A warm welcome to dentists in Europe

Thousands flock to ExCeL London as EuroPerio8 officially opened on Wednesday

London certainly knows how to welcome its visitors and the city did not disappoint when the eight edition of EuroPerio was officially opened yesterday at the ExCeL London Exhibition and Convention Centre in London Docklands. Accompanied by the London Marching Band, member societies of the European Federation of Periodontology paraded on stage with their national flags followed by musical performances by the New London Chamber Choir and Sheffield’s own folk rock band, Brave New Storm.

Visitors of EuroPerio8 can look forward to one of the largest conferences for implant dentistry and periodontology that has ever been held in Europe, EuroPerio Chairman Francis Hughes said during his welcome speech. According to the Kings College Professor, the event is expected to attract more than 10,000 professional visitors from the UK and beyond over the course of the next three days. “There is lots for the whole dental team,” he said.

In addition to Hughes, attendees of the conference were also addressed by EFP president Prof. Søren Jepsen, the president of the British Society of Dental Hygiene and Therapy, Michaela O’Neill as well as other EF members. “I would really like to thank the many students from the various dental schools in London who agreed to..."
Get into “Egg-tion” with AdvErL Evo

Morita highlighted modern laser therapy against peri-implant and periodontal lesions during a satellite symposium at EuroPerio8

For periodontal treatment, modern Er:YAG lasers have proven not only eliminate inflamed tissue, but also to preclude the risk of bacteriaemia by efficiently fighting resident bacteria. At the last EuroPerio in Vienna, the Japanese Morita Group already demonstrated how this important feature can be used for the effective treatment of peri-implant lesions. Its new AdvErL Evo, which is also on display in London at EuroPerio8 at booth 23, now covers cases of class-D in comparison to conservative procedures that currently only allow successful peri-implantitis treatment up to CIST class-C.

Presenting its latest Er:YAG laser as a valid treatment option, the company held a satellite symposium at EuroPerio8 yesterday, where dentist Dr Michael R. Norton from London focused on the challenges and issues of a peri-implant treatment. Among other things, he discussed whether peri-implantitis was a condition of the primary infective nature of the mouth or an opportunistic secondary infection subsequent to bone loss that is caused by other etiologies. Norton said that a significant advantage of the laser treatment is that it helps increase the volume of water molecules up to 800–1,000 times. The subsequent microexplosions not only disrupt the implant surface, but also have a sterilising effect, which allows surface debridement without showering the surrounding area with small particles of titanium, which would occur when titanium wire brushes are used.

In a second lecture, the Director of the Department of Periodontology at the University of Bern, Prof. Anton Sculean, underlined the key positive aspects that laser technology offers for the treatment of inflammation of the gums or implant site. According to the professor, Morita’s third generation Er:YAG laser allows a gentle, yet precise intervention that is minimally invasive, silent, painless and without significant vibration or production of heat. Sculean said that these qualities make it suitable for conservative soft and hard tissue treatments, including the removal of supra- or sub-gingival calculus, inflamed and necrotic tissue in gingival pockets and for the treatment of abscesses or granulomas.

Visitors of EuroPerio8 will be able to test the precision and experience the handling of the AdvErL Evo over the course of the next three days during the ever-popular “Egg-tion” sessions at Morita’s booth. During these sessions, visitors are invited to engrave a smiley face on the shell of a raw egg with the laser. At the booth they can also find out more information about the company’s other products and activities.

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today 2

For the latest news, updates and product launches from the conference please visit dentaltribune.co.uk or scan the QR Code below.

Leading companies in the field of dentistry have also announced that they will showcase their latest solutions and products at the event. Among these are a couple of new products, such as a new implant from MIS in Israel that promises immediate biological benefits for better treatment outcomes.
Requests for shorter treatment times along with an increasing number of patients with risk factors place greater demands on dentists and technology. Correctly assessing osseointegration and implant stability and is key in successful implant treatment. Using traditional methods such as torque and percussion tests are not suitable for monitoring osseointegration, it requires a more advanced diagnostic tool.

