So much to see

Exhibitors show off their newest products here at the AGD

By Dental Tribune Staff

Between the hands-on workshops, the Welcome Reception and the general session on social media, Thursday at the AGD Annual Session was filled to the brim with things to do and products to see. But it’s only just beginning.

During the next two days, there is plenty more to explore here in Philadelphia. From numerous continuing education offerings to networking opportunities to new products, the world of dentistry is at your fingertips.

If you haven’t yet had a chance to scope out the exhibit hall, here are a few booths you’ll want to be sure to stop by.

• See SEE, page 2

A crowd fills the AGD exhibit hall soon after it opens on Thursday afternoon. Photo/Anna Kataoka-Wlodarczyk, Dental Tribune
uniform surface with a thermally tem-

eratur laser sintered, combining a high-gloss,

posite veneer in the Edelweiss system is

neered composite veneer system that it

showing off Edelweiss

ation system and an optional polarizer

filter to reduce glare.

It also has a sophisticated 18-LED illumi-

estream Dental’s 1500 intraoral camera.

liquid-lens autofocus technology as Car-

easy to use and features the same unique

range on the market (1 mm to infinity), is

multi-use intraoral camera.

According

614/616) is introducing its new CS 1600

Shofu (booth No. 1128) is introducing

Quick Up is designed to improve work-

denture. With everything in one system,

ary elements, such as bar retainers, in a

also be used for reattaching second-

made specifically

for bonding attachments, Quick Up can

by eliminating the need for

phosphoric acid etching.

According to the company, the prod-

uct helps preserve healthy enamel that

easily demineralized with harsh acid-

etchants while still maintaining supe-

r bond strength. Seeping deeply into

pits and fissures, the HEMA-free primer

bonds equally to enamel or dentin, pre-

paring the tooth surface for a secure and

long-lasting bond.

For those who want to grow their prac-

Viva Concepts (booth No. 854) has a

ne idea you can hand out gift cards to

your existing patients, which they can

pass along to friends and family mem-

ers.

With a selection of more than 20 card

templates and the option of custom de-

signs, you can pick your design and cre-

ate a specialized offer. A magnetic stripe

on the back of the card is a swiper that

makes patient referrals easy to track.

Finally, there are plenty of displays on

products at VOCA America (booth No. 432)

including its new Quick Up implant pick-

up system, which is designed to eliminate

the risk of interlocking. Made specifically

for bonding attachments, Quick Up can

also be used for reattaching second-

ary elements, such as bar retainers, in a

denture. With everything in one system,

Quick Up is designed to improve work-

flow and chairside efficiency.

The exhibit hall is open until 7 p.m. to-

day and from 10 a.m.–3 p.m. Saturday.
FINALLY, BEAUTIFIL FLOW PLUS & BEAUTIBOND COMBINED TO MAKE ONE GREAT VALUE!

BEAUTIFIL Flow Plus
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- High radiopacity, beyond enamel

BeautiBond®
- Unique dual adhesive monomers deliver equal bond strength to enamel & dentin
- Only 5µm film thickness
- No HEMA
Atraumatic extractions with Luxator Periotome

Instrument can help the dentist divide and conquer the forces retaining a tooth

By Dr. Simon Jones

The extraction of a tooth is probably the most traumatic event a patient can experience in the dental office; and if the extraction doesn’t go smoothly, things can become quite stressful for the dentist as well.

When the use of a simple surgical instrument can make the extraction process infinitely easier for both patient and dentist, I find it surprising not all dentists reach for a Directa Dental Luxator as their first instrument of choice.

To understand how best to remove a tooth, it helps to appreciate the structures and forces that are holding the tooth in position. It is only by overcoming these forces that the tooth can be removed.

First, consider the bone structure surrounding the roots. As the bone sits intimately against the root surface, any irregularities, undercutts or curvature of the root will provide mechanical retention. To overcome this retention, the socket must be dilated until the path of removal of the root is unimpeded by bone.

The second factor resisting the removal of the tooth is the periodontal ligament, composed of collagen fibers. Like millions of little ropes, the cumulative strength of these fibers resists the strongest of biting forces. Imagine how much force would be required to overcome this combined strength in an attempt to simply pull out a tooth.

The third force to overcome is that of atmospheric pressure. Withdrawing a tooth from its socket will create a void or vacuum at the apex of the socket, and until this void is filled with blood or air, the vacuole will resist. Once in the periodontal ligament, the Luxator enters the periodontal fibers, severing the periodontal fibers with my trusty friend. It would be the equivalent of struggling to remove my boots with one hand in my pocket. With Luxator Forte, the extraction process becomes infinitely more predictable and stress-free.

