Wide educational offering and state-of-the-art technology
Twenty-first edition of AEEDC Dubai promises to be another memorable experience

After 20 previous successful editions, the next UAE International Dental Conference and Arab Dental Exhibition (AEEDC Dubai) returns this week to the Dubai International Convention and Exhibition Centre. Being held from 7 to 9 February, the event will offer pre-conference courses, a diverse scientific programme and an industry exhibition that will showcase state-of-the-art dental technology and products.

Thousands of high-calibre dental professionals and oral health industry specialists will be at this year’s conference to inform themselves about the latest advances in all fields of dentistry. The organiser expects over 48,000 visitors and participants from 130 countries to attend the 21st edition. Over 150 prominent speakers from the region and around the globe will be sharing their expertise in over 170 lectures. According to the organiser, the 2017 programme covers paediatric dentistry,
oral and maxillofacial surgery, implantology, laser and microscopic dentistry, dental practice growth and dental emergencies, among other topics. The exhibition area will host over 600 dealers and manufacturers in an astounding area of 74,000 m².

With the Dubai World Dental Meeting, on 4–6 February, the number of pre-conference courses were nothing short of impressive this year. In these special sessions, ranging from in-depth hands-on workshops to the presentation of real-world case studies, led by experts in their respective fields, participants from all over the world were able to gain and exchange ideas on how to expand their business and deliver better patient outcomes.

And it did not stop there, as the AEEDC Dubai World Oral and Maxillofacial Surgery Conference, which ran on 5 and 6 February, focused on prevailing topics in the field. Furthermore, the AEEDC Dubai World Orthodontic Conference, also held on 5 and 6 February, addressed trending topics in orthodontics.

As part of the AEEDC Dubai 2017 main conference programme, a dedicated symposium on digital dentistry, organised in collaboration with the Digital Dentistry Society, will be held on the first and second days of the conference. Through this event, both the society and AEEDC aim to create better opportunities for the exchange of knowledge, research and education, as well as to increase interaction and networking among the global dental community.

In addition, Stomatologie Aujourd’hui (dentistry today) will run a half-day programme for three days, offering dedicated dental sessions in French.

Another collaboration starts this year with the International Federation of Dental Hygienists, which has organised a symposium on optimising prevention, oral health and the economics of employing a dental hygienist in every dental clinic.

Finally, the AEEDC Student Competition provides a unique opportunity for all final-year dental students to interact actively with their fellow students from ten leading dental colleges and universities across the region. In a live competition, students will have to answer questions on various dental subjects, including infection control, four-handed dentistry, implantology and oral surgery.

Past editions have always offered great opportunity for learning and networking. The meeting is a place where professional relationships are born and business is conducted. The second largest dental event in the world and the first in the Middle Eastern region, AEEDC Dubai has been held annually since the mid-1990s. It is organised in strategic partnership with the UAE Ministry of Interior Naturalisation and Residency Administration and has support from the Dubai Health Authority, Global Scientific Dental Alliance, Arab Dental Federation, Gulf Health Council for Cooperation Council States, Oral Health Committee of the Cooperation Council for the Arab States of the Gulf, Riyadh Colleges of Dentistry and Pharmacy, Arab Academy for Continuing Dental Education and International Association for Orthodontics.

For more information about AEEDC Dubai 2017, the congress programme and the exhibition, please visit the organiser’s official website at aeedc.com.
In this article for today International, I want to take you back to the mid-1990s and my first experience of working with UK dentists, providing team training workshops all across the country. Incidentally, there would come a point in one of those early workshops at which an attendee would raise his or her hand and, instead of asking a question, make a statement that came down to something like "Chris, this is all very good and exciting, but you need to understand that here in [insert place name] things are different!"

Candidates for "insert place name" ranged from the valleys of southern Wales to the West End of London, from north to south, from crowded to thinly populated areas; references were made to cosmopolitan, suburban and rural communities. The speaker would elaborate and suggest that whatever idea I was proposing would fall on stony ground because of the idiosyncrasies of the local population or macro- and micro-economic circumstances.

