice?

**BH:** I chose the implant system I work with based on documented success of the system and customer service from representatives and company, and diversity/ease of use of the components.

**Q:** What kind of tips can you offer fellow general practitioners interested in integrating implants?

**BH:** It is important to invest in not only a system with a good track record and customer support, but also the necessary training to ensure you are using the system properly and performing optimally for your patients. By integrating CAD/CAM dentistry with implants, I've achieved a new skill set and a fresh perspective. It has redefined my ambitions and helped me identify the potential for new treatment options and it has increasing my confidence and renewed my energy to tackle challenging projects. ●

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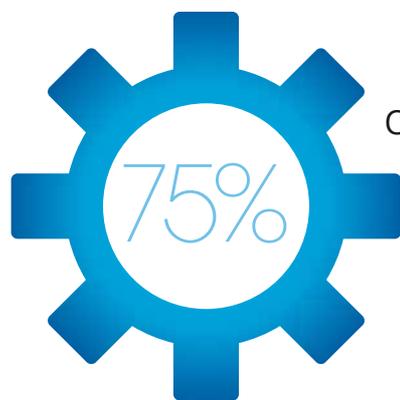
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of implant cases handled by dental labs are single-unit cases.

Source: August 2012 ADM Implants Research Study

term solution for patients. On top of that, dental insurance companies are starting to come around to the fact that a dental implant also can be the best economical choice in many cases, considering how long the restoration lasts and the fact that the tooth or teeth will no longer be susceptible to other costly dental procedures such as a root canal.

“The more you know the easier it is to teach,” Dr. Minichetti said. “You will educate your patients.”

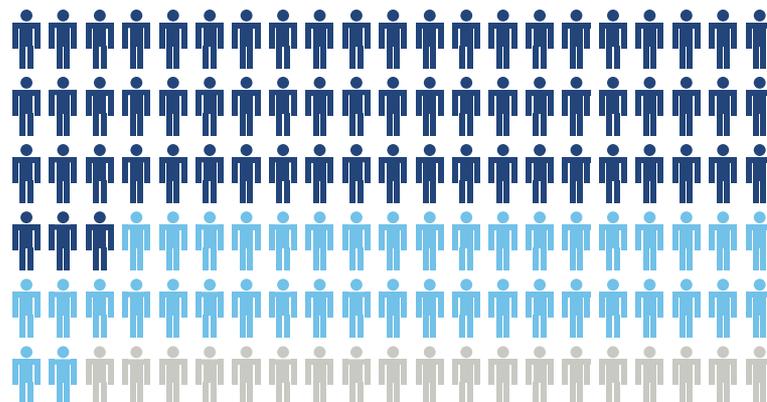
Patients also may come in with preconceived notions that you’ll need to address. For instance, some centers offer same-day implants, and patients may come to their GP expecting the same time frame. Dr. Orrico said part of his education process is to advise patients it will usually take three-to-four visits from placement to restoration.

“I like to ensure the success of the implant before I go in and restore it,” Dr. Orrico said.

He said patients also want to be assured about various practical aspects of receiving an implant, such as knowing how the gap in their mouth will be filled as they wait for the permanent placement.

## How Involved Are You?

Dentists are increasingly viewing dental implants as a treatment option both they and their patients can get excited about...



Dentists who place implants

Dentists who do not place implants, but want to

Dentists who handle 20 or more implant cases per month

Source: 08.2012 ADM Implants Research Study

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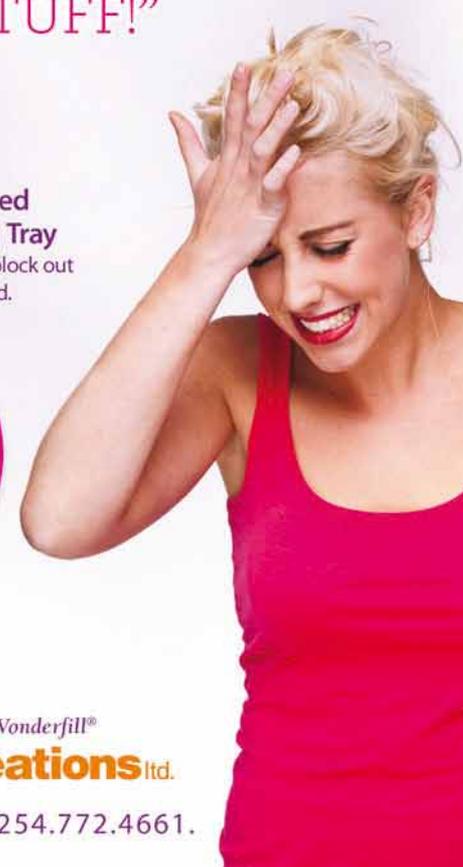
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Attachments (Sterngold ERA and ZEST Locator) and silicone (Tokuyama Sofreliner Tough and Dentatus Tuf-Link II) provide a connection between dental implants and the denture. Dentatus recommends the silicone reliner technique

for its Atlas implants. Overdenture attachment characteristics include easy placement and patient use, wear resistance, quick repair, and reasonable cost with immediate retention. I have chosen silicone reliner because it has resilience, allows

slight movement, different retention grades, progressive loading of implants and can be changed without processing. At the end of surgery, immediate improvement in retention is accomplished using silicone reliner.

Recesses (at least 2 mm in depth) with undercuts are made over the implants on the tissue surface of the denture. The existing denture is relieved (1-2 mm) and undercut over the implants and edentulous ridge to allow space for silicone relining. The tissue surface of the denture is sandblasted and cleaned.

Relining adhesive (Tokuyama Sofreliner Tough® Primer) is placed on the tissue surface of the denture and dried. Silicone denture relining material (Tokuyama Sofreliner Tough®) is placed on the tissue surface of

the denture using a self mixing cartridge, gun and mixing tip. The denture is passively seated in the mouth. The patient bites lightly into centric occlusion, swallows, and is gently border molded. The denture remains seated in the mouth in centric occlusion for 5 minutes and is then removed. Excess silicone is trimmed with a sharp lab scalpel. The white hard Tokuyama shaping point is used at about 15,000 RPM for gross shaping and border removal. The brown soft Tokuyama finishing point is used to smooth and buff to create a transition from silicone to hard acrylic.

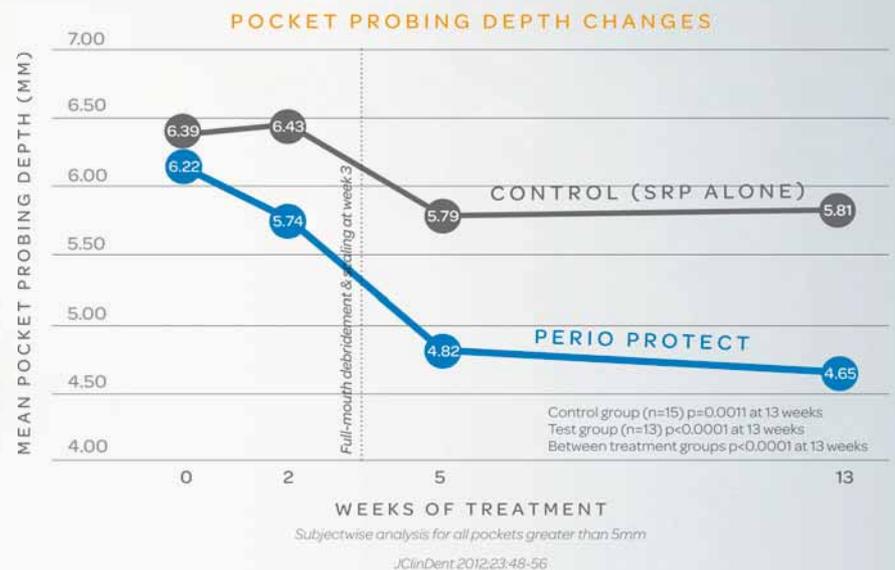
*This tip provided by Dr. Gary Johnson*



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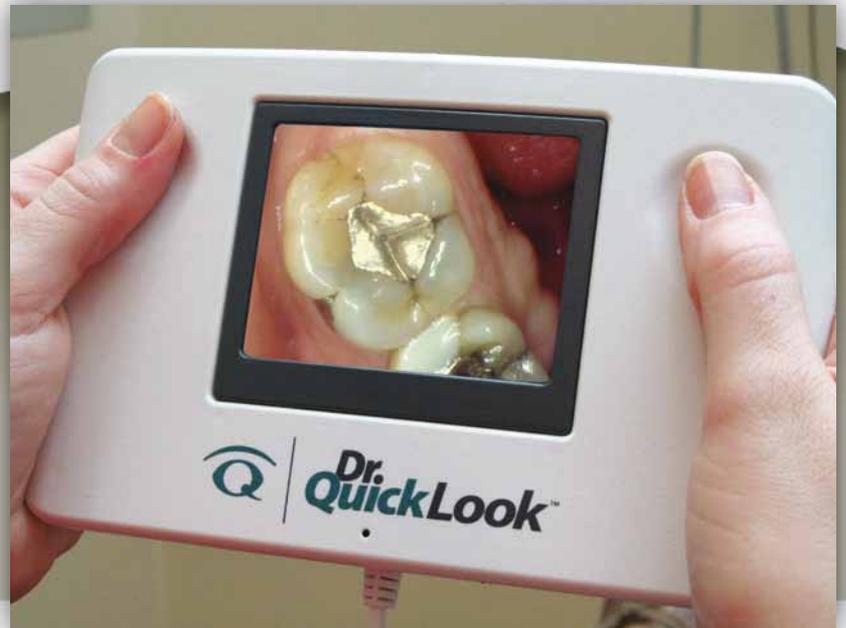
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Dr. Robert Fields, Van Nuys, CA

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## HOW TO KNOW IF YOU'RE READY FOR IMPLANTS

Still not sure if implants are right for your practice? Here are some key questions to consider:

1. Has your interest in dentistry diminished?
2. Are you looking to learn and take on new challenges, including surgery and anesthesia administration?
3. Do you have patients who have one or more missing teeth? Do they have difficulty chewing or speaking? Are they hesitant to smile?
4. Do you have patients who are asking you about implants?
5. Do you want to offer a long-term, predictable solution for missing teeth to your patients?
6. Do you want to take responsibility for patients' entire treatment plan, surgery, restoration and outcome?
7. Are you willing to invest in comprehensive, unbiased implant education?
8. Do you have the capital to support an investment in new equipment, inventory and staff training?
9. Do you have someone who could be a mentor to you as you develop your skills?
10. Do you want to provide a wonderful and useful service to your patients?

If your answers are mostly yes, it may be time to make the move to implants.

Source: American Academy of Implant Dentistry



PHOTO: ISTOCKPHOTO/THINKSTOCK

### Treatment planning

The first step in any successful implant is the treatment plan, the dentists agreed.

"It's the most important part of the process," Dr. Orrico said. "It's where you start."

Both said they invest ample time in devising a plan that has the best chance for creating a long-lasting and attractive smile for their patients.

Knowing where you are headed is as important for the dentist as it is for the patient, they agreed.

"I compare it to an artist," Dr. Orrico said. "Before he puts a brush to the canvas he wants to know what the painting is going to look like."

