Six sessions of ‘Live Dentistry’ in two days

Exhibit Hall features ‘Live Dentistry Stage’ and, new this year, the ‘Product Stage’

- The exhibit floor will be open from 8:30 a.m. to 5:30 p.m. today and Friday with live dentistry sessions back in full force for the PDC’s 2016 edition. Three sessions fill out the schedule on each of the Exhibit Hall’s two days.

The Live Dentistry Stage is sponsored by Sinclair Dental and A-dec.

Today
- At 9 a.m., Bernard Jin, DMD, presents “Immediate anterior implant solutions with ridge augmentations using innovative PRF applications” with commentary by Dr. Mark Kwon.

The session is cosponsored by Hiossen Implant Canada.

- At 11:30 a.m., Ho-Young Chung, DDS, presents “Immediate implant denture solution with extractions, PRF, immediate implant placement and immediate loading” with commentary by Dr. Mark Kwon. The session is cosponsored by Hiossen Implant Canada.

- At 2 p.m., Alan Lowe, DMD, Dip Ortho, PhD, FRCD(C), presents “Clinical techniques for sleep apnea therapy with oral appliances.” The session is cosponsored by Aurum Group.

Friday
- At 8:30 a.m., Peter Walford, DDS, FCARDP, presents “Can’t place implants? Take a look at the inlay/flange bridge and what it can do.”

- At 11 a.m., Sonia Leziy, DDS, Dip Perio, FCDS(BC), FRCD(C), presents “Immediate implant placement and transitional restoration – 5 key steps for success.” The session is cosponsored by BioHorizons Canada.

- At 1:30 p.m., David Chong, DDS, and Brandon Kang, DDS, DMD, MD,
career can be found in either the PDC classrooms or Exhibit Hall during the next three days. Or, with approximately 12,500 dental professionals in attendance, it might be that you’ll find what you’re looking for while on your way between the two locations.

With today being St. Patrick’s Day, meeting organizers have planned a “Celtic Celebration” event tonight with a mixture of Canadian and Irish fun. It was approaching “sold-out” status at press time, but all sorts of other Irish-fun surprises are in store for attendees throughout the conference.

2016 PDC held in conjunction with Canadian Dental Association

This year’s PDC is being held in conjunction with the Canadian Dental Association — the national voice for dentistry dedicated to the advancement and leadership of a unified profession, and to the promotion of optimal oral health as an essential component of general health.

In celebration of the collaboration, this year’s conference includes a “Canadian Speaker Series” with top dental experts from across Canada.

A CDA presence also is seen in the CDA/DENTSPLY Student Clinician Research Program, which is being held today in the Exhibit Hall foyer. The purpose of the table clinics is to stimulate ideas, improve communication and increase student involvement in the advancement of the dental profession. After a closed jury session, the student clinicians present their research as Table Clinics. All attendees are welcome.

About the PDC

In British Columbia, the tradition of gathering to share information on dentistry dates to 1936, when the first BC

Study Club was established. As time passed, the need for an annual meeting for all BC dentists became evident, and an annual dental convention was created. That event saw steady growth, prompting a move from smaller hotel settings to the Vancouver Convention and Exhibition Centre (now the Vancouver Convention Centre).

In 1998, with dental professionals attending not just from British Columbia but from across the U.S. and Canada, the meeting became the Pacific Dental Conference.

One thing that has never changed is the tradition of offering exceptional continuing education and the latest in techniques, technology and services. The conference’s laser focus on advancing the profession stops at the top. The PDC’s organizing group is composed of dental professionals who volunteer their time to produce and deliver one of the most popular dental conferences in North America.

(Source: Pacific Dental Conference)

• Above, attendees stream into the PDC Exhibit Hall. Hours are 8:30 a.m. to 5:30 p.m. today and Friday. Below, attendees descend to the Exhibit Hall. (Photos/Provided by Pacific Dental Conference)

present “Lateral and crestal sinus surgery.” The session is cosponsored by Hiossen Implant Canada.

