Live-dentistry programs featured at CDA Presents

Off-site training centers and live video feeds

For the first time, the California Dental Association is partnering with Nobel Biocare and Glidewell Dental to offer some innovative live-dentistry programs at CDA Presents The Art and Science of Dentistry in Anaheim, May 17-19. “CDA Presents has developed these formats in our continuing effort to bring new material, innovative presentation and exciting learning opportunities to our members,” said Mark J. Romanelli, DDS, CDA Presents board of managers chair.

The live workshops can be attended at the Glidewell International Technology Center and the Nobel Biocare Training Institute. Shuttles will be provided at no cost to transport attendees to and from both off-site locations. Additionally, live video-feed presentations of the workshops will be available free of charge for first-come, first-served seating at the Anaheim Convention Center or for $10 per session for reserved seating.

**Glidewell Dental live demonstration**

On Friday, May 18, Glidewell Dental will present a live CAD/CAM restoration demonstration from 9 a.m. to 3 p.m. The full-day workshop will be divided into two sessions — a natural tooth demonstration in the morning and an implant demonstration in the afternoon. Lunch will be provided by Glidewell Dental.

The natural tooth demonstration, led by Justin Chi, DDS, CDT, will show attendees how to restore various indications using a digital workflow, how to select from a range of material choices based on their indications and how to create quality restorations using a chairside mill.

Charles D. Schlesinger, DDS, will present the afternoon implant workshop, demonstrating how digital treatment planning and guided implant placement combine advanced technologies to help minimize discomfort while maximizing the aesthetic and functional outcomes. The cost to attend is $55. The shuttle to the Glidewell Technology Center will leave from the convention center at 8:30 a.m. Friday and will return to the convention center after the program.

**See CDA, page A4**
Remembering Dr. R. Chester Redhead

By Dr. David L. Hoexter, Editor In Chief

Dr. R. Chester Redhead peacefully passed away this past December. He was an energetic, omnipresent and charismatic young man. Graduating from Howard University Dental School in 1954, he enlisted in the U.S. Army, serving more than two years. He then served as an officer in the U.S. Air Force Reserve.

Chester always was enthusiastic about dentistry. But one must be reminded of the social barriers and deeply ingrained discrimination encompassing the era of his career. Overcoming the obstacles, Chester joined and participated in the ADA. He was a prominent, active member of the First District Dental Society and the local Eastern Dental Society. He quickly moved up leadership ladders, ultimately becoming an officer and eventually president of the First District Dental Society, the largest local dental society in the country.

Chester kept taking dental education courses to ensure his patients in his private practice, on 135th Street in Harlem, received the finest and most up-to-date care. Imagine my surprise while I was presenting a continuing education course on periodontal surgery and implants, that when I looked out at the participants, taking notes and listening was Chester — what a feeling.

Many social changes in dentistry were initially brought about for black dentists in New York’s dental societies by Dr. Warren Walters and his father. It was slow but they opened the door, and Chester furthered such efforts. Today, many of the results of that difficult, early work are taken for granted.

Chester was jovial and charming, with quick humor — and he was a great dresser. He did far more than put in his time. In addition to running his dental practice and serving in dental society leadership roles, he was a husband and father of three young men. Everyone who has been involved in dental society business and politics knows the staggering impact on personal life and professional practice. Yet while serving as president of the First District, he accepted being a chairman and participant of the Greater New York Dental — said, ‘I served in these demanding roles simultaneously for more than four years. This was followed by serving as a governor on the New York State Board of Governors.

In all his professional roles, this social leader and joke teller would be breaking down barriers to bring about changes that many take for granted today. During that struggle, Chester’s closest friends became even closer. Rep. Charles Rangel, New York’s longest-serving congressional representative, spoke at his board of governors induction. Keeping in style that evening, Chester drove Rangel home in his Rolls Royce. Another close friend was New York power broker Basil Patterson, known as one of the state’s most influential politicians. Patterson was a close friend and friend who broke bread with us often. Patterson’s son, David, became New York’s first black lieutenant governor and, later, the state’s first black governor.

David Dinkins, New York City’s first black mayor, was another close friend who spoke at the funeral service. When I was president of the New York County Dental Society, I needed a speaker for a children’s oral-health gathering. Without hesitation, Chester had phoned then Mayor Dinkins who smilingly came to the Empire State Building and greeted and spoke with all of the kids — as requested by his friend.

Chester’s greatest achievement was marrying the beautiful Gladys. As I noted at the funeral service, the New York Times wedding announcement — accompanied by a beautiful photo of Gladys — said, ‘Scott’s daughter, Gladys, marries New York dentist.’ Sixty-two years and three grown children later, marrying Gladys remained Chester’s greatest achievement.

He annually helped others earn fellowships, and he understood the importance of the traditions and ceremony marking the achievement. Yet when I presented him with his fellowship in the International Academy for Dental Facial Esthetics, for which honorees are supplied cap and gowns for the ceremony, Chester had to be different. He wore his cap from Howard University. He was that loyal.

Dr. Redhead lived in times that were socially changing, and his tireless work breaking down barriers benefited many who followed. But I never saw him as a black dentist, I saw him only as my friend.
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Pediatric dentists heading to Waikiki

Add beautiful beaches and perfect weather to the list of items normally attracting attendees to the American Academy of Pediatric Dentistry (AAPD) annual session. The 2018 meeting will be held from May 24–27 at the Hawaii Convention Center, which is just blocks away from the beaches of exciting Waikiki in the heart of downtown Honolulu.

Online registration was still available at press time via www.aapd.org. You can use AAPD’s online itinerary planner to find details on the scientific program, social events and area attractions.

