Despite state-of-the-art advancements in endodontic treatment that make root canal procedures often as straightforward as fillings, Americans still express fear of the procedure. According to a recent survey by the American Association of Endodontists (AAE), 67 percent of Americans say fear of pain most concerns them about having root canal treatment.

In an effort to help dispel these fears, the AAE recently held its 10th anniversary celebration of Root Canal Awareness Week, from March 27 to April 2. As part of the celebration, the organization released two new videos to get patients up-to-speed on the realities of modern root canal treatment.

“The time that patients realize the once-dreaded root canal has come a long way,” said AAE President Dr. Terryl A. Propper, a private practicing endodontist in Nashville, Tenn. “Advancements in training, equipment, technology, and anesthesia make modern root canal treatment virtually painless.”

The videos, “Root Canals Aren’t What They Used To Be” and “Get Up To Speed on Today’s Root Canal,” are available on youtube.com by searching for the titles. Root Canal Awareness Week is a nationwide effort to encourage patients who need a root canal to see an endodontist to save their natural teeth.

In this publicity effort, AAE informs the public that endodontists have at least two years of additional training beyond dental school and are highly skilled specialists in performing root canals and diagnosing and treating tooth pain. Their mix of advanced training, techniques and equipment improve patient comfort, ease anxiety and alleviate pain, AAE emphasizes.

“Endodontists, the root canal specialists, devote their practice to root canal treatment and related procedures,” Propper said. “We use technologies like microscopes, digital and 3-D imaging and ultrasonics to diagnose and treat our patients quickly, comfortably and successfully.”

AAE research shows that dentists refer an average of 43 percent of root canal patients to an endodontist, yet almost all the general dentists surveyed — 94 percent — say they have a positive or very positive perception of endodontists and the care they provide.

“Americans are taking more control of their health care, and that should include oral health,” Propper said. “Patients who need root canal treatment should consider seeing an endodontist.”

(Source: American Association of Endodontists)
The American Association of Endodontists’ Board of Directors has selected Kenneth J. Widelka as its new executive director, effective April 19.

Widelka joins the AAE from the American Association of Diabetes Educators, where he serves as the chief operating officer. Widelka joined ADE in 2010 and also served as its chief administrative officer and chief financial officer.

“After an extensive, nationwide search, the AAE board is pleased to announce Ken as our new executive director,” said AAE President Dr. Terryl A. Propper. “The board was very impressed with Ken’s wide range of executive level experience; successful track record in developing and improving programming, strategic and operational expertise; and service as a strong leader and mentor for his staff.

The board is confident that Ken has the experience and personal qualities needed to lead the AAE.”

“I am honored to have been named executive director of the American Association of Endodontists, and I am excited to work with the board of directors and other volunteers to grow and advance the mission of the AAE,” said Widelka. “The AAE has a vibrant membership, and I am eager to lead the staff to help members serve their current and emerging needs.”

As the AAE’s executive director, Widelka also will serve as executive director for the AAE Foundation.

Prior to his role at the AADE, Widelka was associate executive director and chief financial officer of the American Bar Association. He has held corporate executive roles at Pearson PLC, McGraw-Hill and Tribune Co., focusing on strategy development, organizational optimization and team building.

Widelka is a certified association executive and certified public accountant. He received his bachelor and master’s degrees from DePaul University.
debates, talk show-style interviews, panel discussions and some shorter, more focused programs we’re calling ‘CE Express.’

New educational tracks at AAE16 include ‘Interdisciplinary Care and Derailment.’ The interdisciplinary care track will bring together endodontic experts and leaders in orofacial pain, otolaryngology, pharmacology and others to examine cases from different perspectives.

The derailment track — looking at the things that can go wrong each day — addresses challenges such as managing material extrusion, removing broken or separated instruments, repairing failed referral relationships and dealing with staffing issues.

Beyond the educational programs, AAE16 also offers an interactive approach — more than 100 vendors offering the latest in endodontic equipment, materials and supplies are available in the exhibit hall, most of them allowing clinicians to the opportunity to see, feel and sometimes even try out the various products.

