That’s one expensive tooth! John Lennon’s tooth is being put up for auction in November and is expected to make £10,000. According to a report, John had given the tooth to his former housekeeper, Dot Jarlett, after he pulled it out in the kitchen of his Weybridge property. Dot’s son Barry Jarlett was quoted in the report saying: “He was in the kitchen and he had this tooth which he had wrapped in a piece of paper. “He said: ‘Dot will you dispose of this’ and then he said: ‘Or, as your daughter’s a Beatles fan, you can give her as a souvenir. “It is something that we felt was very personal and my mum actually gave it to my sister who has kept it safe.”

The tooth, which will be auctioned in Stockport on 5 November, comes with an affidavit signed by Mrs Jarlett. This isn’t the first item of John’s that has been auctioned; Mrs Jarlett previously sold items including the jacket worn by John Lennon on the Rubber Soul album. “He was in the kitchen and he pulled it out in the kitchen and he really looked after him. He treated her like family. He didn’t really have a very big family and he really looked after my mum. He used to call her Aunty Dot.” According to Karen Fairweather, from Omega Auctions, the tooth is the weirdest yet ‘most wonderful’ item that has been put up for sale at the auction house. As a result, it has been difficult to put a price on the tooth. “We are expecting it to achieve at least £10,000 but it is not unknown for these items as rare as this to reach six figures.” Karen said.

Smile-on Launch
The future of mlearning is here

A new concept
Jurgen Manhart discusses dentin replacement

The next big thing
A view from Endo experts

A dry subject
Pharma discusses dry mouth

Showcase: ‘One Stop Shop’

Yesterday was the first day of this year’s Showcase event, and was a day filled with new launches and fresh ideas.

Around 370 stands are in attendance from every corner of the dental profession, as visitors were spoilt for choice about where to go to get the best deals.

New solutions were the order of the day. One such example was Carestream, who had no less than five new products on show on Stand H07. These included:

- The global launch of the CS7600 X-ray machine with intelligent plates. This new system is able to have the patient’s info transferred onto the individual plate, reducing error and allowing for the images to be transmitted to wherever they need to be, not just straight back to the surgery for processing.
- The CS9300 CT Scanner and CS1600 I-O Camera. The CS9300 device has been designed with more than just dentistry in mind, as it is able to capture from the smallest detail such as a single tooth to a large field image such as those needed in ENT (Ear, Nose and Throat) Departments. The CS1600 includes a caries detection mode as one of its functions.

E-forms and Patient Surveys. Aiming to help practices comply with CQC and be a paperless office, these systems include the forms necessary for patient consent and feedback.

Other companies launching innovations included:
- Admor (Stand C05): Admor has rebranded, putting the ‘dedicated to dentist’ message into everything they do. One such innovation is the release of magnetic signs for the practice, thereby making it easier when practitioners move or share surgeries to keep signage clear for patients (and staff). Also launched is the Slimline cabinetry range, Italian designed and produced to add value.
- ADAM (Stand B15): Formerly known as the British Dental Practice Managers’ Association (BDPMA), ADAM has widened its focus to help support those team members who are involved in the management of the practice.
- money4dentists (Stand R05): launching a new arm of their services, careers.

Spry Xylitol (Stand Y09): promoting the clinical benefits of using Xylitol as an alternative to sugar, Spry promoted its range of products including lozenges, gum and granules.

This year’s event is seeing an upturn in the use of social media at the event, with many stands and even the BD TAs own guide to the show sporting QR codes and a deluge of tweets discussing the event. A new phenomenon for dental exhibitions, the ‘Tweet-up’ is happening twice each day of the event, allowing those who indulge in Twitter to meet face-to-face.
Stand awards at showcase 2011

The BDTA is delighted to announce that the Showcase Stand Awards will return this year at Dental Showcase and will be judged by Paula Ripoll from the Association of Event Organisers.

Exhibition stands will be judged on a number of factors, including presentation, professionalism, stand layout and appearance, staffing, and the range of products/information on display.

There will be three eventual winners, covering the small, medium and large stand categories, and each will win a full-page ad in their choice of dental magazine.

Tony Reed, Executive Director at the BDTA, said, “The Showcase Stand Awards provide an opportunity for the BDTA to recognise the significant time and effort that exhibitors put into their stands at Showcase and we are especially pleased to have exhibition expert Paula Ripoll to select this year’s winners.”

BADN AGM to be held at Dental Showcase 2011

Due to the current economic climate the BADN has decided not to hold the 2011 National Dental Nursing Conference in Glasgow.

However, the BDTA is delighted to announce that the Presidential Inauguration of incoming President Nicola Docherty, and the BADN AGM will now be held on Saturday 22 October at Dental Showcase.

There will also be a buffet lunch, sponsored by Phillips Sonicare.

“I am of course very disappointed that Conference cannot go ahead in my home town of Glasgow,” said Nicola “but appreciate that we are in very difficult times financially. I should like to thank both the BDTA and Phillips Sonicare for their generous sponsorship of the Presidential Inauguration and the AGM, and look forward to speaking with as many dental nurses as possible at Showcase.”

BADN will be reviewing their Conference strategy later this year and hope to run an updated, more compact 2012 Conference.

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- Enamel Erosion
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Smile-on Launch!

With the buzz of Showcase 2011 filling the atmosphere at the NEC, Birmingham, Smile-on launched their new website and mLearning revolution to an excited crowd that gathered at stand W08.

Those who attended were welcomed with a champagne reception and buffet lunch as CEO of Smile-on Noam Tamir introduced the crowd to the newly found presence of mLearning and Smile-on’s role in bringing it to dental professionals.

Progressing on from the established form of eLearning, which educational institutions have become accustomed to, mLearning, as Noam explained, is a learning on the go, wherever and whenever.

Chief Dental Officer, Barry Cockcroft, was there to officially open the launch. In a speech to the crowd that gathered at the stand, Barry congratulated Smile-on’s hard work and effort that they have brought to the dental educational environment.

The launch was then handed over to Operations Officer at Smile-on, Patrick Cannon, who provided a demonstration of the new website. Giving a brief history of the phases of the previous website designs, the new website is fresh and friendly, providing everything that dental professionals need to fulfill their CPD requirements. With features such as My Account, users are not only able to keep track of their CPD hours but the website cleverly provides a platform for dental professionals to complete their CPD requirements on the go.

Of course the launch couldn’t be complete without a demonstration of Smile-on’s new App, Smile-on News. As Pat explained, the Smile-on app is a great way to keep up to date with all the latest news and developments in the dental world. Not only this, but the app will also have a great selection of dental related articles, from social marketing to clinical cases!

The website and the launch of some new programmes also generated a great deal of interest from those who attended, especially dental nurses and practice managers, who were greatly interested in Smile-on’s CQCm programme.

However, one of the highlights of the event was Smile-on’s very own fruit machine, the One Armed Bandit! With the top prize being a luxury holiday worth £5000 the response was great and people were queuing up to have a go! Within the first few attempts people were winning watches and 50 per cent discounts on a range of Smile-on products, but at the time of writing there’s still a chance to win the iPad and holiday!

The competition will be running for the remainder of Showcase so make sure you check out stand W08 for more information and a chance to win a prize!
BDTA Essentials Let’s see what’s new in dentistry!

With more than 550 companies appearing at this event, Showcase 2011 presents yet another superb opportunity to view the latest innovations in the world of dentistry under one roof.