Gain insight from these esteemed periodontists on what they do to objectively and noninvasively identify which implants are ready to load and which ones need additional healing time.

Dr. Pamela K. McClain and Rachel Schallhorn, both Diplomates of the American Board of Periodontology, have been using Osstell and the ISQ scale (Booth 41d) for a number of years now to measure primary implant stability and osseointegration.

“We are currently using Osstell when we place all implants to establish a baseline measurement of implant stability,” they say.

“At the time of placement if the ISQ is too low (depending on the location—anything below 45) we will remove the fixture, possibly graft and then wait another 3–6 months before trying to place another fixture. We try to take the measurement on the buccal/lingual, and mesial/distal aspects and record the highest and lowest values.”

McClain and Schallhorn add: “We typically recheck the ISQ value at three months. If the ISQ has improved (or is stable if the number was high to begin with—over 65) we will release the patient for restorative treatment. It gives us and the patient a more objective way to assess the implant stability. If it’s not ready at that time we continue to recheck every six weeks until the ISQ has improved or indicates stability.”

“Since we began using this device in 2009, our decision making process has become more simple and objective. We will continue to use the Osstell values to help guide treatment decisions and as a communication tool with our referring dentists.”

Dr. Paul Rosen, Clinical Professor of Periodontology & Oral Implantology Temple University Kornberg School of Dentistry in Philadelphia, USA, also explains below why Osstell is important in his practice.

“Osstell use is critical for my implant practice. Every year, this device more than pays for itself as there are always several patients who heal slowly or who have implants placed with extremely low insertion torque. This confounds my ability to predict when healing has been adequate to proceed to the restorative phase. Osstell provides me with quantitative information necessary to make informed decisions. No longer am I the villain who slows up patient care, but it is objective data about the patient’s healing that becomes the determining factor.”
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Dental implantology: Evolution or the road to ruin?

By Dr Aws Alani, UK

 Teeth are highly evolved structures that have developed progressively over millions of years in attempts to protect the most vital of human organs from caries and periodontal diseases. Over the years many advances have been made which can treat these various diseases predictably. Various strategies have been developed to prevent or slow down these problems given enough patient compliance and appropriate personal and professional maintenance. Despite these very significant improvements there are still instances when patients get told by their dentists who have trained caring clinicians to find ways to replace teeth with various devices, from bridges, to implants to retained prostheses. P. I. Bränemark, now sadly deceased, famously quipped ‘No one should have to die with their teeth in a glass of water beside their bed’. Bränemark’s original inspiration coupled with determination, intuition, passion and an ability to surround himself with highly trained individuals with differing skills made osseointegration much more predictable. Bränemark’s landmark studies changed prosthetic dentistry dramatically but a careful look at the design of these protocols and the implants themselves reveal were hugely different to the patient oral environment, as most microbiologists will all. The bacterial content and make up of the bio film is a reflection of the surface that it resides on. Implant surfaces have become progressively rougher in order to hasten the early osseointegration processes and to try to provide patients with their restoration quicker in an ever more competitive financial environment. How ever speed is not always helpful. Experience shows that some things are better taken slowly over time - rather similar to making love.

Once exposed to the environment of a susceptible patient the macro topography of the threads provide an ideal ecologic niche for bacterial proliferation. Further nano-level features make the implant surface a veritable ‘ orally ncostmetic super highway’ for the pathogenic organisms. Predictably enough the microorganisms found on the rough surfaces are usually the common pathogenic ones but also some species are found that have previously never been discovered in the oral cavity.

Patient selection issues

We need to consider the types of patients for whom we are now accepting for implant provision. At one time the orthodontic criteria for state sponsored implant provision largely involved patients with hypoplasia and those who have suffered trauma. Usually both cohorts are likely to present with an unknown risk factor until it is too late. The more implants that are placed usually the fewer teeth are present requiring a net reduction in physiological feedback and thereby creating an increased chance of failure of some type.

Why and where?