The demand for dental implants is out there, and the technology is now to the point where you can be confident in treatment planning and delivering great care to your patients.

Stay on top of the education, the implant systems available and the latest technology, and you'll find yourself moving ahead in this growing field of dentistry. ●

Annemarie Mannon is a Chicago-area writer specializing in health and wellness.

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◆	3	Columbus, OH
◆	3	Greensboro, NC
◆	4	Greensboro, NC
◆	10	Knoxville, TN
◆	10	Morgantown, WV
◆	10	Portland, OR
◆	10	San Diego, CA
◆	10	West Palm Beach, FL
◆	11	San Diego, CA
●	18	Buffalo, NY
◆	18	Las Vegas, NV
◆	18	San Antonio, TX
◆	31	Charleston, SC

#### June 2013

Code	Date	Location
◆	7	Rochester, NY
◆	7	Seattle, WA
◆	8	Seattle, WA
◆	14	Columbia, SC
◆	14	Grand Rapids, MI
◆	21	Austin, TX
◆	21	Minneapolis, MN
●	21	Mitchellville, MD
◆	22	Minneapolis, MN
◆	22	Redmond, OR

#### July 2013

Code	Date	Location
◆	12	Washington DC
●	13	Buffalo, NY
◆	13	Kansas City, MO
◆	13	Washington DC

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- ◆ = Advanced Training Program
- = Mini Dental Residencies



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# The right products for the best patient care

Investing in new products is not a decision you should take lightly. Find out why the 3M True Definition Scanner and the Trifecta Method from 3M ESPE made the cut in one practice, and how they might improve patient care in yours.

by Renee Knight



## DR. JEFFREY CECIL

is a 1983 graduate of West Virginia University, where he also completed his hospital dentistry residency. He began practicing in Durham, N.C. and built his current practice in 1993. He is a general dentist that treats pediatric to geriatric patients.

**A**t Dr. Jeffrey Cecil's practice, education and patient comfort always come first.

Dr. Cecil and his staff pride themselves on educating their patients on everything dentistry has to offer, and helping them make the right decision when it comes to their dental care. The team members want to provide the best care possible, and to do so at a price their patients can afford.

That's why this Durham, N.C. dentist doesn't take new product implementation lightly. Before he incorporates the latest and greatest advancement into his practice, he wants to know it's going to work the way it should and that it's going to improve the quality



**A focused team** The team members at Dr. Cecil's practice all have the same priority: to educate their patients and provide them with the best care possible. They strive to create a family-like atmosphere in which their patients feel at ease from the time they first walk in until they leave.

of care he provides. He loves gadgets but he's not an early adopter—he wants to make sure a product or new technology is worth the investment before introducing it to his practice and his patients. That's why it took Dr. Cecil so long to incorporate digital impression taking into his practice. He had to give the technology time to

develop into something that best met his patients' needs, and the early digital impression taking systems just didn't meet that criteria. That all changed when he heard about the 3M True Definition Scanner.

"Many dentists get seduced into buying things they think are great, and they end up on the shelf somewhere," Dr. Cecil said. "This is the first time in a long time I've purchased something like this that I would never give back."

## Moving to digital

Dr. Cecil has practiced in the same town for 30 years, 20 years in his current practice, and is fortunate to have loyal patients who trust him and his team when they make treatment recommendations. He built his current practice from the ground up, and made sure he implemented the best design flow to create a space his patients could feel comfortable in. He

fills that space with products and technologies he believes in, and he couldn't be happier with his decision to incorporate the 3M True Definition Scanner into his product mix.

The early scanning systems were complete systems with a milling machine that only had the capability to make one type of crown. He serves an array of patients in his practice, and he needs to be able to use different kinds of crowns for the different situations that come up. If a patient comes in with 3 or 4 PFM crowns in a row, he's not going to put an all-ceramic crown next to them. When the actual scanning devices came out, giving dentists the ability to do any crown they want, that got Dr. Cecil's attention. He started researching the different options, and decided the 3M True Definition Scanner made the most sense for his practice.



## A big decision

Product implementation isn't something Dr. Cecil and his team take lightly. After years of waiting for the right system, they began using the 3M True Definition Scanner in January and couldn't be happier with what it's done for their patients and the practice. The Trifecta Method also has taken patient care up a notch in Dr. Cecil's practice.



Photos: Robert Ayers

“What sold me is the fact that it’s a continuous video system as opposed to a laser taking pictures,” he said. “And it’s easy to use. I went to the Henry Schein office in Raleigh and tried the demo unit. It was just perfect for me in my hands. I ended up getting one and it’s been great since. But the thing that intrigued me is this open source software can be downloaded to in-office milling if I decide that’s the way I want to go. It’s upgradable.”

### Patient reaction

When Dr. Cecil and his team explain the new technology to patients they’re quite impressed—and relieved they don’t have to deal with what they know as “goop” to get that impression taken. They don’t have to worry about the awful taste, the gagging and the discomfort that comes with traditional impression taking, and if the impression doesn’t come out perfectly the first time, Dr. Cecil doesn’t have to start the process over; he simply rescans the area he missed.

“Patients are just amazed. It’s hard for them to look up at me and see my eyes wide open in amazement and not be amazed too. I’m like a little kid at Christmas with this new toy. I’m a dentist, and my goodness gracious the technology behind this has gotten to be incredible. They’re just as amazed as I am,” Dr. Cecil said. “It’s great to be alive in this new century. Dentistry truly has come a long way since I graduated in 1983. It’s a great time to be a dentist.”

### The Trifecta advantage

While the 3M True Definition Scanner is a recent addition to Dr. Cecil’s practice, he’s used other products and 3M ESPE materials for years to ensure his patients receive the best care possible. The Trifecta method—3M™ ESPE™ Lava™ Ultimate Restorative, 3M™ ESPE™ Scotchbond™ Universal

Adhesive and 3M™ ESPE™ RelyX™ Ultimate Adhesive Resin Cement—is among those products. This crown and bonding method (available for in-lab or in-office milling) fits into Dr. Cecil’s philosophy of doing excellent work, he said, and is easy to use. The Trifecta products work together to create beautiful crowns his patients love, and in less time.

“Everything is manufactured to work together and it does. A lot of things are manufactured to work together and you look at it and say that’s crazy,” Dr. Cecil said. “I’ve cemented every crown with RelyX Ultimate cement and Scotchbond Universal adhesive, and when all three are put together it’s a thing of beauty. You can’t even tell there’s a crown there. You look at a lot of teeth with crowns and say ‘wow, that’s pretty obvious.’ When you look at someone with a Lava Ultimate restorative crown cemented with the Trifecta Method, not only can patients not tell it’s a crown, a lot of dentists can’t tell. It blends well. You don’t see margins. It seals well. It’s a great system.”

### It all comes back to what’s best for the patient

Dr. Cecil and his team make every product purchase with the patient in mind. They educate their patients about the products they incorporate into their office and have built a trusting and comfortable environment that’s invaluable to everyone involved.

“The practice is all about taking care of patients, and my staff members, their number one goal is to make sure the patient is comfortable. If you ask them what their primary job description is, they would tell you that it’s to educate the patient first and then to make sure the patient is comfortable,” Dr. Cecil said. “They follow up after procedures like an extraction, they check how they’re doing

## FEATURED PRODUCTS



### Trifecta Method by 3M ESPE

Three innovative products, Lava Ultimate restorative, Scotchbond Universal adhesive and RelyX Ultimate cement, make up a dental crown and bonding method designed to work together for a strong, fast, simple dental restoration.

The Trifecta Method includes products designed to work together.

Scotchbond™ Universal Adhesive and RelyX™ Ultimate Adhesive Resin Cement are the ideal combination for bonding your Lava™ Ultimate restoration. The method offers proven simplicity and performance and takes fewer steps, leading to a faster process. The Trifecta method is made of products that are well-researched and tested, with a long record of excellent clinical performance and is part of the well-known and respected 3M ESPE family of brands.



### 3M True Definition Scanner

The 3M™ True Definition Scanner provides predictable clinical outcomes with powerful tools unique to digital dentistry that create a better patient experience and improved productivity.

The scanner is more accurate and more consistently accurate than leading scanners on the market. Designed without fragile moving parts, the 3M True Definition Scanner wand never needs calibrating and is light and balanced like a handpiece. The scanner features powerful and accurate “3D-in-motion” video technology and is supported by an open and secure cloud-based platform, providing doctors and dental labs more ways to

store, share and connect files. Trusted channel partners Jensen Dental, Benco Dental and Henry Schein sell, install and support the digital impression system that is revolutionizing the industry at the low suggested retail price of \$11,995.

that evening, make sure everything’s OK. They follow up after a crown’s been placed and make sure everything is OK.”

The patients, the new technology, his team—all of this makes Dr. Cecil’s job a joy, something he truly loves. And the fact that he can provide patients with high-quality care using products like the Trifecta Method and 3M True Definition Scanner make his job all the more enjoyable, and motivates him to keep learning and doing what he loves. It truly is a great time

to be a dentist, and it will just keep getting better as technology continues to improve.

“I’ve been practicing 30 years and in 30 years I have yet to miss a day of work. Not one. Part of that is the fact I just love doing what I do,” Dr. Cecil said. “I

love working on patients, seeing patients, interacting with them, doing good dentistry. I want to get here a little earlier every morning now so I can scan some more impressions. It makes it fun. I love getting paid for my hobby.”●



Don’t just read about it—watch! Go to [dentalproductsreport.com/3MESPE-Trifecta](http://dentalproductsreport.com/3MESPE-Trifecta).

HOWTO

# PREDICTABLY PLACE ANTERIOR RESTORATIONS

Discover how Ivoclar Vivadent's OptraSculpt Pad modeling instrument makes composite placement less time-consuming and more efficient.

by DR. HOWARD S. GLAZER  
Information provided by Ivoclar Vivadent Inc.

Customarily, a condenser or plugger is used to place, condense or pack composite filling materials into cavity preparations. However, by using these conventional instruments, dentists may be presented with several challenges.<sup>1</sup> For example, the process of using traditional condensers or pluggers can be inefficient and time-consuming because the viscosity of the instrument and composite will likely cause pullback during condensing of composite material, potentially resulting in flaws on the surface of the restoration or air bubbles within. As a result, the integrity of the layered restoration may be compromised, requiring additional contouring.

Additionally, esthetic issues such as residual indentations or footprints may also occur in anterior restorations or cervical areas, rendering the surface area uneven. These esthetic problems must then be corrected by time-consuming supplementary finishing and polishing<sup>2</sup>.

Ivoclar Vivadent's OptraSculpt Pad offers a solution to these problems. This contouring instrument features advanced foam attachments intended for the efficient, non-stick forming and shaping of composite resin restorations. It also facilitates more highly condensed layers to create smooth, even surfaces and highly esthetic results<sup>3</sup>.

## OptraSculpt Pad

The OptraSculpt Pad is used for the adaptation, modeling and surface shaping of non-polymerized packable composites specifically indicated for Class III, IV and V restorations. It is also ideal for direct veneers, especially when using highly esthetic, sticky composites. The OptraSculpt Pad features three unique components—a small spatula, inadhesive pad foam attachments, and reference scales—that set it apart from other modeling instruments (Fig. 1).