As a speaker, one learns to deal with such objections and concerns with empathetic listening and compassion, but I gradually realized that, in each of these locations, there were dentists who were just getting on with the job and enjoying great success, because they were either oblivious of or immune to those self-limiting beliefs. Now, I would argue that the situation is different, because of the idiosyncrasies of the first century, the most frequent use of the phrase "ah, but it’s different here" relates to the digital marketing landscape. Whenever I comment in writing or at a conference on the explosive growth of digital, there will inevitably be a listener who wants to tell me that people in his or her postcode are not on the Internet, do not use social media and do not have e-mail addresses. Mirroring my earlier experiences, I then meet dentists in the same location who are happily generating digital sales.

A recent internal survey of my top clients (located across diverse geographical and economic locations) revealed the startling fact that almost 60 per cent of their website visits were from mobile devices—smartphones and tablets—thus demonstrating that website appearance on a 27-inch iMac screen is no longer as important as how it looks on mobile.

If I now refer back to the international locations in which I have had the opportunity to work, I can think of not one of the listed countries in which I would argue that the situation is different. Perhaps the most notable of these is Pune in northern India, where I was privileged in February to deliver a two-day workshop to 50 dentists from that city and nearby Mumbai. Halfway through the morning on my second day there, an attendee rose to his feet and requested a hand mike and I knew what was coming: "Chris, we have all enjoyed your lecture so far, but you need to understand that here in India things are different," he said.

I listened, acknowledged and then simply carried on, in the knowledge that 4 applications (4 x 140 mg)

The caring speaker will try to engage the audience in meaningful dialogue, but experience shows that, sadly, the critic readily wants to be persuaded away from his or her unchallengeable hypothesis. Bringing this phenomenon into the second decade of the twenty-first century, the most frequent use of the phrase "ah, but it’s different here" relates to the digital marketing landscape. Whenever I comment in writing or at a conference on the explosive growth of digital, there will inevitably be a listener who wants to tell me that people in his or her postcode are not on the Internet, do not use social media and do not have e-mail addresses. Mirroring my earlier experiences, I then meet dentists in the same location who are happily generating digital sales.

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Two months ago, over 300 people from over 45 countries gathered at the Crowne Plaza hotel in Dubai for the 2016 ROOTS SUMMIT. For the past 15 years, the meeting has been an open and inclusive global learning forum, accessible to anyone involved in the practice of endodontic therapy. Featuring 20 distinguished speakers and a comprehensive industry exhibition, the 2016 summit was one of the most important events of last year’s endodontic calendar.

According to co-chairman Stephen Jones, the audience at the 2016 ROOTS SUMMIT was the most geographically diverse in the history of the event. It saw a large number of people from the Middle East and North Africa, as well as many attendees from Europe and India. Some members were invited to Dubai from Brazil, Chile, Australia and Paraguay.

During the promotion of the event, the organizers encouraged all dental professionals who have an interest in endodontics to attend. This resulted in not only endodontic specialists attending, representing about half of the participants, but also in a considerable number of general dentists, oral surgeons, prosthodontists and dental students joining the meeting.

On 30 November, participants had the opportunity to attend a number of pre-congress hands-on workshops. Over the next three days, the scientifically and clinically relevant lectures, covering topics such as root canal treatment planning, complex anatomy, clinical cases, irrigation, efficacy of treatment options and obturation, were all well attended. In addition, almost 20 companies showcased their latest products in the field of endodontics at the ROOTS SUMMIT industry exhibition.

The meeting originally started as a mailing list of a large group of endodontic enthusiasts in the 1990s, and has since 1999 evolved into organised ROOTS SUMMITs around the world. The summit has taken place in Canada, the US, Mexico (in conjunction with the Asociación Mexicana de Endodoncia), Spain, the Netherlands, Brazil and India last year.

Since the establishment of a dedicated Facebook group in 2012, the ROOTS SUMMIT has increased its membership from just under 1,000 participants to its current level of more than 25,000, including many global endodontic opinion leaders. Well over 100 countries are represented in the group. Members of the community engage in discussions regarding endodontic treatment, the various issues that affect the patient, prognoses, current literature, new equipment, as well as new procedures and protocols, among others. The online community is also moderated by a volunteering group of endodontists.