The appropriate size of Luxator is chosen to match the diameter of the root, and the angle of the blade is chosen to give the best access. The tip of the Luxator is angled slightly toward the root surface. This ensures that the Luxator enters the periodontal ligament between the crestal bone and the root.

Once in the periodontal ligament, the Luxator is worked down the length of the root with a side-to-side rocking motion and steady axial pressure (Fig. 2). This motion first severs the periodontal fibers, and then the blade is introduced further, the socket is dilated to allow an easier path of removal. Finally, as the periodontal ligament is severed and the socket dilated, bleeding and air ingress overcome the vacuum that resists tooth removal.

The Luxator should be inserted around the tooth, making the extraction process an infinitely more predictable and stress-free process.

Here at the AGD booth, No. 433. More information about Directa Products may be found at www.directadental.com or by contacting U.S. Sales Manager Frank Cortés at (203) 788-4224 or by e-mail at frank.cortes@directa-dental.com.

The Swedish dental company Directa now produces an elevator called the Luxator Forte. Having dilated the socket using a Luxator, if it is felt that greater dilating and elevation forces are required, then the stronger Luxator Forte should be used. The Luxator Forte is easily recognizable by its black handle (Fig. 4). The Luxator Forte is the most cost-effective of the Luxation instruments and should be used as such, not as an elevator.

To complement its range of Luxators, Directa now produces an elevator called the Luxator Forte. Having dilated the socket using a Luxator, if it is felt that greater dilating and elevation forces are required, then the stronger Luxator Forte should be used. The Luxator Forte is easily recognizable by its black handle (Fig. 4).

This sequence of luxation, followed by elevation, generally means that forceps are only ever used for the final easy delivery of the tooth.

The Swedish dental company Directa not only invented the name Luxator but has developed this range of instruments to perfection. The use of high-grade, surgical-steel blades and a two-part moulding technique for the uniquely ergonomically designed handle make Luxator Forte a high-quality instrument that will give years of reliable service and will endure countless cycles of washing disinfection and autoclaving.

Having used Luxators for more than 20 years, I cannot imagine undertaking the extraction of any tooth without first severing the periodontal fibers with my trusty friend. It would be the equivalent of struggling to remove my boots without first undoing the laces.

About the author
Dr. Simon Jones is a leading U.K. dentist with a practice in Middlesbrough, northeast of England. He qualified in 1981 and has worked mainly in the British National Health Service since then. For the past six years, he also served as a vocational trainer for the Northern Deanery of Newcastle University Dental School.
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The AGD Annual Meeting attracts attendees from all over. Here, from left, are Juliana Blackington, Samantha Ripley, Patty Jo Pantillo, Jane Bowden and Karen Greatorex, all from Belfast, Md.

Danielle Piquette and Joe Graffius of Obtura Spartan (booth No. 538), offering ‘endodontic excellence since 1979.’

Teresa Gee of Essential Dental Systems (booth No. 813). Many of the company’s patented instruments and systems are invented by endodontists.

Clockwise from top left, Sponsorship and Advertising Manager of the Greater New York Dental Meeting Dr. Joseph Schachner, Executive Director of the Greater New York Dental Meeting Dr. Robert Edwab, Kersin Yam and Dana Soltis are all smiles at the booth, No. 407.

Stephen Arbakov, left, and Mike Van Nostran at the Ortho Organizers booth (No. 504).

Dr. Bill Paveletz of VOCO America (booth No. 425), which offers dental materials such as Futurabond DC, Profluorid Varnish and Remin Pro.

Janet McGettigan, left, and Stephanie Weis of Garrison Dental Solutions (booth No. 707).

Stop by the Army Healthcare Services booth (Nos. 422/424/426) and get more information from Dr. John Geary, left, and Dr. Katherine Martin.

Lelani Le of Glidewell Laboratories at the booth, Nos. 527/529.
Lynne Calliott, far right, of Shofu explains the advantages of BEAUTIFIL Flow Plus to two attendees at booth No. 517.

George Toto, left, and Judie Tinker of Directa AB (Booth No. 433), makers of the FenderWedge and the FenderMate.

Pick up these dental-themed, handpainted wine glasses and plates at the Professional Obsessions booth, No. 540.

Jason Rush of Philips Sonicare and Zoom Whitening with a few of the products that are available at the booth (No. 501), including fluorideRx and breathRx.

Find Mike Anthenelli, from left, Gerri Bowman and Andrew Fikse at the Patterson Dental booth (Nos. 815/817).

