Laboratory communication
Is it possible to achieve minimal to no adjustment bonding appointments?

By Bob Clark, CDT, LVIM

Adjustment-free appointments are actually possible and can be routine. Delivering veneers, inlays, onlays, crowns, bridges and partial dentures with very little or no proximal and occlusal adjustment can be common when a laboratory adheres to a strict protocol of die handling and die spacing, and has a firm understanding of cusp to fossa occlusion and anterior guidance.

The laboratory must also possess a strong understanding of how to properly equilibrate correctly mounted stone models and understand solid model verification.

Basic cusp to fossa occlusion occurs when cusp inclines on posterior teeth do not touch other posterior inclines. Cusp tips must hit static stops in central fossa.

In laboratory model equilibration there is nothing more than the removal of all incline interferences and allowing cusp tips to occlude at 90-degree angles to opposing marginal ridges and central fossa. Anterior guidance should allow complete freedom from maximum intercuspation, immediately with lateral guidance on the canines. This will not activate the elevator muscles, therefore decreasing any chances of TMD.

Equilibrating mounted casts is crucial to achieving adjustment-free delivery appointments. Less than 1 percent of technicians understand why we need to, much less, how to perform this task. Because of this, the following are common techniques used to try to achieve adjustment-free cementation appointments:

• Placing metal foil under the working die to create a space. If too much foil is used, the crown may be shy of occlusal contact. When that tooth does erupt into occlusion, it may work into an incline interference, creating an avoidance pattern for the mandible.

• Pushing die up so crown appears out of occlusion on the model. After all,
dentists do not want to adjust occlusion, so just leave it out of contact altogether.

The flaw with both of these techniques is there is no way to gauge how much to leave the crown out of occlusion so it is correct in the mouth.

These techniques can never be exactly correct, and they both create problems for proximal contacts because they raise the proximal contact up, which makes the proximal contact shy at the delivery appointment.

This also creates an unstable situation because that tooth can now drift either mesially or distally, creating possible occlusal interferences.

The only way to have predictable, adjustment-free delivery appointments is to correctly equilibrate the accurately mounted working casts. This will take a trained technician approximately five to six minutes per case.

This technique should be used for all restorations whether Emax, Empress, LAVA, Cristobal+, Belle-Glass, Implants, PFM, etc. It can also be used on all partial denture cases. Anything involving natural teeth, from full-arch impressions or double bite trays — this technique should be employed, always!

An example of model equilibration for a #50
Centric equilibration
1) Opposing model and working models are both poured in liquid/powder ratio measured die stone. (Cru-ciial!)
2) After mounting accurately, verify the mounting. Bite should not be taken with base plate wax but with a polyvinyl bite material that can be trimmed to allow only cusp tip show through. Use double-sided, Exacta-film red/black of 19-micron thickness, use black for centric, tap models together. Notice not all teeth are in contact.
3) Initial incline contacts should be removed. Do not ever remove cusp tips. Remove only inclines, as would be done for intraoral equilibration.
3a) A black dot stable holding contact should be found in the fossa of adjacent teeth; #51 and #29 in this example.
3b) There should be no contacts found on inclines, only on cusp tips and fossa. These holding contacts are found on all teeth. You can now proceed to the anterior guidance equilibration process.
Lateral equilibration
4) There should be no change in vertical dimension of the equilibrated models in centric because this replicates a “power clinch” of all teeth. (Periodontal ligaments are fully depressed.)
4a) With the red side of Exacta-film, move models laterally and remove all red marks except those on canines, without removing black holding contacts on posterior teeth. The goal is to have black dots on all posterior teeth and red marks on the anterior teeth.
4b) At Williams Dental Laboratory, we go one step further to absolutely ensure no posterior interferences. We know all healthy teeth intrude into their periodontal ligament and move laterally. In this example, imagine the canine will move laterally 56 to 75 microns in a clinching lateral force.
4c) We safely remove approximately 5 degrees off of canine disclusion to further “shallow” the guidance to ensure no posterior interferences. You can now proceed to the anterior guidance equilibration process.
Now, and not until now, are the models ready to be utilized as an accurate portrayal of the mouth.
This system, along with the use of a solid proximal contact model and soft-tissue model, should be employed on all cases in the laboratory regardless of material choice.