### AT A GLANCE

1. The OptraSculpt Pad featuring a reference scale, inadhesive pad and small spatula.
2. The horizontal lines and vertical millimeters of the reference scale were used to measure and compare the incisal edge lengths of relative tooth widths.
3. The continuous dotted lines depict the patient's average tooth width and the dotted vertical lines show typical esthetic tooth angles.
4. Pre-operative view showing Class V anterior lesions and decay on tooth Nos. 6 and 7 near the gingival margin.
5. Etching was performed on tooth Nos. 6 and 7.
6. A bonding agent was applied to the cervical area of each tooth.



### OPTRASULPT PAD

- Designed for the adaptation modeling and surface shaping of non-polymerized packable composites
- Specifically indicated for Class III, IV and V restorations
- Well-suited for direct veneers, especially when using highly esthetic, sticky composites

### SCAN:



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7. Tetric EvoFlow was placed to line the cervical areas.



8. Tetric EvoCeram Composite was placed on tooth Nos. 6 and 7.



9. The OptraSculpt Pad was used to shape the composite to proper anatomical form.



10. Restoration surfaces were immediately even after composite modeling.



11. The convex surface was polished with an OptraPol NG high-gloss polishing cup.



12. Post-operative view depicting the patient's highly esthetic and finished restorations.

The small spatula works in conjunction with the inadheseive pads to place, shape and contour composite material. The disposable pads, which are available in 4 and 6 mm diameters, are comprised of polyethylene foam and EVA for easy composite adaptation and effectively prevents adhesion of the composite material to the instrument. The highly flexible synthetic foam within the compressible pads physically adjusts to the anatomical form of the tooth preparation for optimal surface contact, enabling the restoration to be smoothly contoured.

Another advantageous feature of the OptraSculpt Pad is the horizontal line and vertical millimeter reference scale, which is located on the instrument handle. The reference scale establishes and compares appropriate symmetries, relative tooth width proportions, incisal edge lengths, and angular alignments of restorations. This helps dentists to effectively ensure esthetic results (Figs. 2 and 3).

### Clinical technique

The patient presented with Class V lesions on tooth Nos. 6 and 7 (Fig. 4).

**STEP 01** Each tooth was prepared by removing the decay on the cervical area of the dentin near the gingival margin. Etchant was applied to the enamel of the teeth and agitated for 15 seconds, after which the etchant was applied to the dentin and left to penetrate for 10 seconds (Fig. 5).

**STEP 02** The etchant was rinsed off completely and dried leaving the tooth surface slightly wet. Afterward, ExciTE F adhesive bonding agent was applied (Fig. 6) and light cured for 10 seconds.

**STEP 03** An opaque shade of Tetric EvoFlow composite was applied as a liner on the cervical area of each tooth to mask discoloration (Fig. 7). Then, the liner on each tooth was light cured.

**STEP 04** Tetric EvoCeram composite was placed on the cervical area of both teeth (Fig. 8).

**STEP 05** The OptraSculpt Pad was placed onto the modeling instrument and used to shape, contour and form the composite onto both preparations (Fig. 9). Immediately after modeling, the composite restoration sur-

faces appeared even (Fig. 10). The composite was then cured for 10 seconds using the Bluephase Style.

**STEP 06** Finally, OptraPol NG high-gloss polishers were used to polish the restorations at medium contact pressure (approximately 2N) in one step (Fig. 11). These OptraPol polishers are composed of silicone and filled with micro-fine diamond crystallites (up to 72% wt), producing first-rate polishing that provides a natural-looking luster. The polishers quickly and successfully removed all surface roughness, leaving the restoration surface smooth while also rendering the complete restorations less susceptible to staining and plaque accumulation.<sup>4</sup>

### Conclusion

Dentists will enjoy using the OptraSculpt Pad modeling instrument because of its distinctive components—inadheseive pads, a small spatula, the reference scale, and foam pads that are atraumatic to soft tissue, which is key while working in the Class V cervical margin—that eliminate time-consuming steps for a quicker and more efficient composite placement procedure. When placing composite for highly esthetic and anatomically correct anterior restorations (Fig. 12), OptraSculpt Pad enables non-stick shaping and contouring of composite material and also prevents pull-back, thereby facilitating the creation of smooth, compact and even restoration surfaces.

The OptraSculpt Pad is a component of the proficient and ergonomic Optra line of clinical dental accessories designed to simplify routine procedures by expanding patient comfort, maximizing operatory use and increasing cost effectiveness. ●

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HOWTO

# SIMPLIFY COMPOSITE DECISIONS

DENTSPLY Caulk's TPH Spectra offers simplified shading and two viscosity choices.

by JASON H. GOODCHILD, DMD  
Information provided by DENTSPLY Caulk.

The first resin-based light cured dental composites were introduced in the 1970s. Since that time significant advancements have been realized in resin and filler technology, and today more than 70 different brands of composite exist on the market. Practitioners are faced with ever-increasing composite choices that are designed to give better results during placement and over the lifespan of the restoration. Today's clinicians may be easily confused about the subtle differences between the many available composite materials and some find it more difficult to make the correct decision about which material is best for each clinical situation.<sup>1</sup>

Choosing which composite material to purchase can be a difficult decision. Ideally, practitioners should rely on published reports and a careful review of a product's physical properties when selecting a material, however, this level of review is generally not realistic for everyday providers. Dentists' purchasing decisions may be based on cost, brand preference, and the "works best in my hands" argument, rather than a strict review of each product's fracture toughness, volumetric shrinkage, or other properties. Clinicians become more confident in their procedures and materials through repetition of use and clinical observations. This is especially true when considering material choices: exacting use of poorly selected materials will not offer better clinical results than use of ideally chosen materials.<sup>2</sup>

To simplify decision-making and to offer a composite that can ensure excellent performance in all clinical situations, DENTSPLY Caulk has introduced TPH

Spectra Universal Composite. This new composite is based on the resin technology of TPH3 and contains nano-hybrid- and micro-filler components. The result is a composite that has the potential to perform well in either the anterior or posterior, and should have tooth-like translucency, improved polishability and color stability, and good wear resistance.<sup>3,4,5</sup> TPH Spectra also comes in two handling choices: a creamy light-viscosity formulation, and a packable high-viscosity formulation. For both viscosities the physical properties are similar. Because handling preference is subjective and highly individualized, practitioners are now able to select the right viscosity for all clinical situations.

To make shade selection simpler, TPH Spectra is available in the seven most popular shades: B1, A1, A2, A3, A3.5, A4, and C2. According to DENTSPLY's internal data, the seven shades of TPH Spectra represent more than 80% of total sales from the previous TPH3 formulation.<sup>6</sup> The TPH Spectra shade guide was condensed for several reasons. First, some practitioners may be overwhelmed with the number of current shades; the Vita



## AT A GLANCE

1. Pre-operative appearance of No. 8 carious lesion (frontal view)
2. Pre-operative appearance of No. 8 carious lesion (lingual view)
3. After caries excavation (frontal view)
4. After caries excavation (lingual view)
5. Etchant placed on enamel surfaces
6. Isolation of tooth No. 8 in preparation for bonding and composite placement
7. Final restoration of tooth No. 8 (frontal view)
8. Final restoration of tooth No. 8 (lingual view)
9. Pre-operative radiograph of tooth No. 4



### TPH SPECTRA™ UNIVERSAL COMPOSITE FEATURES

- Provides 7 VITA based shades that cover the entire VITA shade system.
  - Your handling preference is covered with TPH Spectra LV (Low Viscosity) and TPH Spectra HV (High Viscosity).
  - Chameleon shading ability of the composite blends it in to the surrounding tooth structure making the restoration indistinguishable.



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Classic (Vident) shade guide has 16 shades, and the TPH3 shade guide has 26. Because only seven of the current TPH3 shades are regularly purchased, the color difference (i.e., Delta-E value) between shades was calculated to determine if a top-seven shade could be used in place of another shade not offered.



**STEP 03** Because of the depth and size of the final preparation, a selective etch technique with DENTSPLY Caulk's Prime and Bond Elect was used. This technique was chosen to maximize enamel bonding while minimizing the potential for post-operative sensitivity.<sup>10,11</sup> The enamel was etched with 34% phosphoric acid for 20 seconds and then rinsed (Fig. 5). Prime and Bond Elect was scrubbed into the preparation for 20 seconds followed by a 5-second air drying to remove the solvent. The adhesive was light cured for 20 seconds.

10. Completed preparation prior to restoration

11. Isolation of the preparation with Palodent Plus

12. Placement of Surefil SDR Flow in the preparation

13. SureFil SDR flow after placement and curing

14. Placement of TPH Spectra HV, shade A2

15. After placement and curing of the final layer of TPH Spectra HV, Shade A2

16. The final restoration after finishing and polishing

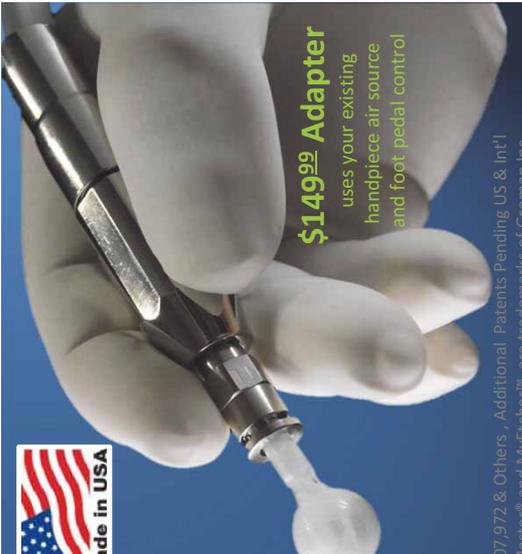
17. Final radiograph showing the completed root canal therapy and final composite restoration

TPH Spectra also offers excellent color blending between restorative materials and natural tooth, often called "the chameleon effect." Again, building and improving from the previous TPH3 composite formulation, TPH Spectra has a refractive index that falls directly between enamel (1.63) and dentin (1.54).<sup>8,9</sup> Because of TPH Spectra's excellent translucent properties and an appropriate refractive index similar to natural tooth structure, it will have an excellent chameleon effect and create undetectable restorations.

**Case 1**

**STEP 01** Intraoral exam reveals a cavitated lesion on the disto-facial surface of tooth No. 8 (Figs. 1-2). The patient was experiencing no pain but was displeased with the esthetics of the tooth. After verifying the medical history and reviewing the radiographs, a direct composite resin restoration of the disto-lingual-facial surfaces was treatment planned.

**STEP 02** Anesthesia was achieved with one carpule of 2% Xylocaine® with 1:100,000 epinephrine via buccal infiltration. Caries excavation was completed using a 330 carbide bur on a high-speed handpiece and a #4 round bur on a low-speed handpiece. The preparation was verified caries-free with Snoop caries detector (Pulpdent Corp.) (Figs. 3-4). A facial bevel was placed with a football shaped diamond bur to increase retention and facilitate shade matching and blending.