Special events at here at this year’s AAE16 include the President’s Breakfast, the Louis I. Grossman Ceremony, recognizing the newest diplomates of the American Board of Endodontics, and the Edgar D. Coolidge Luncheon, honoring the AAE’s award winners.

Making the most of the Bay Area, tonight’s Welcome Reception will feature wines and cheeses from the famed Napa Valley and Sonoma County regions, while Friday night’s Celebrate San Francisco! Event will be held at the Exploratorium museum on San Francisco’s Embarcadero.

“I’m so excited about this year’s meeting and all of the innovative approaches we’re taking to make AAE16 memorable,” said Propper in a press release. “I want all of our attendees to return to their practices, schools or residencies with new enthusiasm and ideas to provide the best patient care and support the specialty.”

Here at the AAE
To view the entire meeting schedule, visit www.aae.org/aae16, pick up an on-site guide or download the mobile app to your smartphone.

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Endodontic trends that do and don’t make sense

By Barry L. Musikant, DMD

With the increasing awareness that greater tapered rotary instruments can induce dentinal micro-cracks, which in turn can lead to vertical fractures and tooth loss over time, a growing number of endodontists are preparing canals more conservatively, with smaller apical preparations and reduced tapers along length.

Apical preparations of a 35–40 mm were once the norm, today those preps are being reduced to 25 mm or less, with tapers no greater than 0.04 mm/ mm. The result is the preservation of tooth structure in the mesio-distal plane with the additional bonus of needing fewer instruments, lowering costs and reducing the time needed for instrumen-
tation. It should also be stated that lesser tapered instruments are more flexible and more resistant to cyclic fatigue that, if excessive, leads to instrument separa-
tion.

From the perspective of iatrogenic events, the implementation of conser-

vative endodontics as defined above reduces instrument breakage and leaves a tooth less prone to vertical fracture. On the other hand, we must not forget that pulpal tissue is most often configured as a highly oval body with buccal and lingual isthmus-like extensions.

When preparing canals with greater tapered rotary NiTi instruments, these buccal and lingual extensions are left untouched and, worse, are blocked off from the irritants by a smear layer that coats their entry points. From the point of tissue removal, thinner less ta-
pered preparations are removing less tis-
sue and leaving a space where a smaller volume of irrigant will be applied.

Stated simply, rotary shaping produces round conical preparations. Reduce the tip size and taper of the shaping instru-
ments and we still produce a conical preparation, only smaller. Dentin is pre-
erved, but more pulpal tissue and the bacteria they support are left untouched.

We are left with a bit of a dilemma. Use greater tapered instruments and we will remove more tissue but increase the likelihood of producing dentinal micro-

cracks while definitively weakening the remaining tooth structure and increas-
ing our costs and the time needed for the shaping procedure. Switch to lesser-
tapered preparations and the canals are not adequately cleansed particularly in the bucco-lingual plane.

What appears to be a set of choices, each of which have their strengths and weaknesses, does not give us the tools we need to attain our goals of optimum cleansing with minimal tooth removal. Since its implementation more than 25 years ago, those who use rotary in-
struments have learned that care must be taken to minimize the incidence of instrument separation. That learning curve includes:

1. The creation of a glide path that al-

ows the unimpeded progress of the ro-
tary instrument to the apex.

2. Crown-down shaping that reduces the engagement of the instrument along the full canal length.

3. Straight-line access.


5. The application of minimal apical pressure using a light pecking motion when negotiating apically.

6. Staying centered with minimal lat-

eral brushing.

7. The possible adoption of interrupted rotations (a version of reciprocation that includes full rotations) to reduce torsion-

al stress and cyclic fatigue.

8. The implementation of newer heat-
treated alloys that reduce without elimi-

nating instrument separation.

A learning curve that must incorporate so many prerequisites conditions a den-
tist using a rotary system to be cautious when shaping canals. The result is the creation of conically shaped canals, be-
cause deviating laterally from that cen-
tered approach increases the chances of instrument separation.

The fact that a good deal of tissue and bacteria exist in lateral spaces is under-

appreciated in the quest for procedural safety. It is also a fact that the mesio-
distal periapical X-ray of a tooth fully ob-
turated from stem to stern without any obvious distortions is considered proof of a job well done, despite the dearth of information on the shaping and obtura-
tion done in the bucco-lingual plane.