The BDTA have announced that not only will there be complimentary one hour seminars, covering regulatory issues, but there will also be free feature lectures, informing visitors of the latest dental innovations. (See tables below). And after its massive popularity last year Dental Lab @ Showcase is back again! Once again the Pavilion will be a focal point for DCPs, spanning 60 square metres and hosting a hospitality and lounge area, encouraging interaction and providing a practical example of working together for the benefit of the industry.

This year the BDTA were delighted to announce that the following professional dental association’s sharing the pavilion at Showcase 2011:

- BADN
- BACD
- DPA
- DLA
- DTA
- BDPMA
- BADT
- BSDHIT
- BACD
- BDTA

Food & Drink

When you’ve finished visiting Stand W08 for all your CPD and postgraduate training needs, as well as meeting all the team from Dental Tribune, there’s a vast selection of food places to be found!

The NEC has a great range of places to eat and relax, from bars too easy to eat market places, operated by the NEC’s sister company Amadeus, there is something for everyone.

First off is the food&bar, which offers a modern self-service restaurant with a choice of sandwiches, salads and hot and cold meals away from the buzz of the show. Then there is the marketplace Foodmarket, which offers all the ingredients to find and eat tasty food quickly and without fuss.

Serving what has been classed as “the highest standard of tasty sandwiches, salads, snacks and drinks” is Foodexpress and there’s also Foodfeature, which changes concepts every week, serving anything from noodles to jacket potatoes!

For an ideal quick drink and a chat, the Foodcafébar is an alternative choice and can be found in halls 9 to 12 offering yet another place to grab a coffee, snack or even a glass of wine.

For those desiring a relaxing table service restaurant The Exhibitionist is the place to go, offering a seasonal menu, guests can sit back and enjoy quality food in stylish surroundings.

However there is also The Food Bank, a self-service restaurant which offers an extensive choice of hot and cold meals.

For those looking for a quality sandwich, look no further than The Damn Fine Sandwich Company; they serve a range of unusual breads with hot or cold fillings and their salads sounds mighty tasty too, with favourites including Red Thai chicken salad and Buffalo Mozarella with chargrilled vegetables.

For a bit of live cooking head to Jimmy Spices, which offers Indian, Chinese Mexican and Italian cuisine (it’s also open for a tasty full English breakfast and coffee too)!

On the subject of coffee the NEC host Starbucks and there’s even a Subway. For those looking for a free house you can find a JD Wetherspoon, offering a mix of traditional British meals and international dishes and a selection of alcoholic and soft drinks.

If you’re looking for a food place using free range, locally sourced and organic ingredients (wherever possible) the Pasty Presto is the place to go.
Experience the A-dec collection on stand D05

Meet the experts; FREE design service1. Bring your surgery dimensions along and let A-dec design and draw your ideal practice

- View the range of A-dec equipment including, stools, chairs, delivery systems, cuspidors, lights and cabinetry
- Materials management demonstrations with Zirc
- Learn more about the new solutions range of cabinetry

Receive the A-dec experience.

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A-dec 300 Radius  A-dec 300P  A-dec 200

FREE design service1  New cabinetry range  Zirc demonstrations

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‘Instrument Amnesty’ returns to Showcase

Do you have any hand instruments you no longer use?

In order to address the need for dental instruments in developing countries, the BDTA is pleased to announce that the instrument amnesty has returned to Showcase 2011. The BDTA is linking up with Dentaid, the dental charity striving to improve the oral health of disadvantaged communities around the world, to encourage the dental team to donate their unwanted hand instruments at this year’s exhibition.

Shortage of dentists and equipment in developing countries

There is a severe shortage of dentists in developing countries and the ones that are working are drastically under-resourced. The level of care they are qualified to offer is significantly higher than their equipment allows; no light, no drill, no suction, difficult working conditions and very importantly, only a limited range of instruments.

Recipient dentists are always delighted with the equipment provided but some have been known to literally weep with joy when they have opened the box of instruments provided with the surgery, highlighting just how important these hand tools really are for day-to-day dental care.

Andy Jong, Dentaid’s CEO commented: “Since developing the portable dental chair and portable instrument kit, Dentaid has experienced a big surge in orders from charitable projects and hospitals with community oral health programmes. This year’s instrument amnesty is a great way for the dental team to help us meet the demand and reach many more remote places with improved oral health care.”

It is likely that there is a huge selection of instruments sitting in the bottom of cupboards in dental practices across the country not being used.

The highly successful instrument amnesty last took place at Showcase in 2005 where more than 10,000 instruments were collected. It returns to this year’s event as a way to once again replenish the diminishing stocks and enable Dentaid to continue its important work.

Don’t forget to bring your instruments with you to BDTA Dental Showcase 2011!

Please ensure your instruments have been properly sterilised and then donate, along with details of your practice, to the Dentaid stand during the exhibition.

For further information on Dentaid, visit www.dentaid.org.
Welcome to a new layer of Sensodyne expertise in dentine hypersensitivity

Today you can go further than treating the pain of dentine hypersensitivity with Sensodyne. Today you have new Sensodyne® Repair & Protect containing NovaMin® calcium phosphate technology. NovaMin® builds a reparative hydroxyapatite-like layer over exposed dentine and within the tubules1-5

Starting to form from the first use5, this reparative layer creates an effective and lasting barrier to the pain of dentine hypersensitivity6-8, with twice-daily brushing.

Explore a new layer of opportunity with Sensodyne Repair & Protect


SENSODYNE, NOVAMIN and the rings device are registered trade marks of the GlaxoSmithKline group of companies.
A new concept for dentin replacement in posterior composite restorations

In stress-bearing posterior applications, composite restoratives have been used as an aesthetic alternative to metallic restorations for more than two decades, and their popularity has steadily increased, especially in the last few years. The first clinical data gathered for posterior restorations in the early 1980s, particularly with regard to mechanical properties, were not encouraging. The abrasion resistance of those early composites was so low that fillings lost their contours. Fractures, marginal breakdown and marginal leakage caused by polymerization shrinkage also limited the durability of composite restorations. These shortcomings have been considerably reduced by recent improvements of both composites and adhesive systems. However, the negative effects of polymerization shrinkage – such as insufficient marginal integrity, unsatisfactory adhesion to cavity walls, or cusp deflections – continue to be the greatest problem of composite restoratives. The stress developed during polymerization results from the shrinkage effects occurring when the monomers react to form a polymer. Therefore, limiting this polymerization stress without sacrificing the high degree of conversion (which is essential for good mechanical properties of the material) seems to be a promising element in synergistic approaches to the problems associated with shrinkage.

In light-cured composites, the organic phase of the uncured composite paste contains free, uncombined methacrylate monomers. Upon initiation of light curing, these monomers combine, in a free radical process, to form larger oligomers and finally the long-chain, cross-linked, cured polymer. Since the distances between the individual components of the polymer formed are shorter than between the individual monomers before this reaction, polymerization leads to a net loss of volume. This effect is referred to as polymerization shrinkage. As long as the monomers are able to move freely, because they are not yet part of a network, there is only little or no development of polymerization stress. However, as more monomers react, the developing polymer network begins to become rigid, in part due to increasing covalent bond formation (cross-linking) between adjacent polymer chains. As the mobility of the monomers essentially ceases, any further shrinkage of the system results in an increase in polymerization stress. This stress is not only trapped in the composite itself, but also exerts forces on any interface to which the composite is bonded by means of adhesive pretreatment.