The searching question needs to be asked, ‘where has this technology taken implantology and what are the real reasons why this was and is happening?’ Increasingly, the shadow of perimplantitis looms like a spectre over the provision of implants. Unlike caries or periodontal disease there is very little consensus or research that can provide a predictable cure for what now is now a new breed of diseases. Perimplantitis is reluctant once established within fine threads of the implant and the bone resorption and soft tissue problems that follow can result in spectacular problems. Part of the key issue probably lies in the surface exposed to the susceptible patient’s oral environment, as most microbiologists will allege. The bacterial content and make up of the bio film is a reflection of the surface that it resides on. Implant surfaces have become progressively rougher in order to hasten the early osseointegration processes and to try to provide patients with their restoration quicker in an ever more competitive financial environment. How ever speed is not always helpful. Experience shows that some things are better taken slowly over time - rather similar to making love.

Over time the components of implants have shown notable weakness. Screw loosening, fractured screws, loose abutments and the cracking of ceramic can be laborious and expensive to manage. One aspect, which may be just on some is that, lacking a periodontal ligament implant dental implants, cannot and will never be able to acclimatise to changing occlusal and non-axial forces. These are very likely to create stresses within the mastectomy system thereby resulting in breakages. These forces are compounded greatly if patient’s parafunction on a daily basis and that is sometimes an unknown risk factor until it is too late. The more implants that are placed usually the fewer teeth are present requiring a net reduction in physiological feedback and thereby creating an increased chance of failure of some type.

Ethical, moral and legal issues

These problems become much more worrying when viewed from ethical, valid consent and medico-legal perspectives. This is particularly so when patients are convinced to undergo elective extractions of teeth which often seem reasonably intact and/or treatable with conventional proven treatment strategies. It seems that there is a worrying drift towards aggressive treatment with extractions in order to provide a supposed ‘full mouth rehabilitation’ with multiple implants. The increasingly dubious practice of sacrificing teeth for the sake of implants seems to many concerned clinicians to be quite irrational. As ethical oral health practitioners, deliberately removing savable teeth for prosthetic replacement using implants as support seems to be consciously flying in the face of increasingly apparent evidence of various complications with implants and many would consider that approach to be foolish. How many implantologists do that to others would genuinely have it done to themselves or done to some close family member?

Planned obtundence

A state of the art implant today is likely to be obsolete tomorrow. Electrically removing teeth is irreversible and replacing teeth with implant retained devices means that patients that are trapped in the era of Implantology in which these were placed and restored, that means issues of machine, surface polishing, roughness, platform switching, design and attempts at bone augmentation by cow, coral, or Californian substances. The list goes on and on and will probably continue to expand with what many would call ‘human experimentation without licence’.

Now comes the time for implant manufacturers to take stock of their many “market driven” tactics including “fast initial integration with the roughest possible surfaces”. Instead they need now to produce proven (i.e. not speculative) designs to better prevent these now well known problems of infection and breakages.

A wise, pragmatic approach seems to be to concentrate every one’s efforts on saving teeth and thereby eke out their usefulness for the patients’ lifetime. Recently, the legendary Jan Lindhe writing in the British Dental Journal summarised the state of play as there ‘is an overuse of implants in the world and an underuse of teeth as targets for treatment’.
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Programme of EuroPerio8, Thursday

08:45–09:45
A geneticist’s apology: Nature, Nurture, or Neither? (Plenary Lecture), ICC Auditorium
Speaker: Steve Jones

10.30–12.00
The choice of the surgical technique, ICC Auditorium
Basic surgical principles
Speaker: R. Burkhardt
Use of advanced flap
Speaker: M. De Sanctis
Use of autografts
Speaker: O. Zuhr

Outcomes in implant surgery: Timing of implant placement, Hall 1 (N20/N19)
Treatment options and clinical decisions
Speaker: C. Hämmeler
When are immediate implants indicated?
Speaker: J. Cosyn
Early implant placement
Speaker: S. Chen

