EMS Air-Flow Master: prophylaxis now also available for periodontal pockets

With the new Air-Flow Master from EMS, prophylaxis is entering a previously unexplored area. This instrument gives periodontal pockets a thorough cleaning by air polishing.

The biokinetic energy, applied in a powder-air-water mixture, removes the biofilm down to the base of the pocket, brings about a sustained reduction in bacteria, firms the gum and reduces the pocket depth.

The patient benefits twice over: because the procedure is not only more efficient, but also more comfortable than conventional curettes or instruments that scrape the tooth. This "subgingival deep diving" uses a special single-use nozzle, combined with extra-fine grain Air-Flow Powder that is non-abrasive on the tooth surface. The flat and tapered, slightly bent nozzle has three openings from which the powder-air-water mixture emerges in the subgingival area with gentle turbulence.

The special construction of the nozzles ensures that the powder is thoroughly washed out of the pocket, along with the removed biofilm, according to EMS. The nozzle is simply flitted onto the Perio-Flow handpiece, which has a magnetic holding device and can therefore be removed flexibly.

The Air-Flow Master does not simply take care of periodontal pockets, but also provides supra-gingival prophylaxis. Whether plaque or hard deposits — the Air-Flow handpiece "strokes" the tooth surfaces clean with the appropriate powder gently and selectively. In addition to the classic powder, EMS has developed a soft powder for more sensitive teeth.

And recently, patients have acquired a taste for this treatment. The classic powder is available not only in a "neutral" flavor, but also in cherry, black currant, tropical, lemon and mint flavors.

The biokinetic energy, applied in a powder-air-water mixture, therefore be removed flexibly. The Air-Flow Master is operated exclusively through touch and, therefore, is very hygienic. The person providing treatment places one finger on the touch panel and controls the power and liquid functions from minimum to maximum by gently stroking over them. In addition, a fingertip is enough to switch between the Air-Flow and Perio-Flow applications.

The application currently in use lights up in fluorescent blue. Because of its smooth surfaces, the instrument is easy and hygienic to clean and thereby guarantees the highest hygienic standards, according to EMS.

More information is available from EMS Electro Medical Systems Corp.

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Curvy: 3-D shaped anatomical wedges

The Curvy Anatomical Dental Wedge is three-dimensionally shaped to follow the contour of the tooth. Other wedges bend only two-dimensionally. The synthetic Curvy wedge follows the anatomy of the tooth and will create significantly less tissue irritation and postoperative discomfort. It will help to adapt the matrix band more precisely for a faster finish of the restoration by achieving more accurate interproximal contacts and less chances for overhangs. It is easy to insert and remove with cotton pliers.

Curvy comes in three different sizes — small, medium and large — in clockwise and counter-clockwise wedges. For critical marginal adaptation, the clockwise and the counter-clockwise wedges should be used simultaneously from opposite sides of the tooth.

Curvy wedges are supplied in circular blister packs from which they can very easily be extracted. The different colors facilitate quick selection of the required wedges.

The wedge with clockwise curvature is orange and those with counter-clockwise curvature are blue, and the two colors are shaded differently for each size of wedge.

Futurabond M: all-in-one self-etch adhesive

Futurabond M, a new all-in-one self-etch adhesive, ensures high bond strengths on dentin and enamel. The new adhesive from VOCO is reinforced with nano particles. Thanks to nano-technology, Futurabond M achieves the highest level of stability and uniform adhesion, both with the tooth substance and restorative. Nano-scaled silicon dioxide particles with a diameter of approximately 20 nm (0.00002 mm) provide for cross-linking of the bond's resin components and improve its film building properties.

The adhesive optimally wets the released collagen fibres and the micro-etching pattern is created on the enamel during the etching process. The sensitive collagen-fibre network therefore cannot collapse and is entirely integrated into the adhesive layer.

The far-reaching resin tags in the dentin tubules harden during polymerization and strengthen the retentive bond of the collagen fibre-bonding hybrid layer. This effective combination of micro-mechanical and chemical anchoring also provides long-lasting marginal integrity and the avoidance of postoperative sensitivities.

Futurabond M is quick to use and takes only 55 seconds from application to light curing with only one layer to apply. Futurabond M has a working time of up to five minutes, which permits short breaks during application without compromising the quality of the adhesive.

Futurabond M is available in economic bottles or in VOCO’s patented convenient and hygienic single dose blisters. The single-dose system overcomes the problem of solvent evaporation, which weakens the bond strength that occurs when bottles are left open. For every application, a new Futurabond M Single Dose can be opened just seconds before use, and thus reliable results are guaranteed each time.
By Paul Zuelke

In many practices, the amount of treatment diagnosed that remains unscheduled is huge, often exceeding six months of normal production. Case acceptance in many offices is less than 40 percent and the average across the country is less than 60 percent (calculate total work diagnosed in the past year, calculate total dentist [non-hygiene] work done in the past year, work done divided by work diagnosed is your rate of case acceptance). That is a lower rate of case acceptance than what the profession had 50 years ago, yet too many dentists have accepted today’s rate as the norm and therefore believe that their only path to growth is more new patients.

A never-ending search for more new patients is rarely the solution to greater production or to greater profitability. Instead, the answer is to increase the percentage of diagnosed work that your patients schedule. Note that I did not say work that your patients “accept.” Every month dentists see thousands of dollars of accepted diagnoses go out the door, never to be actually scheduled and completed.

The responsibility of the dentist is to make it easy for his/her clients (patients) to buy the product (dental care) that he/she sells (diagnoses). However, far too many dentists have forgotten or perhaps never understood that 80 percent of patients/parents cannot afford to write a check for $3,000, $5,000 or more (sometimes much more).

In addition, what about the rock solid blue-collar family with five kids that just had to fix the transmission in the family car? Can this family even afford to write you a check for $800 today? All too often the answer is no.

Dental practices’ aggressive financial policies, the insistence on payment in full, and the almost futile efforts to push patients into outside financing, have done more to kill case acceptance than any other single factor. And then, a recession comes along.

Our advice to our clients, since 1980, has been to be negotiable and flexible with respect to financial arrangements. If $0 down payment and 4, 6, or even 9 month financing is necessary in order to get a patient to accept the entire diagnosis, and if the responsible party is credit worthy, then grant that type of in-office credit to your patients. Are you really willing to lose a $5,000 or more case because your patient/parent cannot afford to pay you in full or cannot afford the 50 percent down payment you are asking for?

Notice the key phrase above is “if the patient is credit worthy.” There is nothing worse for the quality of life within the practice than to get into a negative financial relationship with a financially weak patient. Missed appointments, poor clinical coopera-

tion, zero referrals, etc., are always the result.

So, while it makes sense to be financially liberal with quality patients, it is a major mistake to do so with patients/parents who are immature, unstable, and/or unwilling to or incapable of keeping their financial agreements.

Fortunately, with modern electronics and communications, in less than 60 seconds a practice can make a high-quality credit decision identifying the potential financial risk of any given patient. What is it worth to you to know that your patient/parent has, for his entire life, paid all of his/her bills perfectly? Conversely, what is it worth to you to know that this person has never paid a bill and has been sued by every credit grantor in town?

Seventy-five percent of most practices’ new patients are in the low to zero financial risk category, what we call “A” patients. Twenty-five percent are in the moderate to high-risk category, “B” and “C” patients. Take the time to find out which of your patients are in which category. Grant credit proportional to that risk and you will improve your production, your profitability and your quality of life within the practice.

Various products are available to help you assess risk as described above. Consider the Zuelke Automated Credit Coach (ZACC), a web-based tool specifically designed for the den-