The transfer of this polymerization stress is the cause of numerous clinical problems. In a well-bonded composite restoration, the stress resulting from polymerization shrinkage is transferred through the interface with the tooth structure and may cause deformation. This tooth deformation may result in enamel fracture, cuspal movement and cracked cusps. An influence of cavity design on the transfer of polymerization stress is documented in the dental literature. The term “C-Factor” describes this influence; it relates the number of composite restoration surfaces bonded to the tooth by an adhesive to the number of unbounded surfaces. The higher the C-Factor, the greater the stress-related forces acting on the cavity walls. It is apparent that Class I and II cavities have the highest C-Factors, making these restoration types most susceptible to the effects of polymerization stress.

In a less well-bonded restoration, polymerization stress may initiate debonding of the composite from the tooth (adhesive failure) if the forces developed exceed the bond strength. The resulting gap between the restoration and the cavity walls may produce postoperative sensitivity, microleakage, and/or secondary caries. Further, internal stress of the composite has the potential to initiate micro-cracking within the restorative. If the bonding to the cavity walls is strong enough to avoid gap formation during hardening, the stress concentrated inside the composite can still produce micro-cracks. As a result of this phenomenon, a restored tooth remains under stress even when there is no functional loading. This implies a greater risk of failure during tooth function. Therefore, controlling the amount of polymerization stress due to shrinkage may in all probability improve the clinical success of composite systems.

SDR Smart Dentin Replacement Composite
In traditional methacrylate-based composites, visible light curing proceeds rapidly, especially directly after photo-initiation. This rapid polymerization leads to a rapid increase in polymerization stress. The polymer chains cross-link at a high rate. Thus, the developing polymer undergoing a significant amount of shrinkage, and the network is unable to relieve the resulting stress due to its adhesion to the cavity walls. This explains why, despite efforts to reduce polymerization shrinkage, the effects of the resulting stress are evident across a wide range of composites with sometimes very different shrinkage values. If trapped stress caused by polymerization shrinkage is not dissipated, adverse effects will always be present.

In the traditional, methacrylate-based composite systems widely used today, the most common approach to reducing the effects of polymerization stress is to incorporate inorganic fillers into the polymerizable resin matrix, so as to reduce shrinkage by reducing the resin portion of the composite. Of course, there is a practical limit to the amount of fillers that can be added without affecting the clinical usability of the material. Although the polymerization shrinkage is greatly reduced in these highly filled systems, there is still a dramatic increase in the stiffness or elasticity modulus due to the inclusion of fillers, keeping the stress high.

Alternatively, one could develop a composite with a lower overall modulus to reduce the effects of polymerization stress. Unfortunately, in the commonly available methacrylate composites, a low final modulus results in inferior mechanical properties and is therefore not a practical solution. Another approach would be to replace the methacrylate chemistry with a different resin chemistry. But this would also require altering the materials that are used in conjunction with the new composite system (e.g., adhesives).

The low-viscosity, flowable composite “SDR Smart Dentin Replacement” (DENTSPLY DE-TREY; Konstanz, Germany) is based on the traditional methacrylate chemistry. However, it contains a UDMA-based polymerization modulator, designed to permit internal reduction of the stress caused by polymerization shrinkage by means of a slower modulus development in the curing phase without any decrease in the rate of polymerization or degree of conversion. The functional groups of this methacrylate allow it to react with other typical methacrylate systems, which are currently used in almost all composites. Thus, traditional methacrylate-based etch&rinse or self-etch adhesives react with SDR in...
SDR™ is up to 40% quicker and easier than conventional layering®.

SDR’s unique and patented formulation can be bulk-filled in increments of 4mm, making restorations less cumbersome, quicker and easier. Its flowable viscosity results in excellent cavity adaptation, which significantly reduces post-operative sensitivity.

Small things. Big difference.

*Data on file
the same way as with conventional composites. SDR has the required physical and mechanical properties for use as a posterior bulk-fill flowable base. SDR (filler content: 68 per cent by weight, 44 per cent by volume) is indicated for use as a bulk-fill base in Class I and II direct composite restorations and as a cavity liner. After curing, the SDR base has to be covered with a methacrylate-based universal or posterior composite to reconstruct the occlusal anatomy.

Clinical Case

The following clinical case report describes step by step the replacement of an old amalgam filling in a lower molar by an SDR (DENTSPLY DeTREY) composite restoration.

A female patient reported occasional pain caused by osmotic or thermal stimuli in a first lower molar, which had been restored with amalgam. During clinical examination, the tooth responded normally to a vitality test, and a percussion test did not show any abnormalities, either. Probing of the accessible areas of the mesio-proximal box floor with a pointed probe showed a small marginal gap. The patient agreed to the replacement of her amalgam filling. Having been informed about various treatment options, the patient wished to receive a direct composite restoration, placed in the new SDR technique.

First, external deposits were thoroughly removed from the molar, using a fluoride-free prophylaxis paste and a rubber cup. The amalgam was carefully removed, without unnecessarily damaging the remaining tooth structure, caries was excavated, and the cavity was fully prepared and then finished using a fine-grit diamond. The dam separates the treatment site from the oral cavity, ensures effective and clean working conditions and prevents any contamination with blood, sublingual fluid or saliva. Contamination of enamel and dentin would greatly reduce the adhesion of the composite to the tooth structure, so that a successful, long-lasting restoration with optimal marginal integrity could not be guaranteed. Besides, the dam protects patients from irritants, such as the adhesive system. The rubber dam is therefore an important tool for work simplification and quality assurance in the adhesive technique. The effort required to apply the dam is very low and also compensated for by eliminating the need to change cotton rolls and allow the patients to rinse their mouths.

The depth of the cavity (mesial box floor) was measured with a graduated periodontal probe, because SDR can be bulk-placed in increments of up to 4 mm. The restorations are completed by reconstructing the occlusal anatomy with approx. 2 mm of a methacrylate-based universal or posterior composite. The convex shape of the sectional metal matrix can be slightly customized prior to application by careful deformation with thumb and forefinger. The tension ring helps to separate the teeth, so as to compensate for the matrix thickness. The vertical extensions of this ring, reaching into the interdental space, adapted the contoured matrix band to the sides of the proximal box. A plastic wedge (Flexiwedge, Common Sense Dental Products Inc., Spring Lake, MI, USA) was used to tightly adapt the matrix in the cervical area. The wedge was used only to avoid any cervical excess and did not have to be forced into the interdental space, since composites do not require a high packing pressure. To optimize the contours, the matrix can be carefully bent against the adjacent tooth with a medium-sized ball plunger (cold deformation). The creation of a physiologically contoured proximal surface in close contact with the adjacent tooth is still a challenge in composite restorations. Unlike amalgam, composites show a certain degree of viscoelastic recovery after deformation, which is often undesirable and makes the adaptation of the matrix to the adjacent tooth by packing pressure more difficult.

The self-etch, one-component, tert-butanol-based adhesive Xeno V (DENTSPLY DeTREY) was used for bonding. The adhesive was generously applied to and distributed over the cavity surface with a mini-brush. It was important to ensure that all parts of the cavity were adequately wetted by the adhesive. After gently rubbing the adhesive into the tooth structure for 20 seconds, the solvent was carefully evaporated with the aid of oil-free air; then the adhesive was light-cured for 20 seconds. The result was a shiny cavity surface, uniformly covered with the adhesive. At this point, the cavity should be thoroughly checked for any non-shiny surfaces, which may indicate that insufficient amounts of adhesive have been applied to these areas. In the worst case, this may lead to reduced adhesion of the restorative to these areas and inadequate dentin sealing, possibly resulting in postoperative hypersensitivity. If such areas are found during visual inspection, they will need selective reapplication of the adhesive.