Innovative approaches to instrumentation, Hall 2 (S22/S23)
Are there effective alternatives to manual instruments?
Speaker: K. Warner

Use of power driven and airflow scalers
Speakers: M. Reniers, F. Lamberts & G. Gagnot
Use of lasers and photodynamic therapy
Speaker: A. Braun

Determinants of disease susceptibility, Capital Suite 7–12
Determinants of disease susceptibility: setting the stage
Speaker: P. Papapanou
Genetic susceptibility in periodontitis: potential for future diagnosis
Speaker: Y. Houri Haddad
Proteomic identification of susceptibility markers in periodontal disease: Impact and potential
Speaker: N. Bostanci

14:30–16:00
Effective plaque control, Hall 2 (S22/S23)
Importance of oral hygiene and plaque control
Speaker: N. West
Mechanical plaque control
Speaker: F. Van Der Weijden
Chemical plaque control
Speaker: E. Figuero

The biofilm challenge–Are there key roles for specific bacteria?, Capital Suite 7–12
Current knowledge of the bacterial etiology of periodontitis
Speaker: M. Kilian
Understanding the biofilm: composition, interactions and complications
Speaker: A. Muter
The role of specific bacteria in modulation of the biofilm
Speaker: M. Curtis

16:30–18:00
Innovative and emerging technologies, ICC Auditorium
Future approaches to soft tissue regeneration
Speaker: K. Demirel
Use of Allografts
Speaker: E. Allen
Use of Xenografts
Speaker: S. Arora

Critical factors in the surgical treatment of peri-implantitis, Hall 1 (N20/N19)
The host response, Capital Suite 7–12
Current knowledge of the role of the host response
Speaker: L. Shapiro
New paradigms in innate immunity
Speaker: I. Chapple
New paradigms in bacterial host interactions
Speaker: G. Hajishengallis

Effective risk factor management in periodontology, Hall 2 (S22/S23)
Key risk factors in the etiology of periodontitis
Speaker: S. Jepsen
What to do with the heavy smoker
Speaker: C. Ramseier
Impact of medical conditions on periodontal disease and its treatment
Speaker: P. Heasman
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Floor plan

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The new BIOLASE: Practice growth assured

In 2015, BIOLASE, a leader in the dental laser segment, has had quite a number of changes, including a new president and CEO; a renewed focus on placing customers first; new and improved products, such as WaterLase iPlus 2.0 and EPIC X; and its groundbreaking Practice Growth Guarantee.

BIOLASE’s new president and CEO, Jeffrey Nugent, was initially appointed interim CEO in June 2014 and accepted the permanent role of president and CEO in September. Previously, Nugent had served as President and CEO of Neutrogena and Revlon.

“Having worked in dermatology for the better part of the last ten to 15 years and, before that, in a number of other businesses, I know that less than 10 per cent of dermatologists used lasers 15 years ago,” Nugent said. “Today, virtually every dermatologist has at least one or two lasers in his or her practice for real patient-practice benefits,” he stated.

“Coming into BIOLASE, I saw the profound differences that lasers can make in the practice of dentistry. It’s a market in need of improved clinical benefits, patient preference in terms of significant pain reduction, and practice growth opportunities for our primary audience, which is dentists.” To that end, Nugent said that one of the first things he did at BIOLASE was shut down its focus on any segment other than dental lasers.

“We’re essentially refocusing the direction of the company almost 180 degrees,” he said. “One of our objectives is that a minimum of 30 per cent of our revenue every year will come from new or improved products.”

This is in line with the company’s refocus on placing customers first. “Our commitment to the dental professional is the most important thing that we do,” Nugent said.

New and improved products by BIOLASE include both EPIC X and WaterLase iPlus 2.0.

“We introduced a new diode laser, EPIC X, back in November, that is the result of a total focus on quality,” Nugent said. “And in February in Chicago, we introduced the new WaterLase 2.0, which is a product upgrade offering significant improvements to uptime and functionality.”

