Drop in on some ‘Live Dentistry’

By Robert Selleck, Managing Editor

Perhaps nowhere at the Pacific Dental Conference do the event’s core offerings blend better than on the Exhibit Hall’s Live Dentistry Stage. Companies providing dental products and services connect with clinicians who are highly skilled at putting such products to use – to deliver insights to attendees who feel as if they’re standing at the practitioner’s side throughout the procedure. It’s a drop-in learning experience that’s difficult to match.

The 300 seats fill quickly, with attendees typically standing at the back and sides to follow the procedures on the high-def big-screen monitors.

Today’s ‘Live Dentistry’ schedule

This year’s sessions are as diverse and timely as ever, starting today with “Laser Dentistry” at 11:30 a.m. and “Implant with Sinus Surgery” at 2 p.m. On stage conducting the “Laser Dentistry” procedure, sponsored by Oral Science, is Glenn van As, BSc, DMD, who is in full-time private general practice in North Vancouver, where he works extensively with lasers and the dental operating microscope. He has a mastership from the Academy of Laser Dentistry and served as an assistant clinical professor from 1989 to 1999.

The good part: The Pacific Dental Conference’s open-session concept means your registration automatically opens the door to more than 190 educational sessions. The hard part: That makes narrowing your choices a bit of a challenge.

With 136 speakers presenting this year on a wide range of topics, the PDC provides one of the most diverse compilations of continuing education programs in Canada. Some of the top speakers in the 2013 lineup are: Barbara Bancroft, Nasser Barghi, Cathia Bergeron, Marvin Berman, Anthony (Rick) Cardoza, Clayton Chan, Cliff Ruddle, Arthur DiMarco, Kathy B. Bassett, Jeff Coil, Timothy Donley, Robert Gerlach, Peter Jacobsen, Mahesh Nagarajan, Tricia Osuna, Ray Padilla, Geza Terezhalmy, Richard Young and Bethany Valachi.

The “So You Think You Can Speak?” series is back for a fourth year on Saturday, again featuring 50-minute presentations by speakers who responded to the call for presentations and were accepted by the PDC Scientific Committee. A number of trending dentistry topics will be covered.

The conference’s Exhibit Hall promises to keep you busy as ever this year, with more than 276 companies occupying more than 570 booths. Exhibit Hall hours are: today, 8:30 a.m. to 6 p.m. and Friday, March 8, 8:30 a.m. to 5:30 p.m.

(source: Pacific Dental Conference)

Drop in on some ‘Live Dentistry’

Ready for your next dental trauma case?

Friday: Dr. Mark Olesen and Dr. Mark Parhar will get you feeling better prepared for your next trauma patient.

A happy staff and relaxed patients

Today and Friday: Mary Soper is back, with high-value life-balance strategies for the entire dental team.

Nothing like it: inside ‘The Eye of the Wind’

Vancouver is the only city in the world that has one: a publicly accessible view pod high up in a functioning wind turbine.

Always a big draw, the Exhibit Hall’s Live Dentistry Stage features a range of procedures today and Friday. Pictured from last year is Dr. Robert Lowe during his ‘Anterior and Posterior Composite’ session. Lowe isn’t on the stage this year, but speaks this morning in Room 109 from 8:30 to 11:30 on ‘Aesthetic Overhaul from Basic to Cutting Edge.’ (Photo/Provided by the Pacific Dental Conference)

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(source: Pacific Dental Conference)
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Ready for trauma cases?

Infrequent experience with dental injuries can easily lead to incorrect treatment

By Robert Selleck, Managing Editor

You have two chances on Friday to learn more about treating dental issues caused by trauma. Mark Olesen, DMD, FRCD(BC), and Mark Parhar, DMD, MSc., Dip. Endo, FRCD(C), present “Dental Trauma, Open Apices, and Root Resorption” tomorrow at 8:30 a.m. and again at 1:30 p.m. in Room 119.

Among the many topics they cover are crown fractures with pulp exposures, apexogenesis, apexification, regeneration, luxations, avulsion, horizontal root fractures, pulpal obliteration, root resorption and internal bleaching. A variety of cases are used to illustrate how to effectively diagnose and treat dental injuries.

Who should attend your session?

How does the old saying go? “Everybody wants to see a train wreck.” Because of that alone, the cases in our session are of interest to everybody.

Dentists and others on the dental team typically don’t see a lot of trauma cases. So when you get one, it can be challenging to know what to do right away. You usually need to go look it up.