Until we develop techniques that can remove tissue and bacteria without any instruments touching the walls of the canals and then obturating them com-
pletely, we will remain dependent on metal instruments physically shaping the canals. To resolve the present dilem-
ma, we must primarily have an approach that is virtually immune to instrument separation.

Instruments break for two reasons: ex-
cessive torsional stress and cyclic fatigue, both resulting from varying degrees of rotation. If we limit the amplitude of mo-
tion to 30 degrees to 45 degrees, we limit the arc of motion to either a 1/12 or 1/8 of a single full rotation, a reduction so sig-
ificant that neither torsional stress (pro-
duced by an instrument locking apically) nor cyclic fatigue (produced by rotations around a curve) becomes a destructive factor.

The fact that an instrument is now vir-
tually free of breakage means the dentist no longer has to employ the precautions that were necessary when using instru-
ments that undergo complete rotations. Straight-line access and crown down preparations are no longer required, preserving more tooth structure in the mesio-distal plane while significantly re-
ducing the incidence of dentinal micro-

cracks. Not only is more tooth structure preserved but the integrity of the re-

maining dentin is not degraded. Studies have repeatedly shown that small amplitudes of motion are less likely to in-
duce dentinal damage.

Of most importance, with a 30 degrees to 45 degrees arc of motion, we are now free to work with thinner stainless-steel relieved reamers vigor-
ously against the buccal and lingual ex-
tensions. These are the most appropriate instruments because they will encounter the least resistance when being worked buccally and lingually.

Highly flexible in thin dimensions, stainless-steel relieved reamers contain a sharp cutting edge, shaving den-
tin away as they rapidly oscillate in the 30 degrees to 45 degrees reciprocating handpiece at 3,000 to 4,000 cycles per minute. Unlike rotary NiTi continuous or interrupted, we now have a means to shape canals that reflect their original anatomy in larger form, something that can only be done predictably because the dentist knows the instruments will stay intact.

Rotary NiTs for some has proven itself to be more efficient in shaping canals compared to the traditional hand tech-
niques, and the idea of abandoning such an approach may bring back memories of hand fatigue and reduced rates of ef-
ciciency. It is a reasonable question to ask whether or not the implementation of 30 degrees to 45 degrees engine-driven reciprocation will impact their expecta-
tions of efficiency.

The best way to answer that is for the dentist to realize that after the first reamer is negotiated to the apex manu-
ally, all instruments after that are placed in the reciprocating handpiece oscillat-
ing at 3,000 to 4,000 cycles per minute. Short arcs of motion utilized at high fre-
quency allow a sequence of instruments to rapidly negotiate to the apex. In fact, the entire glide path preparation, a task often taking a good deal of time prior to the use of rotary NiT, is now done quick-
ly and efficiently.

To better understand the innate advan-
tages of the use of relieved reamers with short arcs of motion at high frequency, one must appreciate the fact that thin instru-
ments can widen canals beyond their own dimensions. In the thin mesio-distal plane, there is minimal need for that, but in what is often the far wider bucco-
lingual plane, a thin, rapidly oscillating reamer can extend the canal preparation several times its own size, extending the

Fig. 1: CT scan showing treated canals (red) and untreated isthmus (green). Photo/Provided By Barry L. Musikant, DMD, and used with permission from rootcanalanatomy.blogspot.com.

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Reduce root canal prep time

Komet USA’s F360 endodontic file system permits preparation of root canals with a simplified sequence that the company says is perfect for even beginning endodontists.

Requiring only two files, the F360 files use the same torque (1.8 Ncm) and speed values (250-350 rpm), doctors don’t need to adjust speed or torque when changing files during the preparation sequence. Thanks to the small taper of the files (.04), the system is suitable for almost any canal anatomy — whether straight, curved or S-shaped.

GPR gutta-percha remover
Komet USA’s growing line of endodontic instruments and accessories now features the GPR gutta-percha remover, which maximizes the efficient removal of gutta-percha from endodontic canals undergoing retreatment.

The specialized nickel-titanium bur is engineered with non-cutting edges, enabling gutta-percha to be softened and removed through frictional heat generated from rotation.