Another new concept from BIOLASE is the Practice Growth Guarantee, which is an industry first in dentistry, according to Nugent. “The Practice Growth Guarantee is our commitment to dentists that we are going to guarantee that they will grow their practice by focusing on the seven core procedures identified by dentists as the most important,” Nugent said. “We assure them that we are going to work with them by providing practice marketing materials and more training assistance. With the increased ease of use of the WaterLase, it all works together to address the No. 1 need that we hear from dentists: focusing on significant pain reduction, and practice growth opportunities for our primary audience, which is dentists.” To that end, Nugent said that one of the first things he did at BIOLASE was shut down its focus on any segment other than dental lasers.

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This is in line with the company’s refocus on placing customers first. “Our commitment to the dental professional is the most important thing that we do,” Nugent said.

New and improved products by BIOLASE include both EPIC X and WaterLase iPlus 2.0.

“We introduced a new diode laser, EPIC X, back in November, that is the result of a total focus on quality,” Nugent said. “And in February in Chicago, we introduced the new WaterLase 2.0, which is a product upgrade offering significant improvements to uptime and functionality.”

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Bio-Emulation™ Colloquium 360°
4-5 July, 2015, Berlin, Germany

Mentors
Ed Mclaren
Michel Magne
Pascal Magne

Emulators
Akinobu Ogata (guest)
Andrea Fabianelli
Antonio Saiz-Pardo Pinos
August Bruguera
David Gerdolle
Fernando Rey
Gianfranco Politano
Jason Smithson
Javier Tapia

Jungo Endo
Leandro Pereira
Marco Gresigt
Oliver Brix
Panos Bazos
Sascha Hein
Stephanie Browet
Thomas Singh
Walter Gebhard (guest)

Details & Online Registration
www.BioEmulationCampus.com
Registration fee: 599 EUR +VAT
A solution for performing osteotomies through impacted crestal access, Osteo Safe from Anthogyr can be used for all indications related to implant site preparation and bone remodelling in the context of vertical bone augmentation.

A pre-calibrated automatic impaction instrument, it is connected to a micromotor and is simple and quick to use owing to the sequence of four osteotomes for the placement of Axiom REG/UX implants.

Reproducible and precise, Osteo Safe allows controlled and regulated movement during impaction. Clinicians can also hold the instrument with just one hand for improved visibility during implant surgery. Since it is atraumatic, it offers improved patient comfort and better safety, the company said.

In addition to Osteo Safe, Anthogyr has a number of other instruments and dental implants on display at EuroPerio.

ANTHOGYR, FRANCE
www.anthogyr.com
Booth 39c

Planmeca offers a complete range of tools for implantology that cover the entire implant planning workflow—from pre-surgical planning to post-operative evaluation of the patient. The superior combination of CBCT and virtual prosthetic data creates the best possible basis for implant planning and open CAD/CAM, the company said. The advanced 3-D data combinations, realistic implant libraries and sophisticated dental unit integrated devices are supposed to ensure the smooth planning of patient-specific implants in all situations.

The Planmeca Romexis software suite provides patient-specific information on bone density, the shape of the alveolus, as well as the height and width of the proposed implant site. According to the company, this increases the implant success rate, as operations can be planned meticulously and implants positioned predictably.

The software uses realistic implant, abutment and crown models from its own libraries. Users can import and superimpose a soft-tissue scan and crown design with CBCT data—providing the perfect environment for implant planning. Crowns can either be ordered from a dental laboratory or milled on-site with chairside equipment.

Planmeca says that Romexis enables fully guided implant placements with superior accuracy. The software suite provides a wide array of implant planning features, such as an implant alignment tool, a custom abutment editor and an implant extension option. The safety distances between implants and between an implant and a nerve can also be reliably defined by releasing a warning when the set boundary is breached.

