Cochrane Review confirms clinical benefits of triclosan/copolymer formula in Colgate Total

By Sierra Rendon, today staff

A trio of Colgate executives gathered here in Chicago Friday morning to announce the positive findings of an independent review on the triclosan/copolymer formula in Colgate Total® toothpaste.

“I am pleased to confirm that one of our most noteworthy contributions to helping to combat periodontitis is our introduction of the triclosan/copolymer system to fluoride toothpaste, which is found in our line of Colgate Total toothpastes,” said Dr. Fotinos S. Panagakos, global director, scientific affairs and research relations for the Colgate-Palmolive Company.

Panagakos, along with Gavin du Toit, marketing director for Colgate Oral Pharmaceuticals, and Robert A. Faiella, DMD, immediate past president of the American Dental Association, were on hand to answer questions about the Colgate Total formula and the independent review.

The review was conducted by the Cochrane Oral Health Group, which carries out systematic reviews of primary research in human health care and health policy that are internationally recognized as the highest standard in evidence-based health care.

Entitled “Triclosan/copolymer-containing toothpastes for oral health,” the Cochrane Review evaluated the effects of triclosan/copolymer-containing fluoride toothpastes, as compared with traditional fluoride toothpastes, for the long-term control of caries, plaque and gingivitis in both children and adults.

The Cochrane Review evaluated 30 studies dating from 1990 to 2012 in which 14,835 participants were randomized to receive either a triclosan/copolymer-containing fluoride toothpaste or a traditional fluoride toothpaste that did not contain triclosan/copolymer.

The toothpaste used in the studies containing the triclosan/copolymer system and fluoride was Colgate Total. The resulting data highlighted the many clinical benefits of using a triclosan/copolymer-containing fluoride toothpaste and concluded there was no evidence of harmful effects associated with the use of triclosan/copolymer toothpastes.

Some key findings of the Cochrane Review include:

• After six or more months of use, fluoride toothpaste containing triclosan/copolymer provided a 22 percent reduction in plaque as compared with traditional fluoride toothpaste.

• After six or more months of use, fluoride toothpaste containing triclosan/copolymer provided a 22 percent reduction in plaque severity as compared with traditional fluoride toothpaste.

“I commend the Cochrane Oral Health Group for taking the time to conduct a rigorous review of the clinical studies performed on the fluoride toothpaste containing triclosan/copolymer,” Panagakos said. “I have no doubt that this noteworthy review will draw further attention to the topic of gum disease, which is a prevalent oral health issue.”


For more information about all Colgate Total products, stop by the booth, No. 1818, or visit www.colgateprofessional.com.
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- Fast-acting.
- Great for tissue management when seating restorations, placing rubber dam clamps (controlling bleeding), bleaching teeth (to manage moisture) and restoring subgingival cavities.
- Light green color makes the material easy to detect.
- Fraction of the cost of other retraction materials.

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**Dryz™** is terrific to use alone or in conjunction with retraction cord or compression caps. Dryz stops bleeding and seepage from gingival crevicular fluid that may interfere with impression taking. It’s fast-acting and just a fraction of the cost of all other retraction materials on the market!

The light green color of Dryz contrasts nicely with gingiva, blood and tooth structure, making it easy to detect where the material has been placed. Dryz is also easily removed with an air/water syringe and leaves no residue to interfere with impressions or seating of restorations.

Using Dryz is a breeze! Prior to taking your impression, rinse and dry the prep. Isolate the area and simply apply Dryz into the sulcus directly from the self-dispensing syringe without the need for a separate dispensing gun. Dryz will create a nice space between the gingival tissue and tooth surfaces while controlling any bleeding with its aluminum chloride.

If you prefer, you may also use compression caps for a little more “push” into the sulcus. Then, just let the material sit for a few minutes (depending on the amount of hemostasis that’s necessary), rinse thoroughly, dry and make your impression!

