The pursuit of BruxZir anterior esthetics: part 2

By Michael C. DiTolla, DDS, FAGD

In an effort to increase the indications for BruxZir® Solid Zirconia crowns, the research and development department at Glidewell Laboratories is working to increase the translucency of this monolithic zirconia material.

While the dental laboratory is not yet to the point of being able to do veneers, anterior BruxZir crowns are starting to come into their own.

In Part II of this photo essay, the reverse preparation technique is used to prep tooth #8 (a natural, endodontically treated tooth) and #9 (a failing PFM) for BruxZir crowns.

Fig. 1
I use the 801-021 round diamond bur from the Reverse Preparation Set (Axis Dental) to cut a half-circle into the gingival third of the tooth. This half-circle is the formation for the perfect margin.

Fig. 2
I make my next depth cut to ensure adequate incisal reduction. I use the MADC-020 bur (Axis Dental) to place 2 mm depth cuts in the incisal edge of #8 to give the technician a good opportunity to build an esthetic, strong incisal edge.

Fig. 3
The next step of the reverse preparation technique is to place the #2E Ultrapak top cord (Ultradent). Packing this second cord can be difficult; you can’t floss it into place interproximally like you can with the first cord because doing so would disrupt the bottom cord, which we want to stay firmly planted at the base of the sulcus.

Fig. 4
Once the top cord is in place, you get one last look at your margin. I am not entirely happy with what I see because the shape of my margin does not match the contour of the gingiva. I prepped the margin with a super coarse 856-025 bur, which left little chips, so I use my fine grit 856-025 bur to get rid of that choppiness.

Fig. 5
The patient returns after five days for temp removal and final BruxZir crown try-in. The BruxZir crowns fit well, so it is time to start the cementation procedure.

Zirconia crowns are susceptible to salivary contamination when they are tried in the mouth. Fortunately, Ivoclean™ (Ivoclar Vivadent) was released earlier this year, specifically for the purpose of cleaning out restorations prior to bonding or cementation.

I place a couple drops in both of the crowns. The drops will stay in place for 20 seconds before being rinsed away.

Ceramir® (Doxa Dental), which contains the same phosphate groups that bond to zirconia, can now be used to cement the BruxZir crowns.

Fig. 6
Here are the cemented final BruxZir crowns on #8 and #9. I’m not suggesting you switch to this material for all of your anterior crowns. Unless you see the patient has broken other restorations or shows higher-than-average wear, you may be better off sticking with IPS e.max® (Ivoclar Vivadent) for this type of situation.

We are getting closer, however, to BruxZir Solid Zirconia becoming a go-to anterior crown and bridge material.

Here at the GNYDM
For more information on BruxZir Solid Zirconia crowns and bridges, stop by the Glidewell Laboratories booth, No. 4400. To view a live video of this case, visit the video gallery at www.glidewelldental.com.

About the author
Michael DiTolla, DDS, FAGD, graduated from the University of the Pacific School of Dentistry and was awarded his fellowship in the Academy of General Dentistry in 1995. In 2001, he became director of clinical research and education at Glidewell Laboratory. DiTolla is editor in chief for Chairside Magazine, has a monthly column on restorative dentistry in Dental Economics and has been lecturing on restorative dentistry topics since 1995. As a self-proclaimed “average dentist,” he has created techniques that give him great restorative results with a very average set of hands. His mission is to share these techniques with dentists to help them improve their preps, impressions and restorations.
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Shofu’s BeautiBond seventh-generation bonding agent is simple to use and provides results

By Fred Michmershuizen, today Staff

BeautiBond™ is a seventh-generation bonding agent developed by Shofu. This new product contains unique dual adhesive monomers that work independently to produce equal bond strengths for dentin and enamel. Available in convenient unit doses, BeautiBond offers easy, one-step, one-coat applications. Just ask Howard S. Glazer, DDS, a general practitioner who has been using the new product for some time now at his practice in Fort Lee, N.J.

“I have been a seventh-generation user from the day it was introduced and have used every one on the market, and I am telling you — this one is hot, and it is getting hotter,” Glazer told today.

BeautiBond’s enhanced bond strength rivals that of leading sixth-generation adhesives, but with the convenience of a seventh-generation material.

“It will definitely get people who have been hesitating to switch. In fact, it makes ‘the leap’ so much easier, and ‘the leap’ is in quotes because there is no leap really,” he said.

Glazer said he likes BeautiBond because it incorporates two separate chemistries that bond to both the dentin and the enamel.

He also likes that it works with a very low micrometer thickness, leaving no gap of potential porosity for his patients.

