Pure and simple: Dental unit waterline compliance

By Leann Keefer, RDH, MSM
General Manager and Director
of Education, Crosstex International

- Best practices of infection prevention and control provide safety in the clinical environment and treatment protocols for patients and dental professionals. Exposure to poor water quality can pose a health risk for people and conflicts with universally accepted infection prevention protocols.

- Noted most recently, in 2011, was the fatal case of an 82-year-old otherwise healthy woman who developed Legionnaire’s disease after a dental visit1.

- The goal of effective dental waterline treatment is to reduce the number of microorganisms present in the water, thereby helping to break the chain of infection.

- Dental unit waterline contamination was first reported in 19632. Research has shown microbial counts can reach <200,000 CFU/mL within five days after installation of new dental unit waterlines3, and contamination levels of up to 1 million CFU/dental unit waterlines3, and contaminated five days after installation of new dental procedures should be less than 500 CFU/mL7.


- The following options are available to address the biofilm with its resident microorganisms and optimize dental unit water quality:
  - Self-contained water systems
  - Point-of-use filters
  - Chemical treatment protocols
  - Municipal water treatment systems
  - Slow-release cartridge devices
  - Point-of-use filters placed at the end of each waterline often have pores too large to effectively trap bacteria, as well as slowing the flow of water in the tubing, which contributes to biofilm growth, and they provide additional surface area for microbial growth. There is also an ongoing expense of filter replacement every seven to 10 days.

- Chemical agents available commercially are designed to inactivate and remove biofilms or deter attachment of biofilm in new or cleaned systems. Daily compliance with tablets, along with monthly shocking and quarterly monitoring, are key to these technique-sensitive protocols. Of concern, residue from undissolved tablets is a potential source of costly repairs to handpieces.

- One innovative waterline disinfection cartridge system, available for municipal or bottled water, offers a continual slow release of iodinated resin. As water flows through the cartridge, it pulls elemental iodine from the resin into the water stream. From there, the iodine interacts with any bacteria in the water, killing it on contact.

- The cartridge is effective for one year after being installed, making compliance effortless. This simple system is FDA and EPA-cleared to provide water under 200 CFU/mL with absolutely no testing required. With no protein attached to the iodine, it poses no risk for allergies, and any “unused” iodine evaporates into the air. Unlike hazardous heavy metal-based cartridges, the used iodine cartridge can be simply disposed of into the trash.

- Effective dental unit waterline maintenance is a key component of an infection control program. Criteria for choosing a dental unit waterline treatment system include ability to control microorganisms and biofilm at required standards; reasonable product and labor costs; safety to equipment and the environment; and, ultimately, compliance.

CDC recommendations
- Flush lines at the start of the day and between patients for 20 to 30 seconds.
- Establish a protocol to achieve

ADA on dental unit waterlines (2004)
- Employ commercial devices to meet water quality standards of < 200 CFU/mL.
- Monitor biological water quality.
- Dental unit water systems must be maintained to deliver water of an optimal microbiologic quality.
- Adopt the use of commercial devices to achieve the safe water quality standard of < 200 CFU/mL.
- Use EPA-registered and FDA-cleared dental waterline treatment product or device according to manufacturer’s directions.
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Dental isolation is one of the most common and ongoing challenges in dentistry. The mouth is a difficult environment in which to work. It is wet and dark, the tongue is in the way, and there is the added humidity of breath, which all make dentistry more difficult.

Proper dental isolation and moisture control are two often overlooked factors that can affect the longevity of dental work — especially with today’s advanced techniques and materials.

Leading dental isolation methods have long been the rubber dam — or manual suction and retraction with the aid of cotton rolls and dry angles. Both of these methods are time and labor intensive, and not particularly pleasant for the patient.

Enter Isolite Systems: Its dental isolation systems deliver an isolated, humidity- and moisture-free working field as dry as the rubber dam but with significant advantages, including better visibility, greater access, improved patient safety and a leap forward in comfort. Plus, it allows dentists to work in two quadrants at a time.