Supplied in packages of five, the bur is offered in sizes 025 and 030 GPR RA.025 and GPR RA.030.

GrBoA Gates-Glidden Reamer
Designed for tapered reaming in the straight, coronal portion of the root canal, the GrBoA Gates-Glidden short reamer is constructed of stainless steel.

The bur’s total length is only 28 mm (compared to the standard 32-mm length), and it can be applied using the crown-down technique after the canal has been opened. The reamer is offered in sizes 050, 070, 090, 110, 130, and 150 and is supplied in packages of six. Also available is the GrBo8 standard-length Gates-Glidden reamer.

All of Komet USA’s Gates-Glidden burs are color coded according to ISO sizes.

(Reference: Komet USA)

References

About the author
Barry Lee Musikant, DMD, FICO, is a member of the American Dental Association, American Association of Endodontists, Academy of General Dentistry, the Dental Society of New York, First District Dental Society, Academy of Oral Medicine, Alpha Omega Dental Fraternity and the American Society of Dental Aesthetics. He is also a fellow of the American College of Dentistry (FACD). He is a partner in one of the largest endodontic practices in Manhattan. Musikant’s 35-plus years of practice experience have established him as one of the top authorities in endodontics. To find more information from Musikant, visit www.essentialseminars.org, email info@essentialseminars.org or call (888) 342-6178.
With a Double-S crosscut design, our F360™ file introduces new levels of flexibility and cutting efficiency to endo treatment.
Fotona launches new dental laser for hard and soft tissue

By Fotona staff

Fotona, based in the United States and Europe, launched its new ST PRO Lightwalker dental laser at the Chicago Dental Society’s 151st Midwinter Meeting, held recently in Chicago. According to the company, the ST PRO is a full-featured, hard- and soft-tissue dental laser with many of the features of the award-winning Lightwalker ATS.

In a press release, the company said that at an introductory price of $49,900, the ST PRO should be very attractive to many dentists who might be hesitating to incorporate lasers into their practices because of the cost of higher-priced and less advanced systems.

The ST PRO is an ultra fast Er:YAG dental laser capable of removing cavities without the need for shots and local anesthesia, especially for children, in most cases, according to the company.

The ST PRO also performs the patented and widely researched and acclaimed PIPS laser root canals, a wide range of atraumatic bone procedures and non-invasive, blood- and suture-free soft-tissue procedures.

According to the company, the ST PRO includes features such as:

- Powerful 12 watts of Er:YAG energy for ultra-fast cutting.
- Large, user-friendly touchscreen with a wide range of presets.
- The Optoflex delivery system, which the company calls “highly reliable, ergonomic and efficient.”
- High-visibility green aiming beam.
- Built-in air supply, eliminating the need for external air connections/supplies.
- Optional Quantum Square Pulse (QSP) and SMOOTH mode for advanced clinical procedures, such as the non-invasive Nightlase snoring treatment.

About Fotona

Fotona (www.fotona.com) has sold more than 25,000 lasers around the world, with direct sales in the United States and distribution in more than 60 countries. Fotona produces award-winning lasers in dentistry, esthetics, dermatology, gynecology and other medical fields.

According to the company, Fotona has one of the most highly educated workforces in the industry, with an exceptionally high number of PhDs specializing in laser and medical technology. Strong R&D capabilities have always been a key competitive advantage of the company, resulting in many patented solutions, including the Optoflex articulated arm, QSP (quantum square pulse) and VSP (variable square pulse) technologies, Fotona SMOOTH mode, Vacuum Cell technology and many more.
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By CJM Engineering staff

Available from CJM Engineering, Munce Discovery Burs™ are designed to be the answer to calcified canals, uncovering hidden canals, troweling the isthmus and cement-line dissection around posts.

The long, narrow yet stiff shafts are designed to provide an excellent view corridor and ensure positive control, with the familiar tactile feedback of round burs. The carbide tips enable post-core out and broken or cross-threaded implant screw drill-out.