The light-cure, self-etching adhesive has a film thickness of less than 5 micrometers for better adaptation of restorative materials and is ideal for highly esthetic and minimally-invasive restorations.

Another huge plus, Glazer said, is the ease of use the product offers. BeautiBond requires very few steps and the unit dose delivery is stable, for excellent chairside handling.

“There is no fumbling, no mixing, no shaking,” Glazer said. “Just look at the steps card — it is as easy as one, two, three.”

A single application of BeautiBond requires just 30 seconds for a durable, reliable bond. High-bond strengths are achieved because of BeautiBond’s HEMA-free composition, resulting in virtually no gingival blanching.

Here at the GNYDM

Visit Shofu at booth No. 3207 for more information.

DrQuickLook: The age of handheld dental imaging

By DrQuickLook Staff

In the recent presidential election, just how many times was the word “change” mentioned by the candidates? The reason is that this word “change” has the ability to conjure up the good things that can happen when you let go of the present way of doing things and look to a new and exciting direction.

DrQuickLook™ represents a new frontier in dental imaging by allowing the patient to view teeth on a screen that is held in their own hands. The power of this is difficult to put into words. The advent of cellular phones has literally put the world at our fingertips. People of all social backgrounds can see images in their hands that they could only dream of before. DrQuickLook puts the patient in the position of holding the fate of their dental care in their own hands. Seeing is believing!

The ease with which DrQuickLook is used by dental staff, who need virtually no training, has led some to observe, “It’s just a viewer.” This is 100 percent correct. It’s just a viewer that allows patient to see exactly what you see.

It’s just a viewer that allows the dentist to show the patient problems during treatment quickly and clearly. It’s just a viewer that lets you walk to the reception area to talk with a parent or guardian. That’s the beauty of hand-held dental imaging.

Patients can easily view their own dental care with a handheld device, DrQuickLook.

(Pho/Provided by DrQuickLook)

DrQuickLook becomes the patient’s second opinion. Immediate confirmation equals treatment success. A successful dental practice is one that takes advantage of the strength of unique advances in science. Clearly, DrQuickLook represents an advantage that can outpace nearly all others on a value basis.

The ability to have every staff member learn to use DrQuickLook in a matter of minutes is critical to its success. So many dental dollars are spent on items that never provide any return on investment.

Placing a DrQuickLook in your patients’ hand today will give you control over your practice. No more empty operatories — just satisfied patients who can see and appreciate the care you deliver. DrQuickLook can deliver this and so much more.
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Odds of winning depend upon the number of eligible entries received. This offer may not be combined with any other SS White® offer.
Eaglesoft 16 will make life easier

Eaglesoft 16 Clinical and Practice Management Software is Patterson Dental’s premier dental software. The latest version, Eaglesoft 16, offers a new look, better functionality and enhanced adaptability while integrating the digital products for the office, clinical and imaging procedures all in one software.

Working to simplify the daily routine of dental offices, Eaglesoft 16 offers complete information access, condensing daily office management practices and providing specific tools that give each member of the dental team power to do more in less time.

In addition to increasing efficiency, Eaglesoft 16 can help reduce stress and increase profitability by streamlining everyday tasks and allowing offices to personalize the software to meet specific needs. New features include:

- Line item accounting enables users to apply a payment directly to a specific item.
- Customizable windows/dockable panels allows users to choose how much information to display on the “Account,” “Appointment” and “OnSchedule” windows as well as where to place the information within those windows.
- OnSchedule has a variety of features, including being able to change the time without affecting existing appointments. OnSchedule has provider views so the front office can check providers’ schedules to identify double bookings and availability.
  - The Patient Bar provides quick access to patient-specific information so users can customize which icons they use the most in each area.
  - Family Walkout Eaglesoft 16 no longer requires separate appointments to be processed one at a time when the entire family is in on the same day. Now the front office staff can process a walkout for all family members at once and issue one receipt for the family.
- Smart Claim/Smart Invoice allows office managers to create insurance claims and patient walkout statements more easily and check today’s items at the simple click of a button.
- Date-based reporting is a new option for select financial reports, letting users run financial reports for any range of dates; it is no longer necessary to choose a range of end-of-day reports.
- Automatic account aging helps office managers save time on end-of-day processing and statement processing and also keeps account balances up to date.

The help menu has also been updated and now offers easier access to the FAQ knowledge base. Additional features include “Money Finder,” “Fast Check-In,” “The Treatment Plan,” “eReferral,” “Prescription Writer,” “Patient Notes” and “Messenger.” By understanding the many tools provided by Eaglesoft 16, dental offices can equip themselves with the software needed to make the office run more efficiently and increase revenue.

