For the ninth time since 2000, dental professionals will be gathering in Singapore to update themselves on the latest trends and developments in dentistry when the International Dental Exhibition and Meeting (IDEM) opens at the Suntec Singapore Convention and Exhibition Centre this month. With more companies and dealers to exhibit at the show than ever before, it will once again be an extensive showcase of the state-of-the-art in the field.

According to organiser Koelnmesse, over 550 exhibitors have confirmed their participation at the event, which will take place from 8 to 10 April on Levels 4 and 6 of the Suntec. There will be a number of world premiere product launches by leading dental suppliers, including new implant systems, dental disinfection lines and digital practice management solutions. Overall, up to 8,500 participants are expected at the upcoming IDEM, representing an attendance increase of 8 per cent compared with the last edition in 2014, which saw slightly over 7,800 visitors.

The congress part of IDEM has also been significantly expanded and will include additional offerings, such as the Digital Dentistry Forum on 10 April. Under the theme “A primer in digital dentistry—Practice and laboratory development for clinical excellence”, this introductory full-day event will feature internationally recognised experts from private practices and dental laboratories, who will be advising participants on ways to integrate digital dentistry and of the benefits of CAD/CAM, 3D printing and CBCT scans, among others. Furthermore, the Singaporean Association for Oral Health Therapists has partnered with IDEM for the Dental Hygienist and Therapist Forum for the first time. Regulars, such as the New Dentist Forum, will also return. A special lunch lecture on Sunday, supported by prominent UK dentist Dr Linda Greenwall, will inform participants of how to incorporate new technologies into clinic routines and provide strategies on overcoming resistance encountered by practice staff implementing them.

Complementing the main congress educational offering, free clinical presentations will be held at a continuing education symposium hosted by the Dental Tribune Study Club on Level 6.

“The conference stresses the importance of continuing education in ongoing progression in the professional journey. Keeping up to date with changing trends in the industry helps dental professionals remain relevant and provide better service to their patients,” said Michael Dreyer, vice president of the Asia-Pacific region at Koelnmesse.

While online registration for trade visitors and conference attendees closed on 18 March, dental professionals can still register on-site. Some parts of the programme, such as pre-congress courses, are subject to availability. Dental Tribune International will be covering IDEM Singapore again with its daily congress newspaper. For those unable to attend the event this year, the publisher will also be providing the latest news from the show floor online on its website, www.dental-tribune.asia, as well as to subscribers worldwide through its e-newsletter on a daily basis.

More information about IDEM is available online at www.idem-singapore.com.
Every two years, IDEM Singapore brings together dental traders and practitioners from Asia-Pacific and manufacturers from around the world in the cosmopolitan city of Singapore, turning it into the place to be for all professionals interested in dentistry. Since its conception in 2000, IDEM Singapore has grown from strength to strength, with every edition attracting more buyers to the exhibition and more delegates to the conference, and with visitors' numbers doubling over the past decade. This year, we are very delighted to have the event back again for the 9th edition, presenting an even larger conference and exhibition.

Themed “Striving for Clinical Excellence”, the 2016 conference stresses the importance of continuous learning as an ongoing progression in the professional journey. Keeping up-to-date with changing trends in the industry helps dental professionals remain relevant and provide better service to their patients. One particular trend we’ve taken note of is the rise of digital dentistry. As one of the most talked about industry trends, it has warranted a dedicated Digital Dentistry Forum as part of the conference of IDEM Singapore this year.

The rise in health tourism and economic growth in Asia-Pacific has shifted consumer demands for better dental products and services in the region. This has further fueled the desire for an increasing number of companies to enter this market. These companies have come to realize that IDEM Singapore is the ideal platform to connect with potential customers here. Over 500 companies from 38 countries will exhibit this year and showcase the latest dental products and services.

In this year’s conference, we have once again an exciting line-up of speakers, topics and workshops for our delegates to address the needs of the various dental professional segments. We are also pleased to have some of our conference speakers featured in this and the upcoming issues of today IDEM, namely Dr. Linda Greenwall, Dr. Hien Ngo, Dr. Tan Wee Kiat and Dr. Christine Bellmann, who will cover topics such as aesthetics dentistry, paediatric dentistry and general dentistry.

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Parents can be great allies

An interview with IDEM presenter Dr Tan Wee Kiat, Singapore

Dr Tan Wee Kiat

In a morning session on 10 April, Dr Tan Wee Kiat will be presenting a paper on paediatric dentistry as part of the Dental Hygienist and Therapist Forum at IDEM. In this interview, the head of the National Dental Centre of Singapore’s Paediatric Dentistry unit discusses important aspects of child treatment and how they affect treatment outcomes.

“I would like to see a dental component included in early childhood education programme.”

Regardless of their respective fields of work within the dental unit, all members of the team have a common goal which is to deliver good treatment outcomes and to provide a experience that is as pleasant as possible for the child patient and the parent. Every principal of a practice has an image he or she wants to convey, for example the culture and philosophy of the practice, be it fun loving, professional, kind, etc. This must then be embodied and reflected at every customer contact from front line to support staff.