The event’s headquarter hotel is the Hilton Hawaiian Village. The other official hotels, the Moana Surfrider, the Royal Hawaiian and the Sheraton Princess Kaiulani, have special rates available through the event website for as long as rooms remain available up to the housing deadline of May 9.

(Source: AAPD)

Kayakers paddle past the Hawaii Convention Center on Ala Wai Canal. Photo/Dana Edmunds for Hawaii Tourism Authority

•CDA, page A1

Glidewell Dental live video feed
The morning and afternoon sessions will also be available to attend separately via live video feed at the convention center. The natural tooth demonstration will be from 9:30 a.m. to noon and the implant demonstration will be from 1 to 3:30 p.m. Seats for these free lectures are first-come, first-served or attendees can pay an additional $10 per each session to get a reserved spot.

Nobel Biocare live demonstration
On Saturday, May 19, a live surgery and prosthetic treatment workshop featuring a full-arch prosthetic rehabilitation utilizing the All-on-4 treatment concept will be presented at the Nobel Biocare Training Institute from 9:30 a.m. to 3:30 p.m. All-on-4 is an innovative technique that allows for an immediate-function, full-arch, implant-supported prosthesis without the need for any bone grafting procedures. Hooman M. Zarrinkelk, DDS, and Sajid A. Jivraj, DDS, BDS, MSEd, will lead the morning and afternoon sessions and lunch will be provided by Nobel Biocare.

The cost to attend is $55. The shuttle to the Nobel Biocare Training Institute will leave the convention center at 8:30 a.m. Saturday and return after the program.

Nobel Biocare live video feed
As with the Glidewell Dental presentation, the Nobel Biocare workshop morning and afternoon sessions will each be available to attend separately via live video feed at the Anaheim Convention Center. Zarrinkelk will lead the morning session from 9:30 a.m. to noon, and the afternoon session will be led by Jivraj from 1 to 3:30 p.m. Seats for these free lectures are first-come, first-served, but reserved seats can also be purchased for $10 per session.

“We are super excited about these programs,” said Nicholas Marongiu, DDS, CDA Presents Board of Managers. “No better way to learn about new exciting procedures than to see them live, step by step.”

Attendees are encouraged to register early for these and other popular workshops and events to secure their spots and for best pricing. For more information, check out the online program at cdapresents.com.

Exhibit hall, continuing education
Occurring biannually in Anaheim in the spring and San Francisco in the fall, CDA Presents is one of the nation’s leading dental conventions, offering continuing education through more than 200 lectures and workshops, free hourly lectures at The Spot Educational Theater and hundreds of innovative dental products and services on the exhibit hall floor.

You can register or learn more about the meeting by visiting cdapresents.com/anaheim2018.

(Source: California Dental Association)
Do you know DenMat?

Many of you know us for Lumineers, but did you know that DenMat manufactures many of your other favorite products, all at a great value? We also offer continuing education courses in minimally-invasive esthetic dentistry and soft tissue management that will help you build and optimize your practice.

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www.denmat.com
Horizontal augmentation and steep vertical drops

By Robert Selleck, Managing Editor

What if you mixed an implant study club with a ski club but made it so inclusive that everybody was welcome to join anytime — even those who have never placed an implant or put on a pair of skis? You would end up with something like Meisinger’s Annual High Altitude Comprehensive Implant Symposium, which put that formula together more than eight years ago and has made it successful every year since. The event has a core group that has never missed a meeting — which along with an attendance cap helps give the event a study-club vibe. But there’s another contingent of multi-year veterans who come as often as they can, enabling a new batch of attendees to drop in on the fun every year, creating a broad mix of new and veteran participants.

“It has an international feel to it. There are people here from all over the world,” said Richard Robinette, DMD, who is in private practice in Spring Hill, Tenn. “You really see how people are thinking outside of the box. You see case studies of a lot of amazing surgery. I’m a general dentist, so I see surgeries recounted here that I can only imagine.” Robinette, though, gleams plenty he can use — enough so that he has attended six of the meetings. “You don’t have to be a great skier, either,” he said.

This year’s meeting was held in Vail, Colo., host site for the past five years. The event has always been scheduled on the four days leading up to Super Bowl Sunday, enabling U.S. attendees who want to get back home for the game plenty of time to do so. Many, however, tack on some extra ski days with their families.

“It’s a great family meeting, especially if you want to do a ski trip,” said Scott Anderson, DDS, FIOCI, of Gunnison, Colo., who was back for his third year in a row. “It’s a real blessing for me because it’s a world-class meeting that’s so close to home. We ski two hours every day, which is perfect.”

Anderson is part of a group of about a half-dozen friends who attend off and on. This year he said he was especially impressed with the sessions covering peri-implantitis issues. “I’ll be able to take a lot of this information back and implement it on Monday,” he said. Anderson said he appreciated the small size of the meeting. “It’s a study-club format. You get to talk to some of the top clinicians in the world, but it’s fun. It’s relaxed. I’ll probably keep coming every year,” he said.

Another Coloradan, Scott Lindsay, DMD, MAGD, who is in practice in the metro-Denver town of Centennial said, “The instructors are just so willing to sit down and talk with you. I reviewed a case with one of them today. They’re not in a rush to run away from the podium. They’ll sit down and talk with you, hang out with you.”

Meisinger keeps attendance capped at 125 and keeps the hands-on courses, which are optional, at 25-30 attendees to enable quality interaction between instructors and attendees. The presenters are there for the entire meeting, seamlessly switching roles between student and teacher, attending not just the lectures of fellow presenters but even some of the hands-on sessions.