In addition to software, Patterson Dental offers support and customer service. Patterson Dental’s in-depth understanding of the market and commitment to development and customer satisfaction has driven the development of Eaglesoft 16 Practice Management Software, making it a vital tool for every dental office.
Advanced LED optics solutions for your practice

Here at the GNYDM, DentLight is offering a number of innovative LED optics solutions to help you build and increase revenue, including Fusion, rated by Clinicians Report as one of the best curing lights. In fact, it is so advanced and so much more than just a curing light it is offered as a “dental oral exam” (DOE) system.

The Fusion-DOE Kit is available at a special price during the GNYDM: $1,797 (regularly $2,500). As Dr. Richard Liu, president of the Plano, Texas-based manufacturer, explained, in addition to its curing functions, Fusion’s high-contrast fluorescence imaging can also be used for oral-cancer screening and its transillumination for caries and lesion detection.

Liu said the light has a patented focused beam that allows a composite to cure four times faster than other lights, and its double depth penetration means it is the best light for bulk curing.

“This just blows everything else on the market away,” Liu said. “There isn’t anything else like it currently available.”

He said the light adds to profitability for the dentist, offers increased marketability potential for new patients, and is particularly effective in detecting HPV virus-induced lesions on the back of the throat because of its high fluorescence image contrast and small size, which makes access easier.

Scott Mahnken, a dental industry consultant who works with DentLight, said the light means less clutter in the dental office, more efficiency and increased revenue.

“Fusion offers the fastest ROI of any product I have seen,” Mahnken said. Dr. Howard Glazer of Fort Lee, N.J., said: “When it comes to curing lights, I have long been a fan of the Fusion from Dentlight for its power, ease of use and value for the nominal cost. The Fusion DOE Kit comes with a snap-on head for the Fusion light as well as snap-on filters for your loupes. I am a firm believer in and advocate for oral-cancer prevention through early diagnosis, and the DOE system is a very good way to conduct a fast and non-invasive examination of the oral cavity.”

As noted in the recent Clinicians Report, only 50 percent of dental hygienists are conducting potentially life-saving oral-cancer screenings.

Dr. Gordon Christensen said: “We can do better. We need to observe it earlier! We have the responsibility to observe and question oral lesions. Fluorescence is a viable adjunct to mandatory visual and manual oral cancer screenings because it reveals abnormal cells before they may be noticed visually.”

Several other lighting solutions are available from DentLight. The Nano loupe light offers the smallest overall light with focused power and three digital brightness levels. It allows the dentist to see caries and helps improve posture and vision.

In addition, for proper eye protection, a laser filter converts a regular magnifying loupe into a laser loupe, which Glazer considers a ‘must-have’ product when doing laser procedures.

Edge matrices for celluloid restorations

By Dr. Laurence Berenholz-Bury

Co-form is an innovative composite product for restoration of complex incisal edges and dental fractures. It is applicable for all kinds of fillings.

The pre-formed matrices consist of celluloid, are easily adaptable to the tooth and therefore facilitate a natural-looking restoration.

In addition, the matrices are easy to position and easy to remove without drag. The matrices come in sets of mesial and distal edges for incisors and canines.

They are also available in four sizes and can be used in almost all clinical applications.

An easy system for difficult restorations

Teeth in need of major restoration are difficult to repair. Moreover, both the patient and the dentist expect durability, a bio-compatible filling as well as a natural color, all achieved during a simple and rapid one-time-only visit to the dentist.

The pre-formed celluloid matrices are simple, speedy and uncomplicated compared with other restoration options.

Choosing the right matrix (Photos/Provided by Directa)

Advantages and use of celluloid matrices

As for conventional dentistry, the cavities are filled by layers. The only difference is that when the last is light-cured, the matrix is pressed against the soft composite, resulting in a natural and healthy surface look of the restored dentistry.

The composite is light-cured through the transparent matrix. To counter the loss of light through the pre-formed matrix, the composite is light-cured once again after removal of the matrix.

This technique has proven to be advantageous in many ways. The composite surface is hard and requires no final polishing, because the surface is as smooth as that of the natural teeth. Any final adaptation is minimal or not needed at all.

Improved results with transparent matrices

Scientific studies have proven that the hardest composite surfaces can be obtained through transparent matrices and reflecting edges. Other studies have shown in connection with the light-curing processes of metal matrices that obvious sealing problems occur. The composite matrix surfaces are 10 times as smooth as those made by conventional matrix methods.

Editor’s note: This article was first published in Dental Tribune, French edition, July 2011.