In addition to this English-speaking, global ROOTS community, the Spanish-speaking global endodontic Facebook forum Endolatino, which currently has 13,000 members, was established in 2010 from a mailing list of about 2,500 people. In 2013, Endolatino organized the pre-congress of the Asociación Española de Endodoncia, the Spanish endodontic society, and about a month ago, the Asociación allowed Endolatino to create the scientific program for its annual meeting, which was attended by 1,300 people.

The 2016 ROOTS SUMMIT was organized in collaboration with Dental Tribune International. At the closing ceremony, the organizers already disclosed that the next meeting will be held in 2018 in the German capital of Berlin. The exact dates are still to be announced.

Dental professionals are invited to join the ROOTS Facebook group or visit booth 408.
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“We need to establish patient-centred care in all practices”

An Interview with dentist and AEEDC presenter Dr Kashif Hafeez

As a practising dental implantologist in southern England, Dr Kashif Hafeez regularly speaks on clinical governance and the concept of patient-centred care at congresses and seminars worldwide. In a lecture on Thursday as part of AEEDC 2017’s scientific programme, he will be discussing the various aspects of this approach. In this short interview, he explained the fundamentals and why he believes patient-centred care should be implemented in every practice.

Dr Kashif Hafeez: There is indeed an international trend towards adopting a patient-centred approach and modern health care services are aiming to incorporate it in their policies. This approach refers to a system in which the patient is the focal point of practice and all the services health care professionals provide. I call it the democracy of the health care system, which translates to a system by the patients for the patients.

While “patient-centred care” is a widely used term around the globe, there seems to be little understanding of what it actually entails. Could you explain the fundamentals of this concept in your opinion?

Dr Kashif Hafeez: The basic principle behind patient-centred care is that patients provide the maximum input to improve their state of health. It is a self-critical and self-correcting mechanism that will allow patients to have their say in the system through feedback, including surveys, questionnaires and complaints. The system analyses the feedback data, learns from it, and makes changes to the policies and their everyday application. It is cyclical and keeps evolving.

The system has to be open to critical analysis and be prepared to make the desired changes. Audits are a fundamental part of this system and these allow an organization to evaluate itself against certain standards and set goals to improve further towards excellence.

Education is a cornerstone of this approach, which allows health care professionals to learn new skills and techniques to improve patient treatment and provide them with the best care possible.

In our practice, where we focus on implantology, we ensure that patients are the focal point of our services and pay special attention to their concerns. We understand that our primary aim is to address these concerns and allow patients to have the final say in their treatment plans. They are consulted through several appointments prior to treatment and given ample time to digest and understand the proposed treatment plan. With the help of mockups, patients are briefed about the final outcomes and assured that they are an integral part of the dental treatment.

What is the value of patient-centred care, and why should patients be generally more involved in their treatment process?

Dr Kashif Hafeez: The basic principle behind patient-centred care is that patients provide the maximum input to improve their state of health. It is a self-critical and self-correcting mechanism that will allow patients to have their say in the system through feedback, including surveys, questionnaires and complaints. The system analyses the feedback data, learns from it, and makes changes to the policies and their everyday application. It is cyclical and keeps evolving.

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What is the value of patient-centred care, and why should patients be generally more involved in their treatment process?

The value is that patients are an inherent part of their treatment. The journey of dental treatment with the patient sitting in the dental chair for hours after administration of dental an-
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Hall 6 - Booth 9
aesthetics and with the dentist holding a device in his or her hands to perform surgeries in the patient’s mouth is very daunting. Especially if patients feel that they are not in control and in charge of the whole process, it makes it even more scary for them. Involving patients in each aspect of treatment is very reassuring and comforting, giving them a measure of control. As dentists, we are often too occupied with clinical matters—the right proportions, angles and lines—sometimes forgetting what our patients really want. Listening to them and their concerns allows us to consider their wishes and needs in each aspect of dental treatment.