When speakers commented on the meeting, they typically did so from a student perspective. “This is a great meeting. The quality of the speakers has been awesome,” said Farhad Bolchi, DMD, a periodontist in practice in Arlington, Texas, prior to presenting “Digital implant dentistry – the next frontier.” Before his lecture, “The ultimate digital flow — restoratively driven implant planning and restoration fabrication: Efficient, predictable and repeatable,” Greg Campbell, DDS, a restorative and general dentist in Long Beach, Calif., said: “The surgeries have been amazing. The hands-on courses have been phenomenal.”

The digital workflow and technology sessions resonated with Grant Peterson, DDS, of Parker, Colo., who listed those as meeting highlights along with the lectures and workshops on peri-implantitis, bone augmentation and 3-D printing. Peterson was a first-time attendee. “I got a brochure in the mail and figured I should check it out. I knew of the world-class reputations of many of the speakers, but even with that I’ve been surprised by the caliber of the lectures. They’ve been phenomenal. And the exhibitors, too. I think I’ll come back.” The meeting returns to Vail for 2019. (For its 10th anniversary in 2020, the event is looking at locations in the Swiss or Austrian Alps.)

Learning objectives this year focused on: regenerative surgical treatment of peri-implantitis defects, digital implant dentistry, horizontal augmentation and soft-tissue management around implants.

You can learn more about the symposium under the “Events” drop-down menu at www.meisingerusa.com.
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Ultra-bright light is ultralight in weight

High-def, uniform light with maximum intensity

By Designs for Vision Staff

Designs for Vision is introducing an advanced photonic design that provides uniform light distribution with maximum intensity. The patent-pending headlights optically focus the light from the LED to provide 45 percent more light with uniform distribution.

The new LED DayLite® Micro HDi™ uses the new high-definition imaging in an ultra-lightweight headlight in combination with the new Micro power pack. According to the company, the Micro is the market’s lightest and smallest power pack. The complete unit includes two power packs, and each power pack can run up to 10 hours.

Designs for Vision also has added high-definition imaging to the LED DayLite WireLess Mini HDi, providing a lightweight cordless solution with light intensity comparable to many corded headlights. You can choose high-definition imaging with either a wired or wireless design to meet your preference, and either HDi headlight will illuminate the entire oral cavity.

Designs for Vision’s WireLess headlights free you from being tethered to a battery pack. The simple modular designs uncouple the headlights from a specific frame or single pair of loupes.

Prior technology married a cordless light to one pair of loupes via a cumbersome integration of the batteries and electronics into the frame. The compact design of the LED DayLite WireLess headlights are independent of any frame/loupes.

Designs for Vision is also featuring the “REALITY five-star-rated” Micro 3-5EF Scopes, which use an innovative optical design that reduces the size of the prismatic telescope by 50 percent and reduces the weight by 40 percent — while providing an expanded-field, full-oral-cavity view at 3.5x magnification.

Building on an established award-winning design, the newest addition to the Micro Series line is the Micro 4.5EF Scopes, which reduce both the size and weight of the telescopes by 44 percent.

Designs for Vision has expanded into a new 67,500-square-foot location at 4000 Veterans Memorial Highway in Bohemia, N.Y. You can visit http://www.DesignsForVision.com/move.htm to check out some photos of the new facility.

You can see the Visible Difference® yourself by visiting the Designs for Vision’s booths, No. 1202 or No. 846, at the 2018 California Dental Association meeting in Anaheim. Or you can visit booth No. 626 at the American Academy of Pediatric Dentistry 2018 annual meeting in Honolulu.

You also can arrange a visit in your office by contacting the company at (800) 345-4009 or via info@dvivmail.com.

Bulk fill composite easily adjusts to the tooth

By Dr. Joseph Kim

When it comes to composite restorations, dentists are often asked to sacrifice speed for quality, or quality for speed. This has been especially true when it comes to bulk fill composites, which brought the promise of larger increment sizes, but required specialized equipment or were otherwise difficult to handle. Now, clinicians can have a composite that easily adapts to the tooth and can be used in a true bulk fill technique. REVEAL® HD Bulk is BISCO’s new bulk fill light-activated restorative composites, optimized for simpler and faster posterior restorations. REVEAL HD Bulk combines appropriate handling, depth of cure and polishability, which enable clinicians to provide patients with functional and aesthetic composites while saving valuable chair time.

REVEAL HD Bulk allows for layering increments up to 5 mm due to its predictable depth of cure. This feature is accompanied by low volumetric shrinkage, high flexural strength and excellent radiopacity, resulting in long-lasting, durable restorations. While REVEAL HD Bulk is indicated for all direct and indirect restorations, clinicians will appreciate the significant time savings that bulk filling provides, especially in posterior teeth.

Like other restorative composites, it is important to maintain adequate isolation to prevent contamination of the tooth from saliva and blood. When indicated, use of a sectional matrix system with significant separating force will ensure excellent adaptation to the proximal margins, as well as minimize interproximal food impaction.

After excellent isolation has been achieved, a universal bonding agent such as ALL BOND UNIVERSAL® is applied to all prepared surfaces according to manufacturer instructions. When possible, it is ideal to selectively etch the enamel surfaces where the composite is intended prior to application of the bonding agent, resulting in minimal long-term marginal leakage and dentinal sensitivity issues.

Depending on operator preference, a flowable composite resin may be used in the deepest and least accessible areas of the preparation, including undercuts and the cavosurface margins of proximal boxes. The appropriate shade of REVEAL HD Bulk can be placed in a single increment for most Class I, 2 and 3 restorations. For preparations that include areas that are deeper than 5 mm, it is advisable to build the restoration in appropriately sized increments. Keep in mind, that due to its unique chemistry, care should be taken to avoid unnecessary exposure to light, including from ambient and overhead sources, in order to avoid premature hardening of the material.