The key to the technology is the “Isolation Mouthpiece.” Compatible with Isolite’s full line of products, the mouthpiece is the heart of the system. It is specifically designed and engineered around the anatomy and morphology of the mouth to accommodate every patient, from children to the elderly.

The single-use Isolation Mouthpieces are now available in six sizes and position in seconds to provide complete, comfortable tongue and cheek retraction while also shielding the airway to prevent inadvertent foreign body aspiration.

Constructed out of a polymeric material that is softer than gingival tissue, the mouthpieces provide significant safety advantages, and their ease-of-use can boost your practice’s efficiency, results and patient satisfaction.

Isolite Systems provides three state-of-the-art product solutions for every practice, every operatory: Isolite, illuminated dental isolation system; Isodry, a non-illuminated dental isolation; and the new Isovac, dental isolation adapter.

Using the Isolation Mouthpieces, all three dental isolation products isolate upper and lower quadrants simultaneously while providing continuous hands-free suction. This allows a positive experience where the patient no longer has the sensation of drowning in saliva/water during a procedure, and the practitioner can precisely control the amount of suction/humidity in the patient’s mouth.

Isolite Systems’ dental isolation is recommended for the majority of dental procedures where oral control and dental isolation in the working field is desired. It has been favorably reviewed by leading independent evaluators and is recommended for procedures where good isolation is critical to quality dental outcomes.

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By Shofu Dental Staff

A recipient of the 2015 Best of Class Technology Award, Shofu’s EyeSpecial C-II, the first digital camera designed exclusively for dentistry, is a truly exciting innovation, a game changer for the entire dental office and the laboratory, according to the company.

The EyeSpecial C-II was developed with the intent to meet the need for effortless and consistent excellence in clinical photography, case documentation, patient and peer communication, and education.

The camera captures high-quality images with ease and convenience, according to the company. It has an exceptional depth-of-field range, smart autofocus and unique flash capabilities that ensure true-color reproduction and superb clinical photography. Like smart phones and tablets, Shofu’s camera is also highly intuitive, user friendly, compact and ultralight weight.

The EyeSpecial C-II features eight preset dental shooting modes — standard, surgery, mirror, face, low-glare, whitening, tele-macro and isolate shade — each to address a specific dental photography need. Markedly, two modes — isolate shade and whitening — can make a significant contribution toward efficient in-office communication and peer-to-peer and lab collaboration, asserts Shofu.

The isolate shade function grays out the gingival part of an image to facilitate shade matching for both the lab technician and the dentist. The whitening mode helps demonstrate the before-and-after whitening, which can be used when discussing the progress of a therapy or as an interactive aid to gain a patient’s acceptance.

Designed for comfort and functionality, the EyeSpecial C-II exceeds stringent infection control protocols. The camera is water-, chemical- and scratch-resistant and can be cleaned with a disinfecting wipe, a task that is sometimes daunting when performed on traditional photography equipment such as the SLRs.

Operating Shofu’s camera is also virtually stress-free because no extensive technical knowledge is required to work with the EyeSpecial C-II, an attribute that brings consistency and efficacy to treatment planning, according to the company. The LCD screen of the EyeSpecial C-II is larger than displays in typical smart phones and SLRs, and it can be operated with a gloved hand. The draw/edit function enables making notes on images, which can be helpful when discussing therapy options or pointing out problematic areas in a treatment.

The camera also has the ability to wirelessly interconnect with other systems in the dental office and laboratory. When equipped with a Wi-Fi card, a photograph captured with Shofu’s camera will instantly appear on connected office devices, including a computer screen, laptop, and an iPad, turning a dental office or a laboratory into an efficient communication hub.

Whether it is a dentist, assistant or hygienist performing clinical photography, case documentation or patient and lab communication, Shofu asserts the EyeSpecial C-II will help effectively harness the many needs of a modern dental practice and laboratory.