Check the app

The live dentistry stage, located in the Exhibit Hall, is open to all attendees. Start times are subject to change, so it’s worth checking the PDC app or the latest “Conference at a Glance” to access the most current schedule.

Two-day Exhibit Hall includes inaugural ‘Product Stage’

Exhibit Hall exhibitor spaces are sold out again this year, with more than 600 booths occupied by more than 300 companies. Hours are 8:30 a.m. to 5:30 p.m. both today and Friday.

New in the Exhibit Hall at this year’s conference is the Product Stage, featuring presentations throughout both days. Find it in the 1900 aisle, just steps away from today publisher Dental Tribune America, in booth No. 1929.

(Source: Pacific Dental Conference)

• Dr. Mark Kwon performs an ‘Implant with Sinus Surgery’ as Dr. Bernard Jin (standing at left) adds commentary, on stage at the Live Dentistry Arena in the Exhibit Hall at the 2014 PDC. (Photo/Robert Selleck today Staff)
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The Pacific Dental Conference consistently draws some of the top presenters in dentistry from across North America and even internationally. Today’s agenda confirms that this year is no exception, offering eight morning, afternoon or full-day hands-on courses that require preregistration and have a course fee. In addition to the intensive, hands-on courses there are nearly 70 open sessions scheduled throughout the morning and afternoon. A few highlights:

- George Kirtley, DDS, presents the hands-on course “CAD/CAM-design denture using the Pala Digital Denture System” from 1:30 to 4 p.m. in Vancouver Convention Centre West, Room 115. Preregistration and a course fee were required. Each attendee will get experience using the Pala System, working with materials to accurately capture vertical dimension, Gothic Arch tracings, tooth length, lip length— and understand the processes behind CAD/CAM design of dentures and over dentures. Kirtley is a dually accredited member of the American Academy of Cosmetic Dentistry and the British Academy of Cosmetic Dentistry. He has been a clinical instructor for the New York City, London and Palm Beach Aesthetic Advantage since 1996. He maintains a private practice in Indianapolis, focusing on aesthetic restorative dentistry. The course is cosponsored by the Canadian Academy for Esthetic Dentistry.

- Robert Fazio, DMD, presents the open session “Medicine, dentistry and drugs,” which is billed as a “chairside-friendly course for clinicians.” The course stands on its own, but many attendees will also have attended Fazio’s morning session, “Antibiotics in dentistry.” Recognizing the growing number of older patients on multiple medications, Fazio will help attendees structure a framework that can help them treat patients and identify appropriate analgesics, anaesthetics and other prescriptions based on a stronger understanding of potential interactions with a patient’s existing medications or impact on medical conditions. Fazio is an associate clinical professor of surgery at the Yale School of Medicine and has been on Today’s “Top 100 Clinical Educators” list for more than a decade.

- Also Friday, a limited number of attendees will spend the day with Mark Lin, DDS, FRCD(C), in his all-day course “Advance immediate anterior implant aesthetics and immediate posterior implants.” The hands-on workshop will cover atraumatic flapless extraction, immediate implant placement, socket grafting and immediate provisional...
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Vancouver’s East Side Dental Clinic is looking for a few good volunteers

By Robert Selleck, today staff

Are you interested in a volunteer opportunity in dentistry that doesn’t involve international travel or leaving your practice for multiple days in a row? If you’re a Vancouver-area resident, there’s a need for your dentistry skills (no matter what your position) within a 30-minute walk of the Vancouver Convention Centre.

And your first step as a potential volunteer is as easy as stopping by booth No. 1652 in the Exhibit Hall to visit with a representative of the Vancouver Native Health Society. The organization is at the PDC as a first-time exhibitor, courtesy of the meeting organizers. “The idea of us being at the PDC is to find some more volunteers for our offices — dentists, hygienists, certified dental assistants and others,” said Dr. Lex Vides, VNHS dental clinic manager.