Any tips on how to ‘look it up’?

There’s a website that launched in 2010 that is a fantastic resource on dental trauma. It’s www.dentaltraumaguide.org. It’s a gift from Jens Andreasen, MD, of the Odont. Dr. hc. Department of Oral and Maxillofacial Surgery, Copenhagen University Hospital, Denmark. He is the top dental trauma guru in the world.

With this website, no matter what kind of trauma case you see, you’ll be able to search the database to get ideas of what to do. Of course, always check with a trauma specialist if you are uncertain.

LIVE

[Continued from previous page]

at the University of British Columbia (from which he also graduated).

The “Implant with Sinus Surgery” procedure, co-sponsored by Hiossen Implant Canada, is being performed by Mark Kwon, DMD, FICOI. He is a full-time clinician in his implant-only practice in Vancouver and focuses on implant surgeries, advanced bone grafting and full-mouth reconstruction, including all-on-four “Teeth in-a-Day” procedures. He graduated from the University of British Columbia School of Dental Hygiene.

“The Implant with Sinus Surgery” procedure, co-sponsored by Nobel Biocare Canada, is being performed by Ron Zokol, DMD, FRCD(BC). Zokol is a partner in his implant practice in Vancouver and focuses on implant surgeries, advanced bone grafting and full-mouth reconstruction, including all-on-four “Teeth in-a-Day” procedures. He graduated from the University of British Columbia School of Dental Hygiene.

“Botox Demonstration” at 3 p.m.

Ron Zokol, DMD, is the clinician on stage at 8:30 a.m. with the “Guided Full Arch Implant Placement” procedure, co-sponsored by Pacific Implant Institute and Nobel Biocare Canada. Zokol received his board certification in oral implantology by the American Board of Oral Implantology in 1996 and is the founder and director of the Pacific Implant Institute in Vancouver.

Vancouver dentist Ernst ‘Ernie’ Schmidt is on the Live Dentistry Stage at 11:30 a.m. with “CAD/CAM Ceramic Restoration,” co-sponsored by Patterson Dental. He has been in private practice his entire career and contributed as a sessional lecturer at the University of British Columbia Faculty of Dentistry from 1982 to 1990.

Schmidt lectures frequently on CAD/CAM technologies and patient navigation, giving presentations in North America, Australia and Asia.

Wrapping up the Live Dentistry program Friday afternoon is Haneif Aliibhai, BSc, MD, CM, CCFP, CCFT, with “Botox Demonstration” at 3, which is co-sponsored by “md cosmetic & laser training.”

Aliibhai is the medical director of md cosmetic & laser clinic, located in Abbotsford, British Columbia. He is a past-president of the Canadian Association of Aesthetic Medicine and a clinical instructor for the University of British Columbia Faculty of Medicine.

Check for schedule updates

Pacific Dental Conference organizers ask attendees to note that demonstration times on the Live Dentistry Stage may be subject to change. You can consult the PDC app or “conference at a glance” for the most up-to-date scheduling.

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today Pacific Dental Conference appears during the Pacific Dental Conference in Vancouver, British Columbia, Canada, March 7 and 8, 2013.
type of dental trauma you see, you can punch in the stage of root development and the type of trauma, and the site will give you some ideas on what to do and what the prognosis is for the tooth with that injury. It’s a fantastic website.

Do you go into detail on how to use the Dental Trauma Guide website? Yes, we put it up on the screen and show you how to use it. It’s very easy.

Trauma cases typically go to their dentist first, or else emergency clinics or the hospital before an endodontist. We typically do not see these cases until several days or sometimes weeks or months later.

In our presentation, we try to give dentists an idea on how to treat some of these cases and use the Dental Trauma Guide website, and we encourage them to call or email other professionals for advice if needed.

Are there other new trauma-related products or techniques that you cover? We talk about MTA [mineral trioxide aggregate] materials such as ProRoot MTA [Dentsply Tulsa] and MTA-Angelus [Clinical Research Dental] and other biocompatible dentin-substitute materials such as Biodentine (Septodont). These fantastic materials have really changed the way that many dental trauma cases are treated.

Are all the example cases ones that you have handled? Most of them are ours. Mark Parhar was the team dentist for several years for the Vancouver Giants [a major junior team in the Western Hockey League]. So he has seen quite a few hockey injuries, such as a recent case where four teeth were knocked completely out and onto the ice. Nobody tried to retrieve them. And the player came in a day or two later.