Unlike ultrasonics, Munce Discovery Burs are heatless, not prone to spontaneous breakage and create a more readable surface. The 31 mm Shallow Troughers and the original 34 mm Deep Troughers have color-coded head sizes, in ¼, ½, 1, 2, 3 and 4. The 31 mm #6 Endodontic Cariesectomy bur assists with caries removal from deep within the access cavity and from the internal aspects of crown margins.

Dr. C. John Munce invented Munce Discovery Burs in 2004, after he noticed a lack of an economical and efficient alternative to ultrasonic tips. Today, he provides the burs to clinicians worldwide via his family-owned company, CJM Engineering. The company began in 1997 with Munce’s first patented invention, the Root Canal Projectors.

Munce lectures worldwide, has a full-time clinical practice in Santa Barbara, Calif., has contributed to numerous textbooks and is an endodontic faculty member at both Loma Linda University and USC schools of dentistry. CJM Engineering has an exhibit booth at AAE16.

Dental professionals are invited to stop by booth No. 230 to speak with Dr. Munce and to learn more about the features of the Munce Discovery Burs.

Vista’s SmearOFF: One product, multiple benefits

By Vista Dental Products staff

SmearOFF™ by Vista Dental Products can effectively replace two commonly used solutions: EDTA and CHX.

SmearOFF is an EDTA-based formula enhanced with chlorhexidine. It not only effectively removes the smear layer but also kills bacteria in one easy step, according to the company, which asserts that SmearOFF removes significantly more canal debris compared to standard 17 percent EDTA and leaves the root canal surface cleaner by opening a greater percentage of dentin tubules.

Additionally, according to the company, SmearOFF provides the added benefit of killing root canal bacteria. Unlike some other two-in-one mixes, SmearOFF is compatible with sodium hypochlorite and will not form a precipitate, eliminating steps and saving time with each procedure.

PacEndo unveils new obturation system

By Pac-Dent International staff

Pac-Dent International has launched a full endodontic product line under the PacEndo name. According to the company, the PacEndo product line continues the company’s ideal of value being the perfect balance of quality and price for the customer.

Among the new products are PacFil’s heated alpha-phase gutta-percha, which is formulated to provide excellent and precise canal filling, according to the company. The coating is designed for easier cleanup and improved placement accuracy. PacFil obturators are highly radiopaque and compatible for use in the most popular gutta-percha obturator ovens. The PacFil Verifiers make precise sizing fast and easy.

The PacFil GPC also offers the added benefit of making post space preparation easier and more predictable. According to the company, the advantages of this product include the following:

• Calibration rings facilitate in setting working length.
• Works with your current obturator oven at the same settings.
• Easy to get 3-D fills for all canal types.
• ISO-sized system for compatibility.

Both the PacFil PC and the PacFil GPC come in a wide variety of sizes.
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Available from Roydent: 2Seal easymiX

By Roydent Dental Products staff

Available from Roydent Dental Products is 2Seal easymiX Root Canal Sealer, an easy-to-use, auto-mix epoxy resin product is 2Seal easymiX Root Canal Sealer, for doctors to achieve one-handed dispensing and precise placement in the canal. It is also extremely radiopaque and biocompatible.

This sealer may be used with any obturation method — warm, heated or cold. It is available in a package of two mixing syringes (item No. 1025018). Each syringe contains 15 g of material. Also available are mix tips for the syringes packaged 40 per box (item No. 1020528). The 360° Flex mix tips rotate 360 degrees for easy maneuvering, enabling doctors to place the sealer directly in the root canal at any angle.

2Seal easymiX is available from any authorized Roydent distributor. More information is available at (800) 992-7767 or roydent.com. You can also visit the company at booth No. 228.

Here at the AAE
To learn more about the 2Seal easymiX, stop by the Rodent booth, No. 228.

Irritrol: A single-step irrigation solution

By Essential Dental Systems staff

Irritrol — available from Essential Dental Systems (EDS) — is a single-step endodontic irrigation solution formulated for use as a final rinse after sodium hypochlorite (NaOCl). Irritrol contains chlorhexidine (CHX) and EDTA to disinfect the root canal and remove the smear layer. According to EDS, it has a proven disinfection rate of 99.99 percent.