How can a dentist’s interaction with a child patient affect the success of their practice?

Paediatric dentists know that successful patient dynamics involve effective communication not just with the child but also the parent. Parenting styles influence child behaviour in the operator. Behavioural management techniques require parental “buy in” and in many instances their consent. Life style changes that ought to have an impact on the child’s oral health depend on a parent or caregiver’s co-operation.

Gaining trust of both patient and parent is paramount. We are truthful in all interactions, and we do not say it does not hurt when it does, but we help the child cope.

You emphasised the importance of the parent. Outside the clinical environment, which other groups of people contribute to the management of a child’s oral health?

Groups like school teachers are also important. For Singapore I would also add maids and caregivers such as grandparents or baby sitters. In regard to teachers, those involved in early childhood education and staff of preschool centres are very important in helping to manage children’s oral health, in my opinion, but how can they look after the children if they feed them with unhealthy snacks and make them drink milk from a bottle, when these children have been weaned off the bottle? In fact, I would like to see a dental component included in early childhood education programmes.

What are some of the more common developmental defects of the human dentition amongst children?

Developmental defects of enamel and dentine are very common. Oftentimes, these vulnerable teeth are found in around 1 per cent of children (Fig. 1). The implication of finding fused primary teeth is that there is a 50 per cent chance of a missing permanent successor. Supernumerary teeth which are extra teeth beyond the normal complement, have an occurrence of 2.5 per cent (Fig. 2). These teeth may impede or prevent the eruption of permanent teeth, or deflect them from the true eruption position.

Developmental dental anomalies in the primary dentition are rare, except for fusion (two primary teeth fused together) which can be found in around 1 per cent of children (Fig. 1). The implication of finding fused primary teeth is that there is a 50 per cent chance of a missing permanent successor. Supernumerary teeth which are extra teeth beyond the normal complement, have an occurrence of 2.5 per cent (Fig. 2). These teeth may impede or prevent the eruption of permanent teeth, or deflect them from the true eruption position.

Cleft lip and palate is not generally regarded as a defect of the dentition but a defect of fusion of embryonic lip and palatal structures. The position of teeth is affected because these components carry teeth buds in them. The teeth decay long before parents decide to seek help from a dentist. Preventive measures and risk assessment that could have been implemented are missed out because parents do not bring their child for the first dental assessment by the age 1. Genetic defects of tooth structure have a greater impact as primary and permanent teeth are affected. Affected teeth may cause pain, be unaesthetic, and need crowns later in life.

How can dental professionals identify children who deviate from normal dental development and what are appropriate interventions or counsel when identified?

First, dentists must know what is “normal” in terms of dental development. If they have been trained in dental development, embryology and oral pathology, they would just have to refresh their training by reading and have a high index of suspicion. Many atlases show oral conditions in pictures with great clarity and this is the next best thing to seeing a case in real life, especially if the condition is rare. Learning to think in a systematic and logical manner is what a good dental school teaches you.

Intervention will depend on the condition and the risk of complications, such as decay. This stays also true for the anticipative guidance they can give to parents. Conditions of genetic causes often have an inescapable pattern. Knowledge of how these conditions are inherited is useful in genetic counselling.

What are the different types of dental behavioural problems that paediatric dentists may encounter and what is the difference between behavioural problems and dental anxiety?

We shall confine this discussion to behavioural problems we encounter in normal children and not special needs children. Most behavioural problems stem from anxiety, and result in avoidance of treatment, or uncooperative behaviour in the dental clinic.
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Behavioural problems in the dental clinic can manifest as crying, screaming, tantrums, refusal to open mouth, delaying tactics like coughing, vomiting, or extreme talkativeness. How can paediatric dentists gain more behavioural knowledge about the child patient prior to any relevant treatment?

The training in dental schools provides a good basis in information gathering, such as taking a good medical and dental history. Listening to parents, for instance, what the child likes or dislikes about going to dentist, as well as knowledge of previous dental visits and what happened there can also serve as a guide for dentists. Paediatric dentists develop an understanding of the child’s personality whether he or she is introverted, shy, outgoing, or adventurous. In addition, assessing the dynamics between parent and child, gives a sense of the parenting style and the likelihood of which treatment modality is acceptable to parents, as well as what management technique is likely to succeed with a particular child.

What can paediatric dentists do to safeguard the interest of children with anomalous behavioural patterns during care?

Some questions to ask oneself would be: Can I do fairly good dentistry with this level of behaviour? If not, am I able to control or minimise the disruption so that I can still provide an acceptable standard of dentistry? Can I still do the job safely? How traumatic is this whole process to the child and parent and will I jeopardise future co-operation? Is this a short or moderate procedure which does not have to be repeated and hence have a likelihood of the child forgetting any trauma that is associated with it?

What strategies can the dental team employ to ensure positive behaviour in children?