What are some of special challenges in treating trauma-related cases? There are many challenges, including what to do with avulsed teeth and horizontal root fractures. These are not common injuries, so it can be easy for them to receive incorrect treatment.

In addition, various types of resorption cases also can be challenging. We get into how to diagnose trauma cases and how to identify the different treatment options.

**TRAUMA**

Figs. 1, 2: Classic cases of mouth versus hockey puck. A number of the dental trauma cases used by Dr. Mark Olesen and Dr. Mark Parhar to serve as example illustrations in their session involve hockey injuries, such as these two cases. These types of trauma cases typically require removing loose bone and tooth fragments, then repositioning and splinting the teeth to stabilize and enable healing. Endodontic treatment is used to save the remaining teeth. The missing teeth in these two examples were lost. (Photos/Provided by Dr. Mark Olesen and Dr. Mark Parhar)

Figs. 3, 4: Perforating internal resorption treated with MTA.

Figs. 5: Following treatment, pictured one year later, is the same ‘perforating internal resorption treated with MTA’ as pictured in Figs. 3 and 4.

Figs. 6, 7: Horizontal root fracture.

Figs. 8: Following treatment, pictured one year later, the same ‘horizontal root fracture’ as in Figs. 6 and 7.

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Meg Soper has worked as a health-care professional, stand-up comic and keynote speaker, all while also raising a family. Along the way she learned many powerful lessons about the importance of life balance. Today, drawing on those insights enables her to work effectively as a motivator and life-balance coach.

In her presentations, she blends her unique insights with a just-as-unique brand of humour to help people develop practical strategies for keeping their professional and personal lives in balance.

Soper provides easy-to-duplicate tips on effective communication, managing conflict and dealing with different personalities and age groups in the workplace.

She describes her intent as being to help people achieve a better understanding of each other’s challenges and an appreciation for their unique qualities — by providing practical, relevant strategies that help create a more positive and productive workplace.

Speaking at the Pacific Dental Conference for the third year in a row, the always-popular Soper presents “Wit, Fit and Balance ... Strategies for Success” this afternoon with a repeat on Friday. The session runs from 1:30 to 4 p.m. on both days.

Soper spoke with Dental Tribune prior to the conference to provide additional details on what attendees can expect from the session.

Who should attend your presentation?
Anyone in the dental industry: dentists, dental hygienists, office managers, the entire staff. I speak about things that would apply to your personal as well as your professional life.

My goal is to have an engaging, enlightening, humorous presentation that deals with issues such as stress. Stress comes into all of our lives, so...
I provide dental professionals with some possible approaches to juggling it all while also managing a successful practice.

**What are some of the main issues that you focus on?**
The presentation is filled with strategies for keeping your staff happy and engaged — and looking for ways that you can keep doing that.

Part of the presentation deals with focusing on stress. And then part of the presentation deals with different personalities that you typically cross paths with in your practice. That gets into generational differences: How do we engage Gen X and Gen Y? That’s really the paramount question these days, because today the work culture is shifting.

Today’s workforce is top heavy with boomers. But tomorrow’s workforce is going to be lean and populated with Gen X and Gen Y individuals who have an entirely different outlook on the way work and life should interact.

**How do you address generational differences?**
I compare the different generations and talk about their values. What are we challenged by? And if you could see anything differently, what would you change? What would you switch out?

It’s all about shifting our perspectives and looking at ways of doing things better. Because we can always do it better.

**How would you sum up your core message?**
I touch on four key points during the two and one-half hour session:

1) Be good at what you do.

2) Be a good communicator because you are in the business of building relationships with your colleagues, your team and your patients.

3) Live in balance because the better you are at managing stress levels, the more productive you will be.

4) Draw on humour and different perspectives. You need to be able to shift your perspective when life dares you to complain. I weave humour throughout the presentation, keeping everybody engaged with laughter and stories.

I come from a background of having been a registered nurse.

I worked for two and a half decades in the operating room, so I come from an experience where it’s very important to have positive rapport and good teamwork.

**How much do you draw on your operating-room background?**
I talk about everything from life balance to positive communication. It’s not rocket science by any means. But it’s packaged in a lighthearted way that keeps people laughing.

My stories are from the heart, and they’re all true experiences from the OR, from life, from raising two teenagers — and from being married for 22 years.
No-flow flowables for ‘BEAUTIFIL’ restorations

By Howard S. Glazer, DDS, FAGD, FASDA

That’s not a spelling error in the title. I have intentionally spelled it to mimic the name of the non-runny, non-flowable resin material I will discuss.