PLANMECA, FINLAND
www.planmeca.com
Booth 37c
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Adam had Eve
Batman had Robin
Bonnie had Clyde

Every hero has a helper.
Our toothbrush, clearly, what a hero! But what about the 30% of the tooth surface that even this toothbrush cannot reach – between the teeth? This is where a hero’s helper enters the scene in the shape of a Curaprox ultrafine interdental brush. It is easier, more enjoyable and even more effective than dental floss. So, for 100% oral care: recommend the superduo. Offer: info@curaden.ch

Visit us at EuroPerio8:
Nr. 34c
NOBELPROCERA FCZ IMPLANT CROWN

The NobelProcera Full-contour Zirconia (FCZ) Implant Crown combines full-contour strength that’s tough enough for the posterior with restorative flexibility that the Swiss company said is hard to beat.

CAD/CAM manufactured using high-strength translucent zirconia, and with the option to create angulated screw channels, the NobelProcera FCZ Implant Crown offers predictable strength, aesthetics and function. Suitable for all tooth positions, the strength of the FCZ Implant Crown ensures predictability even under the high occlusal forces of the posterior, which makes it an ideal restorative option for the molar region. According to Nobel Biocare, there is no need to worry about chipping either, as the full-contour nature of the NobelProcera FCZ Implant Crown removes the need for veneering.

The biocompatibility of the materials used represents an additional benefit by providing biological stability in the areas it matters most. Plus, being screw retained, the FCZ Implant Crown is completely cement free, avoiding the risks associated with cement excess entirely. Even the titanium adapter is mechanically retained.

As it can be placed in the posterior, the FCZ Implant Crown gives clinicians the chance to increase the number of screw-retained restorations they place. This means more patients treated with a restorative solution that is easier to maintain and retrieve, and without cement. The NobelProcera FCZ Implant Crown is completely designed for use with Nobel Biocare’s extensive range of conical connection implants. Nobel Biocare implant systems and restorative solutions are tested together as one system, as they exist in the patient’s mouth. Combining Nobel Biocare components means all elements have been designed to work together for a perfect treatment outcome, the company said.

The possibility to use an angulated screw channel (ASC) allows the screw access hole to be placed anywhere between 0° and 25° in a 360° radius. This means it can be angled towards the front of the mouth for easy access even in the posterior. It also helps avoid placing the access channel on the cusp of a tooth, where it could affect occlusion.

Working on the restoration is further simplified by the Omni-grip Screwdriver. Its effective pick-up function and secure grip on the screw help the clinician to work safely and efficiently.

Natural-looking tooth colour is another benefit offered by the FCZ Implant Crown. Whichever of the eight available shades is used, the colour is applied throughout the material. This means adjustments can be made without having to worry about discoloration. It is also no problem to use cutbacks or staining to achieve the desired aesthetic effect, according to Nobel Biocare.

Patients, clinicians and dental laboratories all want restorations they can rely on. The NobelProcera FCZ Implant Crown possesses incredible strength for long-term predictability, but with restorative flexibility too. This way, the company said it is well on its way to becoming “the crown that rules them all”.

EXPAZEN

Fifteen years after the launch of Expasyl, ACTEON is once again revolutionising the field of gingival retraction. With the global launch to be anticipated at IDS 2015, Expazen is supposed to significantly improve patient care. The primary goal remains the preserving the periodontium, the company said.

Expazen is a paste with unique properties. With its optimally designed diameter tip, the capsule never penetrates the sulcus. It delivers a cord paste large and dense enough to effectively separate the marginal gingiva, without the risk of damage. Its viscosity has been precisely calculated for effective opening of the sulcus without damage to the epithelial attachment. Thus it is no longer necessary for tissue healing.

Expazen becomes fully effective in less than two minutes. Owing to the material’s slowly solubility, it can be kept in the sulcus up to 15 minutes.

According to ACTEON, the Expazen capsules have been specifically designed to fit any kind of composite applicators.

EXPARED FOR TEPE ORAL HYGIENE PRODUCTS

There was an era where ‘Song for Europe’ was a key annual family event that involved eating strange European foods and sitting on the sofa together as a family of periodontal disease amongst adults in the Weston world indicates that in most cases, routine dental care could be considerably improved. The progressive effect of the disease coupled with our aging demographic makes periodontitis a growing public health issue and so we look to our European experts to address this issue at the conference.