SDR composite (DENTSPLY DeTREY), available in one translucent universal shade, was then bulk-placed in the cavity as a base in a 4 mm increment directly from the Compula Tip, starting at the deepest part of the defect. To avoid any air inclusions, the thin metal cannula of the Compula Tip should always be immersed in the material during extrusion. Thanks to its flowable consistency, the composite increment self-levels within a few seconds. Any air bubbles visible in the material should be eliminated using a probe tip. The composite was light-cured (intensity: ≥ 550 mW/cm²) for at least 20 seconds.

Next, Ceram-X Mono+ composite (DENTSPLY DeTREY) was used to carefully sculpt the occlusal surface and complete the restoration. When reconstructing the occlusal anatomy, it is important to sculpt the surface with great care and remove any excess while the material is uncured. This will substantially facilitate the subsequent finishing procedure and reduce it to only a few steps. After light-curing for 20 seconds, the restoration was checked for any imperfections, and then the sectional metal matrix was removed. In the region of the proximal extension, the material was additionally light-cured from buccal and oral.

The polymerized restoration was already well-contoured. After rubber dam removal, the fissure relief and the fossae were further outlined with a pear-shaped diamond finisher. In the next step of the standardized finishing sequence, a round-end bullet-shaped diamond finisher was used to increase the convexity of the triangular ridges and create harmonious transitions between the various features of the occlusal anatomy. After eliminating occlusal interfer- ences and adjusting static and dynamic occlusion, polishing discs were used to contour and pre-polish the proximal surfaces, as far as accessible. Then the restoration was satin-polished using composite polishing tools. The final high-shine polish was achieved with the aid of a composite polishing paste. The mesial view shows the seamless transition between composite material and tooth structure and the details of the occlusal anatomy. The treatment was concluded by applying fluoride varnish to the tooth with a foam rubber pellet.

Conclusion

The importance of composite-based direct restorations will continue to increase in the future. The use of these materials for high-quality permanent restorations in stress-bearing posterior applications is supported by scientific evidence, and their reliability is documented in the dental literature. The results of an extensive meta-analysis have shown that their annual loss rates are not significantly different from those of amalgam fillings. Minimally invasive treatment protocols, combined with the recent progress in early caries detection, will further improve the survival rates of these composite restorations. However, the basic prerequisites for high-quality direct composite restorations with good marginal integrity continue to include the careful use of a matrix system (if proximal surfaces are involved), an effective dentin adhesive and the proper application and adequate polymerization of the composite.
CQC visit on the horizon

Prestige Medical is here to help by providing some basic advice on compliance with HTM 01-05.

Here are the most frequently asked questions:

• HTM 01-05 is advisory, do I have to comply? The legal stuff is in the Health Act 2006. This act, which is the law, lays down compliance criterion which have to be implemented either through HTM 01-05 or through another method which you can prove to an inspecting body is just as effective as HTM 01-05. Do you have such a method? If not then you should to implement HTM 01-05.

• What’s the difference between Essential Requirements and Best Practice? Surprisingly little. Best Practice says that you should replace manual cleaning with a washer disinfector, that your storage and record keeping should be of a better standard, allowing traceability, and that you should have a separate decontamination area. Once you’ve seen the problems associated with the full manual cleaning procedure you may well surmise that it’s easier and cheaper to buy a washer disinfector. You don’t yet need to comply with Best Practice but you should have a written plan to move towards it, and you should implement Best Practice wherever possible.

• Do I have to use a washer disinfector? No, but it is best practice and strongly recommended. If you don’t then you should comply with the full manual washing procedure in HTM 01-05 3.16 (assuming you don’t have an alternative method that satisfies the inspecting body, see above). Compliance to this procedure is difficult and time consuming. Do you constantly monitor the water temperature with a non-mercury thermometer? Use only a single use long handled brush? Clean each instrument and then inspect each one under an illuminated magnifying source? Are you rinsing with RO or distilled water? Check the full procedure in Section 3.16 and decide if you can or want to implement this. Beware, non-compliant manual cleaning is rife.

• Do I have to use a vacuum autoclave? Read Section 4. If you are sterilizing lumened, wrapped, or pouched instruments then it’s pretty clear that you should. Seek and apply manufacturer’s advice.

• Do I need to have a full decontamination room? No, it is ideal but if for practical reasons you cannot then HTM 01-05 does not insist upon it.

• What tests do I have to perform on my decontamination equipment? There are daily, weekly, quarterly, and annual checks and tests on the performance of your equipment that must be carried out and documented. The required standards are detailed in HTM 01-05, Section 3. Seek further advice from Prestige Medical.

• How should I treat my hand pieces? Section 2 makes it clear that you should clean and sterilize after each patient. From a practical point of view you may want to consider a dedicated hand piece sterilizer because washer disinfectors may degrade the performance of your hand pieces.

For further advice call Prestige Medical on 01254 844 103 or email sales@prestigemedical.co.uk

About the author

David Robinson has been the Commercial Director for Prestige Medical since 2007. During that time Prestige Medical has moved from being a manufacturer of autoclaves to a provider of total decontamination solutions across several industries. These include Laboratory, Education, Veterinary, and Podiatry, as well as Prestige Medical’s core market of Dental decontamination.

Your secret weapon against dental caries

Colgate® FLUORIGARD Daily Dental Rinse

Prevents Cavities

To aid in protection against dental caries.

Indication:

Dosage

Squirt 5-10ml around and between teeth for one minute and then spit out. Do not eat, drink or rinse mouth for at least fifteen minutes afterwards.

Undesirable effects:

When used as recommended there are no side effects.

Recommended retail price:

£4.75 (500ml bottle)

About the author


Do not use under six years of age.

Contraindications:

Your secret weapon against dental caries

Colgate® FLUORIGARD Daily Dental Rinse

Prevents Cavities

To aid in protection against dental caries.

Indication:

Dosage

Squirt 5-10ml around and between teeth for one minute and then spit out. Do not eat, drink or rinse mouth for at least fifteen minutes afterwards.

Undesirable effects:

When used as recommended there are no side effects.

Recommended retail price:

£4.75 (500ml bottle)

About the author

Each stakeholder in dentistry has their own opinion on the dental corporates – whether they are successful or doomed for failure?

But sure enough the corporates are growing in number as Sainsbury’s and Tesco up the ante. Similarly, House of Fraser are rumoured to follow suit, which will leave the Independent Principal competing with some even bigger corporations. There are also two other players shortly to enter who I’m involved with but not allowed to mention!

Some dentists view the corporates as the devil, but there is increasingly a number of practitioners considering either selling or working for one. However, the trick is to work out what you want from them before even opening any discussion with them.

If you look to sell or be recruited by any of them you will deal with some well-trained individuals in their field, so the first thing is to be clear in your mind what you want out of the deal.