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**STEP 04** Isolation was accomplished with a mylar strip and Wizard wedge (Waterpik) (Fig. 6). The patient's shade was judged to be between A3.5 and A4 according to the Vita Classic (Vident) shade guide. TPH Spectra Low-Viscosity shade A3.5 was selected because of its creamy handling and placed in 2 mm increments.

**STEP 05** The final restoration was finished with fluted composite finishing burs and Sof-Lex discs (3M ESPE) to achieve proper shape and contour. After occlusal adjustment, the composite was polished with Caulk's Enhance and PoGo (Figs. 7-8).

**Case 2**

**STEP 01** After the clinical exam, the patient agreed to a treatment plan that included root canal therapy on tooth No. 4 followed by a core-build using direct composite. Because of financial constraints the definitive restoration of tooth No. 4 using full-coverage needed to be postponed (Fig. 9). After local anesthesia with one carpule of 4% Articadent® with 1:100,000 epinephrine (DENTSPLY Pharmaceutical), root canal therapy was completed conventionally and without complication (Fig. 10).

**STEP 02** Because of the large amount of dentin present in the preparation, a selective-etch technique was again chosen. The exposed enamel surfaces were etched with 34% phosphoric acid for 20 seconds and then thoroughly rinsed with water. Isolation of the preparation was achieved using Caulk's Palodent Plus (Fig. 11). Prime and Bond Elect was scrubbed into the preparation for 20 seconds followed by a 5-second air drying to remove the solvent. The bonding agent was light cured for 20 seconds. An initial layer of Surefil SDR Flow was placed into

the preparation, followed by a 20-second light cure (Figs. 12-13).

**STEP 03** TPH Spectra High-Viscosity shade A2 was packed into the preparation and cured in 2 mm increments (Figs. 14-15). The final restoration was finished with fluted composite burs and polished with Caulk's Enhance and PoGo (Figs. 16-17).

**Closing thought**

With the introduction of TPH Spectra by DENTSPLY Caulk, dentists now have one material that can be used for all situations. As a result, no longer do practitioners need to struggle with decisions of shading or selecting the material with the most appropriate physical properties. TPH Spectra's characteristics and excellent chameleon effect will provide the dentist and patient with predictable results not only during placement at chairside but for years to come. ●

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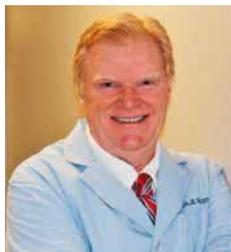
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# A foundation for success

Working with companies you trust is key to a successful dental practice. Dr. Peter Haupers shares how his relationship with Hu-Friedy helped shape his career more than 30 years ago, and how it's still an important part of his practice today.

by Renee Knight



## DR. PETER HAUPERS

graduated from dental school in 1976 and graduated with a Masters in Oral Biology and the Perio Certificate in 1980, both from the Loyola School of Dentistry. He has a periodontal practice, PerioClean, in Chicago. The practice has about 1,000 recall patients and 10 team members.

As a young man, Peter Haupers Jr. wasn't sure what he wanted to do with his life or what career choice was right for him.

At the time, his father worked as a foreman for Hu-Friedy, and that connection gave Dr. Haupers the opportunity to help with maintenance and light factory work. About the time he finished high school, company owner Richard Saslow saw something in Dr. Haupers, a young man who didn't have a lot of confidence or direction yet but was looking for part-time work. He could see Dr. Haupers was a sharp young man who excelled at working with his hands. He suggested he look into a career in dentistry, and Dr. Haupers took that life-changing advice.

"I knew I wanted to work with people," Dr. Haupers said. "The only experience I had was odd jobs working in



**The PerioCare Team** Dr. Peter Haupers (center) values his team members, who strive to treat their patients as minimally invasively as possible. Their health is important to him, and the fact that they can avoid nicks by using the IMS system is partly why he decided to make the investment.

factories, where all I did was talk to metal. Dentistry fit all the things I wanted in life."

That was 33 years ago, and Dr. Haupers now has a successful periodontal practice, PerioCare, in Chicago. He has about 1,000 patients in recall, patients who he treats for periodontal conditions with the most conservative methods possible. These days, he plans, places and maintains more implants in his practice than anything else, and that gives him the opportunity to work

more closely with general dentists, something he really enjoys.

As his practice has changed and grown over the years, his strong working relationship with Hu-Friedy has remained a constant. He continued to do odd jobs—from maintenance work to instrument sharpening—throughout dental school to help pay for his education, and now more than 30 years later he still looks to Hu-Friedy for innovation.

## Finding the right products

As an experienced periodontist, Dr. Haupers knows what he's looking for in a new product, and he also knows how important it is to have his team on board. Before he implements a new product or technology into his practice, it has to have the research behind it to support manufacturer claims. He needs to know if it will make his practice money or cost his practice money, and if it will improve the patient experience.

Not every product investment pays off right away, but that doesn't deter Dr. Haupers if

he's looking at a quality product that will bring improvements to his patients and his staff. That's why investing in Hu-Friedy's Instrument Management System was a no-brainer. Not only is it a solution to keep instruments stored and organized, but it handles sterilization and cleaning as well.

"You could certainly sterilize in bags and get along fine, but the investment in the IMS System over time will pay for itself," Dr. Haupers said. "You're not buying bags and the process improves the safety of your staff because they're not getting nicked. It improves the patient experience because it's cleaner when using cassettes. Even though it's not an instant revenue generator, it improves the quality of care. When patients ask 'how do you care for the instruments you're using on me,' it's nice to walk them over to the sterilization area and say here's what we do. We're proud of that. There's a value there that's not just revenue."

Dr. Haupers promotes the fact that they use this level of

Photos: James Svehla



## Products that work

Dr. Peter Haupers has used Hu-Friedy products at his practice for more than 30 years, and couldn't be happier with the level of service and innovation the company provides.



**IMS**

Dr. Peter Haupers uses Hu-Friedy IMS to protect patients and staff.

sterilization on the practice website and in brochures. It gives patients peace of mind to know how the instruments their dentist uses are sterilized. Dr. Haupers also uses the IMS System as a selling point when he's looking to add a new team member. His staff members don't have to scrub the instruments after every use, and that means they're less likely to have to deal with the pain and paper work aggravation that come with getting nicked while cleaning instruments.

**Instruments that last**

Not only does Dr. Haupers use a Hu-Friedy product to sterilize his instruments, but many of those same surgical instruments come from Hu-Friedy. In fact, Dr. Haupers still has a few instruments he used during his residency in 1976.

"If you care for them properly they'll last forever," Dr. Haupers said. "When you think about what an instrument actually costs, if it lasts you years and years and years and you don't have to buy another, that makes the instrument more valuable."

Dr. Haupers loves his tried and true instruments, but he's also pretty excited about a new Hu-Friedy product—the Luxating Hybrids. This tool enables doctors to loosen a tooth and almost completely extract it without needing to use forceps, which makes it easier to remove the tooth without damaging bone. And that, of course, is key when working on an implant case.

"As soon as I saw them I said 'wow, I have to have these, they're so nice,'" Dr. Haupers said. "You couldn't take it away from me now."

Dr. Haupers also uses Hu-Friedy's dentist-developed gingival grafting instruments that are specific for intricate procedures, as well as Perma Sharp Sutures.

"They're the perfect people to make sutures because they understand metal," Dr. Haupers said. "We're suturing very delicate tissue and often ask this tissue to follow curved contours. Careful placement of the sutures can be difficult and the suture needle and material do make the difference. The suture needles are so sharp they slide right through the tissue instead of dragging through, which could tear tissue. They cut right through like butter."

**Always looking ahead**

Hu-Friedy products always have been a part of Dr. Haupers' practice. He describes the company as innovative, and a partner he can trust.

"I have Hu-Friedy sutures and instruments all over my office. The IMS system is a blessing, and the fact they constantly innovate and improve. They could easily stand still but they don't," Dr. Haupers said. "They figure out ways to help us that we weren't even thinking of. They anticipate what we need ahead of us. Like the Luxating Hybrids. Clever idea. And then when you see it you always say, 'why didn't I think of that?'" ●

**FEATURED PRODUCTS****Instrument Management System** [hu-friedy.com](http://hu-friedy.com)

Chairside efficiency is the key to a productive practice. Maximizing this efficiency is possible when the exact procedural setups needed for each patient are always at your fingertips. Hu-Friedy's Instrument Management System (IMS®) standardizes and combines the cleaning, sterilization, storage and organization of instruments in one integrated cassette system, creating real results that can save your office up to 5-10 minutes per procedure.

**Perma Sharp Sutures** [hu-friedy.com](http://hu-friedy.com)

Perma Sharp® Sutures are made with 300 Series Stainless Steel, the ideal alloy for dental suture needles. This strong alloy composition provides exceptional ductile strength, reducing the risk of breakage and ensuring a sharp needle that is dependable pass after pass. These sutures require up to 20% less force to penetrate tissue, and feature a laser-drilled design to reduce tissue disruption.

**Luxating Hybrids** [hu-friedy.com](http://hu-friedy.com)

Hu-Friedy Luxating Hybrids were designed with thin, precisely angled tips to aid clinicians in preserving the buccal plate during atraumatic extractions. They feature increased instrument control with the ergonomic Satin Steel® handle. Features include improved apical and interproximal access with thin working tips; enhanced oral adaptation with 7 precisely manufactured tip options; easily severs the periodontal ligament with finely honed, sharp cutting edges; longevity and corrosion resistance afforded by hand-crafting from the finest grade surgical stainless steel.

**Hand Essentials** [hu-friedy.com](http://hu-friedy.com)

Clean hands are the single most important factor in preventing the spread of pathogens and antibiotic resistance in health care settings. Hu-Friedy's full line of medical grade soaps, sanitizers, and moisturizers help with program compliance. Hand Essentials™ Skin Repair Cream helps restore the skin's natural moisture balance for optimal skin health. Sterillium® Comfort Gel™ hand antiseptic kills >99.999% of nosocomial pathogens within 15 seconds while increasing skin hydration. All of Hu-Friedy's hand hygiene products are designed for frequent use and are CHG and Latex compatible.

APPLYING

# BIOX *in your practice*

Compiled by **RENEE KNIGHT**  
Information provided by *InnoDen LLC*.

The **BIOX** portable x-ray device is lightweight and easy to operate. Designed to save time and money, it can take up to 100 x-rays when it's fully charged, and the large LCD screen displays information in an easy to understand format.

**IT'S CONVENIENT:** Clinicians can take BIOX from operator to operator or from one office to another, eliminating the need for wall-mounted x-ray units in every room. At 4.8lbs, the lightweight BIOX is easy for clinicians to transport when visiting patients, traveling to rural areas or on humanitarian efforts.

**IMPROVES ACCURACY:** BIOX is supported by a micro-computer and specialized circuits that monitor and regulate exposure factors such as kV, mA and exposure time, making BIOX very precise and enabling the unit to produce quality x-rays on-the-go. This allows more in-procedure x-rays during a long procedure or an operation and eliminates the need to take in-procedure x-rays with traditional wall-mounted units, making the process easier and faster. There is no need to leave the room when taking x-rays. BIOX increases confidence and productivity, resulting in better oral care and patient experience.

**COST EFFECTIVE:** One BIOX does the job of many wall-mounted x-ray units. BIOX x-rays take much less time than conventional x-rays, and that saves both time and money.