In our practice when the patient shows interest in dental implants, for example, our treatment coordinator provides all the necessary information to help him or her choose the most suitable treatment options. The patient is then consulted by our team and taken through the whole journey virtually. This helps us to explain the proposed treatment in great detail. With patient concerns at the centre of our planning, dental treatment is performed with the patient involved in every step. This allows our patients to enjoy the overall dental experience they have with us.

Are there lessons that can be drawn from the practice of patient-centred care in the UK, for example?

In the UK, we are very lucky to have an open culture receptive to criticism. We use criticism as an opportunity to learn and improve ourselves. I would like to mention anaesthetist Prof. Stephen Bolsin, who laid the foundation for the openness in our health care system. With regard to the deaths of 29 babies and children at the Bristol Royal Infirmary in the late 1980s and early 1990s, he tried first to raise this issue with colleagues, but when he was initially ignored, he took his concerns to the Department of Health.

In the UK, we have learnt a great deal over the last 20 years and have moved forward in improving ourselves. Now, we have a culture of transparency and placing patient concerns at the centre of our daily practice. The General Dental Council has made it mandatory for health care professionals to report any concerns about patient safety and patients possibly being at risk. It is also mandatory for health care professionals to receive continuing training throughout their careers on the issue of whistleblowing and how to raise their concerns to the proper authorities.

Patient-centred practice breaks the cavalier attitude some of us may develop over the years. In our practice, we consider patient feedback as an important source of suggestions and inspiration to improve ourselves. We audit the feedback received and make appropriate changes.
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We need to establish patient-centred care in all practices. It is actually not that difficult even though the whole atmosphere and attitude of the practice has to be changed. We need to regularly identify shortcomings in our practices and audit our policies and methods. Lessons learnt from our audits should be implemented and regular re-audits should be planned. We also need to identify our educational needs, develop a personal development plan based on those needs and then plan our learning accordingly. Targets should be set realistically.

We have to develop a system of openness in our practices, and we need to encourage our colleagues to raise concerns if they are not happy with any methodology or policies. An environment of research and development has to be established, and we should keep up to date with the latest developments in dentistry, such as implantology. The world is moving at a very rapid pace, and with the advent of new technologies in our modern world, it is very easy to fall behind the rest. We should also move out of our comfort zones to develop new skills and methods.

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It is a team effort after all, so training our team and keeping our team together in this effort is equally important. In our practice, we ensure that our health care professionals are well trained and up to date with recent advancements.

For those interested in making their practice patient-centred, what is a good way to start?

I think the first step is to develop a policy on clinical governance and implement it in all practices. Clinical governance covers all the aspects of patient-centred practice and the various components will become clear with this policy in place. We offer courses in clinical governance and patient-centred practice policies for individual practices and educational institutions and will be happy to help any organisation that wishes to implement it.
From 2–6 July this year, MediAccess invites professionals to the SWISS DENTAL EDUCATION WEEK in Zurich, Switzerland’s international metropolis. There, they will have the chance to participate in a unique training event exclusively designed for dentists from the Arab world.

The SWISS DENTAL EDUCATION WEEK offers a one-of-a-kind opportunity to broaden one’s professional horizon and discovering Switzerland’s many and varied attractions. The Swiss dental education provider said that attendees can look forward to a line-up of prominent and engaging speakers who will address issues such as aesthetic restorations, endodontic treatment methods as well as CEREC CAD/CAM system.

MediAccess has been providing internationally recognised and certified dental training programme for more than a decade. The company’s wealth of experience guarantees high quality specialist events in great ambience for participants to relax and network with one another, gain expert knowledge and enjoy the event’s proceedings.

As a practicing dentist, company owner and Swiss native Dr Nils Leuzinger, knows about the issues that are at the heart of the profession. This enables him to closely respond to emerging trends and choose current issues as well as the profession’s finest speakers for the events’ selected programmes. With the SWISS DENTAL EDUCATION WEEK, Dr Leuzinger now aims to bring this excellent concept to an international audience.