About the author
Bob Clark, CDT, LVIM, is the first and only lab technician in the world to receive mastership status with LVI. He is co-owner of Williams Dental Laboratory, a small family-operated, full-service lab located in Gilroy, Calif.
He and his team have been working and training with LVI dentists for many years. Clark may be reached at (800) 715-5596 or bob@williamsdentallab.com.
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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 30 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 four-, six-, or even nine-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 cooperation, 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 produc-
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Dental websites attract new patients

With the explosion of online searches, mobile web browsing and social media sites such as Facebook, more people than ever are going online to find their dentist. In fact, last month, there were more than 1 million searches for a dentist on the Internet.

As people turn to the Internet to find their dental providers, websites have become a powerful tool to attract new patients. A website can provide valuable information to prospective patients, including information about you, your staff and the services you provide. This allows new patients to get comfortable with your practice even before they pick up the phone.

Your website can also show positive testimonials and before-and-after photos that give patients confidence in the results you deliver. Getting referrals from current patients is also made easier with a website because they can easily send your website link to their friends and relatives.

If you still haven’t invested in a website, or have an old website...
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DentalVibe launches consumer campaign to generate new patients

A savvy marketing guru has joined forces with Dr. Steven Goldberg, the inventor of DentalVibe, to launch a comfort injection system that uses patented VibraPulse pain blocking technology to send a message to the patient’s brain, interrupting the pain and sensitivity associated with a traditional injection. Scott Mahnken has helped companies such as SS White, KOMET, AMD LASERS, Milestone Scientific, and others promote their products to dentists. Mahnken has already launched an eye-opening professional marketing campaign as you can witness by scouring any of the leading dental journals or visiting the company website. At this year’s ADA meeting in Orlando, DentalVibe was a huge hit with dentists.

What’s next for DentalVibe? An aggressive, direct-to-the-consumer campaign that includes billboard ads in major markets, a print-to-consumer campaign, an online consumer strategy and, just recently, the company aligned with a social marketing expert.

“Our commitment is to do what so many other dental manufacturers dream about doing, but simply don’t pull the trigger,” said Mahnken.

“My research showed that dentists need help. The introduction of new products and technologies creates a bit of a strain on the revenue stream, yet it’s vital for all dentists to equip themselves with the best instruments.”

“The combination of higher operating costs — reduced patient visits and an underlying tone of stress makes dentists think of the revenue glory days of yesteryear,” Mahnken explained.

The company conducted tests with dental offices in Texas that marketed the DentalVibe (they sent an e-mail and put DentalVibe on their website homepage) to attract new patients, and as a reminder to existing patients that it was time for their next office visit and noted that “Now we have DentalVibe!”

“The results were outstanding. We had one office that called us in a panic because they had patients scheduled before their DentalVibe arrived, therefore, we had to ship one FedEx,” Mahnken said.

The next test was conducted in California, where DentalVibe was marketed to “needlephobes,” and again DentalVibe proved successful. As one dentist said: “When a needlephobe entered as a new patient, we were able to reduce his or her anxiety by explaining and then implementing the DentalVibe. Needlephobes need lots of dental work, so gaining one as a patient is terrific for the office and the patient.”

In the coming weeks, DentalVibe will be introducing their DentalVibe Patient Kit, offered to all DentalVibe offices. It includes patient literature, advertising slacks, a DentalVibe diploma and other referral generating tools for the practice.

“We’re extremely excited about the future, and one of the reasons is a very sophisticated ‘dentist locator’ that will be implemented to complement the consumer awareness campaign and will feature profile information for DentalVibe offices.”

“Our research has shown that the dentist locator will create significant value to our customers. Certainly, DentalVibe was created to offer outstanding clinical value — we take pride in helping dentists deliver stress-free palatal and block injections — yet the practice-building benefits are undeniable and measurable,” stated Mahnken.

How has DentalVibe taken dentistry by storm in such a short time?

The company didn’t start selling products until June, but they’ve already earned two prestigious awards. “Dentistry Today” has awarded DentalVibe a Top 50 New Technology Products, and Dental Products Report has awarded the DentalVibe the Editors Choice Top 40 New Products award.

Notable dental speakers, such as Dr. Louis Malcmacher, Dr. Fred Margolis and a handful of others, are incorporating DentalVibe into their lectures.

DentalVibe is already achieving international recognition. The company has received inquiries from 91 countries, and most recently a Turkish distributor ordered 250 DentalVibes.