Following the UK’s move to direct access to dental hygiene care for British patients, the country is moving in the right direction to help share the burden of preventive and maintenance care for the growing number of patients with periodontal disease. The latest European workshop on Periodontology confirms that gum health requires professional advice and treatment – the dental hygiene cadre are exactly the right members of the team to undertake this.

The British Society of Periodontology (BSP) promotes the team ethic in periodontal care working collaboratively with the British Society of Dental Hygienists and Therapists (BSDHT) to set and maintain clinical care pathways for patients in general practice. Mutual respect of the clinical competencies and scope of practice of the various disciplines within dentistry is clearly demonstrated here at conference with the BSDHT involved with the programme organisation and delivery.

Of course, the trade exhibitors share an equal role in the treatment and prevention of periodontal disease with research and development in genetic engineering and implant design at the exciting end of the spectrum, with oral hygiene products and tools for manual disruption of the biofilm at the less exciting end. Less exciting perhaps, but equally important for all stakeholders in periodontal and general health.

Effective plaque control remains the mantra in periodontal disease, brushing twice daily for two minutes and interdental cleaning once a day. Big brush, little bridges equal periodontal health – not rocket science but certainly a ‘Song for Europe’... And one which TePe have sung for an impressive 50 years.
1. BRITISH MUSEUM
The world-famous British Museum exhibits the works of man from prehistoric to modern times, from around the world. Highlights include the Rosetta Stone, the Parthenon sculptures and the mummies in the Ancient Egypt collection. Entry is free but special exhibitions require tickets.

2. NATIONAL GALLERY
The crowning glory of Trafalgar Square, London's National Gallery is a vast space filled with Western European paintings from the 13th to the 19th centuries. In this iconic art gallery you can find works by masters such as Van Gogh, da Vinci, Botticelli, Constable, Renoir, Titian and Stubbs. Entry is free but special exhibitions require tickets.

3. NATURAL HISTORY MUSEUM
As well as the permanent (and permanently fascinating!) dinosaur exhibition, the Natural History Museum boasts a collection of the biggest, tallest and rarest animals in the world. See a life-sized blue whale, a 40-million-year-old spider, and the beautiful Central Hall. Entry is free but special exhibitions require tickets.

4. TATE MODERN
Sitting grandly on the banks of the Thames is Tate Modern, Britain's national museum of modern and contemporary art. Its unique shape is due to it previously being a power station. The gallery's restaurants offer fabulous views across the city. Entry is free but special exhibitions require tickets.

5. THE LONDON EYE
The London Eye is a major feature of London’s skyline. It boasts some of London’s best views from its 32 capsules, each weighing 10 tonnes and holding up to 25 people. Climb aboard for a breathtaking experience, with an unforgettable perspective of more than 55 of London’s most famous landmarks – all in just 30 minutes!

6. SCIENCE MUSEUM
From the future of space travel to asking that difficult question: “who am I?”, the Science Museum makes your brain perform Olympic-standard mental gymnastics. See, touch and experience the major scientific advances of the last 300 years; and don’t forget the awesome Imax cinema. Entry is free but some exhibitions require tickets.

7. VICTORIA & ALBERT MUSEUM
The V&A celebrates art and design with 3,000 years’ worth of amazing artefacts from around the world. A real treasure trove of goodies, you never know what you’ll discover next: furniture, paintings, sculpture, metal work and textiles; the list goes on and on… Entry is free but special exhibitions require you to purchase tickets.

8. TOWER OF LONDON
Take a tour with one of the Yeoman Warders around the Tower of London, one of the world’s most famous buildings. Discover its 900-year history as a royal palace, prison and place of execution, arsenal, jewel house and zoo! Gaze up at the White Tower, tiptoe through a medieval king’s bedchamber and marvel at the Crown Jewels.