Orlando Navarro, left, and Adrian Lopez at the DoWell Dental Products booth, No. 716. Ask the company reps about the benefits of PiezoART.

James Ortman of Hager Worldwide at the booth (No. 510).

Have a question? The folks at the information booth will be happy to help you out.

Bill Colanti of Technology4Medicine with the LightWalker, a universal, dual-wavelength laser system. Check it out at booth Nos. 505/507.

Photos by Anna Kataoka-Wlodarczyk
Dental Tribune
BEAUTIFIL Flow Plus, BeautiBond join forces in kit

Package saves money for customers using both

Two of Shofu’s most acclaimed products are now available in two new kits offering discounted pricing.

The new kits will contain six syringes of the flowable restorative BEAUTIFIL Flow Plus in either zero-flow or low-flow viscosities and a box of 50 0.1 ml unit dose bottles of BeautiBond™, the seventh-generation bonding agent. The new kits are expected to synergize sales of both products, while at the same time providing significant cost savings to customers already using both products.

BEAUTIFIL Flow Plus
BEAUTIFIL Flow Plus represents the next generation of restorative materials, with a syringe-delivery that provides void-free adaptation and strength and durability of leading packable composites.

High radiopacity that is 15 percent greater than enamel ensures the base and liner will never again be mistaken for secondary caries.

Viscosity and handling characteristics have been optimized for greater control while delivering smooth and virtually self-polishing results. Shofu’s proprietary S-PRG (surface pre-reacted glass) filler technology provides the only composite resin with sustained fluoride release and rechargability.

BeautiBond
BeautiBond is a seventh-generation self-etch, prime and bond all-in-one product.

Unique dual-functioning monomers (phosphonic acid and carboxylic acid) work independently, achieving equal bond strength to dentin and enamel comparable to sixth-generation adhesives.

BeautiBond has a film thickness of only 5 µm, providing indistinguishable margins. Bonding requires only one thin application, no shaking or agitation required, and a 30-second application time.

Here at the AGD
For more information on the new kits, call Shofu at (800) 827-4638, visit www.shofu.com or stop by the Shofu booth, No. 517.
Photo essay: BruxZir Solid Zirconia meets an anterior esthetic challenge

By Michael C. DiTolla, DDS, FAGD

This article illustrates advancements by Glidewell Laboratories to improve the esthetic properties of BruxZir® Solid Zirconia restorations. As the lab’s research and development department refines its processes, improving the material’s translucency, the esthetics continue to improve.

First appointment

Our goal is to replace the PFM crowns on teeth #8 and #9 (Fig. 1) with BruxZir Solid Zirconia crowns.

First, we take the shade before the teeth become dehydrated. I use the VITA Easyshade® Compact (Vident, Brea, Calif.), which displays the shade in both VITA Classical and VITA 3D-Master® shades. After taking the shade, I hold the selected 2M1 3D-Master shade tab to the teeth, along with the 2M1 3D-Master shade tab for contrast. Next, we photograph the shade tabs in the mouth. This is probably the most important part of communicating shade to the technician.

I use an Ultradrill syringe to place PFG gel (Steven’s Pharmacy, Costa Mesa, Calif.) into the sulcus of teeth #8 and #9. Next, I use a STA Single Tooth Anesthesia System® device (Milestone Scientific, Livings- ton, N.J.) to anesthetize teeth #8 and #9. The Razor Carbide bur (Axis Dental, Charlotte, N.C.), to anesthetize teeth #8 and #9. I use the VITA Ea- sonal, Coppell, Texas) easily cuts through porcelain and metal substrutures, and when used in combination with my KaVo ELECTROtorque handpiece (KaVo Dental, South Jordan, Utah), cutting the cord intraorally on the lingual to avoid any overlap. To make the margin visually ob- vious, I place a second cord (Ultrapak cord #00) before refining the preparation.

As I pack the top #2E cord on tooth #8, you can see how the top cord on tooth #9 exposes the margin (Fig. 3). Now we can begin finishing the preps using a fine grit 856-025 bur.

Two moistened ROEKO Comprecaps (ROEKO Dental, Cuyahoga Falls, Ohio) are placed on the preps, and the patient is asked to bite with medium pressure for eight to 10 minutes. The Comprecaps are then removed and the top cords pulled. We syringe medium body impression material around the preparations for the impression and then take a bite registration. The temporaries are then replaced.