Situated in the heart of Europe, the small and yet immensely diverse country of Switzerland offers breathtaking landscapes, a well-established and highly efficient infrastructure as well as a broad range of cultural activities that attracts millions of tourists every year. Zurich, in particular, as Switzerland’s largest city and the country’s most important economic centre, draws an ever increasing number of visitors from all over the world.

The city’s sights and attractions, such as the Old Town, Grossmünster church and Lake Zurich are all centrally located and easy to reach. The venue of the SWISS DENTAL EDUCATION WEEK, the Zurich Marriott Hotel, is situated in the heart of the city of Zurich and offers an array of amenities such as 24-hour room service and professional catering provided by Mangosteen Catering.

For more information on how to register please visit www.mediaccess.ch.

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In addition, the five new straight and contra-angle surgical handpieces with LED now fully illuminate the surgical site regardless of the motor speed. The high-quality stainless steel with its scratch-resistant coating mean that the surgical straight and contra-angle handpieces have a particularly long service life and are very sturdy.

The optional W&H Osstell ISQ (Implant Stability Quotient) module for the new Implantmed makes assessing the success of the treatment safer and more reliable. The stability value measured by the device helps improve the success rate and is a form of quality assurance, according to W&H. The module is an optional extra and can also be easily retrofitted to the new Implantmed, the company said.

When the documentation function is enabled, all implant insertion values, such as defined device parameters, the implant insertion curve, the Osstell ISQ measurement and basic data such as the documentation ID and tooth position, can be saved to a USB stick. Furthermore, the new Implantmed’s user interface helps the dental practice team to streamline the treatment steps as they are simpler, take less time and are more efficient. Important information for a particular step of the procedure is clearly visible on a large touch screen.

The Implantmed can be customised for up to six users, making it ideal for improved efficiency in group practices. The redesigned coolant pump also helps make the surgical device especially easy to operate and prep times are even faster. The irrigation tubing can be inserted very easily, quickly and above all safely even under sterile conditions.

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Operating in more than 100 countries worldwide, Produits Dentaires SA (PD) offers dentists a wide range of high-quality products for use in endodontics, restorative dentistry, prophylaxis, prosthodontics, and periodontology. The MAP System (Micro Apical Placement) for example is a unique method for effectively placing root canal repair materials, either by orthograde obturation for the treatment of perforations, root end fillings and pulp-capping using curved or NiTi memory shape needles, or by retrograde obturation after apical resection using specially designed, triple-angled needles (left and right angled) and/or hooked needles.

The company’s easy-to-mix and fast setting PD MTA White, supplied in packets containing four sachets of 140 mg, is the most reliable repair solution for obturations with the MAP System. Owing to the perfect combination of the MAP System and PD MTA White, the placement of repair material has never been as easy and cost efficient, the company said. Solutions for endodontists also include the Opacal calcium hydroxide paste, desobturator eugenol, resin removers and disposable plastic pipettes, among other products.

Produits Dentaires’ glass fibre posts with composite Fibrapost feature an improved composition (Urethane Dimethacrylate based resin matrix, bis-Phenol A, free) with pre-silanisation, higher radiopacity, optimised adhesion to sealing composite and improved mechanical resistance and flexural strength. The Prophycups Snow & Fire, as well as their traditional Rubber cups offer both dental hygienists and dentists the best selection of polishing cups for both regular cleaning and heavy duty stain removal. Together with the company’s refined dental sticks, floss and cotton pellets, professionals will find everything they need under one roof.

PD provides information and support worldwide through its worldwide network of distributors and speakers, with whom the company also regularly organises workshops and conferences. The company constantly invests in the development of new products which are based on the latest knowledge. As a Swiss manufacturer, they always strive to present innovations to dentists which meet their high quality standards and improve their daily work. In addition, existing products are continuously evaluated and improved further. The company works closely with a national and international expert team of dentists, dental hygienists and other specialists from the medical field. In addition, several research projects are running in close cooperation with universities and colleges in Switzerland and worldwide.