This two-in-one endodontic irrigation solution was recently evaluated by 25 Dental Advisor consultants in 424 uses. Irritrol endodontic irrigating solution received a 91 percent clinical rating (4.5 out of 5 stars). The majority of consultants said they would recommend and/or switch to Irritrol.

Comments from consultants included the following.
- “During irrigation with Irritrol, an amazing amount of debris is eliminated from the canal. I could see it bubble out.”
- “The green color makes it easy to identify and differentiate from other irrigating solutions.”
- “Simplicity of using our two favorite irrigation products with one solution.”
- “No waiting period for it to work.”
- “The consultants who reviewed this irrigation solution rated the product highly for items such as efficiency, ease of use, color and integration into their endodontic procedures.

A full product review of Irritrol is being published in the April 2016 issue of The Dental Advisor. It can also be found online at www.dentaladvisor.com/irritrol.

Here at the AAE
To check out Irritrol, an single-step endodontic irrigation solution formulated for use as a final rinse after sodium hypochlorite, stop by the Essential Dental Systems (EDS) booth, No. 823.

MounceEndo is constantly working to improve its product offerings and customer service, according to the company. If there is a specific product and/or service or you need, you can contact MounceEndo at info@mounceendo.com or call (605) 791-7000.

See new products from MounceEndo

By MounceEndo staff

MounceEndo.com is introducing and displaying the following new products here in its booth, No. booth 539.
- MounceEndoORBC (orifice barrier composite). MounceEndoORBC is available in three colors (red, blue and green). Available online after the AAE.
- Denmat/Hartzell endodontic hand and microsurgical instruments. Available online after the AAE.
- D&S Cross Cut nickel titanium files. Available in controlled memory nickel titanium, Cross Cut can safely and efficiently be rotated and/or reciprocated both clockwise and counter clockwise with equal effectiveness. Available online now.

All of the above products are made in the United States.

All of the above products are made in the United States.

MounceEndo has also introduced a new “Close out” section on MounceEndo.com where you can find heavily discounted prices on burs, paper points and gutta-percha. Limited to stock on hand.

MounceEndo is constantly working to improve its product offerings and customer service, according to the company. If there is a specific product and/or service or you need, you can contact MounceEndo at info@mounceendo.com or call (605) 791-7000.
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Another one of those days. All morning long you were struggling to keep on track with the schedule. Your team is frustrated because they haven’t had their full lunch hour more than one day a week in as long as they can remember. You walked by the sterilization room 15 minutes ago, and it sure sounded like they were complaining to each other because you said to work in that emergency and they were trying to figure out how to pick up their child at daycare on time. Again.

You want them to enjoy working here, but you have to be able to pay the bills. And your best assistant asked you again if she can have that raise you have been promising her. Don’t they understand?!

It feels like half of your patients are crankier than you are, and your team isn’t really talking to you today, and when you get home all you want to do is go to sleep and wake up on Saturday – except it’s still Tuesday! It doesn’t make sense.

You have taken C.E. courses every time they come to town. The new insurance plan was supposed to make things easier. You bought a bunch of new equipment to save money on taxes — of course, now you have to pay for it every month — but why does it seem like the harder you work the further behind you get?! There has to be a simple reason.

Well, it turns out there actually is — and it’s something you learned when you were about 5. Do unto others. More specifically, build systems in your office so that you can treat your patients the way you would want to be treated — comprehensively and with exceptional information to make good decisions — and with a system that produces a consistent experience time after time.

While doing that, add exceptional care — esthetic adhesive excellence like you see in the journals. But how? Well, the answer happens to be the foundation that LVI was built upon: building excellence in a patient-centered practice. The programs at LVI have been teaching clinical excellence and communication and business systems for almost 20 years to help doctors to do a better job of not only seeing the patient but, more importantly, connecting with them. Two decades of not only communication but comprehensive diagnosis and clinical excellence. As a result, the doctors at LVI have a statistically higher professional satisfaction and income.

Isn’t it time you go find out what they are doing differently? Yes. Yes, it is. And congratulations on the journey you are about to start.

By Mark Duncan, DDS, LVIF, FAGD, FICCMO

The Las Vegas Institute for Advanced Dental Studies has been teaching clinical excellence and communication and business systems for years. Photo/Sierra Rendon, Endo Tribune

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