Known locally as the East Side Dental Clinic, the not-for-profit operation is looking for dental professionals who have an interest in supporting its mission to “improve and promote the health of individuals — with a focus on the Aboriginal community residing in Greater Vancouver.”

The 20-year-old organization delivers a variety of programs and services touching on all aspects of maintaining good health. One of the core services supporting the society’s mission is the downtown-Vancouver, storefront dental clinic at 455 Hastings St., which is just a few blocks from the Vancouver Convention Centre.

Staffed by volunteers, the dental clinic is open Monday to Fridays from 9 a.m. to noon, with some afternoon hours if requested by the volunteers. The clinic is considered a crucial service for people who would otherwise live with chronic and acute pain due to unresolved dental issues. It’s the Lower Mainland’s only not-for-profit clinic with three operatory rooms.

The organization views its charitable dental clinic as “a compassionate response to inequality and despair,” and the clinic’s work is considered critical to the society’s larger purpose: “to improve and promote the physical, mental, emotional and spiritual health of individuals.”

The organization provides medical care, counselling and social services. Many of its clients face overlapping and oftentimes interrelated challenges, including substance abuse, mental health issues, chronic disease, homelessness and poverty.

VNHS was honored as a Charity Intelligence “Top Pick” for charities/donations for 2012.
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Non-surgical laser has sleep applications in dentistry

Lightwalker Er:YAG/Nd:YAG dental laser treats snoring, sleep-disordered breathing

By Harvey S. Shiffman, DDS

Of the commercially available hard- and soft-tissue lasers, only the LightWalker (Fotona, San Clemente, Calif.) combines two proven wavelengths, Nd:YAG and Er:YAG, with unrivaled power and precise pulse control resulting in high levels of efficacy for a wide range of procedures.

With this advanced level of performance comes significant patient comfort. The procedure described here has been developed to take advantage of these attributes. Snoring and sleep-disordered breathing affect millions of Americans, both adults and children. The signs and symptoms are the result of partial or complete collapse of the upper airway during sleep. The structures involved in our protocol include the soft palate, uvula, and the base of the tongue. The goal of the treatment is to decrease the amount of blockage of the upper airway.

Dentists are in a great position to help screen and in many cases treat these problems with airway management. Helping patients improve their sleep can profoundly improve their health, quality of life and the well-being of their loved ones.

The “Gold Standard” for the treatment of sleep-disordered breathing is the CPAP type device. Following in 1981 was the introduction of Mandibular Advancement Devices (MAD). Compliance with both of these treatment modalities shows a reduction in compliance over time and significant side effects. However, the “NIGHTLASE™ Snoring and Sleep Apnea Reduction Therapy” protocol is a unique approach to treatment using the Fotona LightWalker dental laser with a proprietary protocol and handpiece. Another positive benefit is the 24-hour-a-day improvement in airway vs. CPAP and MAD.

NIGHTLASE uses the photothermal capabilities of the LightWalker laser to convert and initiate the formation of new and more elastic collagen. The target tissues are the oropharynx, soft palate and uvula. The proprietary “Smooth Mode” pulse characteristics create a non-ablative heat generation or “Heat Shock” that initiates the conversion of existing collagen to more elastic and organized forms and also initiates neocollagenesis, the creation of new collagen.

This process results in a visible elevation of the soft palate and uvula and tightening of the oropharyngeal tissues, resulting in an improvement in the upper airway volume. The results can be seen in Figure 1.

NIGHTLASE therapy is indicated for cases when the patient has been diagnosed with chronic snoring, UARS or mild to moderate sleep apnea and either cannot or chooses not to wear an appliance or CPAP device. It can also be used in co-therapy with those devices, allowing for lower CPAP pressures and less MAD advancement. NIGHTLASE represents a less-invasive alternative to current surgical, chemical or radio-surgical options that may require hospitalization, general anesthesia or soft-tissue removal.

