Proper waste management: how to go about it

By Kristine Colker, Managing Editor

From 10 to 11 a.m. today, Al Dubé will present “Mercury Amalgam Waste, OSHA and Regulatory Issues Affecting Dentists.” This course walks clinicians through aspects of waste from dental offices.

Your DTSC Symposium session is “Mercury Amalgam Waste and OSHA and Regulatory Issues Affecting Dentists.” Please tell us about what participants can hope to get out of it.

Most dental practices are not aware of the procedures necessary or required relative to mercury issues and certainly OSHA issues. My goal is to present information for participants to better understand their responsibilities and give them some direction into working to compliance with requirements.

Could you go into a little more detail about clinicians’ legal liabilities when it comes to waste management? What are some of the most important things clinicians should be aware of in regards to waste management?

Waste management is critical for dental practices, as there are legal liabilities associated with the disposal of waste. As an example, in a recent case in Massachusetts, some dental offices were giving and, in some cases, selling some of their waste to a local company they believed would dispose of the material in a proper manner. However, some of this waste was mercury bearing.

The local company, as a part of their process, dumped excess water from some of the collected waste down the drain. The discharged water contained large enough concentrations of mercury that local and state authorities (who monitor such things) noticed a spike in mercury in the waste-water stream at the treatment plant.

The regulators were able to trace the source back to the waste hauling company. State environmental police showed up at the business one day to inspect the operation. When shown the process, the owner was arrested in violation of state and federal environmental laws.

Now the facility needs to be cleaned up. The owner has no money for the clean-up, so the state and federal government will be collecting from the dental office whose waste was used at the facility. In a similar case in Connecticut, the resulting fee was $10,000 per dentist.

Would you say your presentation is geared toward a specific audience or is it more general? Is there anything attendees need to know about ahead of time in order to understand it?

The presentation is more of a general conversation to help dental offices understand their liabilities and responsibilities for both waste and OSHA compliance requirements.

What role does PureLife play in helping clinicians manage waste responsibly? What are some of the products or services the company can provide to interested practices?

PureLife provides a service for dental offices by monitoring waste streams in the dental office. The service is to manage the waste streams in a timely manner, lightening the load for waste management from the office by providing replacement buckets when due, providing red bag service and a do-it-yourself OSHA kit.

If there is one thing you could say to attendees to encourage them to attend your presentation, what would it be?

Waste management and OSHA can seem like a small part of the dental practice operation; however, the liabilities and exposures can have a dramatic effect on the practices’ ability to operate. This conversation is designed to remind and assist in the proper management to minimize or eliminate liabilities.

Is there anything else you would like to add?

Being responsible does not have to be expensive. Having a company assist in servicing these waste streams provides an easy and cost-effective solution to managing the waste from dental offices.
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By Kristine Colker, Managing Editor

From 4:15 to 4:55 p.m. today, Jeffrey Hoos, DMD, will present “Balancing the Art, Science and Business of Dentistry.”

The challenge for the dentist is to provide the patient with a functional, comfortable prosthesis. The dental failure of losing all a person’s teeth can be the ultimate challenge. How can we take this challenge and make it a positive and productive experience?

Innovative denture methods and implant dentistry can change the denture patient into a dental patient.

Your DTSC/Osseo University Summit session is “Balancing the Art, Science and Business of Dentistry.” Please tell us a little about what participants can hope to get out of it.

I want the participants to understand that success in private practice is really quite simple to understand … but difficult sometimes to implement. The implementation is the important thing to understand. I hope the message will be clear and understandable.

Could you go into a little more detail about why dentures are so important to an implant-“supported” practice? Patients who have lost their teeth have had a terrible dental history. Patients do not take out their own teeth; we do that for them or to them. These are the patients who are in the most need and, fortunately for the dentist, the easiest to satisfy with the most simple implant procedures. These patients are usually the most grateful and, therefore, the most rewarding for the treating dentist.

Would you say your presentation is geared toward a specific audience or is it more general? Is there anything attendees need to know about ahead of time in order to understand it?

My presentation is geared toward any dentist who would like to improve his or her communication skills with patients and their technical skills to provide a higher quality denture service. I want attendees to come with an open mind and a love of learning. I do this presentation not as an expert, just as someone who is doing this type of dentistry every day with a degree of success. If someone picks up one thing that helps them, it is a success.