Finally, the restoration can be finished with fine diamonds and finishing carbides, followed by finishing points. It is worth noting that since REVEAL HD Bulk’s viscosity has been tuned for bulk fill applications, it is preferable to limit occlusal carving and shaping to primary anatomy prior to curing. After curing, greater detail may be added with finishing burs, as needed.

Alternatively, when darker or opaques restorative composite shades are required, REVEAL HD Bulk can be placed and cured short of the occlusal cavosurface margins. The final layer can be a traditional restorative composite in an ideal shade and opacity. Because REVEAL HD Bulk is universally compatible, it will serve as an excellent base under all light-activated restorative composites.

REVEAL HD Bulk has been specifically designed to address the needs of clinicians who require the speed of a bulk fill restorative composite without sacrificing strength and ignoring esthetics. It is currently available in the most commonly used shades, from A3 to B1, in both syringe and unit dose form.

At the CDA meeting in Anaheim, you can visit BISCO in booth No. 1377 to learn more or visit reveal.bisco.com or call (800) 247-3368.
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¹ Images courtesy Brian T. Wells, DMD
⁵ Nair N et al. (2018) Int Endod J. 47:1033-1011
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Use of soft-tissue lasers in dentistry

The benefits of lasers in dentistry have been discussed for many years. However, not every dentist has made the decision to invest time and money in lasers—which means that many oral health professionals are missing out on the myriad benefits provided by lasers for an expansive list of clinical applications. Lasers afford oral health professionals the opportunity to perform more procedures in less time and with better results than traditional methods. Patients also benefit from laser dentistry as it is said to allow for a faster treatment with less overall discomfort. This translates to patient referrals and patients who are more willing to accept future dental treatment recommendations.

One of the greatest benefits of soft-tissue lasers is their ability to provide minimally invasive treatment for both preventive and restorative dental procedures. Some of the many indications for implementation of laser devices in dental settings include: oral surgery, arthroscopy, gastroenterology, general surgery, dermatology and plastic surgery.

Laser devices can be used to cut, ablate, vaporize, sterilize and coagulate tissue within the oral cavity. In dentistry, soft-tissue lasers may be implemented for a wide range of clinical applications, ranging from periodontal to restorative to orthodontic procedural needs.

Laser dentistry is the standard of care that all clinicians should feel comfortable offering in their practice.

NV PRO3 Microlaser by DenMat

The DenMat NV PRO3 Microlaser was designed to meet increasing demands for portable soft-tissue lasers. Its feather-light weight (just 19 ounces) and cordless, ergonomic design enhance portability and ease of use.

Features of this device include: lithium-ion battery with over- and undercharge protection, with 30 minutes of continuous operation at 1.2 watts of power; plug-and-play system with 12 preset procedural settings for all periodontal, restorative and orthodontic needs; wireless foot pedal; audible notifications; and disposable fiber tips. The soft-tissue diode laser operates between 0.1 and 2.0 watts of power (continuous wave or pulse mode), with a wavelength of 808 nm (± 5 nm).

For more information on the NV PRO3 Microlaser, or to hear more about any of the other products made by DenMat, you can call (800) 433-6628 or visit www.denmat.com.

(Source: DenMat)

Barrier protection critical with dental gloves

While caring for their patients, dental and health care professionals are constantly exposed to bodily fluids that may carry viruses and other infectious agents. It is therefore critical that the gloves these professionals use provide the best possible barrier protection.

Many types of gloves are available today, but it is important to know that not all gloves have the same barrier capability, depending on the type of material used. For example, natural rubber latex gloves have long been acknowledged for their very effective barrier properties, while non-latex gloves, such as vinyl (polyvinyl chloride), have inferior barrier capability as shown by numerous studies.

Quality, safety top priorities

Other synthetic gloves, such as nitrile and polyisoprene, perform much better than vinyl but are more costly, especially polyisoprene gloves. Using gloves with inferior capability could expose both the patient and user to harmful infections.

Malaysia is the world’s largest medical gloves exporter (latex and nitrile). Both quality and users’ safety are of top priority to the nation’s glove industry. To this end, a quality certification program (the Standard Malaysian Glove, or the SMG) has currently been formulated for latex examination gloves.

All SMG-certified gloves must comply with stringent technical specifications to ensure the gloves are high in barrier effectiveness, low in protein and low in allergy risks, in addition to having excellent comfort, fit and durability—qualities that manufacturers of many synthetic gloves are trying to achieve.

Latex gloves are green products, derived from a natural and sustainable resource, and are environmentally friendly. (You can learn more online by visiting www.smgonline.biz or www.latexgloves.info).

The use of low-protein, powder-free gloves has been demonstrated by many independent hospital studies to markedly reduce the incidence of latex sensitization and allergic reactions in workplaces.

More important, latex-allergic individuals donning non-latex gloves can now work alongside their coworkers wearing the improved low-protein gloves without any heightened allergy concern. However, for latex-allergic individuals, it is still important they use appropriate non-latex gloves, such as quality nitrile and polyisoprene gloves, which provide them with effective barrier protection.

Extensive array of brands, prices

Selecting the right gloves should be an educated consideration to enhance safety for both patients and users. For decades, gloves made in Malaysia have been synonymous with quality and excellence, and they are widely available in an extensive array of brands, features and prices.

They can be sourced either factory direct (www.mrepc.com/marketplace) or from established dental products distributors in the United States and Canada.

