create new contacts and spread our message, as well as learn how we can serve customers in the region even better.

We have been very happy with IDEM over the years. It has brought us excellent contacts with distributors in the area, and we have also seen more and more customers travelling to the exhibition from different countries in the area. With one visit, we can actually gain a great deal of insight into the entire South East Asian region.

What will Planmeca’s highlight product at IDEM be? Do you have any new product launches planned?

Our main focus at IDEM is on our excellent software platform, Planmeca Romexis. It has evolved into the most versatile and comprehensive platform available for handling clinical work, diagnostics, equipment control, clinic management and even business control. Planmeca Romexis is also scalable and easy to use and thus suitable for the smallest clinic to the largest university.

Our high-quality 3-D imaging range continues to expand, and CAD/CAM is also a hot topic in dentistry today. At IDEM, we are proud to present Planmeca Emerald, our new, superfast, accurate and lightweight intraoral scanner. It has set a new benchmark for intraoral scanning and can be used as part of many different workflows.

We want to show how all our products can be linked with each other in practice utilising our single software platform’s seamless integration. The entire treatment workflow can be fully controlled and completed in the same Planmeca Romexis software, regardless of applications: 2-D and 3-D diagnostics and analyses, intraoral scanning, CAD and even milling and 3-D printing. Every one talks about integration these days, but few can actually implement it at this level. Planmeca Romexis offers true integration for creating easy, practical workflows for all situations.

Based on your previous experiences at IDEM, how important is the Asia-Pacific region for Planmeca?

During the recent decade, we have already established our presence in the largest Asian markets, such as China and Japan, with India also on a very strong track. Now our focus is also heavily on South East Asia owing to its growing importance. If one looks at the population base, South East Asia is a very interesting region and holds a great deal of potential—comparable to approximately half that of mainland China, for example. However, we must adapt to each specific market in the region and localise our offerings, services and message. We are currently strengthening our presence in the region, as we want our local team to be closer to our distribution partners and, of course, end-user customers.

Where can IDEM attendees find your booth? And do you have any fun booth activities planned that you would like to invite congress-goers to?

Our booth number is 4D-01. Its fresh and friendly design is brightly visible. Both our local team and our team from Planmeca’s headquarters are present and are very eager to meet and serve all IDEM attendees. I expect much fun throughout the show!
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For more information, find us at IDEM Singapore 2018
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**An interview with Prof. Hien Ngo**

**today international: The term “life-long oral health” was used by the FDI World Dental Federation in one of its policy statements. What does it mean?**

Prof. Hien Ngo: Previously, edentulous among older individuals was accepted as a norm. However, with recent advances in preventive and restorative dentistry, the FDI stated, “The goal of reaching old age with a full set of teeth is feasible if preventive measures and oral healthcare are accessible throughout life.”

The key term here is “throughout life” because a good oral health foundation in childhood is the key determinant of oral health at a later stage in life.

Lifelong Oral Health was the title of a policy statement that was adopted by the FDI General Assembly in August 2017. It identified the four pillars supporting lifelong oral health as oral health promotion, risk assessment, disease prevention and early diagnosis and intervention at all stages of life. These four pillars will form the framework for discussing clinical cases during the Silver Wave Symposium at IDEM.

**today international: What are the consequences of this demographic change for oral health professionals?**

If you are working in the private sector, it is clear that a higher proportion of your clientele base will be older individuals and most of them will be dentate. As they belong to the baby boomer generation and were born between 1946 and 1964, they grew up during a period of rising living standards after economic prosperity, so their expectations are different from previous generations.

The Australian Institute of Health and Welfare proposed a broad classification for this group active and capable, limited activity and capability and very limited activity and capability. For the last two groups, you may need to modify your practice to allow accessibility, or there is the option of referring them to specialised public institutions and specialist.

For clinicians, the care pathways for elderly patients are more complex, as damage to their dentition is accumulative, so its manifestation is much more severe later in life. The oral environment also becomes more hostile with age. Root caries, which are rare in younger individuals, are common in the older patients. When those conditions are coupled with either severe health or mental illness, then referral to a specialist in geriatric dentistry could be required. Gerodontology is now a recognised dental specialty; however, specialists in this field are still not common in ASEAN countries.

**today international: The term “life-long oral health” was used by the FDI World Dental Federation in one of its policy statements. What does it mean?**

**When is happening in this field during the IDEM conference in Singapore?**

Singapore recognised the importance of this major demographic change and has made large investments to ensure that lifelong oral health is delivered to its population.

With the Silver Wave Symposium at IDEM 2018 on Saturday 14 April, there will be a full day dedicated to managing the ageing population and patients. Six international speakers and clinicians will be brought together to discuss the management of oral health issues, of the ageing population, and of older individuals. The day will start with discussions on the changes that were made in the public health and education institutions, then move on to clinical issues. The day will be clinically oriented and discussions will be patient focused. The symposium will be supported by The Silver Wave booklet, which will be distributed during IDEM.

**An interview with Prof. Matthias Karl**

**Why a precision-fit implant–abutment interface matters**

Prof. Matthias Karl: One runs the risk of damaging the interface of the implant and the abutment. I consider this as the most critical factor, and we see many of these cases coming into our clinic. In many cases, the implant has been in place for a very long time, but the restoration has since been replaced.

For example, perhaps a patient needed a single implant when he or she was 30 years old, but now over 55 years old and needs a removable restoration. One has to exchange the abutment, and as the treating clinician, one wants to be sure that the implant itself is still OK and that there are no microfractures or other wear phenomena.

Can clinicians check precision fit of abutments for themselves?

When we look at precision from a clinical perspective, then we have two choices intracorally to check for precision of a crown or of a restoration. We either use a probe, which shows a thickness of a couple of microns, and we try to find a gap somewhere. The second option is to use silicon as a medium to measure gaps or to gain an impression of a gap. To assess for gaps between the implant and the abutment, the explorer is basically useless, and one would not really insert silicones into the body of an implant. So one really has to rely on the manufacturer of one’s implant components. The manufacturer is able to determine what the gap might be and what the tolerance is, and what the tolerance is in the worst-case scenario.

How can a clinician be confident that an abutment is going to fit precisely on an implant?

By choosing properly documented abutments. I haven’t had a single patient for whom the cost of the abutment or the prosthetic components would have led to the rejection of a treatment plan. This has never been the case throughout my career.

What would you tell clinicians who are unsure about the best choice of a restorative component?

Don’t play with the oral well-being of your patient. It’s not worth it. It’s not worth the pain. The patient will come back to your office and you’ll have to fix it.

In my opinion, it’s very important that clinicians understood that an implant is not just a screw that goes into bone. It’s the whole system. It’s the whole approach. One has to consider the quality of the implant, abutment, cementation, laboratory components and restorative component. One has to understand the whole workflow. It has to be perfect in order to have the best chance of a long-lasting restoration.
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