Pack up the family and head to Orlando for IACA

By Bill Dickerson, LVI

The IACA has become the premier educational meeting in dentistry and, by far, the best meeting I personally have ever attended. And I hear that from almost every speaker that has presented at the IACA as well. It’s not just the outstanding speakers, cutting edge presentations or the diversity of concurrent lectures, which are critical so that everyone (team members, hygienists, doctors and technicians) has something to see that they are interested in during every time slot. In reality, it’s “The Event”; the positive attitude of those in attendance and the enthusiasm of everyone involved. It is infectious!

People have commented that they almost learn as much in the halls as they do in the lectures because of the quality of the attendees. The IACA is one of the few places that you can see the giants of dentistry present as well as up-and-comers who may someday be the giants of dentistry for their generation of dentists. Many of the best presentations are given by people you won’t see anywhere else because they don’t fall into the “status quo” of accepted topics or information.

Many meetings actively prevent controversial advances in dentistry from being presented, denying you the chance to make your own decisions. I guess the easiest way to put it is that the IACA is 10 years ahead of current dentistry.

Literally, what you will hear is the “future” of dentistry, and those that jump on the train early will be light years ahead of other dentists in the field who only attend other meetings.

Lastly, the other thing I think is so wonderful about the meeting is the “family atmosphere” that is present. They seem to always pick great locations for doctors to bring their families with them for a vacation. Hollywood, Fla., is filled with so much for people of all ages to do, not to mention the perfect weather. This is a great way to not only write off your vacation but get the best of both worlds — a great vacation and a great education. Don’t be one of those people who, every year after missing the IACA meeting and finding out how incredible it was from those that did attend, say, “I wish I would have gone!” I’m looking forward to seeing you at the IACA!

Register for the IACA
To register for the IACA, visit www.iaca.net/conference.asp.

The city of Orlando shimmers in the background. Photo/ www.sxc.hu
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As the popular media runs an increasing number of stories about long-term safety of patients’ exposure to dental X-rays, the people at Suni Medical Imaging are seeing growing interest in their products.

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s the popular media runs an increasing number of stories about long-term safety of patients’ exposure to dental X-rays, the people at Suni Medical Imaging are seeing growing interest in their products.

That is because Suni’s imaging sensor delivers quality images that compare with the industry’s best, while requiring substantially lower radiation to do so.

“With all the media coverage, more people are becoming interested in radiation exposure,” said Arya Azimi, marketing manager with Suni, speaking from the company’s booth (No. 2552) in the exhibit hall at CDA Presents. “I think it’s going to become a huge issue.”

The booth’s basketball attendants, with their invitation to “sink a basket to get a chance to win an iPad,” are capturing traffic. But it’s the recent independent confirmation of the Suni sensor’s low-radiation requirements and high-quality image results that’s capturing attention.

“A new study by the Gordon J. Christensen Clinicians Report showed the Suni Ray required the least radiation dosage to produce a diagnostic image compared with other digital sensors tested. And, of course, the dramatically lower radiation need of digital in general compared with film was confirmed years ago. “What’s more,” Azimi said, “we bring all this at some of the lowest price points in the industry. And, unlike others, we don’t have monthly support fees. Your support is free, and it’s for the lifetime of the sensor.”

Azimi said Suni is vertically structured, controlling research, design, manufacturing, tech support and marketing under one roof in California’s Silicon Valley. He said that unique position in the industry means training and support are immediate, clear and thorough.