Resin dentistry has come a long way since the early days of silicates. Both patients and dental professionals have demanded restorative materials that are functional, durable, versatile and esthetic. Imagine, if you will, a material that is a base, liner and restorative all in one tube.

Shofu has developed just such a product: BEAUTIFIL Flow Plus. This new flowable resin is a sculptable, non-flowing resin available in two formulations: F00 and F03. Those designations mean that it flowed zero millimeters when an amount was placed on a pad and held vertically for one minute. Similarly, the F03 flowed only 3 mm during one minute. Both formulations contain the proprietary Giomer chemistry and S-FRG fillers, which release and recharges fluoride like a glass ionomer.

The Giomer chemistry is important. Giomers have an anti-plaque effect by providing a smoother surface when photo-cured. Furthermore, they aid in the reinforcement of tooth structure by forming an acid-resistant layer as well as helping to remineralize dentin.

Recently, the ADA published the results of an eight-year Giomer study, done at the University of Gainesville in Florida, that showed no secondary caries, no restorative failures, no post-op sensitivity and a 95 percent retention of hunder on the restoration.

BEAUTIFIL Flow Plus stays where it is placed and does not require a more traditional composite resin to be placed on top to complete the restoration as some bulk fills do. It is approved for all cavity preparation classification.

There are nine shades for F00, including an opaque, incisal and bleach white. For F03, there are 12 shades, including a unique A0.5, “milky” and cervical shade. Once photo-cured, the materials are about 95 percent finished and polished, and a very high gloss can be achieved using the One Gloss and Super Snap Singles polishing systems (Shofu).

As you will see in the cases that follow, BEAUTIFIL Flow Plus is a useful product that enables us to emphasize our artistic ability in the art and science of dentistry.

Case I
The patient is a 33-year-old male who has neglected his dental hygiene for several years and has a history of chewing gum and parking it in his cheek when on the telephone or focusing on his work.

He now presents with several areas of severe cervical erosion. These areas of erosion were successfully restored using a #35 inverted cone carbide and SmartBur II #4 round (both SS White) and then BeautiBond and BEAUTIFIL Flow Plus F03 A03 opaque shade and then F00 shade A3.

Fig. 1: Pre-op photos of the lower left first and second premolars and first and second molars showing cervical decay. (Photos/Provided by Dr. Howard S. Glazer)

Fig. 2: Post-op of the lower left first and second premolars and the lower left first molar.

Fig. 3: Pre-op photo of the upper right cuspid. Note the large area of enamel erosion.

Fig. 4: Post-op photo of the upper right cuspid. Erosion restored with ‘invisible’ margins.

Fig. 5: Pre-op photo of the upper left central incisor fracture.

Fig. 6: Post-op photo of upper left central incisor.

Here at the PDC
Learn more about BEAUTIFIL Flow Plus at the Shofu booth, No. 1430, in the Exhibit Hall. You can visit Shofu at www.shofu.com or call (800) 827-4638.

About the author
Howard S. Glazer, DDS, FAGD, FACC, FASDA, FAAFS, is a past president of the AGD and former assistant clinical professor in dentistry at the Albert Einstein College of Medicine in Bronx, N.Y. He is the deputy chief forensic dental consultant to the OCME-NYC. Named one of the “Leading Clinicians in Continuing Education” by Dentistry Today, he lectures and publishes internationally on cosmetic dentistry and forensic dentistry.

Case II
The patient is a 63-year-old male with a history of sucking on lemons. The upper right cuspid enamel has been eroded, and the patient had mild sensitivity. The canine was restored using a #34 inverted cone bur (SS White), and the restoration was performed with BeautiBond and BEAUTIFIL Flow Plus F00 shade A30 Opaque and A3.

Fig. 3: Pre-op photo of the upper right cuspid. Note the large area of enamel erosion.

Fig. 4: Post-op photo of the upper right cuspid. Erosion restored with “invisible” margins.

Case III
The patient is a 42-year-old male who fractured the upper right central incisor opening a package. The tooth was restored using a Fissurotomy bur (SS White) to create the enamel bevels and BeautiBond and BEAUTIFIL Flow Plus F00 A2.

Fig. 5: Pre-op photo of the upper left central incisor fracture.

Fig. 6: Post-op photo of upper left central incisor.

Fig. 1: Pre-op photos of the lower left first and second premolars and first and second molars showing cervical decay.
where it all comes together.