NIGHTLASE has a significant success rate in producing a positive change in sleep patterns. Research published by Miracki and Visentin has shown that it can reduce and attenuate snoring, and provides an effective non-invasive modality to lessen the effects of obstructive sleep apnea. As with any treatment, there are potential risks with laser treatment. However, the risks are minimal and certainly less than alternative therapies if the protocol is followed correctly. NIGHTLASE therapy is not a permanent alteration of the soft palate and uvula and tightening of the oropharyngeal tissues, resulting in an improvement in the upper airway volume. The results can be seen in Figure 1.

In 2013 we completed a pilot study that addressed only snoring with 12 patients. Twelve-month follow-up showed a 30–90 percent reduction in snoring tone and volume (Fig. 2). The lower percentages were smokers, obese patients and those with severe OSA. Follow-up studies with polysomnography using HST are in process, as are pharyngometer studies, both of which have recorded significant positive changes.

A recently published pilot research study by Lee and Lee has shown through 3-D CT imaging the volumetric positive changes after NIGHTLASE treatment to help support the clinical results, and the authors have follow up studies with 3-D CT, polysomnography and a larger group of patients in process.

We are excited to present these modern, minimally invasive and more natural treatment modalities to the dental community. Using the LightWalker laser, we can now have another tool in our dental toolbox and offer our patients health improvements that reach beyond restorative and rehabilitative dentistry.

If the reader is curious about using the NIGHTLASE protocol or about laser dentistry in general, you can contact the manufacturer for more information. As always, we recommend a good variety of advanced educational programs in dental sleep medicine to see where NIGHTLASE might fit into your patients’ treatment protocols.

Financial disclosure: The author has no financial interest in the products mentioned in this article.

References


About the author

Harvey Shiffman, DDS, is in general practice at the Laser Dental Center in Boynton Beach, Fla. He is a graduate of George town University School of Dentistry and completed a general practice residency at Georgetown University Medical Center, with an emphasis on treating medically compromised patients. Shiffman completed certification with the Academy of Laser Dentistry (ALD) in three laser systems and recently earned ALD Fellowship. He uses and helps develop cutting-edge technology and has performed thousands of laser dental procedures.

Shiffman is an instructor for the Academy of Clinical Technology and recently lectured on advances in laser dentistry at the Yankee Dental Congress and the Greater New York Dental Meeting. He is an adjunct professor in the prosthodontics department of Nova Southeastern University College of Dental Medicine and is responsible for the development of a dental laser educational program for undergraduates and dental students.
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Here at the PDC
To learn more about the BurButler, stop by the Shofu Dental Corp. booth, No. 1303, visit www.shofu.com or call Shofu at (800) 827-4638.

With an increasing emphasis on productivity, dental practices and laboratories are in a continuous search for smart solutions in storage and organization of rotary instruments. Specifically, large-volume laboratories and practices with multiple operators strive to streamline their procedures and reduce costs by minimizing the time and effort allocated to storing, coding, sterilizing and restocking of a myriad of dental burs.

With the advent of BurButler, a fully autoclavable storage system for rotary instruments of all shank sizes, including CA, FG, HP and short shanks, bringing time- and cost-savings to the management of dental burs has never been easier to achieve.

The BurButler is composed of a polycarbonate lid and a universal bur block made of resilient, medical-grade silicone, which possesses natural antimicrobial properties and ability to withstand high temperatures without losing the integrity of form.

Five colours for efficient coding
The base comes in five assorted colours — amber orange, amethyst purple, diamond white, ruby pink and sapphire blue — for efficient coding and identification. Unlike many other bur blocks, the BurButler does not require plugs or extra parts to securely house instruments. This unique silicone block features a patented starburst design with a reverse fluting, which helps hold burs in place, eliminating the risk of spilled or misplacing burs. The holes also offer good drainage for proper cleaning and sterilization.