**ADDED PLUS:** BIOX works with "digital" or "film" by selecting preset exposure time (0.01 ~ 1.6 sec) modes providing optimal results every time. ●



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SCAN:



Lower left PA.



Lower left RCT.

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**Articadent® DENTAL**  
(articaine HCl and epinephrine) Injection  
Articaine hydrochloride 4% and epinephrine  
1:100,000 or 1:200,000



Articadent® is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. For most routine dental procedures, Articadent® containing epinephrine 1:200,000 is preferred. However, when more pronounced hemostasis or improved visualization of the surgical field are required, Articadent® containing epinephrine 1:100,000 may be used. Reactions to Articadent® (pain and headache, for example, or convulsions or respiratory arrest following accidental intravascular injection) are characteristic of those associated with other amide-type local anesthetics. Articadent® contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. **Accidental intravascular injection may be associated with convulsions, followed by central nervous system or cardiorespiratory depression and coma, progressing ultimately to respiratory arrest. Dental practitioners and/or clinicians who employ local anesthetic agents should be well versed in diagnosis and management of emergencies that may arise from their use. Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use. Articadent®, along with other local anesthetics, is capable of producing methemoglobinemia. The clinical signs of methemoglobinemia are cyanosis of the nail beds and lips, fatigue and weakness. If methemoglobinemia does not respond to administration of oxygen, administration of methylene blue intravenously 1-2 mg/kg body weight over a 5-minute period is recommended.**

Please see Brief Summary of Prescribing Information on adjacent page.

**DENTSPLY**  
PHARMACEUTICAL

For more information, call **800.989.8826**, or visit [www.dentsplypharma.com](http://www.dentsplypharma.com)

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PHA07-0810-2.2 Rev. 02

Interested? Circle Product Card No. 80

# Articadent® (articaine HCl and epinephrine) Injection; Intraoral Submucosal Injection

Articaine hydrochloride 4% and epinephrine 1:200,000

Articaine hydrochloride 4% and epinephrine 1:100,000

## BRIEF SUMMARY. [See Package Insert For Full Prescribing Information]

### USE

Articadent® is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. For most routine dental procedures, Articadent® with epinephrine 1:200,000 is preferred. Articadent® with epinephrine 1:100,000 is preferred during operative or surgical procedures when improved visualization of the surgical field is desirable.

### CONTRAINDICATIONS

Articadent® is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type, or in patients with known hypersensitivity to sodium metabisulfite.

### WARNINGS

**Accidental intravascular injection may be associated with convulsions, followed by central nervous system or cardiorespiratory depression and coma, progressing ultimately to respiratory arrest. Dental practitioners and/or clinicians who employ local anesthetic agents should be well versed in diagnosis and management of emergencies that may arise from their use. Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use.**

Intravascular injections should be avoided. To avoid intravascular injection, aspiration should be performed before Articadent® is injected. The needle must be repositioned until no return of blood can be elicited by aspiration. Note, however, that the absence of blood in the syringe does not guarantee that intravascular injection has been avoided.

Articadent® contains epinephrine that can cause local tissue necrosis or systemic toxicity. Usual precautions for epinephrine administration should be observed.

Articadent® contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. The overall prevalence of sulfite sensitivity in the general population is unknown. Sulfite sensitivity is seen more frequently in asthmatic than in non-asthmatic people.

**Articadent®, along with other local anesthetics, is capable of producing methemoglobinemia. The clinical signs of methemoglobinemia are cyanosis of the nail beds and lips, fatigue and weakness. If methemoglobinemia does not respond to administration of oxygen, administration of methylene blue intravenously 1-2 mg/kg body weight over a 5 minute period is recommended.**

The American Heart Association has made the following recommendation regarding the use of local anesthetics with vasoconstrictors in patients with ischemic heart disease: "Vasoconstrictor agents should be used in local anesthesia solutions during dental practice only when it is clear that the procedure will be shortened or the analgesia rendered more profound. When a vasoconstrictor is indicated, extreme care should be taken to avoid intravascular injection. The minimum possible amount of vasoconstrictor should be used." (Kaplan, EL, editor: Cardiovascular disease in dental practice, Dallas 1986, American Heart Association.)

### PRECAUTIONS

**General:** Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use (see **WARNINGS**). The lowest dosage that results in effective anesthesia should be used to avoid high plasma levels and serious adverse effects. Repeated doses of Articadent® may cause significant increases in blood levels with each repeated dose because of possible accumulation of the drug or its metabolites. Tolerance to elevated blood levels varies with the status of the patient.

Dehydrated patients, elderly patients, acutely ill patients and pediatric patients should be given reduced doses commensurate with their age and physical condition.

Articadent® should be used with caution in patients with heart block.

Local anesthetic solutions, such as Articadent®, containing a vasoconstrictor should be used cautiously. Patients with peripheral vascular disease and those with hypertensive vascular disease may exhibit exaggerated vasoconstrictor response. Ischemic injury or necrosis may result. Articadent® should be used with caution in patients during or following the administration of potent general anesthetic agents, since cardiac arrhythmias may occur under such conditions.

Systemic absorption of local anesthetics can produce effects on the central nervous and cardiovascular systems. At blood concentrations achieved with therapeutic doses, changes in cardiac conduction, excitability, refractoriness, contractility, and peripheral vascular resistance are minimal. However, toxic blood concentrations depress cardiac conduction and excitability, which may lead to atrioventricular block, ventricular arrhythmias, and cardiac arrest, possibly resulting in fatalities. In addition, myocardial contractility is depressed and peripheral vasodilation occurs, leading to decreased cardiac output and arterial blood pressure.

Careful and constant monitoring of cardiovascular and respiratory (adequacy of ventilation) vital signs and the patient's state of consciousness should be performed after each local anesthetic injection. It should be kept in mind at such times that restlessness, anxiety, tinnitus, dizziness, blurred vision, tremors, depression, or drowsiness may be early warning signs of central nervous system toxicity.

*In vitro* studies show that about 5% to 10% of articaine is metabolized by the human liver microsomal P450 isoenzyme system. However, because no studies have been performed in patients with liver dysfunction, caution should be used in patients with severe hepatic disease.

Articadent® should also be used with caution in patients with impaired cardiovascular function since they may be less able to compensate for functional changes associated with the prolongation of A-V conduction produced by these drugs.

Small doses of local anesthetics injected in dental blocks may produce adverse reactions similar to systemic toxicity seen with unintentional intravascular injections of larger doses. Confusion, convulsions, respiratory depression and/or respiratory arrest, and cardiovascular stimulation or depression have been reported. These reactions may be due to intra-arterial injection of the local anesthetic with retrograde flow to the cerebral circulation. Patients receiving these blocks should be observed constantly. Resuscitative equipment and personnel for treating adverse reactions should be immediately available.

Dosage recommendations should not be exceeded (see **DOSAGE AND ADMINISTRATION** in package insert).

### Information for Patients:

- The patient should be informed in advance of the possibility of temporary loss of sensation and muscle function following infiltration and nerve block injections.
- Patients should be instructed not to eat or drink until normal sensation returns.

**Clinically Significant Drug Interactions:** The administration of local anesthetic solutions containing epinephrine to patients receiving monoamine oxidase inhibitors, nonselective beta adrenergic antagonists or tricyclic antidepressants may produce severe, prolonged hypertension. Phenothiazines and butyrophenones may reduce or reverse the pressor effect of epinephrine. Concurrent use of these agents should generally be avoided. In situations when concurrent therapy is necessary, careful patient monitoring is essential.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Studies to evaluate the carcinogenic potential of articaine HCl in animals have not been conducted. Five standard mutagenicity tests, including three *in vitro* tests (the nonmammalian Ames test, the mammalian Chinese hamster ovary chromosomal aberration test and a mammalian gene mutation test with articaine HCl) and two *in vivo* mouse micronucleus tests (one with Articadent® with epinephrine 1:100,000 and one with articaine HCl alone) showed no mutagenic effects. No effects on male or female fertility were observed in rats for Articadent® with epinephrine 1:100,000 administered subcutaneously in doses up to 80 mg/kg/day (approximately two times the maximum male and female recommended human dose on a mg/m<sup>2</sup> basis).

**Pregnancy:** Teratogenic Effects-Pregnancy Category C.

In developmental studies, no embryofetal toxicities were observed when Articadent® with epinephrine 1:100,000 was administered subcutaneously throughout organogenesis at doses up to 40 mg/kg in rabbits and 80 mg/kg in rats (approximately 2 times the maximum recommended human dose on a mg/m<sup>2</sup> basis). In rabbits, 80 mg/kg (approximately 4 times the maximum recommended human dose on a mg/m<sup>2</sup> basis) did cause fetal death and increase fetal skeletal variations, but these effects may be attributable to the severe maternal toxicity, including seizures, observed at this dose.

When articaine hydrochloride was administered subcutaneously to rats throughout gestation and lactation, 80 mg/kg (approximately 2 times the maximum recommended human dose on a mg/m<sup>2</sup> basis) increased the number of stillbirths and adversely affected passive avoidance, a measure of learning, in pups. This dose also produced severe maternal toxicity in some animals. A dose of 40 mg/kg (approximately equal to the maximum recommended human dose on a mg/m<sup>2</sup> basis) did not produce these effects. A similar study using Articadent® with epinephrine 1:100,000 rather than articaine hydrochloride alone produced maternal toxicity, but no effects on offspring.

There are no adequate and well-controlled studies in pregnant women. Animal reproduction studies are not always predictive of human response. Articadent® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers:** It is not known whether articaine is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Articadent® is administered to a nursing woman.

**Pediatric Use:** In clinical trials, 61 pediatric patients between the ages of 4 and 16 years received Articadent® with epinephrine 1:100,000. Among these pediatric patients, doses from 0.76 mg/kg to 5.65 mg/kg (0.9 to 5.1 mL) were administered safely to 51 patients for simple procedures and doses between 0.37 mg/kg and 7.48 mg/kg (0.7 to 3.9 mL) were administered safely to 10 patients for complex procedures. However, there was insufficient exposure to Articadent® with epinephrine 1:100,000 at doses greater than 7.00 mg/kg in order to assess its safety in pediatric patients. No unusual adverse events were noted in these patients. Approximately 13% of these pediatric patients required additional injections of anesthetic for complete anesthesia. Safety and effectiveness in pediatric patients below the age of 4 years have not been established. Dosages in pediatric patients should be reduced, commensurate with age, body weight, and physical condition. See **DOSAGE AND ADMINISTRATION** in package insert.

**Geriatric Use:** In clinical trials, 54 patients between the ages of 65 and 75 years, and 11 patients 75 years and over received Articadent® with epinephrine 1:100,000. Among all patients between 65 and 75 years, doses from 0.43 mg/kg to 4.76 mg/kg (0.9 to 11.9 mL) were administered safely to 35 patients for simple procedures and doses from 1.05 mg/kg to 4.27 mg/kg (1.3 to 6.8 mL) were administered safely to 19 patients for complex procedures. Among the 11 patients ≥ 75 years old, doses from 0.78 mg/kg to 4.76 mg/kg (1.3 to 11.9 mL) were administered safely to 7 patients for simple procedures and doses of 1.12 mg/kg to 2.17 mg/kg (1.3 to 5.1 mL) were safely administered to 4 patients for complex procedures.