“There have been other instruments that were developed to enhance the injection experience, including some that were marketed, yet none have achieved a universal market share,” Mahnken said.

“DentalVibe is ideally positioned to become the standard of care for every dental injection. DentalVibe is offered for $795 on the company website and occasionally the company offers special promotions,” he noted.

For pedodontists, DentalVibe offers special collectable finger puppets that attach to the end of the DentalVibe and provide a fun distraction and gift for well-behaved kids.

“DentalVibe has the ability to put the magic back into your practice. Recapture the energy and positive vibes among your staff and patients as you give them something to talk about,” Mahnken added.

The company knows what you’re thinking: “I already give a great injection.” Well the fact is that patients don’t complain to the dentist, they complain in silence and by not maintaining their appointments. We’ve yet to see a dental office with an official complaint department.

Potential new patients don’t know that you’re great, thus consider how the California dentists marketed to needlephobes, and how successful it proved to be for their practices and their patients.

Try DentalVibe risk free for 30 days to witness the difference with your patients, yourself, your staff and your revenue. Call (877) 503-8425 or visit www.dentalvibe.com.
Hand hygiene has received a lot of public attention in recent years, fueled by the H1N1 pandemic and fear of “superbugs” such as MRSA. According to the Centers for Disease Control and Prevention, the No. 1 way to prevent the spread of infection is hand hygiene. The message to health-care workers is direct and unwavering: Wash your hands, a lot.

But for dentists, hygienists and office staff, the price for frequent hand hygiene is often chronically dry and irritated hands.

To combat this problem, Sultan Healthcare offers Moist SURE™ — a complete line of hand hygiene products designed exclusively for dental practices. The line offers professional-level protection, but without the irritating side effects of frequent hand washing. The product line consists of:

• **Moist SURE Liquid Sanitizer:** A powerful, 65-percent isopropyl alcohol sanitizer that’s clinically proven to moisturize as well as a lotion. It is the only brand for dental practices that kills MRSA and VRE in five seconds.

• **Moist SURE Foaming Sanitizer:** A 62-percent ethyl-alcohol foaming sanitizer that’s as effective as 4 percent chlorhexidine-gluconate surgical scrub, yet so gentle it keeps skin hydrated for up to two hours after application.

• **Moist SURE Lotion Soap:** A smooth and soft, antimicrobial, health-care personnel hand wash that contains 0.5 percent triclosan. Its clinically mild formulation has a pleasant, light fragrance.

• **Moist SURE Foaming Soap:** A clinically mild, foaming, health-care personnel hand wash with 0.75 percent triclosan. Its performance is comparable to a 4 percent chlorhexidine hand soap.

• **Moist SURE Lotion:** A skin conditioner with a long-lasting moisturizing effect, even through several hand washes.

• **Moist SURE Automatic Dispenser:** A touch-free, contained dispensing system that minimizes cross contamination. (For use with both Moist SURE Lotion Soap and Moist SURE Liquid Sanitizer.)

“Time and again, dental professionals I speak to complain about dry, cracked skin from having to wash their hands so often,” said Tim Lorencovitz, product manager for Moist SURE.

“They don’t realize, though, that the hand hygiene products they buy at the grocery store are not designed for the high-frequency use of a health-care professional ... and their hands are paying the price.”

What makes Moist SURE unique, according to Lorencovitz and the products’ substantial clinical data, is that it offers the efficacy dental workers need, but without the drying effects of many products available on the market. Moist SURE soaps and sanitizers meet FDA proposed requirements for a health-

Sultan Healthcare’s new Moist SURE hand hygiene products are available through dental dealers. The products provide professional-level protection in formulas clinically proven to be mild to the skin. This will minimize the common complaint from dental workers that their hands are overly dry from frequent hand washing.

(Photographer provided by Sultan Healthcare)
Air-Flow perio: biofilm removal to the base of the pocket

With the Air-Flow handy perio, EMS is now penetrating into the subgingival area

According to the manufacturer, the innovative Air-Flow handy perio is the first and only portable perio device that enables safe and effective removal of subgingival biofilm.

Based on the successful Air-Flow handy 2+ series and the Air-Flow Master, which was awarded an innovation prize, this handpiece again provides the dentist with an ergonomic masterpiece that EMS says is ideal for treating patients and enable the complete removal of biofilm.