Third appointment

After two weeks, the temps are off, the BruxZir crowns are approved, and we place a layer of desensitizer on the teeth G5™ All-Purpose Desensitizer (Clini- cian’s Choice, New Milford, Conn.). I use a Warm Air Tooth Dryer (A-dec, Newberg, Ore.) after applying both coats of the G5, while my assistant places Z-PRIME™ Plus (Bisco, Schaumberg, Ill.) in- side the crowns. We then load the crowns with a resin-modified glass ionomer cement (RelYX™ Luting Plus Automix [3M/ ESPE]) and seat them, using a pinewood stick (Ultrax International, Portland, Ore.) to ensure they are fully seated and the same length.

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From intraoral scan to final custom implant restoration

By Perry J. Jones, DDS, FAGD

This case demonstrates the optical scanning of Inclusive® Scanning Abutments (Glidewell Laboratories, Newport Beach, Calif.) utilizing the iTero® digital scanning system (Align Technology, San Jose, Calif.) with software version 4.0. Digital data was used for laboratory CAD/CAM planning to fabricate custom all-ceramic implant abutments and a four-unit fixed prosthesis. The abutments and fixed prosthesis were fabricated using advanced computer-aided milling technology.

Dental history

The patient was a 52-year-old healthy Hispanic male who sustained a traumatic avulsion and lost his maxillary incisors in an automobile accident. Following healing, a four-tooth transitional removable partial denture was constructed. He was seen by the oral and maxillofacial surgery service of Virginia Commonwealth University for dental implant therapy.

Treatment plan

The patient was informed of the alternatives, benefits and potential complications of various treatment options before deciding to pursue implant restoration of his missing teeth.

The treatment plan included placement of two Replace® Select Straight RP 4.3 x 13 mm implants (Nobel Biocare; Yorba Linda, Calif.) with 5 mm healing abutments, followed by a six-month healing period and restoration with all-ceramic custom abutments and a four-unit, all-ceramic fixed prosthesis to restore the anterior incisors to form and function.

Surgical procedure

Using local anesthesia, two Replace Select Straight RP implant fixtures were placed in the area of teeth #7 and #10, using standard Nobel implant placement protocol. Placement angulation and depth were verified and deemed satisfactory. Standard RP 5 mm healing abutments were placed, and the fully retracted tissue flap was closed with interrupted sutures.

Restorative procedure

Following six months of healing post-implant placement, intraoral photos were taken to record and confirm the healthy remaining dentition. Osseous integration was confirmed with a panoramic X-ray, followed by resonance frequency analysis (RFA) using an Ostell® ISQ implant stability meter with SmartPeg™ at -100, which displayed an implant stability quotient (ISQ) of 78 on a minimum-to-maximum scale of 1–100. Counter rotation with a torque wrench confirmed no rotation to 35 Ncm. The implant fixtures were considered acceptable for restoration.

The 5 mm healing abutments were removed, Inclusive Scanning Abutments were placed on the implants, and the accompanying titanium screws were tightened (Fig. 1).

Using the iTero scanner with updated software (version 4.0), a full maxillary arch scan, full mandibular arch scan and centric bite in maximum intercuspation were completed.

A three-dimensional digital record of the patient's anatomy was created from these scans and electronically submitted to Glidewell Laboratories to be used in the CAD/CAM restoration process.

At Glidewell Laboratories, the virtual scan was registered to the scanning abutments, providing the dental technicians with the implant system, size, axis, position relative to the adjacent anatomy and locking feature orientation. A virtual zirconia abutment was designed using 3Shape’s DentalDesigner® software (3Shape Inc., New Providence, N.J.) and the Glidewell Digital Abutment Library (Fig. 2).

From this, the corresponding physical Inclusive All-Zirconia Custom Abutments (Glidewell Laboratories) were milled. Similarly, a BruxZir® Solid Zirconia four-unit fixed bridge (Glidewell Laboratories) was designed and milled using state-of-the-art CAD/CAM technology.

The custom zirconia abutments were trial-fitted in the patient's mouth with slight tissue blanching noted (Fig. 3). In the same visit, the final four-unit all-ceramic milled BruxZir Solid Zirconia bridge was tried-in and examined for proper occlusion. There was “tight” anterior coupling for this case as evidenced by the history of provisional denture fracture. The occlusion was checked and presented as so precise that no adjustment was required.

The anterior view of the final prosthesis demonstrates optimal mesial-distal width: proportion, incisal edge proportion, pontic-tissue contact and excellent shade/esthetics (Fig. 4). Further, the occlusal view demonstrates an optimal incisal edge arch form. The soft-tissue lip position and speech phonetics appeared to be optimal.