(Source: MREPC)
Work with confidence

Malaysia:
Your #1 Source For Quality Medical Gloves
Protection and Performance You Can Feel

Malaysia is the largest source for U.S. imports of natural and synthetic rubber gloves as reported in tariff and trade data by the U.S. Department of Commerce and the U.S. International Trade Commission.
How to minimize dental anxiety by incentivizing your pediatric patients

By SmileMakers Staff

There’s been a massive amount of research into dental anxiety, with good reason. Dental anxiety keeps thousands of people from visiting the dentist every year. Children are especially susceptible to this anxiety, particularly if they have never been to a dentist before or if they are unsure about the process.

Incentivizing their visits will help them positively anticipate each trip, particularly if they are facing multiple visits for successive treatments. Here are a few ideas from the pros to help you create a program that fits your practice.

Help patients grade their oral health
A daily oral health quiz helps keep young patients on track for oral care success. It can be as simple as a checklist with questions like: Have you brushed your teeth today? Did you brush twice today? Did you floss today? Have them bring their list in each visit for a special reward. A brushing chart works well for this, and can be customized with your practice name and information so they’ll remember your positive reinforcement daily.

Challenge patients to succeed
There’s nothing a child will remember more than a challenge. The idea is to turn his or her oral health into a game. One tried-and-true method is the 2-2-2 challenge. At its essence, all you’re doing is asking children to see their dentist twice a year and brush twice a day for two minutes each time. Turn it into a challenge by giving them a practice-themed notepad and pencil to record their progress. That will entice them into forming good habits from an early age and keep you top of mind.

Offer tiers of prizes
For every cavity-free visit, or step in the treatment plan, allow the patient to choose a higher tier of prizes. It gives kids something to look forward to, and a reason to behave well and take care of their teeth. At their first visit, they might not have been able to get the plush animal, but you can explain that they’ll be able to earn it with good behavior and habits over time.

You don’t need to break the bank for this, and the reward tiers don’t have to grow excessively. The difference between a bracelet and a heart necklace might be all the incentive that they need.

Add to their collection
Limited edition collectibles are an age-old trick used to help people see an increased value in certain items. It works really well with children because they usually want the exclusive toys or stickers. The value grows if you have the full set, too.

By using “exclusive” prizes like keychains that come in different designs or stickers that can only be collected at subsequent visits, it gives a positive incentive to children who may need a lot of dental work. Rather than seeing their dental visits as a chore, they have a chance to complete their collection. This will soften the experience for them and give you a chance to build the relationship by showing their progress through their sticker book or lanyard.

If the visits are a series of especially tough treatments, reward their commitment to their oral health with a plush toy and you’ll have a patient for life!

Looking for more ways to incentivize your patients? Visit SmileMakers at Booth 400 at AAPD 2018 in Honolulu or anytime at SmileMakers.com to see the company’s full line of patient incentives and practice supplies.

Technology changing patient education

Technological advancements are perpetual catalysts for changes that continue to transform the way we operate on a daily basis. For progressive practitioners, the constant wave of new technology provides an auspicious opportunity to increase prosperity and experience substantial benefits in other areas.

For decades, dental practitioners have been pigeonholed to tediously repetitive practices such as the monotonous treatment of caries and removal of plaque buildup. Despite this, the prevalence of malocclusion in modern children is approaching 100 percent and this growing incidence is enabling dentists to widen their scope of practice with the prospect of providing biological-based orthodontic treatment for children.

Additionally, the recognition of sleep-related breathing disorders in dental patients is increasing, with recent research finding a relationship between the prevalence of malocclusion and dysfunctional breathing.

With this in mind, practitioners looking to diversify their pediatric treatment options in the increasingly competitive market that is modern dentistry should consider the benefits modern technology can offer. The implementation of eLearning tools in American classrooms has produced a generation of students that feels comfortable using screen-based technology for self-directed learning and is appreciative of the low-pressure environment it offers.

Senior Myobrace Educator Jessica Maidman is an advocate for patient education through the use of digital learning tools, and she considers the patient’s first encounter with The Myobrace® System an important stepping stone for ongoing education and compliance. “As an educator, I use our Myobrace apps to deliver information to my patient in a child-friendly manner. It helps them understand the causes of their developmental issues, as well as the need for early intervention and corrective treatment,” Maidman said.

“I have learned that children respond much better to learning from new and interesting technologies rather than an authoritative figure such as a dentist. The results are much more consistent because the information is being delivered the same way each and every time.”

Myofunctional Research Co. (MRC) provides eLearning software in all major digital platforms, enabling simple implementation for almost any practice.

Visit www.myoresearch.com to find a seminar near you or learn more about the Myobrace Member and Certified Provider programs.

Reference

(Source: Myofunctional Research)
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Minimally invasive canal treatment uses fluids, acoustics

By Sonendo Staff

The GentleWave® System offers a minimally invasive alternative to standard root canal treatment, employing patented Multisonic Ultracleaning® technology to deliver fluids throughout the entire root canal system.1

The advanced combination of fluid dynamics and broad-spectrum acoustic technology enables the GentleWave Procedure to reach into the deepest, most complex portions of the root canal system to remove tissue, debris and bacteria.2

The result is a more thorough, more effective cleaning that potentially helps reduce the need for retreatments over time.3

The GentleWave procedure also helps preserve the integrity and functionality of the tooth by leaving more of the dentin structure intact4 and can typically be completed in just one session.5

For more information, you can contact Sonendo® at (844) 766-3636 or visit www.Sonendo.com.

References

‘Uni-Verse-All’ positioner holds any size sensor

With Flow Dental’s new Uni-Verse-All positioner, you could take every imaginable X-ray while using only one positioner and one aiming ring. Photo/Provided by Flow Dental

Digital X-rays are changing how you manage patient diagnostics. But while digital is faster and easier to use, it poses some unique challenges too. Sensor positioning is one such challenge. Unlike film, sensors are rigid and thick. And unlike film, there is no standard size to a “size-2” sensor. All this makes finding a quick and easy way to position your sensor somewhat more difficult than when you were using film.