How did you get involved in implant dentistry? What made you decide to work in that specialty?

My involvement with implant dentistry started when I got a chance to hear and study with one of the early implant adopters: Dr. Paul Schinman. When I saw the incredible improvement in patients’ lives, I knew this was something I needed to become involved with.

It was the personal satisfaction I gained from patients’ improvement in the quality of their dental lives that made me expand my implant knowledge and skills.

Your session is part of the Osseo University Summit. How did you begin working with Osseo University and what do you like about it?

I was introduced to Osseo University by Dr. Ken Serota. It is his dedication to e-learning that has made me excited and made me recognize its great reach.

If there is one thing you could say to attendees to encourage them to attend your presentation, what would it be?

If you want to improve your denture service and provide more dental services for your patients, I believe you will leave my session with some worthwhile information that will help.

Is there anything else you would like to add?

Dental practice is a real challenge on so many levels. Coming together in any forum and sharing information will make it easier to find the “Balance: The Art, Science and Business of Dentistry.”

Thanks for this honor of being part of Osseo University.
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Diode lasers in cosmetic dentistry

By Glenn A. van As, BSc, DMD

The role of the diode laser within the discipline of cosmetic dentistry is typically reserved for the minor alteration of soft-tissue gingival symmetry around the maxillary incisors. Gingival zeniths can be made to be more symmetrical, as long as the biologic width is not affected, and this can lead to an improved harmony in the final esthetic result of the “white” teeth and the “pink” framework of soft tissue that surrounds the new porcelain restorations.

The diode laser can be used, though, for more than just minor gingival recontouring by clinicians whose focus is in esthetics. Other clinical situations where a diode laser may be integral to the success of a case include diode tissue troughing instead of packing cord, frenectomies, fibroma removals and in the treatment of oral lesions such as aphthous ulcers, herpetic lesions and Venous Lakes.

Recent studies in the literature have suggested that diode lasers can be used effectively, safely and with almost 100 percent success in the treatment of Venous Lakes. Venous Lake is a common lesion of vascular origin that is caused by a dilatation of venules and appears as a dark blue to violet papule that is soft and compressible. These lesions occur more commonly on elderly patients and most often are seen on the lips, cheeks or soft palate.

Once these are formed, they persist throughout life, and they may hemorrhage with trauma. They are considered by many patients to be an esthetic issue and they are traditionally seen as a challenge to treat surgically.

Diode lasers that fall in the 810-980 nanometer range are absorbed poorly in water but well in hemoglobin. A diode laser, when used with an initiated tip, can penetrate tissue to a depth of 4-5 mm. The diode laser is able to coagulate the Venous Lake by photoacogulation and recent research* has shown the diode to be an effective, safe and versatile instrument when treating these lesions. There is an almost universal healing which occurs with usually just one irrigation exposure and is completed over a period of two to three weeks with no scarring and minimal postoperative discomfort.

The Venous Lake lesion can be treated at times with topical anesthesia only, other times patients may prefer local anesthetic. The lesion is first treated in non contact with a non-initiated tip at a setting of around 1 watt in a defocused manner progressively getting closer to the lesion until it starts to turn white in color.

The lesion is “painted” until the purple color is almost completely disappeared. Close examination may show a “drying” out of the overlying tissue. The author prefers then to “puncture” the lesion once with an initiated tip to confirm complete coagulation of the lesion.

Cases 1 (Figs. 1–6) and 2 (Figs. 7–11) below show examples of the diode laser photoacoagulation of Venous Lakes.

References


See Dr. van As

Dr. Glenn van As will present “The Role of the Diode Laser in Restorative Cosmetic Dentistry” today from 11:20 a.m. to 12:20 p.m. Using case studies, this lecture will focus on crown troughing, smile design, oral lesions, gingivectomy, tissue troughing, frenectomy and more!

About the author

Dr. Glenn A. van As graduated from the faculty of dentistry at the University of British Columbia in Vancouver in 1987. He immediately went into private practice in Lynn Valley with his father, Dr. A.W.H. van As, in June of that year. In October 1988, they moved together into their new office, Canyon Dental Centre. Since that time, van As has built a high-tech, high-touch dental practice where the entire dental team is committed to using the latest technologies available to provide the highest level of clinical excellence in dentistry. In addition to being in full-time private practice, van As has served as an assistant clinical professor at UBC from 1989-1999.