Following the trial seating, the fixed bridge was removed, the zirconia abutment retention screws torqued to 35 Ncm, the abutment screws covered with cotton/Cavit™ Temporary Filling Material (3M™ ESPE™, St. Paul, Minn.), and the prosthesis cemented with GC Fuji PLUS® (GC America, Alsip, Ill.).

* Note: Cadent (Carricktad, N.J.) was acquired by Align Technology (San Jose, Calif.) in May 2011.

References


Here at the ACD

For more information about the Inclusive Scanning Abutments, stop by the Glidewell Laboratories booth, Nos. 527/529.
DENTSPLY Caulk has patented its integrated brush unit-dose delivery system used for Calm-It™ Desensitizer. U.S. patent No. 7,959,370 was awarded to DENTSPLY for its all-in-one unit dose dispenser that includes an integrated application brush. The built-in brush makes application of the desensitizing material easier and faster. The steps are simple: snap open the unit dose vial, apply, and gently air dry.

Calm-It Desensitizer is fast and provides pain relief in seconds. It lasts, eliminating or reducing dentinal hypersensitivity and eliminating discomfort from cervical erosions for six months. Calm-it Desensitizer is well-tolerated by other dental materials such as restoratives, adhesives, cements, temporary materials and amalgams. Calm-it Desensitizer comes in a 6-ml bottle.

For more information, contact your local DENTSPLY Caulk distributor, call (800) 532-2855, go to www.caulk.com or stop by the booth, No. 702.

PLANMECA ProMax 3D Mid

The new PLANMECA ProMax® 3D Mid is a 3-D imaging, panoramic, extraoral bitewing, cephalometric, all-in-one CBVT unit that can accommodate all of your clinical needs.

The PLANMECA ProMax 3D Mid provides an extended selection of 3-D volume sizes combined with traditional 2-D panoramic and cephalometric imaging, giving it the ability to meet all of your diagnostic needs, including implantology, endodontics, periodontics and orthodontics as well as dental and maxillofacial surgery and TMJ analysis.

The volume sizes range from 3.4 by 4.2 cm to 16 by 16 cm. This selection allows for optimizing the imaging area according to specific diagnostic task — always complying with the best practices of dentistry, including the ALARA (as low as reasonably achievable) principle to minimize radiation.

To learn more, stop by PLANMECA’s booth, Nos. 722/724, here at the AGD.

YANKEE Dental Congress 2013

SAVE THE DATE

Yankee Dental Congress 2013 will bring together thousands of brilliant minds to learn about the most innovative approaches, practices, and resources in dentistry.

Here is a sneak peak at a few education highlights:

Gordon Christensen, DDS
RESTORATIVE

Lane Kay, JD
INFECTION CONTROL

Roger Levin, DDS
PRACTICE MANAGEMENT

Kenneth Hargreaves, DDS
ENDODONTICS

Loretta LaRocche
PERSONAL DEVELOPMENT

Cherilyn Sheets, DDS and
Jacinthe Paquette, DDS
RESTORATIVE/ESTHETICS

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Jan 30 - Feb 3, 2013
Exhibits: Jan 31 - Feb 2, 2013
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Photo/Provided by DENTSPLY Caulk

PLANMECA ProMax 3D Mid

Photo/Provided by PLANMECA

Calm-IT Desensitizer

Photo/Provided by DENTSPLY Caulk
Why Dentists Love BruxZir® Crown Margins

$99/unit*

“Doctors consistently tell us that the margins on their BruxZir crowns & bridges feel better to their explorer than the ones on the PFM s they used to prescribe. A closer look at the tooth-restoration interface (see below) and emergence profile shows why.”

— Michael C. Ditolla, DDS, FAGD

On an ideal PFM prep there is enough reduction in the gingival third for the thickness of a PFM. We need room for the metal coping, the opaque layer and the porcelain, which is about 1 mm thick. If a dentist gives us the ideal 1 mm of reduction at the margin, the crown can have an acceptable emergence profile.

This drawing represents the typical PFM prep we receive with a conservative feather-edge margin. When a PFM is fabricated for this prep, there is a bulky 1 mm margin on the PFM that catches on the explorer. Even if the margin is sealed, the emergence profile is unacceptable.

This drawing represents the typical PFM prep we receive with a BruxZir crown in place. Because it is a monolithic crown and can be milled to a feather edge, there is no bulk of material, or “speed bump,” at the margin. Dentists tell us their explorer cannot detect where the tooth ends and the BruxZir crown begins.

Learn more at www.bruxzir.com

*Price does not include $14 round-trip overnight shipping.

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