With Flow Dental’s new Uni-Verse-All positioner, you could take every imaginable X-ray while using only one positioner and one aiming ring. Sounds impossible, yet Flow’s Uni-Verse-All sensor positioner does just that. It will hold just about any size sensor. The Uni-Verse-All sensor holder lets you reposition the sensor along the bite plane so you can go from a periapical to a bite wing in seconds, and without changing parts.

The Uni-Verse-All is easy to use and set up is fast. You choose from two sizes of sensor holders (both included in Flow’s starter kit). You then snap the sensor holder into the Uni-Verse-All positioner and slide on the aiming ring. Just like that you’re ready. Move the holder down for anterior or pericpals, up for bite wings. Lightweight for added patient comfort, Uni-Verse-Alls are re-useable and autoclavable. A starter kit with everything you need retails for less than $57.

For more information, or to order, you can contact your local dealer or visit www.FlowDental.com.

Anutra Medical introduces 1 percent lidocaine product

Medical device company, Anutra Medical, is now adding 1 percent lidocaine with epinephrine 1:100,000 to its product offerings, making this particular concentration of lidocaine more accessible to the dental market than ever before.

A published study that appeared in the Journal of Oral and Maxillofacial Surgery in October 2017, showed that buffered 1 percent lidocaine with epinephrine can be equally as effective as 2 percent lidocaine with epinephrine for a maxillary field block. This independent study by the University of North Carolina, Chapel Hill, found that buffering 1 percent lidocaine with epinephrine 1:100,000 with the Anutra Local Anesthetic Delivery System®, “reduces the pain on injection with a maxillary field block and results in similar lengths of pulpal anesthesia tested with a cold stimulus” as compared to the traditionally used 2 percent lidocaine with epinephrine 1:100,000.

As a result of the compelling study showing the benefits of the lower concentration of lidocaine, Anutra Medical is now adding 1 percent lidocaine with epinephrine 1:100,000 as one of its regular product offerings.

In other studies conducted in April of 2017, using the Anutra Local Anesthetic Delivery System, The School of Dentistry at the University of North Carolina, Chapel Hill, found that, “Mean blood level differences of lidocaine for each patient were significantly lower after nerve block with the buffered drug compared with the nonbuffered agent.”

Anutra Medical has introduced 1 percent lidocaine 1:100,000 into the dental market in a more accessible format than it has been in the past. The option of this new concentration of lidocaine to dental practitioners shows Anutra’s dedication to improving patient experiences while transforming practice efficiency.

About Anutra Medical Inc.

Located in Research Triangle Park, N.C., Anutra Medical comprises a team of experienced dental and health-care professionals that is focused on providing solutions to enhancing the patient experience and increasing office efficiency.

The company is leveraging the science of buffering local anesthetics through an innovative and revolutionary delivery system. Its core belief is creating partnerships with practices. The company fosters these relationships by either performing in-office implementations or using technology for educating and training.

For more information or answers to any questions, you can contact Ryan Vet via email at press@anutramedical.com. (Source: Anutra Medical)

Anutra Medical is now adding 1 percent lidocaine with epinephrine, 1:100,000 as one of its regular product offerings. Photo/Provided by Anutra Medical

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Ankylosed tooth extraction

Case shows versatility of all-tissue CO₂ 9.3 µm laser

By Dr. Timothy Anderson

Case summary
A 16-year-old male was referred by his orthodontist for comprehensive care and the extraction of tooth #T. The patient’s mother was very hesitant to have sedation done with the local oral surgeon, so she inquired about the possibility of having the procedure completed in-office.

Treatment plan
The patient's condition was diagnosed with radiographs (Fig. 1), which showed a clear tooth ankylosis (Fig. 2), loss of the periodontal ligament space and blending/fusion of the tooth to the bone.

The ankylosed tooth would need to be removed in order for the orthodontist to proceed with an orthodontic treatment plan for the patient.

Our intended surgical plan was to perform an atraumatic closed ankylosed tooth extraction as quickly and comfortably as possible without having to sedate the patient. This was to be accomplished by using my Solea CO₂ all-tissue 9.3 µm dental laser.

Technique using the Solea all-tissue CO₂ 9.3 µm laser
This procedure was performed with one carpule of 2 percent lidocaine with 1:100K epinephrine injectable anesthetic and using the Solea laser with software 3.1.5, using the hard- and soft-tissue selection and 100 percent mist.

My initial approach to the case was to just elevate and luxate the tooth. However, that resulted in movement on only teeth #28 and #30 due to the extent of the ankylosis.

The laser was used to trough the tooth and selectively remove bone around the ankylosed tooth (Fig. 3).

The tooth was then sectioned with Solea until access depth and water collection slow the ablation (Fig. 4).

A surgical handpiece was then utilized to complete the section.

As shown by the images, the minimal bleeding and the lack of any need for sutures resulted in a very clean and efficient surgery. The total procedure time was less than 30 minutes (Figs. 5, 6).

Benefits of Solea
The use of the Solea CO₂ all-tissue 9.3 µm dental laser (Figs. 7, 8) aided significantly in both the psychological and surgical management of this case. The quick and smooth cutting of the laser helped to reduce both the patient’s and the parents’ anxiety when compared with a traditional surgical handpiece.

The major surgical benefit was the extreme precision and efficiency of the laser’s cutting. A large flap was not needed, and there was minimal bleeding from the incision sites. Overall, the laser resulted in a less traumatic procedure that significantly enhanced the patient experience, especially considering the nature of the procedure.