Dryz is also great for tissue management when you’re seating restorations, placing rubber dam clamps, bleaching teeth and restoring subgingival cavities. It controls seepage that may contaminate a sensitive, restorative material, allowing you to do optimal restorative dentistry.

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Controlling tissue contours with a prosthetically driven approach to implant dentistry

By Timothy F. Kosinski, DDS, MAGD

With continual improvements in the design and production of implant systems and restorative components, the consistent results, predictability and long-term prognosis offered by implant therapy is making the treatment an increasingly popular technique for replacing missing teeth.

The esthetics, durability and precise customization offered by modern prosthetic components enable clinicians to provide ideal final restorations their patients can depend on.

For the best results and maximum efficiency, implant therapy should be approached comprehensively, with the final result visualized from the outset. Technology has advanced to the point where smile design, emergence profile and margins can be established prior to any surgical intervention, giving clinicians a clear picture of the optimal prosthetic outcome that can be carried through each phase of treatment.

The Inclusive® Tooth Replacement System (Glidewell Laboratories, Newport Beach, Calif.) simplifies this approach by providing everything needed for an implant case in a single package, building toward the final restoration with patient-specific components that begin shaping the patient’s soft-tissue contours immediately following surgery.

Experienced dental technicians use the latest in CAD/CAM technology to design custom abutments that sculpt the gingival contours during the healing phase, setting up a smooth, predictable transition to the final custom abutment and crown.

Until recently, surgical placement of the implant was the primary concern. Improvements in dental implant design have led to better initial stability and less crestal bone loss over time. While positioning and angulating are crucial, achieving the most aesthetic final result possible is also now of paramount importance if seeking to meet or exceed patient expectations.

The Inclusive Tooth Replacement System takes significant strides in facilitating the creation of superior, more predictable esthetics. With the optimal emergence profile driving the design process, clinicians now have the necessary tools to manage soft-tissue contours with custom components that approximate the root design and structural anatomy of a natural tooth.

The case that follows illustrates how an all-inclusive, prosthetically driven treatment protocol assists the clinician in achieving an excellent clinical outcome while streamlining the surgical and restorative phases of treatment.

Because the case involves the replacement of a central incisor in the anterior, where creating an ideal emergence profile is especially important, the aesthetic benefits of this approach are particularly evident.

**Case report**

A 55-year-old female presented with a fractured maxillary left central incisor (Fig. 1).

After careful intraoral and radiographic examination, it was determined that an implant could be predictably placed in the bone without complication. The primary goal was for the ultimate emergence profile of the final restoration to match that of the natural tooth being replaced and that of the adjacent central incisor.

A flapless surgical protocol was selected to retain as much gingival tissue as possible. The laboratory produced a surgical stent to assist with the initial orientation of the pilot drill. A radiograph was taken to ensure proper mesial-distal positioning and equal spacing between the adjacent natural teeth. Once proper angulation was verified, typical implant techniques were used.

Treatment began with the atraumatic extraction of the root. Maintaining the facial plate of bone was critical to facilitating optimal tissue healing and allowed for flawless placement of the dental implant.

Digital radiographs were used before, during and after surgery to ensure ideal implant angulation and depth. A pilot drill established the desired depth, and the apex of the implant was safely and effectively positioned in line with the roots of the adjacent teeth.

Following implant placement, the choice was made to not immediately load the implant with a transitional crown because sufficient primary stability was not achieved.

The custom healing abutment was placed (Fig. 2), and because the tooth being replaced was in the esthetic zone a removable partial denture was used as a transitional appliance. The custom contours of the healing abutment effectively managed the patient’s soft tissue. For added esthetics, the maxillary right central incisor crown was replaced following preparation.

Upon completion of the healing phase, ideal gingival contours were evident (Fig. 3), which made delivery of the final restoration a smooth endeavor that was comfortable for the patient and required no chairside adjustments (Fig. 4).