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A precise and detailed analysis of existing bone volume is highly recommended in order to reduce complications during implant placement. The 3D technology of Acteon’s X-Mind Trium will help to facilitate osseointegration through instant volume measurement and bone density assessment, the French manufacturer has announced. Together with the ACTEON Imaging Suite software, the device allows clinicians to display the assessment of bone volume represented by the colours red and green, and through instant volume measurement and bone density assessment.

Through its performance, X-Mind Trium contributes significantly to artefact reduction filter. Its 3-D imaging offers high precision of any preparation and the unavoidable re-taking of the impression are very inconvenient for everyone involved. According to GC, the Aadva IOS can create a digital impression in less than five minutes, which can be then forwarded directly to the laboratory via the cloud. The user can evaluate the occlusion and define the preparation margins directly on the screen, detect errors immediately and repeat the scan if necessary.

X-Mind Trium

In the current digital day and age, everyday work in the dental office is supposed to run as smoothly as possible through highly efficient procedures and fast communication channels. Particularly in the field of laboratory made restorations, dentists as much as dental technicians and patients will benefit from technological progress. With the new Aadva IOS intraoral scanner, the Japanese company GC has developed a device that is said to make conventional impressions obsolete in a lot of cases. The associated material costs, often occurring errors and re-takes as well as the unnecessary shipments will become expendable. Despite the increasing use of digital dentistry, taking conventional impressions (e.g. with silicone) to get a digital cast is still common in many dental practices. However, many patients suffer from a gag reflex when the impression material is introduced into the oral cavity. The material itself costs a significant amount of money, and often the process has to be repeated as a result of errors during the impression-taking process or owing to changes in the finished impression. If an unclear margin line remains undiscovered after the impression has been poured, a new appointment must be made, which can delay the delivery of the needed restoration considerably. The necessary re-preparation and the unavoidable re-taking of the impression are very inconvenient for everyone involved.

According to GC, the Aadva IOS can create a digital impression in less than five minutes, which can be then forwarded directly to the laboratory via the cloud. The user can evaluate the occlusion and define the preparation margins directly on the screen, detect errors immediately and repeat the scan if necessary.

Aadva IOS was designed as an open system and comes with two USB ports. This allows dentists to save STL files from the unit to an external storage device and transmit them to the dental technician in their preferred way. Designed to bring the communication between the practice and the laboratory to a new level, the multi task digital platform GC Aadva Connect allows all files to be stored virtually and discusses the digital patient model and available prosthetic options online. GC Aadva Connect also offers training programmes and technical services online, so that the scanning process can be performed by other members of the dental team to further simplify the workflow.

The powder method is in particular sensitive. Powder clamps on contact with saliva or applying too little (or too much) powder can produce an inferior scanning result. Unlike other systems available on the market, Aadva IOS does not require any preparation with powder spray prior to scanning. This makes the entire scanning process much easier and faster.

GC’s Aadva IOS is an extremely cost-effective high-tech system and an attractive solution for any dentist, not least because it is an open system. Scanner will play an increasingly important role as an interface in computer-assisted restorative dentistry. Aadva IOS also has one of the smallest and lightest hand pieces in its class, which GC said is highly ergonomic and increases patient comfort. GC Aadva IOS is an extremely cost-effective high-tech system and an attractive solution for any dentist, not least because it is an open system. Scanner will play an increasingly important role as an interface in computer-assisted restorative dentistry. Aadva IOS also has one of the smallest and lightest hand pieces in its class, which GC said is highly ergonomic and increases patient comfort.

GC Europe, Belgium

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Custom-made drills and endodontic instruments

FFDM-PNEUMAT manufactures dental implant drills according to the specifications of different implant manufacturers. According to the French company, its drills feature a high cutting power and offer an excellent resistance to the corrosion.

Following the demands precisely, technical drawings are being sent to each customer for acceptance before the manufacturing process commences. Once the drawings are validated, the drills are manufactured according to ISO 9001 and ISO 13485 standards.

Following a 20-year development process, the company is now able to manufacture drills with even the most complex shapes including conical, cylindrical or stepped.

Additional production technologies such as coatings, heat and surface treatments, laser markings and colour identification, can also be provided.