So let’s start with the decisions that should be made before entering any negotiations:

1. **Price** - Get a realistic idea of the value of your business from a recognised valuer or accountant with an independent view

2. **Basis** - Remember that corporates value on profit not turnover, read my article on EBITDA or come and talk to us about it on stand **M05a** at the Showcase

3. **Deal Terms** – When will you get your money?

4. **Tenure** – Is it worthwhile retaining the Freehold?

5. **The Team** – What will happen to them? How is your purchase price calculated?

Of course this list is not exhaustive.

Some dentists view the corporates as the devil, but there is increasingly a number of practitioners considering either selling or working for one.

However, the trick is to work out what you want from them before even opening any discussion with them.

If you look to sell or be recruited by any of them you will deal with some well-trained individuals in their field, so the first thing is to be clear in your mind what you want out of the deal.

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Of course this list is not exhaustive.
Aquafresh has developed a range of toothbrushes and toothpastes that are specifically designed for each stage of a child’s oral development.

Aquafresh also offers a range of FREE motivational materials to reward children’s good brushing efforts, helping support your practice to deliver a positive dental experience.

To request your FREE motivational pack visit www.gsk-dentalprofessionals.co.uk
The new Direct Composite Veneer System
“COMPONEER“, Coltène/Whaledent presents a new and easy-to-use system for restoring anterior teeth

**COMPONEER** are Direct Composite Shells and represent a completely new class of veneers. They are manufactured industrially from highly filled nano-hybrid-composite which ensures excellent homogeneity and stability of the enamel shells. Extremely thin veneer coatings from 0.5mm allow a high level of conservation of hard tooth substance during preparation. The shiny and naturally designed surface adds a look of vitality to the restoration.

The novel micro-retentive inner surface increases wettability and ensures a lasting bond. Special conditioning of the veneer is not necessary. COMPONEER is available in different sizes and allows efficient direct composite veneering of a single tooth or complete anterior dentition. Time-consuming shaping of the anatomical shape or surface and elaborate trimming are no longer required. COMPONEER can be customised with composite at any time.

A smile for virtually all occasions
Whether for incisor extensions, the covering of massive discoloration or the closing of diastemas, aesthetic corrections can be carried out easily and fast with COMPONEER. This closes the gap between time-consuming free hand and expensive invasive veneer techniques. Fractures, malposition or anatomical malformation can, of course, also be elegantly and permanently restored using the Direct Composite Veneer system. Especially in extensive reconstruction, the contralateral teeth can be efficiently set to symmetrical positions.

**COMPONEER** – a milestone in veneer technology
COMPONEER offers a complete and well-thought-out system. In addition to composite veneers, the system includes a specially matched composite (SYNERGY D6), a highly efficient Total Etch Bond (One Coat Bond), novel special instruments, and comprehensive information material for dentists and patients. COMPONEER offers attractive restorations effectively and economically.

Composite Veneer System adds a new and interesting dimension to existing treatment options and gives dentists and patients new economic perspectives. Patients can be given a naturally aesthetic smile in just a single session, and come away smiling – with a “smile to go”.

### Features of COMPONEER
- **Saves time**
- **Saves money** - No lab fees
- **Amazing results**
- **One appointment**
- **Promotional literature available**
- **Seminars planned for the near future**

**I fitted 6 Componeer veneers and the patient cried with delight**
Chris Siddons - Burley in Wharfedale

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**Dr. Mario Besek** - the inventor of Componeer
Will demonstrate the system at BDTA Showcase, stand WO1 on Friday & Saturday 21st & 22nd October
A great opportunity to see this amazingly easy technique

---

**Two ‘One Day’ Courses**
Covering composite layering technique with Miris 2 and introducing COMPONEER - the new direct composite veneering system
London Dental Education Centre December 7th and 8th, 2011
Book Now - limited places (FreePhone 0500 295454 x229 Shelley)

Get the full picture on: [www.componeer.info](http://www.componeer.info) for your in-surgery demonstration
FREEPHONE 0500 295454 ext’s. 223 Julie or 224 Adrian
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Tooth Whitening Trays
Anchorage Implants
Mouth Guards
Dynamax Twin Block

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Tel: 0114 266 2654 www.orthounlimited.com
Biodentine™: The next big thing in dentistry

Septodont’s newest innovation, Biodentine™ has been receiving outstanding praise from endodontic experts up and down the country since its launch in September 2010.

Biodentine™ is a novel new material that is set to revolutionise the world of dentistry. What makes Biodentine™ so unique is the fact that it is the first all-in-one, biocompatible and bioactive material that can be used wherever dentine is damaged, whether in the crown or root, making it literally ‘dentine in a capsule’. The product has already received rave reviews from some of the leading lights in dentistry and represents the cutting edge of technology, which, for the first time, offers a bioactive substitute to dentine.

Renowned endodontist Dr Julian Webber commented, “Sophisticated biosilicate technology and 100 per cent biocompatibility makes Biodentine™ the perfect root canal repair material.

With its improved handling ability and quick setting time, Biodentine™ offers considerable advantages over other similar materials. I cannot recommend it more highly.”

Professor Callum Youngson BDS, DDSc, FDS, DRD, MRD, FDS(Rest Dent) RCS (Edin), FDS RCS (Eng) added, “Biodentine finally provides us with a material that closely resembles lost dentine and has the potential to promote, rather than just allow, healing of the pulpotic tooth resulting from caries or leaking composites.

Biodentine, unlike other sedative dressing materials, is also compatible with the final composite restoration, making it an important addition to the clinician’s armamentarium.”

Based on unique Active Biosilicate Technology™, Biodentine™ can be used for a wide variety of endodontic indications, wherever dentine is damaged, including:

• Root perforations
• Pulpal floor perforations
• Internal/External resorptions
• Apexification
• Apical surgery

With such a broad range of indications, endodontic specialists are now realising the benefits of Biodentine™ in their practices. N.G.A Wright BDS FDSRCS, Specialist in Endodontics, said of the product, “As an endodontist, I have used Biodentine™ for repair of perforations and as a retro grade material. I have found it a very easy material to handle and clinically successful. I have no qualms in recommending it to my colleagues.”

Highly biocompatible, thanks to its Tricalcium Silicate core, Biodentine™ makes the risk of adverse tissue response a thing of the past. It also helps preserve pulp vitality by promoting reactionary dentine genesis and has outstanding sealing properties to reduce the risk of clinical failures through bacterial percolation, thus ensuring the absence of post-operative sensitivity. Biodentine™ needs no surface conditioning or bonding to dentine and sets quickly, making it simple and easy to use for the busy clinician.

To order Biodentine™ please contact your dental dealer directly. Alternatively, for more information contact Septodont on 01622 695 520, email sales@septodont.com or information@septodont.co.uk or visit www.septodont.co.uk
Passion is the driving force through which Castellini achieves that accomplished blend of tradition and technology. In each detail, the mark of design expertise intent on creating operative efficiency and comfort in the dental environment.

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paul@ssdentalservices.co.uk
**SHOWCASE TRIBUTE BDTA Edition · Friday Oct 21, 2011**

**Exhibitor News**

**Dental Sky Wholesaler Ltd**

Stand E08

Visit Stand E08 and meet the Dental Sky team over a coffee and a cupcake. They have so much to offer with the launch of their new 2012 dental catalogue, the ‘hot off the press’ 2011 workwear catalogue, including new ranges from Cherokee, and their 48 page bumper monthly brochure packed with all the great offers you’ve come to expect from Dental Sky over the last 12 years.