No overall differences in safety or effectiveness were observed between elderly subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. Approximately 6% of patients between the ages of 65 and 75 years and none of the 11 patients 75 years of age or older required additional injections of anesthetic for complete anesthesia compared with 11% of patients between 17 and 65 years old who required additional injections.

### ADVERSE REACTIONS

Reactions to Articadent® are characteristic of those associated with other amide-type local anesthetics. Adverse reactions to this group of drugs may also result from excessive plasma levels (which may be due to overdosage, unintentional intravascular injection, or slow metabolic degradation), injection technique, volume of injection, hypersensitivity, or may be idiosyncratic.

The reported adverse events are derived from clinical trials in the US and UK. Table 1 displays the adverse events reported in clinical trials where 882 individuals were exposed to Articadent® with epinephrine 1:100,000 and Table 2 displays the adverse events reported in clinical trials where 182 individuals were exposed to Articadent® with epinephrine 1:100,000 and 179 individuals were exposed to Articadent® with epinephrine 1:200,000.

**Table 1. Adverse Events in controlled trials with an incidence of 1% or greater in patients administered Articadent® with epinephrine 1:100,000.**

Body System	Articadent® with epinephrine 1:100,000 N (%)
Number of patients	882 (100%)
Body as a whole	
Face Edema	13 (1%)
Headache	31 (4%)
Infection	10 (1%)
Pain	114 (13%)
Digestive system	
Gingivitis	13 (1%)
Nervous system	
Paresthesia	11 (1%)

**Table 2. Adverse Events in controlled trials with an incidence of 1% or greater in patients administered Articadent® with epinephrine 1:100,000 and Articadent® with epinephrine 1:200,000.**

Number of patients exposed to drug	Articadent® with epinephrine 1:100,000 (N=182)	Articadent® with epinephrine 1:200,000 (N=179)
Number of patients that reported any Adverse Event	35	33
Pain	14 (7.6%)	11 (6.1%)
Headache	6 (3.2%)	9 (5.0%)
Positive blood aspiration into syringe	6 (3.2%)	3 (1.6%)
Swelling	5 (2.7%)	3 (1.6%)
Trismus	3 (1.6%)	1 (0.5%)
Nausea and emesis	0 (0%)	3 (1.6%)
Sleepiness	1 (0.5%)	2 (1.1%)
Numbness and tingling	2 (1.0%)	1 (0.5%)
Palpitation	2 (1.0%)	0 (0%)
Ear symptoms (earache, otitis media)	2 (1.0%)	1 (0.5%)
Cough, persistent cough	2 (1.0%)	0 (0%)

The following list includes adverse and intercurrent events that were recorded in 1 or more patients, but occurred at an overall rate of less than one percent, and were considered clinically relevant.

**Body as a Whole:** abdominal pain, accidental injury, asthenia, back pain, injection site pain, burning sensation above injection site, malaise, neck pain.

**Cardiovascular System:** hemorrhage, migraine, syncope, tachycardia, elevated blood pressure.

**Digestive System:** constipation, diarrhea, dyspepsia, glossitis, gum hemorrhage, mouth ulceration, nausea, stomatitis, tongue edemas, tooth disorder, vomiting.

**Hemic and Lymphatic System:** ecchymosis, lymphadenopathy.

**Metabolic and Nutritional System:** edema, thirst.

**Musculoskeletal System:** arthralgia, myalgia, osteomyelitis.

**Nervous System:** dizziness, dry mouth, facial paralysis, hyperesthesia, increased salivation, nervousness, neuropathy, paresthesia, somnolence, exacerbation of Kearns-Sayre Syndrome.

**Respiratory System:** pharyngitis, rhinitis, sinus pain, sinus congestion.

**Skin and Appendages:** pruritus, skin disorder.

**Special Senses:** ear pain, taste perversion.

**Urogenital System:** dysmenorrhea.

Persistent paresthesias of the lips, tongue, and oral tissues have been reported with use of articaine hydrochloride, with slow, incomplete, or no recovery. These post-marketing events have been reported chiefly following nerve blocks in the mandible and have involved the trigeminal nerve and its branches.

Hypoesthesia has been reported with use of articaine, especially in pediatric age groups, which is usually reversible. Prolonged numbness can result in soft tissue injuries such as that of the lips and tongue in these age groups.

Ischemic injury and necrosis have been described following use of articaine with epinephrine and have been postulated to be due to vascular spasm of terminal arterial branches. Paralysis of ocular muscles has been reported, especially after posterior, superior alveolar injections of articaine during dental anesthesia. Symptoms include diplopia, mydriasis, ptosis, and difficulty in abduction of the affected eye. These symptoms have been described as developing immediately after injection of the anesthetic solution and persisting one minute to several hours, with generally complete recovery.

### OVERDOSAGE

Acute emergencies from local anesthetics are generally related to high plasma levels encountered during therapeutic use of local anesthetics or to unintended subarachnoid injection of local anesthetic solution (see **WARNINGS, PRECAUTIONS; General and ADVERSE REACTIONS**).

**Management of Local Anesthetic Emergencies:** The first consideration is prevention, best accomplished by careful and constant monitoring of cardiovascular and respiratory vital signs and the patient's state of consciousness after each local anesthetic injection. At the first sign of change, oxygen should be administered.

The first step in the management of convulsions, as well as hypoventilation, consists of immediate attention to the maintenance of a patient airway and assisted or controlled ventilation as needed. The adequacy of the circulation should be assessed. Should convulsions persist despite adequate respiratory support, treatment with appropriate anticonvulsant therapy is indicated. The practitioner should be familiar, prior to the use of local anesthetics, with the use of anticonvulsant drugs. Supportive treatment of circulatory depression may require administration of intravenous fluids and, when appropriate, a vasopressor.

If not treated immediately, both convulsions and cardiovascular depression can result in hypoxia, acidosis, bradycardia, arrhythmias and cardiac arrest. If cardiac arrest should occur, standard cardiopulmonary resuscitative measures should be instituted.

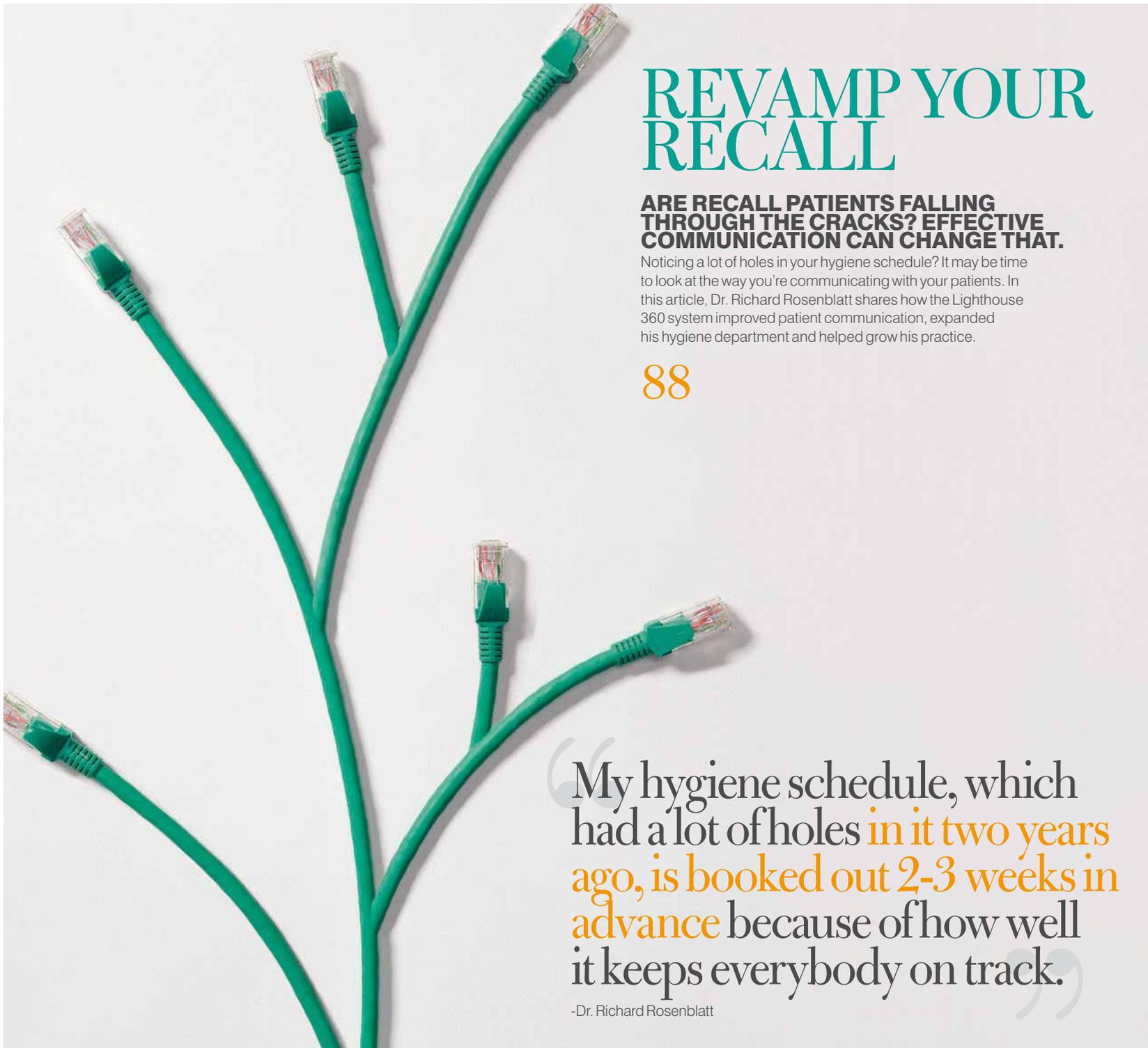
### HOW SUPPLIED

Articadent® (articaine HCl and epinephrine) Injection is available in 1.7 mL single use glass cartridges, packaged in boxes of 50 cartridges in the following two strengths:

NDC 66312-602-16 Articadent® containing articaine HCl 4% (40 mg/mL) and epinephrine 1:200,000 (as epinephrine bitartrate 0.009 mg/mL)

NDC 66312-601-16 Articadent® containing articaine HCl 4% (40 mg/mL) and epinephrine 1:100,000 (as epinephrine bitartrate 0.018 mg/mL)

Manufactured for:  
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Cambridge, Ontario Canada N1R 6X3



# REVAMP YOUR RECALL

**ARE RECALL PATIENTS FALLING THROUGH THE CRACKS? EFFECTIVE COMMUNICATION CAN CHANGE THAT.**

Noticing a lot of holes in your hygiene schedule? It may be time to look at the way you're communicating with your patients. In this article, Dr. Richard Rosenblatt shares how the Lighthouse 360 system improved patient communication, expanded his hygiene department and helped grow his practice.

88

“My hygiene schedule, which had a lot of holes in it two years ago, is booked out 2-3 weeks in advance because of how well it keeps everybody on track.”