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Imaging system helps gain patient acceptance and eliminate surprises

Practice praises Carestream Dental’s CS 9300, enjoys time-savings bonus

- When Dr. Christian Robin and his partners, Dr. Benjamin Saleh and Dr. Volong Dao, at Saleh Robin & Associates in Ville Mont-Royal, Quebec, were selecting a new imaging system, they had very specific requirements.

  “We wanted a high-performance system that would give us both 3-D scans and panoramic radiographs,” Robin said. “There were other machines that had excellent 3-D, but not the panoramic radiography—they were just reconstructing the image, which means you lose information. That’s why we selected the CS9300 from Carestream Dental. With the CS9300, you get both the 3-D and panoramic radiography, with excellent quality for both.”

  The practice acquired the CS 9300 in March 2012 and immediately put it to work. “It is very easy to obtain very good images,” Robin said. “There was not a significant learning curve, even though the staff had no experience with 3-D imaging. With it, we can do any image and any field we need.” After just a few cases, Robin was able to complete work-ups in three minutes. “That’s all it takes to create a virtual implant placement to show to patients or to show the nerve position against a third molar,” he said.

Improving communications

One of the greatest advantages offered by the CS 9300 has been the ability to show patients a 3-D image of the area to be treated, Robin said. “When I show patients their wisdom tooth in 3-D, they can see the proximity of the nerve or the cyst or the proximity of the teeth, the nerves and jaw, and the pathology in it. And they know exactly what I am going to do and why I need to do it.”

  Robin said that patients frequently want to see “after” pictures as well, because of their fascination with the technology. “They have far fewer questions now, and there’s a higher degree of acceptance.” Robin also praises the ability to quickly share a digital treatment plan with the referring dentist by simply emailing a few images. “Two clicks and the email is sent,” he said. “Two minutes later and I’m on the phone and they can see what we are discussing.”

Wider field of view

For Robin, whose oral surgery practice includes trauma patients, the ability to obtain a 17-cm by 11-cm image is important. Not only does it give him a view of the complete maxilla and mandible, but also the condyles, the orbits and the zygomas. “All the fields of view are valuable,” he said, “if you asked me to select one size to eliminate, I couldn’t do it.”

  The surgical team is also happy with the intuitive software that meets its needs without being overly complex. “I use 90 percent of the functions on a regular basis,” Robin said. “None are too complicated or unnecessary.”

  “Before we had the CS 9300, we would encounter surprises during surgery,” Robin said. “We could anticipate difficulties and plan to work around them, but we were never sure exactly what we would find. Now we know exactly what to expect. You know in advance if the patient is going to need a bone graft rather than discovering it during the surgery. There’s less of a struggle for the staff this way.”

  As an example of how the CS 9300 saves time, he references an impacted tooth. “While you would normally approach an impacted tooth from one side, it may be that the opposite side gives you better access. You can visualize it in 3-D and see what was hidden before. For the patient, this reduces the length, degree or invasiveness of surgery so there is less swelling and trauma and therefore a faster recovery.”

  Robin trained with 2-D imaging and said he is glad that he had that experience prior to the move to 3-D. “I can do the same job with 2-D and 3-D, but the 3-D gives me more confidence. There are a lot fewer surprises.”

Patient acceptance

In his oral and maxillofacial surgery practice, Robin likes to have an initial consultation with the patient followed by a second visit for the surgery. At the beginning of the second visit, a scan is performed and then used to discuss the procedure with the patient.

  “I have never had a time that I scanned patients and showed it to them where they asked why they had to spend for a scan,” Robin said. “Seeing the images educates the patients and gives them a lot of confidence. And they like that we can definitively tell them what to expect in advance.”

About the CS 9300

The CS 9300 has seven selectable fields of view and image resolution up to 90 μm and has both dual-modality panoramic and 3-D imaging with exceptional detail and range, according to Carestream. The fields of view range from 5 cm by 5 cm to 17 cm by 13.5 cm, and the system includes intelligent dose management through collimation, faster scan times and intuitive imaging software.

Here at the PDC

To learn more about the CS 9300 and other offerings from Carestream Dental, visit booth No. 335 in the Exhibit Hall.

Dr. Christian Robin, one of three oral and maxillofacial surgeons at his practice in Quebec, praises the range and simplicity of the CS 9300.

Post-operative survey of open reduction and internal fixation of frontal sinus fracture.

Odontoma and impacted tooth in the mandibular symphysis.