The transparent dome and the power chamber have come out in pink. In this combination, the white, handy instrument is once again an eye-catcher. Together with the Air-Flow powder perio, the single-use perio nozzle reaches down to the base of the periodontal pocket.

Biofilm impairs the removal of bacteria

Microorganisms establish themselves and multiply. The bacterial community develops its own protection: microbes come off and colonize new areas. In some cases, the body’s immune system is helpless.

To prevent the penetration of microbes, the body triggers a bone deterioration process as an “emergency response.”

Because the biofilm protects the bacteria against pharmaceuticals, treatment has been very difficult to date.

That is why EMS wants to mount an attack on damaging biofilm as part of subgingival prophylaxis treatment with an application summed up in the words “Air-Flow kills biofilm.”

Using this method, dentists can also effectively treat the never-ending increase in the number of cases of peri-implantitis among implant patients and counter the impending loss of implants.

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‘Trifles go to make perfection and perfection is no trifle’ — Michelangelo

By Craig S. Kohler DDS, MBA, MAGD

The mouth is a harsh environment to work in. Teeth are small and aligned next to one another in a dark, wet environment. The gum tissue, checks and tongue bleed readily on contact with any dental burr.

The ever-present bacteria are constantly invading any weak link in the oral structures to destroy. A dentist’s work does not last.

When intraoral cameras were introduced in the 1980s, the dentist was able to impress the patient with pictures and videos on the condition of the patient’s mouth under high magnification.

With a microscope and a video camera, the dentist is not only able to show the patient the dental disasters, but is able to work under high magnification to repair the cause.

The dentist is able to document the procedure so patients can see for themselves the painless but extensive decay. The patients can then own the problem. The dentist is more of a guide or navigator to the various types of treatment options. This reduces a tremendous amount of stress for the dentist.

The application of a surgical dental microscope increases the dentist’s sight more than loupes, and he or she is able to accomplish care that is more exacting. Decay is efficiently removed. Tooth structure removal is kept at a minimum. Clear retentive grooves hold fillings in place longer.

Smooth preparations allow for easier impressions and seating of restorations. Better preparations allow for restorations to go in the first time. Better gingival tissue management gives little to no bleeding, which allows for the best impressions.

This helps the dentist to make restorations that will last. Dentistry is made easier. Now dentists can do procedures that they were not able to do before. This increases dentists’ satisfaction in their work.

The ability to see clearly allows dentists to diagnose better as well. Cracks can be seen and treated before there is tooth loss. Decay can be better removed and pulp treatments can be done sooner.

Occlusal discrepancies and mobility can be addressed easier. Preparations can be made parallel, implant deficiencies can be seen. This helps dentists give care that is more comprehensive.

Patients want permanent work, dentists will never reach that perfection. The surgical microscope will make it easier and a joy to get the trifles right.
The California Implant Institute was developed in 2001 by Dr. Louie Al-Faraje to provide quality continuing education on the subject of dental implants and related topics using a hands-on approach.

As director, Al-Faraje has trained more than 1,000 clinicians in a hands-on, yearly forum of education in implant dentistry.

Al-Faraje holds diplomate status at the American Board of Oral Implantology, fellowship status at the American Academy of Implant Dentistry and fellowship status at the International Congress of Oral Implantologists.

The California Implant Institute offers a one-year comprehensive fellowship program in implant dentistry.

This program is made of four sessions designed to provide dentists with practical information that is immediately useful to them, their staff and their patients.

The four sessions combined offer more than 160 hours of lectures, laboratory sessions and live surgical demonstrations.

The goal of the faculty team, which is composed of some of the most respected instructors from the United States and around the world, is to provide you with comprehensive knowledge that will enrich your practice and improve your clinical skills so you can confidently perform predictable, prosthetically driven implant dentistry.

**Session one topics**

During the first session of this one-year comprehensive hands-on implant training program, the following topics are covered: anatomy, bone physiology, patient evaluation for implant treatment, risk factors, vertical and horizontal spaces of occlusion, bone density, step-by-step implant surgical placement protocols, impression techniques, restorative steps for implant crown and bridge and more.

**Session two topics**

During session two, computer-guided implant placement and restoration using SimPlant® software, immediate-load techniques for single and full-arch cases, biology of osseointegration, mini implants, bone grafting before, during and after implant placement and pharmacology will be discussed.