Endodontic instruments are used to clean, to disinfect and to shape the root canal when it may be infected by microorganisms. THOMAS manufactures a complete range of root canal instruments like K-files, reamers, H-files, K-Files, files, nerve branches, pastes fillers, gates, roots and Niti-files, among others. Manufactured according to the standard ISO 3630, the files are made from stainless steel or nickel titanium (shape memory alloy). They are available both as manual or contra-angle versions. The range was completed by NiShaper, a new rotary system developed by THOMAS in 2014.

THOMAS, France

www.thomas-dentaltools.com
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Designing 007: Fifty Years of Bond Style (exhibition)

Date and time: Daily, 10 a.m.–11 p.m.
Venue: The Annex, Burj Khalifa
www.burjkhalifa.ae/en/jamesbond

For over half a century, the James Bond film series has captivated movie-goers around the globe. In celebration of its 50th anniversary in 2013, this 007 exhibition makes its final stop in Dubai this month after a successful run in cities like London, Shanghai, Melbourne, Toronto and Moscow.

With over 500 iconic exhibits on display, including Scaramanga’s Golden Gun, the Moonraker suit and the Aston Martin DB10 from the latest Bond movie, Spectre, this extraordinary showcase allows visitors to experience first hand what went into the design and craft of one of the world’s longest running movie franchises. On display too are Bond’s countless gadgets (mini rocket cigarette, anyone?), as well as music, costumes and other production design objects. Tickets are available online or at the door to the Burj Khalifa annex.

Jay Wud (concert)

Date and time: Wednesday, 8 February, 10.30 p.m.
Venue: Stereo Arcade, DoubleTree by Hilton Hotel, The Walk, Jumeirah Beach Residence
www.facebook.com/StereoArcade
www.jaywud.com

Named after its front man, this band of four with Lebanese roots has previously toured with hard rock heavy...
weights Guns N’ Roses, Motley Crüe, Aerosmith and Skunk Anansie. Currently working on their third studio album, which is being produced by Grammy-nominated producer Howard Benson, they play at the Stereo Arcade every Wednesday. According to Wud, the band’s sound is influenced by Foo Fighters, Nine Inch Nails and Steve Vai, among others.

**Dubai World Cup Carnival (racing)**

**Date and time:** Thursday, 9 February, 6.30 p.m.

**Venue:** Dubai Racing Club, Al Meydan Road

www.dubairacingclub.com/visit/racing-season/dubai-world-cup-carnival

A preparation for the Dubai World Cup, the biggest racing event in the Dubai calendar, this series brings together the most high-profile horses, jockeys, trainers and owners from around the world. Held alongside the domestic racing of the Meydan season, the competition is worth more than US$10 million in prize money. Last year’s contest saw an American winner with California Chrome, who finished ahead of Mubtaahij from Ireland and Hoppertunity from the US.

While spectators have free access to Meydan on a regular race night, there is a range of viewing options available for the carnival to suit any budget and level of luxury, from simple seating to five-star all-inclusive dining.

**Pakistan Super League 2017 (cricket)**

**Date and time:** Thursday, 9 February, 6 p.m.

**Venue:** Dubai International Cricket Stadium, Sheikh Mohammed bin Zayed Road

www.psl-t20.com

Since the attack on Pakistan’s national cricket team in Lahore in 2009, most games involving Pakistani teams have been held in the UAE. The Super League is now in its second season. Battling, bowling and fielding their way to the final are the Karachi Kings, Lahore Qalandars, Islamabad United, Peshawar Zalmi and Quetta Gladiators.

The opening ceremony will take place this afternoon at the stadium, followed by a match between last year’s champion, Islamabad United, and Peshawar Zalmi. Tickets can be bought on match days from the stadium counters or online in advance from www.kayozonga.ae.

For more details and information on sights, tours and events in Dubai, please visit the Emirates’ official tourism website at www.visitdubai.com.
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GC EUROPE N.V.
Head Office
Researchpark Haasrode-Leuven 1240
Interleuvenlaan 33
B-3001 Leuven
Tel. +32.16.74.10.00
Fax. +32.16.40.48.32
info@gceurope.com
http://www.gceurope.com