9. ROYAL MUSEUMS GREENWICH
Visit the National Maritime Museum - the world’s largest maritime museum, see the historic Queen’s House, stand astride the Prime Meridian at Royal Observatory Greenwich and explore the famous Cutty Sark: all part of the Royal Museums Greenwich. Some are free to enter; some charges apply.

10. MADAME TUSSAUDS
At Madame Tussauds, you’ll come face-to-face with some of the world’s most famous faces. From Shakespeare to Lady Gaga you’ll meet influential figures from showbiz, sport, politics and even royalty. Strike a pose with Usain Bolt, get close to One Direction or receive a once-in-a-lifetime audience with Her Majesty the Queen.
What’s on

2015 Pearl Izumi Tour Series
• Starting Time: 7:30 p.m.
• Canary Wharf
• www.tourseries.co.uk

Over the course of the famous Pearl Izumi Tour Series, Britain’s top cyclists battle it out to be crowned the best team in the UK. In ten races occurring all over Britain, five riders per team compete in one hour of racing plus five laps. In addition to the competition in each round, as well as the overall competition for the entire series, three sprint laps are credited with points in every race.

In today’s round eight you will be able to watch stars of the scene such as 2012 Tour de France winner Sir Bradley Wiggins for Team WIGGINS and ONE Pro Cycling and multi-award winning team of England cricketer Matt Prior who heat up the Canary Wharf circuit for the entire series.
The teams will start arriving around 6 p.m. and the actual racing starts at 7:30 p.m.

TPau
• Starting time: 10 p.m.
• Venue: Boisdale of Canary Wharf, Cabot Place
• www.boisdale.co.uk

Dust off your concert gear, you are about to meet eighties icon Carol Decker! In 1987 her band’s No. 1 hit “China In Your Hand” took the world by storm. Almost 30 years, a band resolution and two children later, front woman, Carol Decker still can’t leave the stage behind. As she puts it herself, “I’m a natural performer – I’ve got that peacock personality. I get such a buzz out of performing and singing and people loving my music.” Today you have the chance to see the vibrant redhead playing a set of old hits and new material as she performs under her former band name T’Pau at Boisdale of Canary Wharf.

Backyard Comedy Club
• Starting time: 8 p.m.
• Venue: Backyard Comedy Club, 231 Cambridge Heath Rd
• www.backyardbar.co.uk

On Thursdays the Backyard Comedy Club not only offers a great range of high-end comedy, but is surely one of London’s favourite places to be for people who enjoying British humour, famous for being dark, sily and sometimes sarcastic.
Traditionally, the club’s impressive Thursday line-ups feature old pros alongside up and coming comedy stars. Today, host David Ward welcomes guests such as Canadian Comedy Award nominee Dylan Gott, American comedian Ryan Dalton and multi-award winning stand up comedian, writer and one of Britain’s few female satirists, Danielle Ward. Are you ready for a FUN-tastic weekend out?

Philharmonia at the Movies: Great British Cinema
• Starting time: 7:30 p.m.
• Venue: Royal Festival Hall, Belvedere Road
• www.southbankcentre.co.uk

Revel in memories of cinematic gems such as Chariots of Fire, Lawrence of Arabia, James Bond, The Dam Busters and many more when the Royal Festival Hall orchestra brings British movie soundtracks to life on stage for its Philharmonia at the Movies series.

Nicholas Dodd, conductor and orchestrator of soundtracks such as Quantum of Solace, joins the Philharmonia for an evening of film music celebrating Britain’s outstanding contribution to cinema. Former BBC Radio 1 presenter, Edith Bowman, will host the evening and introduce special guests such as musician and comedian Matt Berry and British acting legend and Officer of the Order of the British Empire, Bernard Cribbins.
See innovation in virtual reality

Step into our world. Virtually.
Nobel Biocare is once again pushing the frontiers of dental treatment. See our latest innovation like never before – through the eyes of a clinician, using pioneering virtual reality technology.

Visit us at Capital Hall in # 4

Discover the complete posterior solution: tiny.cc/bringinginnovationback