Intended for customized mixing and matching of burs, the 5-, 10- and 25-hole bur blocks are designed to demonstrate ideal spacing between the holes. This property helps facilitate easy insertion and removal of burs, and is safe for fingers petite or large, gloved or bare.

Shofu’s bur blocks are complemented by a protective lid, which is available in two sizes, regular and tall, and is made of thermostable plastic. Both the lid and base can be autoclaved together. Equipped with skirted grooves, the lid grips the base easily, and it can be removed with one hand. The clear lid makes it possible to view the contents of a bur block, allowing for more efficient organization of rotary instruments. Furthermore, colour-coordinated bur blocks can also be used as sterilizable storage boxes for a variety of other components, including: implant abutments, perio irrigation tips, provisions, removable and other small items.

Whether used for storage, sterilization or organization of CA, FG, HP and short-shank dental burs, Shofu’s BurButler will help bring time- and cost-savings to dental practices and laboratories.

Hygiene sterility container reduces your spending — and your practice’s waste stream

SciCan has introduced SALUS, which it refers to as “the world’s first paperless, rack-and-sleeve, hygiene sterility maintenance container.”

According to the company, SALUS eliminates the costly and time-consuming use of sterilization paper and pouches. This enables clinicians to save hours that otherwise would be spent wrapping hundreds of dollars worth of sterilization paper. Another benefit is a reduction in the waste being generated by your practice.

With SALUS, instruments are kept safe and are easily transportable using a secure rack-and-sleeve technology.

Here at the PDC
To learn more about how the SALUS rack-and-sleeve, hygiene sterility maintenance container eliminates the need to buy sterilization paper and pouches, be sure to visit SciCan in booth No. 1029 in the Exhibit Hall.

The SALUS hygiene sterility maintenance container from SciCan eliminates the need for sterilization paper and pouches. It can save hours and dollars spent wrapping instruments in sterilization paper. (Photos Provided by SciCan)

The rack has handles designed to hold instruments in place. There is also a safety knob that locks the container for safe and secure transportation. Additionally, a tamper-evident latch is activated when the container is processed through a steam sterilizer.

The transparent container enables instant identification of instruments and chemical indicators, according to the company. Visit SciCan in booth No. 1029 at the Pacific Dental Conference.

Rack-and-sleeve system eliminates sterilization paper and pouches

Rack portion of the SALUS.

Sleeve portion of the SALUS.

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*“Dental Equipment and Supplies Manufacturing in the U.S. and Its International Trade” Supplier Relations US, LLC, Irvine, CA, February, 2014.


Dental isolation

Isolite working field is as dry as rubber dam’s but with better light and access

By Isolite Systems Staff

Dental isolation is one of the most common and ongoing challenges in dentistry. The mouth is a difficult environment in which to work. It is wet and dark, the tongue is in the way, and there is the added humidity of breath, which all make dentistry more difficult.

Proper dental isolation and moisture control are two often overlooked factors that can affect the longevity of dental work – especially with today’s advanced techniques and materials.

Improved patient safety and comfort

Leading dental isolation methods have long been the rubber dam – or manual suction and retraction with the aid of cotton rolls and dry angles. Both of these methods are time and labor intensive, and not particularly pleasant for the patient.

Enter Isolite Systems. Its dental isolation systems deliver an isolated, humidity- and moisture-free working field as dry as the rubber dam but with significant advantages, including better visibility, greater access, improved patient safety and a leap forward in comfort. Plus, it allows dentists to work in two quadrants at a time.

The key to the technology is the “Isolation Mouthpiece.” Compatible with Isolite’s full line of products, the mouthpiece is the heart of the system. It is specifically designed and engineered around the anatomy and morphology of the mouth to accommodate every patient, from children to the elderly.

The single-use Isolation Mouthpieces are now available in six sizes and position in seconds to provide complete, comfortable tongue and cheek retraction while also shielding the airway to prevent inadvertent foreign body aspiration.