Here at the ADA
To learn more about Shofu’s EyeSpecial C-II, go online to www.shofu.com, call (800) 827-4638 or stop by the booth, No. 2022.
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Reference: 1. New technology compared to current Cavitron systems
Reference: 2. Steri-Mate® 360 available on G139 Integrated unit only

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CAV27-0715-2

Visit Booth Number #2405
Part 2 of 3

By Denise Ciardello
Easy Dental Trainer and Co-Founder, Global Team Solutions consulting firm

When I go into practices to triage their business emergencies, I often find the answers are simpler than many thought possible. I have written an eBook with five things you can start doing today to have the most productive and efficient practice.

In Part 1, in Thursday’s issue of today, we discussed making a personal connection.

Remember the three Rs

The three Rs you learned in school were important, but for a healthy and productive dental practice, you need to master these:

- Recall
- Reactivation
- Referrals

Dentists pour a great deal of effort and money into external marketing to try to attract new patients, but they forget the treasure trove they already have: their patient list. Revitalize your practice by using this incredible resource.

Recall is truly the heartbeat of the practice. When patients are having regular visits in the hygiene chair, you will benefit from their repeat visits as well as revenue from any treatment you recommend.

A good rule of thumb for a general practice is that 33 percent of your overall production should be coming from procedures performed in the hygiene chair, meaning everything but exams. Remember: When you keep the hygiene schedule full, the restorative schedule will stay full as well.

Reactivation goes hand in hand with recall. Getting previous patients back into the office is much easier than attracting new patients, because patients who have been in before are already familiar with the office, the dentist and the team.

Make your reactivation campaign methodical. Start with your practice-management (PM) software, which should have reports telling you who these patients are and how to locate them. Your team may need to divide up the list to tackle it. Create a standard script so everyone can approach patients in the same way. Make — and most importantly, write down — your goals, get everyone on board and hold them accountable.

Henry Schein Easy Dental is the easiest, most affordable solution, designed to be powerful yet simple. It streamlines and automates processes and daily operations so you can focus on your practice.

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Referrals: Do you know what your patients are saying about you? Americans tell an average of nine people about a good experience, and they tell up to 16 (nearly two times more) people about their poor experiences (Source: American Express Survey, 2011).

Asking your patients for referrals lets them know you are accepting new patients. To accelerate referrals, consider sending thank-you cards for patients who refer others or having a referral campaign with a drawing for all the patients who refer friends and family members to your practice.

Find these tips and more when you download my free eBook at www.easydental.com/ada.

Here at the ADA
Stop by Henry Schein Practice Solutions, booth No. 2013, to get help with your practice management software. And pick up the Saturday issue of today to get more tips on increasing productivity.

(Photos/Provided by Henry Schein)

Denise Ciardello
When people need treatment now, they also need options now.

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A BruxZir solid zirconia veneer case in conjunction with an anterior crown

By Michael C. DiTolla, DDS, FAGD

Glidewell Laboratories’ weekly web series “Chairside Live” has given us a great opportunity to communicate with clinicians across the nation and educate them on topics that they’re actually interested in learning. If you haven’t yet had the opportunity, episodes can be viewed on-demand at www.chairsidelive.com or on YouTube and iTunes.

In the Case of the Week from Episode 105, I wanted to try something that I really hadn’t done before. I’ve done some anterior BruxZir® restorations, and they turned out well, but I had yet to do an anterior crown case in conjunction with a BruxZir veneer. This is going to be a straightforward case on teeth #8 and #9 with a BruxZir crown and a BruxZir veneer adjacent to it.

Case presentation

This patient had a pre-existing PFM on tooth #8 that was a poor esthetic match (Fig. 1). Because of the patient’s deep overbite, I liked the idea of using a BruxZir crown for tooth #8 because I could keep it almost as thin as that PFM was on the lingual. I also planned to have the lab fabricate a BruxZir no-prep veneer for tooth #9, which happened to be facially deficient.

I anesthetized the patient and took off the crown. The prep had been endodontically treated, and it looked like a gold post was placed in the incisal edge.

We placed the first cord (size 00) and then prepared the gingival third of the tooth. Because the tooth already had a PFM, I didn’t have to do a ton of reduction; it was more about where I did the reduction.