“In the end, though, Azimi acknowledged, everything comes down to image quality. And it’s in a second Clinicians Report, released in March, that Suni again shines. That evaluation demonstrated that the Suni Ray Digital Radiography System, Suni’s flagship sensor product, produces images of excellent diagnostic quality when compared with other competitive systems in the U.S. marketplace. Suni also rated high in its software’s ease of use.
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Dr. Patrick O’Brien, Fayetteville, NC
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CE Online participant comment, December 2011
Selecting an amalgam separator: what to look for

By Ross Fraker, DDS, PhD, President, R&D Services Amalgam Separators

The impending dental rule soon to be released by the U.S. Environmental Protection Agency (EPA) will require that all dentists removing or placing amalgam restorations install an amalgam separator. The separator is to remove amalgam from the wastewater being released through the suction system. Currently, there are several choices of amalgam separator brands for dentists to choose from, but it is a “buyer beware” market, not only when considering the initial costs but also for the ongoing or repetitive costs. Try to be informed about the maintenance requirements in terms of parts or actions before you purchase.

First decision
The first decision to make is the location of your separator. Placing the amalgam separator in the equipment room with the suction generator is the logical choice in most cases. Almost all separator companies have models for central locations. However, if the practice has only one or two restorative chairs and that number or more hygiene chairs, or if the practice is a part of a condominium office group, then an operatory installation may be the best and least expensive choice. Two separator companies make units for placement beside the chair or in the operatory cabinetry.

Second decision
The second decision is in regard to what size or model to buy. The most important factor in determining which size separator to buy from any company is the amount of dental wastewater generated that ends up in the suction lines and the rate at which it is generated. Most separators have a flow rate that is the rate at which the wastewater is treated. At least one company has a capacity consideration instead. With very few exceptions, all dentists and hygienists must be considered if all are on the same trunk line to the vacuum.

Third decision
The third decision is in regard to the cost of the separator apparatus. Initial costs are only one consideration. For most separators the real expense is the recurring costs of periodically replacing filter cartridges, canisters or entire units, in some cases. This replacement necessity occurs either on a required schedule, when the apparatus appears full of sludge or when your suction power begins to be adversely affected. This replacement need can happen as often as monthly for larger offices or for smaller separators but is usually necessary either biannually or annually. The replacement need can be unpredictable and cause an extreme loss of suction power. A company might require a signed contract for purchasing their separators and the required replacements and other applied costs.

On the opposite side of the scale, another U.S. company’s separators require no ongoing expenses for replacement parts of any kind.

The requirement for installation of an ISO-certified amalgam separator is not new for several areas of the United States. Dentists in Seattle, for example, had a mandate for installation by 2003. There are at least 12 states, in addition to cities or water districts in other states, where dentists placing or removing amalgam have already been required to install and properly maintain their separators.

Research data for at least two cities has shown a large decline in mercury arriving in the sludge at their wastewater treatment facilities.

Remember, you have alternatives when considering how to meet the expected EPA requirements. Choose wisely!
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From intraoral scan to final custom implant restoration

By Perry E. 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 with laboratory CAD/CAM planning software to design custom all-ceramic implant abutments and a four-unit fixed prosthesis. The abutments and fixed prostheses 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-unit 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 11 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 87 and 810, 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 reflected 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 Oststell® ISQ implant stability meter with SmartPeg™ attachment (Ostell USA, Linthicum, Md), 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 physiological 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 some 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, Aliso Viejo, Calif.).

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

Here at the CDA
For more information about the Inclusive Scanning Abutments, stop by the Glidewell Laboratories booth, No. 1444.


References

Fig. 1: Inclusive All-Zirconia Custom Abutments 87 and 810.

Fig. 2: Abutment planning (labial view) with 3Shape’s DentalDesigner software and Prismatic CZ™ add-on module (Glidewell Laboratories).

Fig. 3: Inclusive Scanning Abutments attached to implants. Photos/Provided by Perry E. Jones, DDS, FAGD

Fig. 4: Four-unit BruxZir Solid Zirconia fixed bridge cemented in place.

Fig. 5: Inclusive All-Zirconia Custom Abutments 87 and 810.
AMD LASERS now offering digital version of surgical manuals to new laser owners

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AMD LASERS, a global leader in providing ultra-affordable laser technology for dental professionals, is now offering its education manuals, “Diode Laser Soft-Tissue Surgery for General Dentists, Volumes 1–3” in a new digital DVD format. These surgical guides are just another of many educational solutions developed by AMD LASERS that help new laser dentists from the first day of laser ownership.