**Conclusion**

As demonstrated by the natural margins, soft-tissue contours and emergence profile achieved in this case, a prosthetically driven approach to implant dentistry provides excellent clinical outcomes. Visualizing the final restoration from diagnosis and treatment planning through delivery of the final abutment and crown helps to ensure a predictable result.

The Inclusive Tooth Replacement System simplifies this approach by harnessing patient-specific tissue contouring and an all-inclusive clinical protocol to guide cases toward a functional and esthetic conclusion, with each step of the restorative process setting up the next for success.
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<table>
<thead>
<tr>
<th>Factors</th>
<th>Time Savings</th>
<th>Savings/Profit</th>
<th>Profit % rate in treatment time</th>
<th>Total in $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set-up/Break-down of the procedure room</td>
<td>6 min. x 25 Pat. x 200 days = 28,800 min./yr.</td>
<td>28,800 min. x $5/min = $144,000</td>
<td>40%</td>
<td>$57,600</td>
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<tr>
<td>Lost time during the procedure</td>
<td>4 min. x 4 Practitioner x 200 days = 22,000 min./yr.</td>
<td>12,000 min. x $5/min = $60,000</td>
<td>40%</td>
<td>$24,000</td>
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<tr>
<td>Sterilization and storage</td>
<td>5 min. x 24 Pat. x 200 days = 24,000 min./yr. = 400 hr.</td>
<td>400 hr x $10/hr = $4,000</td>
<td>100%</td>
<td>$4,000</td>
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<tr>
<td>Material inventory</td>
<td>60 min. x 200 days = 12,000 min./yr. = 200 hr (Dental Assistant)</td>
<td>200 hr x $15/hr = $3,000</td>
<td>100%</td>
<td>$3,000</td>
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<tr>
<td>Material savings 10%</td>
<td>$667 x 12 Months = $8,000</td>
<td>$8,000</td>
<td>100%</td>
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<tr>
<td>Additional human resource</td>
<td>$1,700 x 12 Months = $20,400</td>
<td>$20,400</td>
<td>100%</td>
<td>$20,400</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$117,000</strong></td>
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</tbody>
</table>

Actual Case Study for a 2-location practice with a total of 9 operators. Data shown is after implementing Zirc products and techniques.

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Photo Courtesy of Dr. David Little - ESTEDENT, Prague, Czech Republic.

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Shofu Dental Corp. announces the latest addition to its extensive product line: the EyeSpecial C-II Digital Dental Camera.

The EyeSpecial C-II digital dental camera is designed exclusively for dentistry and features 12 megapixels and eight shooting modes that are easier, faster and more reproducible to ensure the best quality of images are achieved. The EyeSpecial C-II offers a high-performance, 49 mm close-up lens, intuitive one-touch operations, an ultra lightweight sleek body design and a large LCD touchscreen, which allows the user to view and scroll through images effortlessly, even with a gloved hand.

Designed to produce superb image quality, EyeSpecial C-II has exceptional depth of field range, fast autofocus and anti-shake capabilities, as well as infrared, UV and anti-reflection filters to help achieve those high-quality images. Although lightweight, the camera is very durable and will withstand the occasional mishandling. It is scratch- and scuff-resistant, as well as water and chemical proof, which is essential for infection control in the office.

Ideal for intraoral photography, dental/orthodontic case presentations and at the bench in a laboratory, EyeSpecial C-II is extremely user friendly and can be held comfortably with one hand, freeing the other to use a cheek retractor or mirror. Included with the EyeSpecial C-II is a 4 GB SD XC card, but the camera is also compatible with an Eye-Fi Pro X2 card, allowing images to be automatically transferred and uploaded onto a computer, tablet or smartphone.

With a retail price of $2,795, EyeSpecial C-II comes with a 4 GB SD XC card, four AA batteries, a high-performance Kenko 49 mm macro lens for close-up shots, a computer connection cord and hand strap and flash calibration card. In addition, SureFile photo management software is available for free download. This proprietary software will allow the user to automatically sort and file images by patient name or ID number, saving time and improving HIPA standards.