There was profound healing for the patient in fewer than three days, which enabled the patient to immediately move forward with an orthodontic treatment plan.
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AO elects Taylor as 32nd president

Aims to lead strategic global course

By AO Staff

Dr. James C. Taylor, from Ottawa, Canada, recently became the newest president of the Academy of Osseointegration (AO) at the organization’s annual business meeting in Los Angeles.

As the academy’s 32nd president, and the first from Canada, Taylor succeeds Dr. Michael R. Norton from London, England, at the helm of AO.

“I am honored to have the opportunity to lead our academy in its global role of enabling the development, dissemination and application of knowledge in the domain of implant dentistry, for the well-being of our patients,” Taylor said. “The academy is a grand constellation of interrelated and interdependent elements, perpetually interacting to create a whole that is so much greater than the sum of its parts, which makes AO the world’s premier international academy in the domain of evidence-based and patient-centered care in implant dentistry.”

As part of his presidential address, Taylor outlined his vision for continuing to move AO forward on its robust strategic course and highlighted his upcoming agenda to foster AO’s message of multidisciplinary and evidence-based patient care in implant dentistry around the world.

“I can say from personal experience that it is rare to assume the presidency of an organization that is already on a sound and successful strategic trajectory. This is a trajectory that I had the privilege of helping to shape and implement during the presidencies of my predecessors, and I plan to stay that course during my presidency,” he continued.

Looking ahead to his year as president,

• See AO, page B2

The growing success of dental implants provides an alternative to traditional dentures. Implant-supported fixed complete dental prostheses (IFCDPs) are changing modern dentistry and allowing for a new, innovative way to treat edentulism (toothlessness). As more dental providers move toward IFCDPs, data on both patient satisfaction and clinical outcomes are necessary.

Researchers from the University of Illinois at Chicago and a private practice in Dallas recently performed a retrospective study published in the Journal of Oral Implantology that focused on patients’ oral health, quality of life and IFCDP complications. 37 patients with 49 prostheses participated in this study by completing a written questionnaire, attending an in-person interview and having an oral exam of their IFCDPs.

The synthetic materials contained in the IFCDPs included 22 metal-acrylic (MA), 14 retrievable crown (RC), seven monolithic zirconia (MZ) and six porcelain-veneered zirconia (PVZ). The most common complications found for each compound were: MA had posterior tooth wear; RC contained fractures and chipping; MZ contained wear of opposing restorations (wear on natural teeth); and PVZ had chipping of opposing restorations. The researchers deemed six prostheses as failures, mainly due to fracturing and chipping. This included two MA, two PVZ and two RC.

When reviewing patient questionnaires and interviews, the researchers found that the overall level of satisfaction patients had with their prostheses was high. 87 percent of patients were very extremely satisfied, and 89 percent felt their IFCDPs “looked great.” However, the PVZ prostheses were shown to have the most negative effect on patients, while the MZ had the least.

The chief complaint was functional limitation with regard to chewing, differences in speech patterns and hygiene. The researchers noted, “This leading-edge study helps clinicians recognize common problems with full arch dental implant-supported prostheses, so that they can provide predictable results for patients … ”

“It is clear that patient satisfaction was closely related to patient expectations and patient education. By selecting the prosthesis that best suits each patient, and by sharing with patients the types of problems they might have, fewer complications and greater patient satisfaction with care is possible.”

This research is limited in its scope of observed complications as well as the size of the study group. The researchers are viewing it as a preliminary study and verification of outcomes needs to be conducted with a larger sample size and more real-time data, vs. a retrospective analysis.


About Journal of Oral Implantology

The Journal of Oral Implantology is the official publication of the American Academy of Implant Dentistry and of the American Academy of Implant Prosthodontics. It is dedicated to providing valuable information to general dentists, oral surgeons, prosthodontists, periodontists, scientists, clinicians, laboratory owners and technicians, manufacturers and educators.

The JOI distinguishes itself as the first and oldest journal in the world devoted exclusively to implant dentistry. For more information about the journal or society, visit www.joionline.org.
Taylor indicated that this busy course will include a number of outreach and charter chapter initiatives outside North America, regional meetings within North America, global university programs, AO’s symposiums with the International Association for Dental Research (IADR) and the FDI World Dental Federation, the upcoming AO Summit in Chicago, and a continued partnership with the International Journal of Oral and Maxillofacial Implants (IOMI).

“My year will culminate in AO’s 2019 annual meeting in Washington, D.C., the theme for which is ‘Current Factors in Clinical Excellence.’ This event will take place March 13-16, 2019.”

Also as part of its annual business meeting, one AO director moved up to treasurer and one new director was elected. The full 2018–2019 Board of Directors serving with Dr. Taylor will be:

**Officers**
- **President-elect:** Jay P. Maliniquist, DMD, an oral and maxillofacial surgeon from Portland.
- **Vice-president:** Clark M. Stanford, DMD, PhD, a prosthodontist from Chicago.
- **Secretary:** Tara L. Aghalo, DDS, MD, PhD, an oral and maxillofacial surgeon from Los Angeles.
- **Treasurer:** American D. Sones, DMD, MS, a prosthodontist from Dallas.
- **Past president:** Michael R. Norton, BDS, FDS, RCS (Ed), an oral surgeon from London, England.

**Directors**
- **New Director:** Jeffrey Ganeles, DMD, a periodontist from Boca Raton, Fla.
- **Joseph P. Fiorellini,** DMD, DMSc, a periodontist from Philadelphia.
- **Jeffrey D. Lloyd,** DDS, a general practitioner from Rancho Cucamonga, Calif.
- **Joerg Neugebauer,** DDS, PhD, an oral surgeon from Landsberg am Lech, Germany.
- **Robert C. Vogel,** DDS, a general practitioner from Palm Beach Gardens, Fla.
- **Hom-Lay Wang,** DDS, MSD, PhD, a periodontist from Ann Arbor, Mich.