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Take digital radiography to the next level at your practice

Sirona Dental introduces Schick 33, intraoral digital sensor and image management system

Are you thinking of taking your practice digital? Without exception, the dentists Patterson Dental works with report that the investment in digital has paid off exponentially. Unfortunately, it’s difficult to put a price tag on the ways that digital radiography has improved their practices—because the benefits include everything from better patient communication and compliance to enhanced diagnostics and patient face time. But the resulting conclusion appears to be universal: “Once you switch to digital, you’ll ask yourself what took so long.”

Upgrade imaging—and upgrade your image

Sirona Dental has just introduced Schick 33, a new intraoral digital sensor and image management system available exclusively through Patterson Dental.

The system is billed as the most advanced sensor on the market, delivering an unparalleled combination of high-resolution imaging and dynamic image management in a modular platform. Patterson Dental says the Schick 33 is redefining the category.

Schick 33 provides dentists with a wide array of digital imaging resources. The new intraoral digital sensor delivers the highest resolution in the industry, according to the company. It is paired with newly enhanced imaging software that enables dentists to review, store and share images from a variety of clinical perspectives.

Developed to help dentists integrate new digital technologies that can grow with their practice, Schick 33 utilizes the same replaceable cable and remote module design as the Schick Elite sensor. Schick 33 seamlessly integrates with other existing Schick platforms, making it an ideal choice according to the company.

Improving patient experience

Digital radiography enhances the patient experience and assists the dental staff in numerous ways. For example, it enhances a patient’s ability to understand problem areas and empowers them to choose the most appropriate course of action. First and foremost, digital sensors are often comfortable and unobtrusive—reassuring patients that they’re in good hands. Radiation exposure also is significantly lowered, reassuring patients that their safety is a top priority.

Digital radiography enables your staff to instantly evaluate and share X-rays with patients. It also maximizes staff time: It’s as quick as positioning the sensor and exposing the image. In short, what used to take 10 minutes is now instantaneous.

Digital radiography changes the way you take and see images. The new Schick 33 accommodates the needs of every dental practice with an unprecedented level of control, unmatched image quality and unequaled diagnostics, according to the company.

Schick 33’s enhancement software features an image enhancer that enables you to adjust image sharpness (from 0.0 percent to 100 percent). All you have to do is move the interactive image enhancer to the sharpness level you desire. It’s a simple enhancement that gives you sophisticated diagnostic capabilities, according to the company.

Schick 33 features include:

- Image preference presets that give users the ability to save images based on diagnostic needs, from general dentistry to endodontics, periodontics and restorative dentistry.
- User-definable tasks for multiple-clinician practices make it easy to change settings according to preference or diagnostic task.
- 100 percent compatible with the Schick AimRight positioning system.

The Schick 33 is compatible with most software options, including Patterson Dental and Eaglesoft imaging, as well as second-generation DICOM. Schick 33 comes equipped with three different sensor sizes (0, 1, 2) and three cable lengths (3, 6 and 9 feet). As with all Sirona Dental digital imaging systems, Schick 33 is sold, installed and serviced by Patterson Dental. For a free in-office demonstration, call (800) 873-7683.

(Source: Patterson Dental)
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Obturate with confidence

DiaDent Dia-Pen and Dia-Gun warm compaction technique increases the chance that no voids are left behind

The purpose of obturating a root canal is to fill the space three-dimensionally to eliminate any gateways through which bacteria might enter. Thanks to DiaDent, dentists can now have a bulletproof way to seal root canals to help ensure treatment success. Studies indicate that using the warm compaction technique increases the chance that no voids will be left behind in the obturation process.

Together, the Dia-Pen cordless warm vertical compaction device and Dia-Gun cordless backfill system enable you to obturate with confidence and precision. While countless methods and techniques are available for root canal, perhaps none is as easy and time-saving as DiaDent’s complete obturation system, according to the company.

Dia-Pen is a cordless warm vertical compaction device. It effectively and tightly compacts and seals all canals including lateral canals. After a canal has been shaped and cleaned, a master cone is selected for a snug fit and tug back. Dia Pen is then used to soften, spread, cut and compact root canal filling material. Color-coded pen tips are available in five different sizes, including XF, F, FM, M and ML. Dia-Pen is ergonomically one of the lightest compaction devices on the market, weighing only 65 grams. Its quick heating tip reaches its highest level of temperature of 2,200° C within one second to save treatment time. Three temperature settings of low, medium and high give you full control of any procedure.