Place an order at the stand and you can claim either your free bottle of Champagne, a Canon Powershot camera, an Advent Vega Tablet or a Sony Bravia Smart TV! 

**Reach for the Sky!**

Tel: 0800 294 4700

Email: sales@dentalsky.com

Web: www.dentalsky.com

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**Oral Cancer Screening Devices**

New from DentalEZ is the Identafi® multi-spectral oral cancer screening device.

Identafi® helps those in the front line of detection to identify biochemical and morphological changes in the cells of the mouth, throat, tongue and tonsils.

The detection is made through the processing of optical fluorescence and reflectance in certain body tissues, using this small portable device.

In UK alone in 2007 there were 5,410 cases of an oral cancer diagnosis, this number is increasing year on year.

**Visit Stand M06 and see the**

**DMG UK**

**Visit Stand M06 and see the NEW Honigum Pro from DMG UK!**

For over 40 years, DMG have been the leading dental laboratory products company and they are Beyond expectations.

At BOS 2011, DMG UK will be there again with their high performance resin luting cement, Honigum Pro.

Honigum Pro is a reliable, strong and durable material with excellent esthetics, high polish habits and a unique impression retardation. Honigum Pro is a cost-effective material that you can rely on.

Honigum Pro is reliably stable when under a low shrinkage stress, the restoration especially at the margins is ensured. Honigum Pro’s most dramatic innovation is that it can be adapted and designed in the mouth.

**Digital Dental**

**Digital Dental launches exclusive new digital imaging solutions**

Visitors to Stand H10 can receive specialist digital imaging advice on Digital Dental. With over 14 years of experience, they anticipate that every digital laboratory will have several Digital Dental lab tools to be the only digital imaging specialist who have been selected to offer the whole range of products from Schick and Vatech. Visitors will be able to see all the 3D Cone Beam CT and digital panoramic imaging innovations from Vatech, including their new Flex3D which is the most cost effective, adaptable and feature-rich digital imaging unit available on the market. They estimate no other supplier can compare to Digital Dental for their intraoral digital x-ray sensors and image plate scanners from Durr, Digora, Satelec and Schick.

In response to recent requests, Digital Dental will be launching a new intraoral camera with the addition of all their other products.

Dental care can now be made even easier, more convenient and comfortable with the addition of this new digital intraoral cameras. Exclusive show offers and free installation and training with all solutions ensure Durr Dental can please all your current and future digital imaging needs.

**CosTech Elite®**

**CosTech Elite® To Display their Expertise at The BDTA**

Restorative dentists from all over the county will be able to find out how the CosTech Elite® team could help them raise the standard of their work to new heights. CosTech Elite® enjoy the best DICOM registration software and technicians to produce its range of excellent dental prostheses, including DRO abutments and unique products such as Zirconium and ThinRes®.

Their unswerving commitment, attention to detail and rigorous quality control standards create forensically detailed implant and denture pieces, fulfilling the crucial need for pinpoint accuracy required by surgeons wishing to carry out effective and durable restorative work.

Communicating well with its clients and providing outstanding customer service is a core priority at CosTech Elite®. The company takes particular pride in its ELITE780 courier service, which carries a proven track record. Localised at stand B25, the CosTech Elite® delegation will be pleased to enlighten visitors on the full extensive range of products and services offered by the company’s Equipment team.

**Reach for the Sky!**

Tel: 0800 294 4700

Email: sales@dentalsky.com

Web: www.dentalsky.com

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**BOS Conference**

As Britain's Orthodontic Conference celebrates the 25th Anniversary of The British Orthodontic Conference this September 1st it is taking a reflective look back. Since its inception in 1986, it has become one of the largest and most prestigious specialist meetings in the UK dental calendar. Twenty-five years on and the first Conference was created, heralding the first joint meeting of three orthodontic societies, the British Association of Orthodontists, Consultant Orthodontic Group and British Society for the Study of Orthodontics. The first event was led by then Chairman Dr David Ell Base. Attendance was high from the start with five hundred Orthodontists attending. By the time of the third Conference in Glasgow, of which Dr Chris Kettler was Chairman, six hundred delegates attended. The much anticipated Northclove lecture is now a regular feature of the conference, delivered as the climax of the event. In 1986 the first speaker for the first joint meeting was Professor Jack Tully. By year five, with 1,000 delegates at the conference the organising committee spearheaded the introduction of Orthodontic Nurse categories at the first in Hong Kong and in Harrogate will include a programme for Orthodontic Therapists. Alongside this will feature an educational programme for Orthodontic Nurses.

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**GC UK launches two new products at GC!**

**GC UK launches two new products at GC!**

**For further information please contact GC UK on 01988 218 990.**

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**DURR dental**

**DURR dental (Stand T96)**

**Durr Dental**

Durr Dental’s huge choice of digital imaging solutions is definitely a ‘must-see’ at this year’s exhibition. The better you can see, the better you can plan, and from Durr Dental facilitate enhanced vision — VistaCam, an intraoral camera, VistaScan, a digital radiography system and VistaProof, a caries diagnostic tool. The latter is the Company’s most recent innovation, VistaProof is a fluorescence camera capable of detecting carious lesions more accurately. Caries is shown even in fissures and on occlusal surfaces whereas other systems, x-ray photographs it may be hard or impossible to detect.

The high performance software displays a false colour image relative to red and green, and using the 3D reconstruction, allows you to create beautifully restored invisibility with one shade. Three inside shades are available. Incorporating the exclusive PolyEther Silicone — a durable and active ingredient of the product will be available on the stand including a 3D intraoral photographic repairative layer which is built up by NovoMin over exposed dentine, using the natural building blocks of teeth. GSK Expert Marketing Director, Richard Madley-Dowd observes, “GSK is delighted to once again be associated with Dental Showcase. This excellent event provides us with an excellent opportunity to introduce our new products and initiatives with all members of the dental team.” The GSK team will be on hand throughout the event to provide information on their full portfolio of oral care brands including Aquafresh, Biotène, Corsodyl, Poligrip, Pronamel and Sensodyne.

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**DENTSPLY**

**DENTSPLY UK**

**At the BDTA Dental Showcase 2011**

that again from

Thursday 20th – Saturday 22nd October 2011 Brighton provide the visitors to the spectacular BDTA Dental Showcase. Britain’s premier dental exhibition attracted over 15,000 visitors and 550 exhibitors last year in a stunning event that had everybody in the industry talking and this year promises to be even better. The 2011 exhibition features DENTSPLY UK’s leading dental manufacturer; DENTSPLY Sirona is renowned for its innovative research and development initiatives and will be showcasing some of its leading products at the exhibition.

Products on show will include for are: 

- **Sirona** (Smart Dentine Replacement) 
- Cemfree® Rock 
- Citafree® + WaxOne™
- AiroShield Sealer (white) 
- VistaCam, an intraoral camera, VistaScan, a digital radiography system and VistaProof, a caries diagnostic tool.

DENTSPLY Sirona is renowned for its innovative research and development initiatives and will be showcasing some of its leading products at the exhibition.

Visit Stand H10 for more information on all the digital imaging services offered by the company’s Equipment team will be able to demonstrate chairside digital imaging solutions, including their NEW Honigum Pro and LuxaTemp Digital.