“Thank you for the opportunity to lead our academy, and I look forward to working with you all, and indeed all elements of the grand AO constellation, to shape the present and future of global implant dentistry for the benefit of our patients worldwide,” Taylor concluded.

About Academy of Osseointegration

With nearly 6,000 members in more than 60 countries, AO is recognized as a premier international association for scientists and professionals interested in osseointegration and implant dentistry.
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JOI: Removal of exposed titanium mesh leads to more successful dental implants

Implant dentistry practitioners are increasingly seeing more difficult cases of implantation in which they must first overcome insufficient bone volume within the upper and lower jaw. These types of difficult cases have led to new surgical techniques, such as utilizing titanium mesh, to assist in guided-bone regeneration.

While this technique can lead to a successful implant procedure, the use of titanium mesh has been known to cause complications in some patients. Researchers from Loma Linda University, King Saud University (Saudi Arabia) and Imam Abdulrahman Bin Faisal University (Saudi Arabia) recently published a study in the journal of Oral Implantology that introduces a new method for treating exposed titanium mesh.

In four case studies, the researchers show that by removing the exposed titanium mesh and leaving the remainder to continue the regenerative process, dental implantation can be more effective and successful. Between 2015 and 2017, four patients were treated with titanium mesh. The patients were between the ages of 27 and 50, and each had two previously failed bone regenerative procedures.

In all four cases, the surgical technique used to incorporate the titanium mesh with the bone graft was the same; however, each patient received a different type of material or membrane to cover the titanium mesh. Each patient also experienced mesh exposure at a different rate, ranging from one to six weeks post-operation. The exposed mesh was removed between four and 10 weeks after exposure occurred. The remaining titanium mesh was removed approximately six months after insertion and one to two months prior to dental implantation.

In all four cases, the researchers found that by removing the exposed titanium mesh and allowing the rest to remain, the bone volume reached a level that was adequate for dental implants. Another benefit of exposure removal was the creation of a more hygienic space for the implant. Caring for areas with exposed mesh caused difficulty and discomfort for patients, compromising the integrity of the regenerative site.

“The removal of the exposed part seemingly did not have a negative effect clinically on bone integration in the final volume of the augmented bone, and allowed for easier hygiene maintenance by the patient,” said researcher Dr. Aladdin J. Al-Ardah.

The researchers acknowledge that their technique has been successful and helps ensure proper bone regeneration and hygiene maintenance for dental implant surgery, but that further analyses are necessary. Before this technique can be carried out in routine dentistry, more clinical research with a greater number of patients is needed.


About Journal of Oral Implantology

It is dedicated to providing valuable information to general dentists, oral surgeons, prosthodontists, periodontists, scientists, clinicians, laboratory owners and technicians, manufacturers and educators. The JOI distinguishes itself as the first and oldest journal in the world devoted exclusively to implant dentistry. For more information about the journal or society, visit www.joionline.org.

Dr. Kenji Higuchi selected as 11th Nobel Biocare Brånemark Osseointegration Award winner

By AO Staff

Dr. Kenji W. Higuchi, an oral and maxillofacial surgeon from Spokane, Wash., is the 11th recipient of the Nobel Biocare Brånemark Osseointegration Award.

This annual award, bestowed by the Osseointegration Foundation (OF), the philanthropic arm of the Academy of Osseointegration (AO), honors an individual whose impact on implant dentistry is exemplary in any or all of the foundation’s mission categories: research, education and humanitarian service. The award is made possible by a grant from Nobel Biocare.

“I am deeply honored. This is especially gratifying because of my close and long-term relationship with Professor Brånemark. It is personally meaningful to be recognized by the Osseointegration Foundation for past involvement in research, education and humanitarian service, as all these activities have been of central importance throughout my career while providing patient-centered care,” Higuchi said.

Of President Dr. Edward Sevetz presented the award to Higuchi during the opening symposium of the academy’s 2018 annual meeting in Los Angeles.

“Dr. Higuchi’s professional and personal experiences and characteristics qualify him for being a role model for anyone in the dental health-care field.”

Almost 40 years ago, he developed a close working relationship with the discoverer of osseointegration, Swedish orthopedic surgeon Per-Ingvar Brånemark. Dr. Higuchi worked side-by-side with Professor Brånemark and became one of the earliest surgeons in the U.S. to recognize the breakthrough of osseointegration and how it would vastly improve the quality of the lives of patients,” Sevetz said. “Dr. Higuchi annually took time out of his own practice to coordinate professional training sessions to ‘raise the bar’ of those wishing to help patients in their own locales.”

Higuchi is a diplomate of the American Board of Oral and Maxillofacial Surgery. His private practice (Drs. Higuchi and Skinner PS) emphasizes reconstructive oral and maxillofacial surgery. Since 1984, he has been the director of the Spokane Center for Tissue Integrated Reconstruction. Since 2007, Higuchi and Professor John Brunski, Stanford University, have been the principals in OssoConception LLC.

He completed his undergraduate studies at the University of Wisconsin, his DDS from Marquette University School of Dentistry and served four years on active duty in the U.S. Army, including an internship at Letterman General Hospital at the Presidio in San Francisco. He obtained his residency with a master’s of science in oral and maxillofacial surgery at University Hospitals at the University of Iowa and has held past full-time and adjunct academic appointments at that institution. From 1986-2018, Higuchi participated in 10 separate multi-center prospective clinical trials.

“With his humanitari heart, science-oriented mind and openly-friendly personality, Dr. Higuchi is an exemplary role model to all of us on how to lead our personal and professional lives,” Sevetz concluded.
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