Dia-Gun is then followed. Dia-Gun is a cordless obturation system that extrudes warm gutta-percha to backfill the yet unfilled portion of the canal. Dia-Gun comes with two types of disposable tips (23 G or 25 G). The tips can be bent to the desired shape and angle using the multipurpose wrench provided. Using the gutta-percha pellet included in the kit, load one into the loading slot and push it into the heat chamber with the hand plunger. Dia-Gun has three variable temperature settings (1,600° C, 1,800° C and 2,000° C) to enable precise control of obturation flow. Temperature reaches 2,000° C in just 25 seconds. The ergonomically designed 360-degree swivel tip provides improved access, while the thin tip eases narrow canal filling. Another benefit is a lid for the heat chamber that offers protection from dirt and debris.

Dia-Gun is designed to provide reliability and precision while delivering a fast, continuous flow of canal-sealing gutta-percha. Both Dia Pen and Dia-Gun are easy to clean and easy to use, according to the company. Ergonomically designed features reduce hand fatigue while offering tactile feedback. Instructional and introductory videos can be viewed at www.diadent.com. Purchase Dia-Gun and Dia Pen from your dealers such as Henry Schein, Patterson and Bisco Dental.

For more details, you can call (877) 342-3368.

(Source: DiaDent)
INTRODUCING SCHICK 33

CHANGING THE DEFINITION OF DIGITAL DIAGNOSTIC

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**Here at the PDC**

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- Switching to unit dose just got easier: HurriCaine® topical anesthetic is now even easier to apply with new Snap-n-Go™ Swabs. This disposable swab applicator helps eliminate risk of cross contamination. Simply snap the tip and HurriCaine liquid fills the swab at the other end.

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- Snap-n-Go offers other products like our HurriView® and HurriView II® plaque disclosing swabs for preventive care. HurriView and HurriView II will help you show patients where they have plaque build-up and help motivate them to improve oral hygiene routines.

- Visit booth No. 221 to learn more about HurriCaine Snap-n-Go Swabs and receive a free sample.

HurriCaine, HurriView and HurriView II Snap-n-Go Swabs are exclusively available through Henry Schein Canada.

(Source: Beutlich Pharmaceuticals)

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Laser dentistry: solution for faster treatments, better outcomes

Many dentists are considering how they can increase practice revenues. Differentiating yourself from your competitors through advanced technology and treating more patients per day is an effective strategy. The latest in dental laser systems may well be the answer for many practices. Most often offering superior treatment speed, increased clinical quality and a positive experience for patients, many dental lasers have evolved dramatically from the days when they were slower to use than a high-speed handpiece.

It may be true that some laser systems, which deliver laser energy through an optical fibre, have limitations because of the relatively low speed at which the treatment can be carried out. Why? To protect the expensive fibre, laser energy levels must be kept low, often at the expense of treatment speed and efficiency. However, today’s “next generation” laser systems, utilizing an articulated arm with reflecting mirrors and further supported by advanced digital technology, can deliver laser energy much more efficiently, without compromising treatment speed. Such lasers achieve optical drilling speeds of up to 1.6 times faster than conventional high-speed burrs.

Which laser source
When considering enhancing a dental practice with an investment in a dental laser system, the right choice for the best treatment outcomes is essential. Erbium lasers have long been recognized as the optimal dental lasers for effective, precise and minimally invasive hard dental tissue treatments. Of all infrared lasers, they exhibit the highest absorption in water and hydroxyapatite, and are ideally suited for cold optical drilling in enamel, dentine and composite filings.

A recent study published in the Journal of Oral Laser Applications states that an Er:YAG (LightWalker*) laser delivered through an articulated arm cuts three times faster through dentine and 4.2 times faster through enamel than an Er,Cr:YSGG laser delivered through an optical fibre.

According to the authors of the study, the measured differences in treatment speed result from the differences in the laser wavelengths, pulse duration and shape of the laser pulses. Laser physics is an exact science. The Er:YAG wavelength is absorbed three times better in hard dental tissue than Er,Cr:YSGG. This means that the Er:YAG removes more hard tissue at the same laser power settings, enabling faster procedures. To best ensure the comfort of the patient experienced during hard-tissue laser treatments, it’s essential that as little heat as possible created by the laser energy is diffused into the surrounding tissue. The determining factor for this is the laser pulse duration. If the laser energy can be delivered to the target tissue in a very short time span, then the energy cannot escape from the ablated tissue and cold optical drilling is achieved. This is not only required to maintain patient comfort, but also determines maximum optical drilling speed. In this respect Er:YAG lasers with advanced digital pulse control VSP are at a distinct advantage because they can generate very short, 50-microsecond pulse durations.