Implant prosthetics for fully edentulous patients, high-water design, bar-overdenture, CAD/CAM designs, etc., will highlight the prosthetic portion of this session.

**Session three topics**

Advanced implant surgical techniques, such as alveolar ridge expansion with split cortical technique, guided bone regeneration, sinus lift through the osteotomy site and more, are covered in this session.

Hands-on pig jaw workshops using regenerative materials are performed by the class, and there are live surgery demonstrations by faculty.

The restorative portion of this session will focus on biomechanical principles, biomaterials and implant occlusion.

**Session four topics**

This session will focus on sinus lift through the lateral window, ramus block graft and chin block graft as well as the J-Block grafting procedures. PRP and other advanced bone grafting materials such as rh-BMP2/ACS grafts with titanium mesh.

The final graduation examination and certification ceremony will conclude this comprehensive implant training program.

For more information or to register, please contact Jennifer Bettencourt at (858) 496-0574 or visit www.implanteducation.net.
Isolite Systems dental isolation technology garners more industry recognition

Isolite Systems, maker of innovative dental isolation technology, announced on Nov. 1 that its products have received new industry recognition. Dentistry Today magazine recognized the Isolite dryfield illuminator as one of the Top 100 Products for 2010 for the dental industry.

The Isolite dryfield illuminator is an innovative dental tool that combines the functions of light, suction and retraction into a single device, solving many of the frustrations that dental professionals deal with on a daily basis. The device gently holds the patient’s mouth open, keeps the tongue out of the working field and guards the patient’s vulnerable airway, all while continuously evacuating saliva and excess moisture. The super-soft mouthpiece used with the device makes for a more comfortable experience for the patient, and allows dental professionals to work more efficiently with greater control over the oral environment.

Additionally, the company announced that its Isodry®, a non-illuminated, dental isolation system, was named to Dentistry Today magazine’s Top 50 Technology Products for 2010. Isodry® performs all the same functions as Isolite, with the exception of intra-oral illumination. The Isodry® was first introduced to the dental industry in Feb. Both dental isolation systems utilize the patented Isolite Isoflex mouthpiece. The unique shape and softness of the mouthpiece is key to the systems’ advanced dental isolation.

Isolite Systems dental isolation technology has been recognized by Dentistry Today magazine with two new accolades. The Isolite was named to the magazine’s Top 50 Technology Products. (Photo/Provided by Isolite)

Popular Isolite brings home another industry accolade, new Isodry® named Top Technology Product

For more information about Isolite Systems, please call (800) 560-6066 or visit www.isolitesystems.com. Both Isolite and Isodry® will be exhibited at booth No. 525 at the Greater New York Dental Meeting, Nov. 28–Dec. 1 at the Jacob K. Javits Convention Center.

DEFEND+PLUS sterilization pouches

DEFEND+PLUS sterilization pouches, available from Mydent International, offer the superior design and quality construction necessary for effective infection control procedures. Manufactured with lead-free, built-in, dual internal and external indicators, DEFEND+PLUS sterilization pouches ensure the correct sterilization temperature is reached in the autoclave chamber as well as inside the instrument compartment, eliminating the need for internal indicator strips.

The easy-to-use DEFEND+PLUS pouches offer effortless opening and sealing and are made sturdy when wet than comparable products, according to Mydent International. DEFEND+PLUS sterilization pouches are an ideal component of precautionary infection control as they provide effective, consistent sterilization of dental instruments. They are available in five standard sizes and come in boxes of 200. Mydent International, home to DEFEND® infection control products, disposables and impression material systems, celebrates 25 years of offering dependable solutions for defensive health care.

Headquartered in New York and partnered with a state-of-the-art distribution facility in Pennsylvania, Mydent is dedicated to providing unparalleled customer relations.