-Dr. Richard Rosenblatt

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### Protocol

#### GET THE MOST OUT OF YOUR ELECTRIC HANDPIECE

Dr. Kent Moberly outlines the benefits of incorporating an electric handpiece into your practice.

90



### Five Reasons to Buy

#### ULTRADENT'S OPALESCENCE TOOTH WHITENING SYSTEMS

Reliable, lasting whitening results.

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### Patient Perspective

#### SAVING PATIENTS, STAFF FROM DISCOMFORT

One patient's take on Aseptico's The Wand All-Injection System.

108





“It really makes us seem like we’re doing something above and beyond what the norm is and that’s always a great thing for your practice.”

beyond what the norm is and that’s always a great thing for your practice.”

**Beyond recall**

While improving his practice’s recall was the main reason Dr. Rosenblatt decided to incorporate Lighthouse 360 into his practice, the patient communication system has plenty of other features designed to make practices

more efficient. They perform a software backup to synchronize appointment data every 10 minutes, so that means if your computers go down (which recently happened at Dr. Rosenblatt’s practice) you can access your schedule and communicate with patients through the Lighthouse 360 site. You can check metrics through Lighthouse 360 to not only see how many new patients you’ve gotten in the last month, but also those patients’ demographics. You can automatically send patients birthday cards and newsletters. The service also allows you to perform email campaigns and to get reviews via surveys that you can post on your website and/or Facebook page.

Lighthouse 360 sends surveys to your patients after each appointment, something Dr. Rosenblatt has found invaluable. His team members aim to make every patient who walks into the practice feel like family, and that, along with the quality of care they receive, is something patients noted on the surveys. But they also noted that the practice feels a bit out of date, something Dr. Rosenblatt didn’t really think about when he bought the practice 6 years ago.

“We updated the look of the practice based on that feedback,” he said. “We would never have known patients were thinking about that until we got the surveys and thought you know, maybe that does make a differ-

ence. It helped us as a team know what we’re doing well and what we need to improve on. That’s something that’s really important in every business.”

**The importance of patient communication**

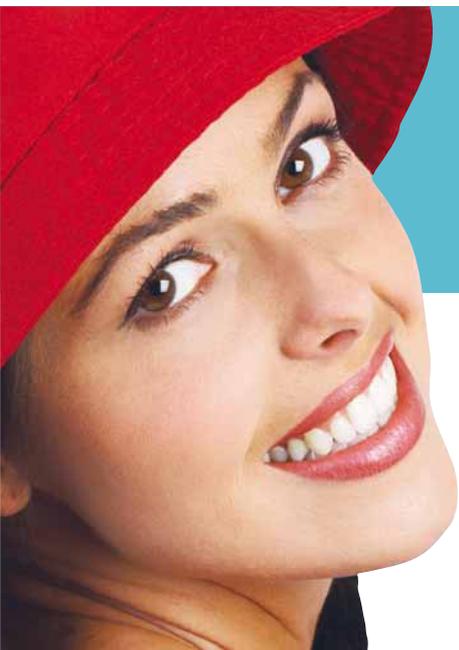
Effective patient communication is key to a successful practice. From reaching out to recall patients to enabling patients to communicate with your practice the way they want to, finding the right tools will only help your practice grow. After taking the step to make that a reality in his practice through Lighthouse 360, Dr. Rosenblatt now has a more efficient practice—with more hygiene patients than ever before. ●

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\*\*The INVISACRYL™ thermal forming material is exclusive to Great Lakes Orthodontics, Ltd., and is not associated with INVISALIGN® owned by Align Technology, Inc.

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# GET THE MOST OUT OF YOUR **ELECTRIC HANDPIECE**

Thinking about investing in electric handpieces for your practice? Here's what you need to know from benefits to integration to maintenance.

by D. KENT MOBERLY, DMD

It can be difficult to transition away from techniques we've known since dental school, particularly the ones we use every day. However, in many cases, newer tools and techniques can help us perform our work better and more efficiently.

Handpieces provide a great example of this. Most of us probably learned our handpiece technique on air-driven handpieces. While these traditional handpieces are certainly capable of doing good work, in the past few years I have encouraged my students at the University of Washington to try their hand with electric handpieces as well.

My experience using electric handpieces over the past seven years has convinced me that in many instances they are preferable to air-driven. Each dentist must determine what he or she needs in a handpiece. My own

practice is equipped with both types, but in the majority of cases today I find myself reaching for the electric.

## My handpiece of choice

Since 2005, I have primarily worked with electric A-dec|W&H handpieces using the EA50LT electric motors and the Synea WA-99LT angle attachment. After experiences with other electric handpieces in the past, I found that I preferred the size, weight and stability of the bur in the A-dec|W&H tools to others. A 1:5 highspeed attachment, 1:1 slowspeed attachment, and a straight-angle attachment give me additional flexibility with the electric models. I use an electric handpiece at a slow speed for tasks like fine finishing of composites. The straight

adapter is useful for tasks such as adjusting dentures, bite splints and night guards.

I opted for this setup because I prefer many of the electric handpiece's features over the air-driven handpiece's features. First, the highspeed electric handpiece's torque is significantly better than air-driven, and being able to instantly adjust the speed allows me a great degree of control. I can create a crown prep at high speed, then turn the handpiece down to about half speed to finish the margins, without worrying about losing torque. The burs are very precise, with no wobbling, and dentists who work with a microscope will find that margins can be easily finished in a smooth, straight line, as opposed to the bumpy margins that come when working with an air-driven handpiece.

For caries removal, however, I typically use an air-driven slowspeed handpiece, which I find enables a better "feel" for the work than electric, although this could just be an old habit.

## Integration

One important aspect to think about when considering a handpiece purchase is how it will integrate with your office setup. This was a key priority during my office remodel seven years ago, during which we installed A-dec 500 chair systems. Using these chairs with A-dec handpieces allows the handpieces and other ancillary devices to be integrated into the chair's delivery system. This puts the equipment and controls right where they are needed, and also reduces clutter.

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**One air-driven handpiece and two electric motor handpieces are a good start to an ideal set up.**

## Electric handpiece myths

Dr. Moberly debunks some of the most common electric handpiece myths.

- **You don't need an electric handpiece; air-driven is just as good.** For most tasks in my practice, I find electric handpieces to be far superior.
- **Electric handpieces are too heavy.** They are certainly heavier than air-driven handpieces, but in regular use the difference is inconsequential.
- **The heads of electric handpieces are too big.** I have never had difficulty accessing any place in the mouth with my electric handpiece. It has been a non-issue.
- **Electric handpieces get too hot.** This may have been true of some early models, but the new electric handpieces have better designs to prevent burns. I find mine does not get hot at all.

## Maintenance

It's important to protect any handpiece investment with proper maintenance. Some dentists may think it is more cost effective to pay an assistant to perform lubrication by hand, but in truth, using an automated device can cost less than 2 cents per cycle. An automated device also prevents the inconsistencies that result from having staff members oil handpieces and, by applying the exact amount of oil needed with every cycle, an automated system will help avoid the wear and tear that come from having too little or too much oil.

My practice uses an Assistina 301 Plus maintenance system, which allows us to place the handpiece inside, close the lid, and return 35 seconds later to a cleaned and lubricated handpiece. The Assistina has an automatic oil dispensing system that performs lubrication consistently, and it rotates the gears and turbines during its purge cycle to thoroughly remove debris and excess oil. It also uses a special cleaning liquid to flush internal air

and water coolant lines. The system comes with a universal adapter that accepts many handpieces, or additional adapters can be purchased for specific handpieces. With this system, and with a sufficient quantity of highspeed adapters, I find that my handpieces need significantly less professional servicing than my old air-driven handpieces.

## Get started

For dentists who are interested in incorporating electric handpieces into their practice, I recommend starting with the EA-52LED electric motor and several 1:5 angled handpiece adapters (Synea WA 99LT). In addition, several straight adapters will come in handy. These tools will give you a great start on working with electric handpieces, and then if you choose to continue, a 1:1 attachment will bring you extra versatility.

I find electric handpieces are a very easy tool to recommend, and well worth the short learning curve. After experiencing the benefits of their steady torque and smooth finishing,

they are definitely handling the lion's share of work in my practice. ●

D. Kent Moberly, DMD, is a 1980 graduate of the School of Dental



Medicine at Southern Illinois University. He is an affiliate professor at the School of Dentistry at the University of

Washington, and a visiting faculty member at the Pankey Institute. He practices at Magnolia Dental Care in Seattle, Wash.

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Tensile Strength (Mpa)		29.6	22.6	48.0
Elongation (%)		337.1	287.4	254.6

### Heavy body comparison data:

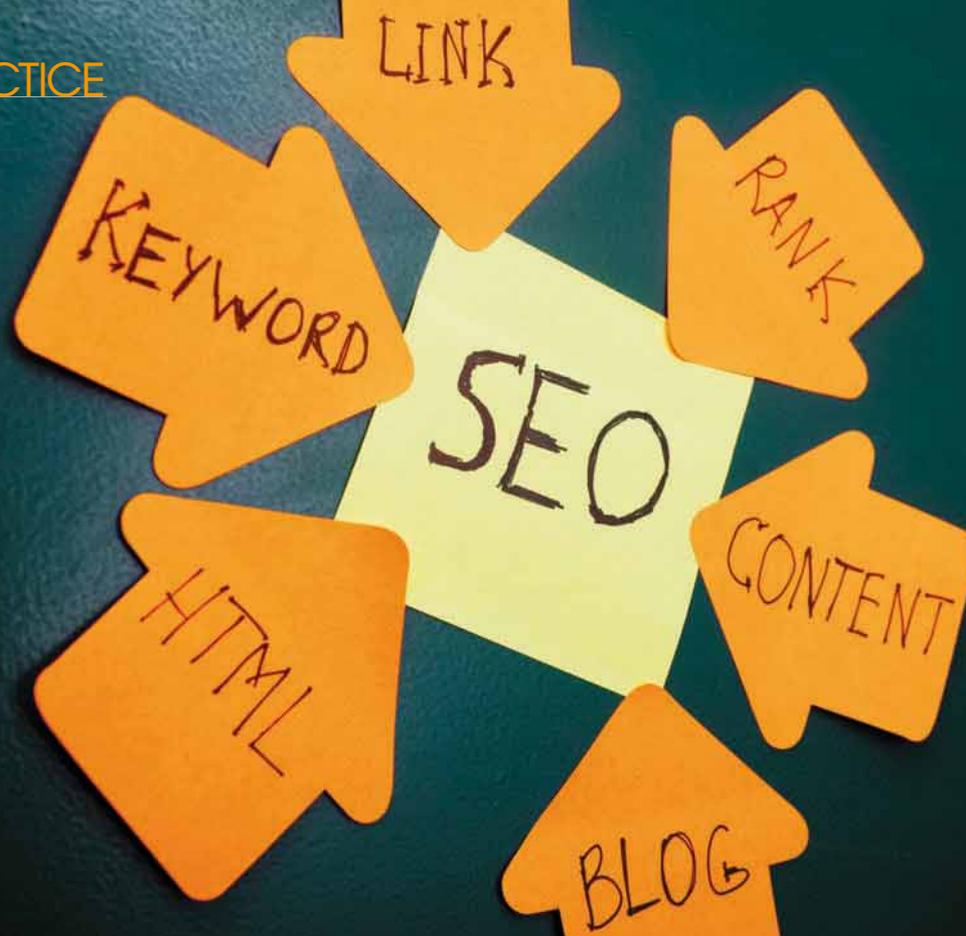
		Ho Dental Vaccusil	3M Imprint	Dentsply Aquadil
Viscosity (Cp)	Catalyst	162,833	124,400	133,800
	Base	177,000	210,400	147,000
Hardness		70.4	64.1	82.6
Elastic Recovery (%)		99.3	99.4	99.1
Tensile Strength (Mpa)		37.4	43.6	59.9
Elongation (%)		193.7	239.1	90.1

\*Independent research company data on file.