At the CDA, AMD LASERS is offering a free set of clinical step-by-step manuals with the purchase of a Picasso or Picasso Lite. Visit AMD LASERS in booth No. 1506 for more information on these manuals and Picasso laser technology.

The manuals were written by long-time laser educator Dr. Phil Hudson, who has more than 25 years of laser experience in the dental field.

The three-volume set includes more than 700 total digital pages of step-by-step clinical instructions, photography of each clinical step, appropriate billing codes, insurance narratives and other information related to 161 soft-tissue laser procedures spanning 51 FDA-approved soft-tissue procedures.

“Making these manuals available in digital format is an important strategy for providing greater educational options to our owners,” said John Bernhard, director of marketing for AMD LASERS. AMD LASERS has one of the most robust learning platforms for new and existing laser owners. The company has innovated around multiple learning platforms, including the profession’s first iPad app for laser education, the International Center for Laser Education to provide laser certification, the Masters of Laser Dentistry seminar series and online video courses through YouTube and other outlets.

Here at the CDA
Visit AMD LASERS in booth No. 1506 for more information on Picasso laser technology.

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For more information, contact your local DENTSPLY Caulk distributor, call (800) 532-2855, go to www.caulk.com or stop by the booth, No. 1406.
BeautiBond now available in bottles

Shofu Dental Corporation now offers a 6 ml bottle presentation for BeautiBond. Previously, BeautiBond was available only in a unit dose, but positive sales results, coupled with customer requests, led to the expanded offering.

While some dentists prefer the unit dose for its ability to maintain a fresh dose every time, others swear by getting more for their money in a bottle presentation. Either way, the 6-ml bottle has been priced the same as the unit dose box to allow customers to choose which presentation best suits their needs.

Uniquely, BeautiBond is HEMA-free and contains dual-functioning monomers that work independently to create a durable bond. Phosphonic acid is specifically designed for bonding to cut enamel, while carboxylic acid creates equal bond strength to dentin. Together, they achieve bond strengths comparable to sixth-generation adhesives. With an ultra-low film thickness of just 5 µm, BeautiBond provides a number of distinct benefits.

**Adaptation**
BeautiBond has a low viscosity that allows it to thoroughly penetrate a prepped tooth. The 5 µm film layer enables adaptation to surrounding tooth-structure and restorative material, making BeautiBond a highly esthetic solution for both anterior and minimally invasive cosmetic dentistry. Furthermore, because the bonding layer is so thin, it is indistinguishable on radiographs, all but eliminating the possibility of misdiagnosing secondary caries.

**Reduced working time**
Application of BeautiBond is literally this simple: Apply and let stand for 10 seconds (no agitation required), gently air-dry for three seconds, then increase the air pressure to spread the material and cure for 10 seconds with a halogen curing light (or five seconds with LED). With an ultra-thin, highly viscous consistency, only one coat is required.

**Convenience**
You now have the convenience of choice. Choose the unit dose delivery to ensure fresh product every time and minimize waste from contamination and chairside spills, or choose the new bottle presentation. Either way, the cost is the same.

**Reduced postoperative sensitivity**
The material is thin enough to penetrate dentinal tubules, sealing them completely. Deep penetration combined with the lack of phosphoric acid etch-and-rinse steps effectively eliminate postoperative sensitivity.

**Bio-compatible material**
BeautiBond is low-odor material with a relatively mild pH balance of 2.5. The HEMA-free composition minimizes blanching of the gingival tissue and improves the long-term durability of the adhesive layer.

With excellent biocompatibility and bonding durability, according to Shofu, BeautiBond is an all-in-one adhesive that enables etching, priming and bonding in one simple step.

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