A final consideration that contributes to faster optical drilling speeds is the shape of the laser pulse. Ideally, laser pulses should be square-shaped, without a slow rise and prolonged decrease in laser pulse power. This ensures that laser power remains constant within the pulse, eliminating inefficiency and unwanted thermal effects to surrounding tissues. Photos:Provided by National Dental Inc.

Optical laser drilling leaves no smear layer around the opening of the lateral canal, shown after PIPS endo.

Here at the PDC
To learn more about the LightWalker laser system and other products available through National Dental Inc., visit booth No. 1419 (National Dental Inc.) in the Exhibit Hall.

I n 90 percent of the cases, patients feel no discomfort at all during Er:YAG laser treatments. Procedures can frequently be performed without anesthesia, eliminating considerable waiting time for patient numbing. With improved patient comfort and reduced anxiety (no needles, no noise, no vibration, no numbness), the stress for both dentist and supporting personnel is also minimized.

Reduced need for anesthesia allows greater opportunity to treat patients in all four quadrants during the same appointment. Fewer follow-up appointments and faster treatments enable increased free chair time and much happier patients. A satisfied patient is more likely to spread the word about comfortable and quick treatments, providing for organic practice referral growth. Furthermore, optical laser drilling does not leave a smear layer on the prepared tooth surface in the way mechanical burs do.

There are dental laser systems on the market, such as the LightWalker from NDI, that combine two laser sources to provide a comprehensive dental treatment platform. These laser systems allow the dentist to perform both hard and soft dental tissue procedures, often in one session. They also allow dentists to perform procedures that would otherwise have been referred elsewhere. After relevant clinical training, these systems will allow dentists to expand their services to include treatment options for periodontal disease, osseous surgery and many other procedures. The provision of additional procedures allows practices to populate the patient schedule with new, high revenue-generating procedures.

By optimizing treatment speed and comfort, building patient referrals and marketing exposure, the new advanced dual frequency Nd:YAG and Er:YAG digital pulsed lasers are indispensable for the modern, expanding practice.

References

* The LightWalker system from National Dental Inc. (NDI) lets you choose between two laser sources.
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Room with a view

Towering Vancouver sight is a Seabus ride away across Vancouver Harbour

By Robert Selleck, Managing Editor

Vancouver boasts many unique sights and activities, but towering above them all is the opportunity to achieve an up-close view of wind power in action. “The Eye of the Wind” wind turbine at the top of Grouse Mountain, a Seabus ride away across Vancouver Harbour, is the only wind turbine in the world with an elevator-accessible public-viewing platform. Providing visitors 360-degree views, the glass-walled pod sits just three meters in from the rotating blades.

In March it’s tricky to predict when the Eye of the Wind will be open. Snow and ice build-up make it unsafe to be too close to the structure, so when skiing is good, The Eye of the Wind is often closed. Summer is a more reliable time to visit. Still, even in March, the uniqueness of the turbine makes visiting worth a try.

The Grouse Mountain resort area conducts its daily safety assessment early every morning. So be sure to check in advance to gauge the chances that it will be open when you arrive.

You can get the latest status report at www.grousemountain.com/current_conditions or by calling (604) 980-9311. You can also find out what other winter attractions are open, including skiing and riding, ice-skating and snowshoeing.

If you don’t want to drive or take a cab, you can take the Seabus and a BC Transit bus – routes 232 and 236 from Lonsdale Quay (Seabus) and Pibb’s Exchange – all the way to the mountain. You’ll also need to pay for the SkyRide (gondola) and an admission or tour fee for the turbine.

Some more details: The Leitwind LTW77 1.5 megawatt turbine was erected in 2009. The viewing platform (viewPOD™) can accommodate 36 visitors, and the elevator can carry seven people at a time. The site is 1,231 meters above sea level, and during construction, some parts of the turbine had to be brought in by helicopter. The turbine was inaugurated during the 2010 Olympic winter games.

The viewing platform is fixed to the turbine carrier, which means it is not fixed to the actual tower. So the viewing pod turns around the tower at the nacelle (the capsule-type cover surrounding the turbine mechanical components) moves with the wind.

There are displays that show wind speed, performance and rotational speed.

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