Shofu’s stylish and smart EyeSpecial C-II is designed exclusively for dentistry and adds consistent efficiency to all your dental photography needs. It is available online at www.shofu.com, or for more information, contact Shofu Dental Corp. at (800) 827-4638.
Save money and stress

Zirc helps you think outside the tub

By Zirc Staff

The other day, a dental assistant named Mandy sat down with a patient in operatory No. 2 for a simple crown preparation procedure. Going through the procedure effortlessly, as she had many times before, Mandy and Dr. Pearson were wrapping up with only the placement of the temporary crown left to execute.

Mandy reached over to her operatory drawer to grab the temporary bond that is in the same place in all of the operatories. To her surprise, she realized there was no bonding agent stocked in its usual place.

No big deal. She swiftly shuffled over to operatory No. 1 to that same drawer. Once again, she was surprised to see no bonding agent available and, in its place, were a couple of impression trays and a few cotton rolls.

Mandy was now getting a little frustrated, knowing that the new assistant they recently hired was just in that operatory doing a crown prep a couple hours ago. The assistant must have used the last of the bonding agent and did not restock the operatory. She also made a mess of the other procedural materials inside the drawer.

By this time, Mandy was upset because her patient had been waiting for about five minutes as she gracefully danced around other staff and patients to find a small bottle of bonding agent to complete her hour-long procedure.

Mandy’s last resort was to go through sterilization to the back closet in hopes of finding this bonding agent in stock, and luckily, 10 were left. Five had expired, but the other five were good for the next couple of weeks.

A total of seven minutes had gone by, and instead of being done with the procedure, Mandy and Dr. Pearson were placing the temporary crown five minutes later than the estimated procedure time and still had another crown prep patient sitting out in the waiting room.

Would Mandy remember to restock that bonding agent in the operatories?

The portable drawer

A tub is a dental practice’s best friend. It keeps operatory drawers clutter-free for commonly used items, stores only procedure-specific materials and can be placed in sterilization, ready for the next procedure, with no same-day prep needed.

This eliminates the situation of depleted materials that are forgotten about prior to a procedure — a situation that caused Mandy so many issues.

The money maker

With a cover, the tub can sit chairside, protecting and supplying everything an operatory drawer can.

The most important difference between the drawer and the dental tub is restocking. You are only restocking one tub for your procedures, compared to keeping inventory in one, two or five operatories.

This will put a tight squeeze on your inventory, allowing a dental practice to save money usually wasted on throwing away expired procedural materials and by keeping better counts on the others.

See SAVE, page 14

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See SAVE, page 14
Getting rid of stress

More than just throwing away money, Mandy’s situation with her new assistant also caused her undue stress. The truth is, we are faced with stress everyday in our lives. It’s a matter of how you can avoid it, handle it or move on from it that determines whether you can stay clear of the negative side-effects that can prevail.

According to the American Psychological Association at the American Institute of Stress in New York, our jobs are the No. 1 thing that stresses us out, and 48 percent surveyed say it has an effect on their personal and professional life.

No surprise really; we spend a good portion of our week at work and then play catch-up in our spare time to satisfy our personal needs, leaving very little room for ourselves to unwind and bring our mind or body back to center.

Is Zirc the answer?

Can Zirc solve all of your stress-related concerns? Of course not, but when its research and design team gets together to bring effective dental products and techniques to the industry, there are three values considered: innovation, quality and efficiency.

Not only will these values help a dental practice profit more as a business, it will also enhance the unity and flow of what goes on in front of a patient and behind the sterilization walls.

Decreasing your material inventories and increasing your procedure efficiencies will help you gain more time in your work day, adding more value to your practice and coworkers, all the while putting a smile on your face.

The small step

Don’t try to fix all of your stressors at once. Change one thing you do during a procedure or sterilization process that you think may help relieve stress or make you feel more positive while doing your job.

Try it for a short period of time, and if it does not work, you can always revert back.

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**SAVE**

From page 13

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