**Directa CoForm matrix system is a set of pre-formed transparent matrices, made of celluloid plastic that are designed to de...**

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**DMG UK**

**DMG UK Visit Stand M06 and see the NEW Honigum Pro from DMG UK!**

The Dental Directory’s years’ BDTA Showcase, visitors to the 2011 Dental Showcase can find out more about new Sensodyne products and initiatives with all members of the dental team.” The GSK team will be on hand throughout the event to provide information on their full portfolio of oral care brands including Aquafresh, Biotène, Corsodyl, Poligrip, Pronamel and Sensodyne.

Directa CoForm matrix system is a set of pre-formed transparent matrices, made of celluloid plastic that are designed to de...
Open your doors to more patients, be a LASER dentist

**PowerPen Cordless**
4w auto setting
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7w with 8 Customisable procedures

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Saddle – the superior chair for dental care

All too often mobility and flexibility in design is affected by some kind of sitting disorder. When sitting on a saddle chair the back is in the same position as when we are standing, therefore there is no need for a back rest. In the upright posture it is easy to breathe and we stay alert. A 175 degree knee angle and 155 degree adaptable seat and back give full freedom of movement. The seat and back rest are independent of each other and this ensures a hi-tech experience for patients wholly familiar with visual media, enabling you to improve patient communication and also to encourage suggestions. Saddle is designed to offer support to the patient and dental team. For further information or to contact the Saddle contact on 01484 410105 or visit www.heka-dental.com.

Heka Dental

Interested in ergonomics?

Herluf Skovgaard thoughts on Stand F09 to visit Heka Dental's stand D09 to experience first-hand our ergonomically designed, highly efficient, state-of-the-art product range.

During the show, we’ll have some very special promotional package offers running across a range of surgical treatments.

Experience our new instruments’ Master and Expert Series to discover maximum work efficiency, patient comfort and the highest degrees of versatility. The new era of viewing excellence with Leica Microsystems. We’ll also be showcasing the KaVoLUX 540 LED operating light, designed to meet all clinical needs for efficiency, patient comfort and the highest degrees of versatility.

Septodont brings magic to BDSTA Dental Showcase

Septodont will be exhibiting at BDSTA Dental Showcase at stand D05. Following a highly successful launch of the Biodentine® platform as well as inviting dentists to visit its stand to find out how this first all-in-one, unincompatible and bioactive material for root-end filling is damaged, Septodont will show the highly innovative Septodont Evolution needle. Septodont Evolution is engineered for smoother penetration with less displacement, meaning less discomfort for patients. Designed with a patented scalpel-designed bevel for easier insertion and reduced deflection, around 20 per cent less force is required while control and accuracy are improved. Other Septodont products on display at BDSTA Dental Showcase 2011 will include Sepcortol, a new silver-filled material designed to make gingival preparation procedures easier and more comfortable for patients, and Ultra Safety Plus, a sterile, single-use, aspirating syringe system equipped with a needle-stick injury prevention device. While continuing to lead the way in the manufacturer and supply of 100 per cent latex-free anaesthetics, Septodont, through new product innovations, has also proved to the market and patients the quality 3D animations on a range of treatment options, including an extensive section on oral health, could also be employed in the waiting area. Pictorially, fortifying oral hygiene tips and techniques as well as treatment options can be displayed on a screen providing an interesting and informative backdrop for the patients' chair. This represents a hi-tech experience for patients wholly familiar with visual media, enabling you to improve patient communication and also to encourage suggestions.

For more information or to contact the Saddle contact on 01484 410105 or visit www.heka-dental.com.

How to have a blast at the BDSTA

BDSTA dental professionals have an opportunity to try two new products being showcased on the Philips stand (D07+08). The stand itself will accommodate a large number of dental nurses to serve each one. Sonicare Airflow is a revolutionary new product to clean interproximally by maximizing plaque and food debris. Its microburst technology delivers a burst of air and microproplets for a gentle yet powerful clean in-between the teeth. When combined with brushing, Sonicare Airflow removes up to 99 per cent more plaque between teeth than brushing with a manual toothbrush alone. Philips also launched DiamondClean. The brush is as effective as it is sleek, as it removes up to 100 per cent of plaque from hard to reach places. It has five brushing modes giving users complete control of their own brushing whilst those treating the elderly and children can appreciate the easy access facilitated by its ‘knee joint’ chair. Various enhancements are available to have a blast at the BDSTA Dental Showcase, to show delegates how they can benefit from visiting the stand.

Visit KaVo on stand F09

Visit KaVo on stand F09 to experience first-hand our ergonomically designed, highly efficient, state-of-the-art product range.

Anyone 4 Tea set to feature at the BDSTA Dental Showcase 2011

The BDSTA Dental Showcase is the UK’s premier dental exhibition and is expected to attract over 12,000 visitors across the course of the three-day event. Attending the event this year, specialist natural product distributor Anyone 4 Tea will be displaying its comprehensive range of Sri Yxhiol based products for the use in dental defence systems. Delegates can discover the benefits of Sriytech Gum – formulated only with natural ingredients to promote overall good oral and dental care. Chewed after meals, these sugar-free chewing gums have been scientifically proven to reduce plaque and contain plant-derived compounds that produce cavities. Among the other products on display will be the Sriytech Dental Defence® range, which includes Sriytech health of infants and children. As a specialist distributor of selected natural products, Anyone 4 Tea strives to give industry a chance to enter a competition to win a holiday of a lifetime. Don’t miss out. Visit Sriytech on stand W18

For further information on the courses offered by SmileOn, call 020 7400 8909. Alternatively, email info@smile-on.com or visit www.corecpd.com.

Visit the UCL Eastman Dental Institute at the BDSTA Dental Showcase 2011

Visit the UCL Eastman Dental Institute at the British Dental Trade Association Dental Showcase 2011 to discover an array of career-boosting educational opportunities. Find out about the wide range of career-boosting educational opportunities available with Dental Directory in order to offer a range of career-boosting educational opportunities. Find out about the wide range of career-boosting educational opportunities available with Dental Directory in order to offer a range of career-boosting educational opportunities.
The ‘Challacombe’ Scale
A S Pharma discusses the severity and diagnosis of dry mouth

Prof Stephen Challacombe

Treatment outcomes are increasingly recognised throughout UK healthcare as more important than other considerations such as meeting targets, inputs or frequency of attention. In this context the primary post-diagnosis requisite in all disease management/treatment must be an accurate assessment of the initial severity of the condition.

The challenge then is to create a gauge or ‘yardstick’, against which to measure the treatment’s success. In mucosal disorders involving either hyposalivation or dehydration it is also necessary to distinguish between pathological and physiological causes, which have been one focus of the work at the Guy’s Hospital Dry Mouth Clinic. (Guy’s & St. Thomas’ NHS Foundation Trust).

Evidence suggests that perhaps 20 per cent of the population suffers from a dry mouth, and numbers are growing as more and more medication is prescribed which has the side effect of reducing salivation. There are over 1000 drugs in the BNF (British National Formulary), including those for treating high blood pressure, diuretics, anti-depressants, anti-histamines and many others, which impact gland secretions or affect glandular nerve impulses and lead to a 25 per cent reduction in the flow of saliva. When more than one drug is prescribed, the problem can be exacerbated by up to 75 per cent, and prescribing clinicians are not always fully aware of the combined effect on oral lubrication.