Mouthpieces softer than gingival tissue

Constructed out of a polymeric material that is softer than gingival tissue, the mouthpieces provide significant safety advantages, and their ease-of-use can boost your practice’s efficiency, results and patient satisfaction.

Isolite Systems provides three state-of-the-art product solutions for every operatory: Isolite, illuminated dental isolation system; Isodry, a non-illuminated dental isolation system; and the new Isovac, dental isolation adapter.

Using the Isolation Mouthpieces, all three dental isolation products isolate upper and lower quadrants simultaneously while providing continuous hands-free suction. This allows a positive experience where the patient no longer has the sensation of drowning in saliva/water during a procedure, and the practitioner can precisely control the amount of suction/humidity in the patient’s mouth.

Isolite Systems’ dental isolation is recommended for the majority of dental procedures where oral control and dental isolation in the working field is desired. It has been favorably reviewed by leading independent evaluators and is recommended for procedures where good isolation is critical to quality dental outcomes.

Find Isolite in booth No. 1729 at the Pacific Dental Conference and see the Isolite in action. You can visit the company online at www.isolitesystem.com.

* From left, the Isovac, Isodry and the Isolite. Using the Isolation Mouthpieces, all three dental isolation products isolate upper and lower quadrants simultaneously while providing continuous hands-free suction. (Photos/Provided by Isolite Systems)
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NuSmile’s zirconia pediatric crown system prevents contamination, saves chair time

By NuSmile Staff

As one of the most trusted names in pediatric esthetic restorations, NuSmile never fails to find new solutions for pediatric restorative dentistry, according to the company. “After investigating the science and consulting with numerous pediatric dentists, it was clear that a complete solution was needed for preformed zirconia crowns for children,” said Diane Johnson Krueger, NuSmile CEO.

The first thing the company did was develop a patent-pending process for manufacturing its NuSmile ZR zirconia crowns, which deliver exceptional aesthetics, durability and quality, according to the company. But NuSmile was also determined to tackle an even bigger challenge: Alandmark study had concluded that blood and saliva contamination to zirconia occurs during intraoral trial fitting. This contamination is proven to significantly impair cement-to-crown retention, and simply rinsing the zirconia crown with water, isopropanol, or even phosphoric acid after trial fitting is ineffective.

NuSmile resolved it would solve the problems caused by saliva and blood contamination, and also eliminate any extra cleaning steps needed to remove this contamination — problems that other manufacturers were ignoring.

NuSmile’s unique solution: Each of its pre-formed NuSmile ZR pediatric crowns comes with a matching reusable, autoclavable, pink Try-In crown. The Try-In crown is identical in size and shape to the actual zirconia crown, eliminating the need to place the actual crown in the mouth prior to cementation, thus completely avoiding saliva/blood contamination. “Our Try-In crowns mean that the first time a NuSmile ZR zirconia crown enters the patient’s mouth is also the last time,” said Krueger, “and this means that contamination is impossible. No other zirconia crown company can make this promise.”

These unique Try-In crowns are included in NuSmile ZR zirconia crown kits at no additional charge.

To provide its customers a “one-stop” complete zirconia solution, NuSmile also offers BioCem® Universal Bio-Active Cement (soon to be available in Canada) as well as burs recommended for tooth preparation and crown adjustment.

NuSmile’s focus on preventing saliva contamination by offering a complete zirconia system appears to be well-founded. Independent research commissioned by the company indicates 80 percent of pediatric zirconia crown users consider it important to prevent saliva contamination, while 83 percent are interested in a complete system that includes zirconia crowns, Try-In crowns, cement and burs.

“It is clear that dental professionals want a one-stop solution for all their needs involving pre-formed zirconia pediatric crowns, including the ability to prevent saliva contamination,” said Krueger. “That’s exactly what we’ve given them, and we couldn’t be happier with their response to the NuSmile ZR and Try-In crown system.”