There is no way to ensure positive behaviour. People who say there is no way to do this with children enough. You can lose the dice in your favour by being friendly, non-threatening, and showing genuine care to the child. You can also schedule appointments which do not conflict with nap times when children can get cranky. Furthermore, you can draw boundaries for acceptable behaviour, and you can enlist the parent in the strategies you will employ. Parents are a much underestimated resource, but when trained appropriately, they can be great allies. They serve as role models and they are the ones who will ultimately trust you with their child.

How common is the usage of restraints?

In our unit, we do not use restraints like papoose boards, or devices to strap children down. Restraint is usually done by parents, who help in holding the child. In America, paediatric dentists take consent for restraint, and show the devices they use to restrain children so that parents have a good idea of what they are consenting for. Restraint should be used cautiously as it can be taken as assault and liable to prosecution. In UK and Australia, restraint devices are seldom used by paediatric dentists and many schools do not teach this anymore.

Thank you very much for the interview.

“Parents do not notice enamel defects unless they are very obvious.”

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The event will take place within the International Dental Exhibition Dental Salon 2016 which will allow the attendees to combine the participation in a scientific event with visiting the exhibition booths. Within the ENDODONTIC congress program there will be organized practical hands-on courses (pre-congress April 18 and post congress, April 21). An official get together closing party of the congress (April 20), following the second day of the scientific program. The party is being organized in one of the most popular and modern restaurant bars of Moscow “Passажир” (Tverskaya City Hall).

EndoPoint project committee is happy to offer optional excursions to visit the most exciting places of Moscow city!

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With more than 550 companies from around the globe participating in IDEM Singapore 2016, there will be plenty of new products to see and discover for dental professionals. Furthermore, participants at this year’s show will be able to find out more about the latest dental tools and technologies during a daily symposium presented by the Dental Tribune Study Club at Booth 6N-17 in the exhibition hall on Level 6.

In cooperation with Cincinnati dentist and creator of the original tapered implant Dr Jack Hahn, Glidewell Laboratories (Pacific Dental Specialties, Booth 4N-20) has announced the release of the Hahn Tapered Implant System, which adds to the extensive line of the company’s dental implant products, such as the Inclusive Tapered Dental Implant System. The goal of the new system was to make implant therapy simpler, more predictable and accessible to as many people as possible. With its blend of time-tested features and contemporary design, it aims to provide a comprehensive treatment solution for a variety of clinical indications, enhancing the quality of treatment while reducing the cost of care, according to the company. Its wide array of sizes, root form and unique thread pattern allow efficient placement with a high degree of primary stability in all regions of the mouth, including fresh extraction sockets.

Recently introduced at the Chicago Dental Society Midwinter Meeting in the US, 3Shape’s (Booth 4Q-12) updated dental laboratory scanner will be on display in Singapore. Like the smaller D1000 laboratory scanner, the new D2000 processes multiple scan lines simultaneously to improve cavity and impression capture. This allows it to accurately scan analogue impressions sent to the laboratory by the dentist. According to the company, this eliminates the need for the laboratory to pour or create a gypsum model from the impression, and this not only saves it several steps in the workflow, but also allows it to print cost-effective 3-D models instead, based on the analogue impression, if a physical working model is needed.

Müller-Omicron, an innovative manufacturer of dental products based in Germany, is offering customers a completely new range of disinfectants for effective, user-friendly and safe disinfection. Owing to a new combination of active ingredients, ensuring hygiene in dental practices and laboratories has just become easier. The company will be presenting its new disinfection products for the first time at IDEM Singapore 2016, at the German Pavilion (Booth 4K-23).

Global D, one of the foremost French producers of dental implants, will be exhibiting its complete spectrum of innovative dental implants and surgical kits at the French Pavilion (Booth 6J-02). One of the highlights is a 3 mm diameter, two-piece dental implant designed for the restoration of narrow spaces in the incisal area where conventional implants would not be suitable. Intended for the restoration of maxillary lateral incisors, and mandibular lateral and central incisors, the implant optimises the management of the soft and hard tissue despite the small amount of space available. Global D’s showcase will also include its implants for subcrestal, supracrestal and transmucosal placement, as well as slim implants, pre-implant solutions and surgical kits.

German dental instrument manufacturer NTI will have its latest portfolio on display too (Booth 4H-15). Its new tungsten carbide instruments, for example, have been optimized for the separation of teeth and roots, as well as for apicectomy. The instrument of choice for apical procedures, the company’s A-blade runs smoothly while providing excellent cutting. Bone lid preparation and harvesting of bone structure for augmentation are further possible uses. Also, the new perforated diamond finishing strips from NTI adapt particularly flexibly to the surface of the tooth, and this facilitates proximal contouring of Class II, III and IV fillings. Perfect laboratory appliances are created after reduction of the excess sections of the foil. Designed to smoothen the surface of all foils, NTI’s SoftPol is available in three levels of abrasion. Different speeds allow customized fine contouring of all areas close to the sensitive gingiva. The open-pored instruments also reduce the risk of overheating the appliance and distorting it.
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