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# SEO AND SOCIAL MEDIA

How these complementary online marketing strategies can work for your practice.

by NAOMI COOPER, PRESIDENT, MINOA MARKETING AND CHIEF MARKETING CONSULTANT, PRIDE INSTITUTE

## ABOUT THIS NEW COLUMN

Each month, marketing guru Naomi Cooper will offer practice marketing advice that you can use to up your marketing game.

Online Marketing, Search Engine Optimization, Social Media. These buzzwords have taken over the dental marketing landscape over the course of the past few years. The Internet has forever changed the game for dentists, presenting an entirely new realm of opportunities to connect with patients.

In fact, a recent whitepaper titled “Practice Marketing and Patient Communication Platforms In the Digital Age of Dentistry,” co-authored by Dr. Rhonda Savage and Diana Friedman, CEO of Sesame Communications, cited an incredible statistic from comScore—one of the leading digital analytics companies in the world—that today more than 139 million consumers use the Internet to find health care information every month.

To reach these millions of people who are looking for dental care online, dentists need to make it easy for them to find their practices. This is where Search Engine Optimization, or SEO, comes in.

### What is SEO?

SEO is the process of improving a website’s visibility in search engine results. The higher the dental practice’s website ranks (or appears) in the list of search results for specific keywords, the more people will theoretically click through to learn more about the dentist and the practice.

Online marketing experts across the globe continue to debate the best methods to improve website rankings. And the search engines themselves work to stay one step ahead of the marketers; Google changes their algorithm on a regular basis, making it difficult for a SEO expert, let alone a dentist, to stay on top of the latest strategies. However there are some tried-and-true, low-cost yet highly effective methods that dentists can employ to dial up their online engagement and organic search engine visibility.

What it all boils down to is this: the name of the game in SEO is engagement. Google prefers fresh, relevant content produced in an authentic, ongoing and consistent matter. Dentists can accomplish this in a host of creative ways, starting with social media.

And social media should no longer be regarded as a passing trend; because the most popular sites, such as Facebook and YouTube, are now incorporated into the Google algorithm, they have become essential in helping dentists increase their online reach.

### Social media profiles

Social media plays a dominant role in online engagement, most notably in two specific ways. First, it provides dentists with the possibility to interact with patients on a frequent, even daily basis. Gone are the

days of seeing patients once, maybe twice, a year. Building and maintaining an active Google+ and/or Twitter profile and a Facebook business page for the dental practice gives dentists countless opportunities to regularly engage with patients.

Secondly, a practice needs an SEO strategy for its social media as well as its practice website. Activity on social networks like Facebook, or even more importantly, Google+, can help improve the practice’s SEO and online visibility, but there is a catch—not all social media activity carries the same weight.

Simply “liking” posts and pictures and making comments are good for staying connected, but it is the more engaging activities, such as posting fresh, original content on a regular basis, sharing industry-related articles, posting a link to a dentist’s blog, and having influential patients “like” and “check-in” at the practice that will truly work to help improve the practice’s social media presence and will also serve to promote your SEO agenda.

### Blogs, YouTube and video

Blogs and online video also play an integral role in increasing dentists’ online presence and digital footprint. Not only are videos increasingly appealing to Internet users, but

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YouTube is now the world's second largest search engine. Plus, blogs and video play perfectly into Google's preference for rich media and timely, relevant content; remember, Google also owns both Blogger.com and YouTube.

This makes it no coincidence that in one of its most recent refreshes, Google announced the increasing importance of "fresh content" and video in its SEO algorithm. As a result, having an onsite blog and posting interesting, relevant videos on the dental practice website, YouTube channel, or social media profiles are tried and true tactics that can help to improve the practice's website SEO.

Blogging and video also lend a more personal approach to dental marketing beyond its advantages from an SEO perspective. Dentists can blog on a variety of oral and general health topics relevant to patients and the community at large. And they can film brief, 1-2 minute videos such as a quick welcome to new patients, greetings from various

staff members, descriptions of common procedures, patient video testimonials or even a virtual office visit, giving patients the chance to see first-hand what they will experience at the practice.

The best part about video is that smartphones and newer handheld video cameras like the FlipCam make it simple to shoot short video messages and upload them to the practice's website, Facebook page and YouTube channel in minutes.

**Online directories**

Twenty percent of all Google searches have local intent, meaning that people are looking for a business in their immediate vicinity. Dentists can make it simple for patients and complete online profiles on local directory sites, the two most popular being Yelp! and Google+ Local. Yelp! is the online powerhouse in consumer reviews, and Google+ Local is a no-brainer—information posted on Google+ Local directly feeds into the Google search algorithm.

Whether dentists realize it, their practice most likely already has an existing profile on both of these sites—and many other local directories as well. All businesses do, as the information is often culled from the online Yellow Pages so most businesses have a profile, even if they didn't create it. And it's important to keep in mind that it is up to the business owner to log on and take control of each of the practice's profiles and the information they contain. Completing your profiles entails claiming it and establishing a password, entering in current contact information and practice hours, correcting the business name if it's misspelled or includes the name of a retired partner, uploading the practice logo, photos and videos and even including a brief bio or philosophy of the practice.

In the current digital culture, there are countless ways to interact with active patients—and to reach potential patients in a meaningful way and on an ongoing basis. And while SEO, social media, video and

online directories certainly don't comprise the universe of marketing options for dentists, they are some of the most important ingredients in a dental practice's successful online marketing strategy. ●

Naomi Cooper is President & Founder of Minoa Marketing and Chief Marketing



Consultant for Pride Institute. She is a dental marketing consultant, author, speaker and opinion leader who co-teaches Pride's marketing course, The New

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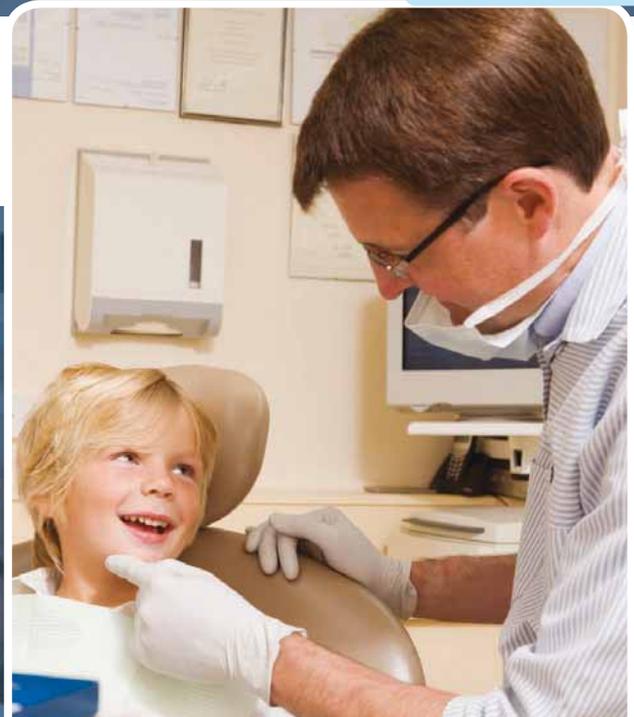
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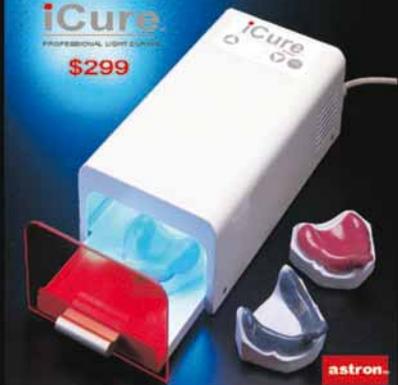


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How The Wand makes the anesthesia process better for this patient, dental staff member.

by STAN GOFF



**CARRIE KEOGH BROWN**

Northridge, Calif.  
PATIENT OF DR. GUY MANGIA

Being a registered dental assistant, Carrie Keogh Brown of Northridge, Calif., has been on both ends of the spectrum when it comes to painful anesthetic injections. She does not like needles herself and she dreads approaching squeamish patients about to get a traditional injection.

That's why Carrie is very happy that her employer and her dentist, Dr. Guy Mangia of Sherman Oaks, Calif., was an early adopter of The Wand All-Injection System from Aseptico. Now she no longer worries about getting or giving dental injections. The system, distributed exclusively by Aseptico, features a computer-controlled local anesthesia delivery to enhance the injection process for both the dental team member and the patient. The handpiece is known as The Wand.

"I cannot stand needles and I needed a veneer on No. 7. I had a short tooth so the doctor put a veneer on there," she said. "Front injections are not fun. It brings tears to your eyes. But when you use The Wand, it's night and day. You don't have that pressure feeling. The Wand dilutes the pressure and it's wonderful."

Now Carrie would not go to a dentist unless the practice used The Wand. In fact, she'd go out of her way to stay with Dr. Mangia.

"If I had to move out of town I would actually fly in for him to do it because he uses The

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Wand," she said. "It boggles my mind that a lot of dentists don't use it. I don't understand why."

Not only does Carrie love missing out on the pain caused by traditional injections, she loves working with patients who also enjoy the technology and the "pain-free" dentistry they receive.

"It's better for the patient and it's like there's no fear anymore," said Carrie, who freely

shares her story with friends and relatives. "They (friends and family) come to him because of it. You always see the saying 'painless dentistry.' It's always what the doctor puts into it."

Another benefit of the system is the ability to numb just one tooth at a time with no wait, unlike traditional injections. Dr. Mangia didn't waste time putting The Wand All-Injection System into action at his practice.

"He's been using it since it came out, for at least 10 years," Carrie said. "When we have patients, it's amazing. They

ask if we're going to get them numb, and the dentist tells them we already did. They're like, what do you mean?"

Working with happy patients makes for less stress on the staff.

"It's just all around comfort for us and the patient," Carrie said. "I have a number of patients who come in just because we have this technology. We do it on little kids and the kids don't even flinch, it's amazing." ●



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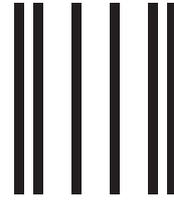
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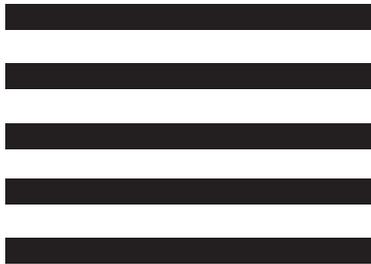
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