Reference

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Orascoptic™, a leader in vision solutions for dental and medical professionals, recently introduced the HDL™ 3.0—a micro-optic loupe that yields a 3x magnification power.

The HDL 3.0 is the second loupe to be released by Orascoptic under the HDL (high-definition loupe) moniker. Just like its predecessor, the HDL 2.5, this custom-crafted loupe boasts edge-to-edge clarity and a generous field of view, according to the company.

Compact and lightweight

Compact and lightweight, the HDL 3.0 loupe is designed to deliver a comfort that is rarely associated with Galilean optics of equivalent magnification power, making HDL 3.0 one of the lightest 3.0x loupes available, according to the company.

An elongated aluminum bezel also supports steeper telescope declination, which helps to reduce head tilt.

The HDL 3.0 is available on all Orascoptic frame models and can be configured as a through-the-lens (TTL) and flip-up.

About KaVo Kerr Group

KaVo Kerr Group is a global portfolio of leading dental brands that share common values of “Trust, experience, choices, quality and smart innovation,” according to the company.

The organization’s brands include KaVo™, Kerr™, i-CAT™, Gendex™, NOMAD™, DEXIS™, Instrumentarium™, SoreDEX™, Orascoptic, Pelton & Crane™, Marus™, Pentron™, Ormco™ and Implant Direct™.

With more than 500 years of combined experience and proven solutions, KaVo Kerr Group asserts that it uniquely serves 99 percent of all dental practices.

Visit www.kavokerrgroup.com for more information.

(Source: Orascoptic)
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Planmeca Romexis® Software

Planmeca Romexis® Software offers the most sophisticated tools to meet the needs of modern implant dentistry. Better patient care is just a few mouse clicks away.

See Planmeca at The Pacific Dental Conference
March 17th - 18th, 2016
Booth #119
A reimagined solution that offers comfort and control throughout every procedure, the Cavitron Touch™ ultrasonic scaling system combines touchscreen technology and the new fully rotating, detachable Steri-Mate® 360-degree handpiece. Featuring an all-new tabletop design and capacitive-touch interactive screen, the Cavitron Touch ultrasonic scaling system provides clinicians with an advanced solution at their fingertips. The system introduces an intuitive sliding power level control, the ability to preset three power levels – and it includes the rechargeable Cavitron Tap-On® wireless foot pedal.

Available exclusively with the Cavitron Touch, the new Steri-Mate 360-degree handpiece has a fully rotating nose to enable free-flowing movement and access within the oral cavity. When combined with the Cavitron Touch ultrasonic scaling system, the Steri-Mate 360-degree handpiece also includes a lightweight cable for improved benefits.

**First major redesign of Cavitron since 2006**

According to DENTSPLY, ultrasonics really can do it all. That means that by mastering how to better utilize ultrasonic inserts, you can eliminate your traditional hand scalers and increase the longevity of your career.

Recent research suggests:
- 75 percent of registered dental hygienists use magnetostrictive technology.
- Hygienists are not using current ultrasonic technology optimally.
- Slim, straight inserts are used most of the time or all the time.
- Ultrasonics can do just as much as hand scaling can do.

**How ultrasonic scaling compares with hand scaling**

Traditionally, dental hygienists have always and continue to be taught that the purpose for ultrasonic debridement is for gross removal of deposits or for the lavaging effect. Recent literature cites that ultrasonic scaling is equivalent to, or provides greater efficiency than, hand scaling in the following:
- Disruption/removal of biofilm.
- Conservation of tooth structure.
- Removal of calculus.
- The resolution of inflammation.
- Improved efficiency.