While reducing, I exposed a little bit of gold, so I covered it up with a self-adhering composite resin, and then I finished smoothing off the prep (Fig. 2). Then I placed the top cord (size 2), which upon removal left us a wide open sulcus that would be simple to impress. That’s the benefit of using the two-cord technique.

Six days later, we took off the temporary and tried in the final restorations, which the patient approved. We cemented the crown with Ceramir® Crown & Bridge cement (Doxa Dental; Newport Beach, Calif.).

The thing I love about Ceramir cement is the fact that it bonds on its own to zirconia without requiring you to decontaminate the internal surface of the BruxZir crown or use a zirconia primer. Plus, the cement will typically clean up in just one piece (Fig. 3).

With the crown placed, I then turned to the veneer. After try-in, I decontaminated the internal portion of the BruxZir veneer by sandblasting it for 15 seconds. I then placed a layer of Z-Prime Plus and air thinned it, and then placed a layer of bonding agent and air thinned it.

I isolated the two adjacent teeth with mylar strips and then etched with phosphoric acid, rinsed, placed the bonding agent, air thinned it, placed the veneer with the light-cured resin cement inside and cured it. You can definitely light-cure through solid zirconia. Try it yourself when you receive the case.

Here’s the patient with the crown and veneer in place (Fig. 4). It looks pretty good, considering those are BruxZir solid zirconia restorations with no ceramic on the facial. BruxZir continues to look better because of the increased translucency of the material.

I’m now feeling more confident that if I’m placing a crown on a single anterior tooth that I can place a BruxZir veneer on the tooth next to it. As long as #8 and #9 match, we have a chance of having a nice smile.
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NANOVA
By Javier de Pison, today Staff

Customers who choose Microdent dental implants place their trust in a large company supported by internationally renowned oral implantologists.

Microdent uses cutting-edge technology to manufacture implants and implant components that undergo rigorous piece-by-piece quality control.

Since 1983, Microdent has invested heavily in research, collaborating with national and international universities, participating in numerous scientific projects and publishing clinical articles in specialized journals.

In order to completely and totally fulfill customers’ requests, Export Manager Matías Viale, Microdent ensures that all its products exceed the strictest regulatory requirements set by international health standards.

All production processes are certified and validated by the international certification body DNV-GL, meeting the highest standards of quality, as well as by the ISO 13485:2003 international certificate. In addition, Microdent is one of the few selected Spanish companies approved by both EC and FDA regulations to market medical devices in Europe and the United States.

A growing international distribution network, which provides educational services and clinical solutions to fulfill all the needs of implant professionals, complements its marketing and distribution network throughout Spain.

Microdent is also a leader in continuing education.

“Our aim is to help dental practitioners in their learning process,” said Viale, “by addressing all areas of oral implantology in order to achieve not just proficiency but excellence in the management of dental implants.

“Our marketing efforts throughout the world are based on continuous training and a strong communications strategy, which has resulted in a large international presence,” he continued.

Microdent is a pioneer in education and training, with established programs in more than 10 different countries. Since its inception, Microdent’s clinical courses, seminars and hands-on workshops in different cities around the world have provided practitioners with the knowledge and tools they need to succeed.

“We offer scientific lectures and practical training courses designed for all skill levels,” Viale said. “A scientific committee sets guidelines and supervises the learning objectives for all courses, and close collaboration with our teaching faculty helps deepen the knowledge in all areas of oral implantology.”

Microdent’s steady growth is clearly the result of its commitment to clinical training. According to Viale, it’s a new continuing education concept based on technical and scientific evidence that is a model of excellence for implant professionals.

Supported by a scientific committee and associate teaching staff, Microdent is proud to offer the broadest portfolio of national and international teachers specialized in different areas of implantology.

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Brush&Bond UNIVERSAL displays superior physical properties when compared to other “Universal” adhesives. In fact, in a side-by-side comparison. Brush&Bond UNIVERSAL showed significantly greater adhesion to enamel, dentin, metal alloys, plus (when combined with Ea-Zy Primer) dental ceramics such as porcelain, zirconia and lithium disilicate.** (FIG. 2)

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By Nanova Biomaterials Staff

NovaPro Flow, designed and created by Nanova Biomaterials, is the first commercial dental composite reinforced by nanofibers. The in-house-made hydroxyapatite nanofibers, composed of calcium phosphate minerals, are the secret to NovaPro Flow’s high strength, great handling properties and esthetic effects, the company asserts.