Patients referred to the Guy’s Hospital Dry Mouth Clinic may undergo tests for Sjogren’s syndrome, the most common autoimmune condition after rheumatoid arthritis, but which is often unrecognised. In Sjogren’s syndrome, white blood cells attack the tear and saliva glands, causing a dry mouth and dry eyes. Women, who are most commonly affected, may also suffer vaginal dryness. The Guy’s Hospital Dry Mouth Clinic team is participating in a major, multinational study of Sjogren’s syndrome to widen understanding of the condition.

Having confirmed xerostomia, the clinician must then determine the severity of the condition and whether treatment is required. Applying the Challacombe Scale measures the acuteness of the aridity relative to the saliva flow and mucin density. The Scale has been proven over two years of clinical application and provides a common reference point for use between clinicians as well as indicating treatment options.

The new Honigum Pro. Impressions made your way.

Stay where you need it – Flowable when you want it.

Honigum Pro is the new VPS impression material with patented crystal structure: for the best usage comfort and for a consistently perfect result. More information at www.dmg-dental.com. Please visit us on stand M06 at the Dental Showcase!
While a high score is a clear indication that treatment is needed, the more radical option with a low score is not to intervene, which can be a demanding decision and often requires specialist knowledge. An additional benefit of the Challacombe Scale is that the patient's progress can be monitored over time, measuring the efficacy of treatment or indeed introducing treatment in the event of deterioration.

Widespread lack of awareness among both clinicians and the general public has led to a frequent failure to diagnose and treat dry mouth, especially in the older demographic. The misconception persists that age is a major contributory factor, despite the fact that over half (55 per cent) of octogenarians are receiving medication which reduces saliva flow. Experience at Guy's has shown that age need not be a factor, and dryness can be resolved by stimulation within this age group. Conversely, some patients may only need to be encouraged to drink water more frequently but it is vital to recognise the difference between a lack of hydration and lubrication – water wets but does not lubricate. Many clinicians regard the mouth as merely the entrance to the alimentary canal without appreciating its importance as a primary herald for systemic diseases of the immune system, HIV, the stomach and the skin et al, and Professor Challacombe believes dental training needs to sharpen its focus on recognising these symptoms.

The traditional, and in many instances persisting, role of an NHS dentist has been to pursue a ‘drill and fill’ policy since the system of remuneration has discouraged a comprehensive oral examination.

Patients are themselves more likely to consider their GP for non tooth related oral symptoms on grounds of cost. Nevertheless, the dentist is usually better qualified to give a diagnosis, although the importance of access to the patient’s medical history needs to be stressed when prescription drugs are involved, to allow an understanding of the difference between ‘wetness’ and ‘lubrication.’ This difference can be crucial when deciding whether to offer a saliva substitute.

The Challacombe Scale is not intended as a research tool but as a practical, empirical measure for dental professionals to assess the severity of dry mouth syndrome and to help them determine when treatment is required. The composition of saliva includes protein, and lubrication is also necessary throughout the length of the oesophagus to facilitate swallowing, and so wetting alone is not a solution in severe cases. Research at the Guy’s Dry Mouth Clinic has confirmed that a 50 micron layer of mucin is necessary to maintain a smoothly functioning, healthy oral cavity.

By introducing a reliable, proven system of reference to this important but currently under-recognised area of oral health the Challacombe Scale offers practitioners an opportunity to discuss the problems of a dry mouth with patients who may have become resigned to the discomfort as a consequence of their medication, or in the mistaken belief that nothing can be done as they are simply getting older.

A.S. Pharma is proud to be associated with this important work and Professor Challacombe’s pioneering scale.

For further information, please contact A S Pharma on telephone 08700 664 117 or email: info@aspharma.co.uk

Prof Stephen Challacombe of King’s College, London and Guy’s Hospital Dry Mouth Clinic, has developed the Challacombe Scale as a universally applicable calibration system to assist in the diagnosis, measurement and treatment of xerostomia, or dry mouth as it is more commonly called.

It is the result of ten years’ work headed by Professor Challacombe who has published or co-authored over 550 peer reviewed papers on mucosal immunity, immunological, dermatological and microbiological aspects of oral diseases and is recognised as one of the leading experts in this specialist field.
Do the new NHS pension scheme rules signify the end of the associate incorporations?

Penny Bowen of DBS advises a close look at your pension

I have written this article because I want you to think about this now, and take action if you need to. When you retire you will have the time to sit and think about the money you have lost, but then it will be too late to do anything about it.

Dentists have been allowed to run their businesses as limited companies since July 2006, and over the years a significant minority of dentists have taken advantage of the opportunity to incorporate, and so taken control over their personal tax liabilities.

The introduction on 6 April 2010 of a 60 per cent class 4 National Insurance charge which has no ceiling.

The new tax rates have made incorporation a viable proposal for associate dentists; however, there are two drawbacks,

• associates cannot capitalize goodwill because they don't own any, and
• associates with NHS activity will lose their right to be part of the NHS Pension Scheme after 7 November 2011

The second point is of particular concern to us as specialist dental accountants. All too often we meet associates with NHS activity whose accountants have recommended incorporation. When we point out to them that they will lose the benefits of the very generous NHS Pension Scheme, we are told their accountant says that there is no problem. But this is simply untrue. The truth is that the non-specialist accountant does not know that there is a problem, never mind how significant it is.

So, what is at stake? Well, the NHS Pension scheme (NHSPS) is a statutory occupational pension scheme. Providers’ (principals) and performers’ (associates) pensions are broadly based on their career pensionable pay rather than their final salary. NHSPS benefits are paid for by the contributions made by members and their employing authorities - the primary care trusts (PCTs) and local health boards (LHBs).

The NHSPS offers considerable benefits which it would be foolish to give up,

• An annual (index linked) pension and tax-free lump sum at retirement.
• Life Assurance benefits including pensions and allowances for a member’s spouse/civil partner (or nominated partner) and dependent children in the event of the member’s death

From a tax point of view incorporation is attractive because it gives you an opportunity to base your tax on what you draw rather than on what you earn. Earnings are still taxed of course, but these are subjected to corporation tax at substantially lower rates (20 per cent on profits of less than £500,000). Once the corporation tax is paid, any further tax will be based on what you draw – to take the extreme case if you don’t draw anything then you won’t pay any personal tax.

The methods of drawing money from a company for personal use are many and most practitioners use a combination of salary and bonus, benefits in kind, dividends, rent (although this would have an impact on a subsequent claim for entrepreneur’s relief), drawings from the director’s loan account and interest thereon.

Until 7 November 2011, you must draw all the NHS income from the business in the form of salary and/ or dividends in order for this to count as pensionable earnings. Any NHS income that is not taken but left in the business cannot be pensioned now or in future years. Dividends are pensionable however they must only be in respect of NHS work, so technically the private element of a dividend must be stripped out leaving only pensionable NHS dividend income.

Incorporation remains increasingly attractive to associates working in purely private practices, but things are not so good for those with NHS income.

According to A Guide to the NHS Pension Scheme published in September 2011, because the NHSPS regulations to not recognise the sub-contracting relationship between the associate and the limited company:

‘A Performer [associate] who sets them self up as a limited company cannot be a member of the NHSPS with effect from the 7th of November 2011. This is subject to Parliamentary approval however (pensionable) Performers are advised to put arrangements in place by this date to ensure they can comply.’

It is reassuring to note that NHSPS membership will continue until 6 November 2011, however, you need to take action now to make sure you remain in the NHS Pension Scheme and so retain for yourself and your family, its generous benefits. Visit Stand U11 to find out more.
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