**System or special package**

This newest edition of the Cavitron is available as a new system and as part of a special package.
- The new Cavitron ultrasonic scaling system (item No. 8250001) includes one Cavitron Touch Ultrasonic Scaler, one Steri-Mate 360-degree sterilizable, detachable handpiece and one Tap-On Technology rechargeable wireless foot pedal.
- The new Cavitron Touch ultrasonic scaling system is available in a special package (item No. 8161426), which comes with: one Cavitron Touch ultrasonic scaler; three Steri-Mate 360° sterilizable, detachable handpieces; one Tap-On Technology rechargeable wireless foot pedal; and one FitGrip Focused Spray Slimline-105 insert. The package also includes a three-year warranty, three-year Cavitron Care maintenance plan and three free inserts.

For more information on the latest innovations from the Cavitron family or to participate in the company’s free webinars, you can telephone DENTSPLY Canada at (800) 263-1437. Or you can visit the company online at www.cavitronworld.com.

While in Vancouver, you can visit DENTSPLY Canada in the PDC Exhibit Hall in booth No. 643.

**References**


**‘Ultrasonics can do just as much as hand scaling can do.’**
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*see EXHIBITORS, page 22
FlyOver Canada

Billed as more than just a movie experience, the FlyOver Canada attraction is described by its creators as feeling more like a “ride” than a movie. Your seat is more like a ski-lift, leaving your feet to dangle, as you’re enveloped by the giant 20-metre spherical screen for an eight-minute journey flying at low altitude across Canada, all while encountering special effects of wind, mist and scents. Filming occurred during the four seasons of 2012, covering all corners of Canada.

The experience lasts about 25 minutes, comprising three parts: a preshow, a preflight safety video and the feature ride where you soar across Canada feeling the grandeur of the nation and the exhilaration of flight. PDC week is perfect timing to bring the kids with you. During “spring break,” youth tickets are 25 percent off (through March 24).

(Submitted by: FlyOver Canada)

Courses

- From page 4

Billed as “more than just a movie experience,” FlyOver Canada is described by its creators as feeling more like a “ride” than a movie. The attraction, which was opened during the spring of 2012 and now covers all corners of Canada, utilizes a giant 20-metre spherical screen for an eight-minute journey flying at low altitude across Canada. Filming occurred during the four seasons of 2012, covering all corners of Canada.

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(Submitted by: FlyOver Canada)

COMPANY BOOTH

Pacific Dental Conference — March 17, 2016

PACIFIC DENTAL CONFERENCE — MARCH 17, 2016
**NEW**

**Dia-PT™ File**

Nickel Titanium Rotary File

**FEATURES**

**Superior Cutting Efficiency**
- Stronger and sharper blades can move deeper into the canal
- Triangular cross section reduces contact with the canal wall
- Designed to instrument calcified or severely curved canals

**High Flexibility**
- Progressive taper design increases flexibility and efficiency
- High corrosion resistance with coated surface
- Premium nickel titanium construction

**Highly Integrable**
- Designed to work interchangeably with your current technique and system
- Perfect matching GP and PP points: Dia-ProT™

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**Dia-PT™ File**

- **RECOMMENDED SPEED:** 250–350 RPM
- **RECOMMENDED TORQUE:** 2–3 NCM

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**Shaping**

- **DX**
- **D1**
- **D2**

**Finishing**

- **D3**
- **D4**
- **D5**

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**Compatibility Chart**

- DX: Access File (19mm)
- D1, D2: ProTaper® S1, S2
- D3, D4: ProTaper® F1, F2
- D5: ProTaper® F3

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**Rate of Taper**

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Stop by the Septodont booth for show-only offers, demos and more!

Available in Canada from Septodont

Adults and Pediatrics (6 to 18 years of age): OraVerse (phentolamine mesylate) is indicated for reversal of soft-tissue anesthesia resulting from an intraoral submucosal injection of a local anesthetic containing a vasoconstrictor, following a non-invasive routine dental procedure. OraVerse is not recommended for use in children less than 6 years of age or weighing less than 15 kg (33 lbs).

Please consult the Product Monograph at: http://www.hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index-eng.php for contraindications, warnings, precautions, adverse reactions, interactions, closing, and conditions of clinical use. The Product Monograph is also available upon request: call 1-800-672-8305