Teeth, bones and nanofibers have the same structure, all comprising a hard inorganic mineral in a soft organic matrix. For example, the enamel of a tooth is made up of high-volume, needle-like mineral crystals (approximately 15 to 20 nanometers thick and 1,000 nanometers long) in a small-volume, soft protein matrix. Bone and dentin are made up of plate-like crystals (approximately 2 to 4 nanometers thick and up to 100 nanometers long) embedded in a collagen-rich protein matrix. By comparison, the nanofibers have a thickness of less than 100 nanometers in diameter, or 1,000 times smaller than human hair.

Most dental composites are composed of only nanoparticles, while NovaPro Flow reinforces the composites with nanofibers, which adds several advantages. The strength found in the nanofibers is because of its one-dimensional nature and large surface area. If you apply a shear force to a bunch of nanoparticles, it is easier for the particles to slide by each other. A fiber, on the other hand, has a solid connection that is stronger to resist bending, shear and tensile forces.

In comparison, synthetic bulk hydroxyapatite typically has a tensile strength of approximately 50 MPa, which would not be able to reinforce a dental composite. The large size would also lead to polishing problems. The larger surface area of nanofibers provides better transfer of strength for the fiber and the dental composite alike.

During World War I, A. A. Griffith discovered the correlation between strength and the small size of ceramic materials, such as enamel, by testing different thicknesses of glass. According to the Griffith theory, these needle-like mineral crystals can reach their theoretical strength, or maximum strength, of a material (several or tens of GPa) when their diameters are in the nanoscale.

Microscopic flaws cause a material to fail, so by creating a nanoscale fiber, it statistically limits the amount of flaws and provides the ability to reach the material’s maximum strength.

In addition, such mineral crystals at nanoscale are not sensitive to cracks or stress concentration, which typically degrades when produced on a micro or macro scale. The fibers are able to bend without breaking. The high strength and low sensitivity to cracks found in natural Nano composites are the same advantages provided by the nanofiber-reinforced NovaPro Flow.

Here at the ADA
To check out NovaPro flow for yourself, stop by the Nanova Biomaterials booth, No. 1051.

NovaPro Flow (Photo/Provided by Nanova Biomaterials)
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Futurabond M+ achieves total-etch bond strength levels with all light-, self- and dual-cure resin-based composites, cements and core buildup materials. With a dual-cured activator, Futurabond M+ will self-cure without any light activation, which offers a big advantage for endodontic applications such as post cementation where it avoids the pooling effect, a problem with light-cured adhesives. Futurabond M+ also adheres well to metal, zirconia and ceramic, making extra primers unnecessary. Futurabond M+ needs only one coat and takes 35 seconds from start to finish. Its low film thickness of only 9 microns makes bonding margins invisible (i.e. no “halo” effect) and prevents pooling problems. Additionally, the material does not need to be refrigerated.

Further Futurabond M+ benefits include its indication as a desensitizer for use under amalgam restorations or on hypersensitive tooth necks, as a protective varnish for glass ionomers and as an intraoral repair of ceramic restorations. For more information on Futurabond M+, visit www.voco.com or stop by the booth, No. 1813, here at the ADA.

The TurboVue™ Illuminated Magnetostrictive Ultrasonic Scaler provides excellent visibility when scaling all areas of the oral cavity. The TurboVue features a light source built into the handpiece, allowing a significant amount of light to emit through the 30 K, light-transmitting ultrasonic inserts. Whether it’s the distal of a second maxillary or mandibular molar, a furcation or a deep lingual pocket you’re trying to access, the TurboVue will illuminate even the toughest corners, according to the company, ensuring you won’t miss anything. In addition, the light reduces strain on the operator’s eyes. No more squinting or messing with the overhead lamp or loupes.

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