For more information on Mydent International and the DEFEND brand of products, call (800) 275-0020, e-mail sales@defend.com, visit www.defend.com or stop by the booth, No. 2609.
The STA intraligamentary injection replaces the PDL and mandibular block

By Eugene R. Casagrande, DDS, FACC, FICD, Milestone Scientific

There are major differences that should be considered between the traditional PDL injection, delivered with the dental syringe, the Ligama-ject or the Peri-press, and the STA (single tooth anesthesia) (Fig.1) administered intraligamentary injection (STA-II); some of them are as follows:

- The PDL is usually the injection of last resort when the mandibular block fails. The STA-II (Fig.2) should be the primary injection for any maxillary or mandibular tooth and can replace mandibular blocks and superficial infiltrations, which cause collateral numbness to the patient’s lip, face and tongue.
- With the PDL, a small amount of anesthetic is injected under excessive pressure, which produces a short duration of anesthesia. The STA-II delivers a larger volume of anesthetic under minimal pressure resulting in longer duration (40 minutes).
- The STA is a comfortable injection, and a clinical study shows it causes no tissue damage or bone resorption and can cause postoperative discomfort. The STA-II is a comfortable injection, and a clinical study shows it causes no tissue damage or bone resorption and little or no postoperative discomfort.

The STA, using Dynamic Pressure Sensing, allows you to know when you have arrived at the correct site (the periodontal ligament space) for a successful intraligamentary injection.

It also indicates if you have left the site and if the needle has been blocked by obstruction or pressure.

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

The ShortCut

Using retraction cord in a bottle comes with some notorious hassles that include cord slipping back into the bottle, cord getting tangled, inaccurate lengths and infection control issues. These are just some of the concerns dentists and assistants mentioned during recent research on their use of retraction cord.

While retraction cord in a bottle has been available for more than 50 years, there hasn’t been any revolutionary improvement on the system, unlike other areas of dentistry where automix syringes and cartridges have replaced tedious delivery and dispensing methods.

Enter a simple yet innovative new product from DUX Dental, introduced during the recent ADA meeting in Orlando, ShortCut is a solution to the problems and concerns dentists and assistants face when using retraction cord in a bottle. ShortCut offers a convenient, all-in-one delivery system for retraction cord.

With ShortCut, the cutter is built-in so there is no need for sterile scissors to be handy. In addition, the same amount of cord dispenses each time with a simple “click,” easing communication between the dentist and assistant when the need for cord unexpectedly arises during a procedure.

Many of the dentists and assistants polled on their use of cord in a bottle related issues with communication during a procedure over the length of the cord and having to re-cut or toss out pre-cut cord. With ShortCut, the dentist and assistant have the ability to use the “clicks” to ease communication.

Three to four clicks would provide the perfect length for most anterior restorations, and four to five clicks would work for posteriors. Furthermore, because the cord is encased and the end is unexposed, infection control issues are avoided.

Available in cord sizes 0, 1 or 2, ShortCut is pre-loaded with DUX Dental’s GingiBRAID+ retraction cord. The cord can be ordered impregnated with either epinephrine/alum 87 or aluminum potassium sulfate medications. It’s also available as a non-impregnated cord.

GingiBRAID is a popular braided cord that has less memory than traditional braided cords and is easily placed into the gingival sulcus without causing gingival bleeding and soft-tissue damage. GingiBRAID works best when it is wet or soaked in a hemostatic agent.

Because the bottom line, which depends on efficiency and value, is more important than ever, ShortCut will increase procedural efficiency on many levels. Visit the DUX Dental website www.duxdental.com for a virtual tour of ShortCut or contact DUX Dental with any questions at (800) 853-8267. DUX Dental will showcase ShortCut at the Greater New York Meeting at booth No. 4215.

The STA intraligamentary injection replaces the PDL and mandibular block

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There are major differences that should be considered between the traditional PDL injection, delivered with the dental syringe, the Ligama-ject or the Peri-press, and the STA (single tooth anesthesia) (Fig.1) administered intraligamentary injection (STA-II); some of them are as follows:

- The PDL is usually the injection of last resort when the mandibular block fails. The STA-II (Fig.2) should be the primary injection for any maxillary or mandibular tooth and can replace mandibular blocks and superficial infiltrations, which cause collateral numbness to the patient’s lip, face and tongue.
- With the PDL, a small amount of anesthetic is injected under excessive pressure, which produces a short duration of anesthesia. The STA-II delivers a larger volume of anesthetic under minimal pressure resulting in longer duration (40 minutes).
- The PDL is difficult to administer and the flow rate depends on manual pressure. The STA-II is easy to administer and the flow rate is computer-controlled, consistent and below the patient’s pain threshold.
- The PDL is painful on delivery, results in tissue damage and bone resorption and can cause postoperative discomfort. The STA-II is a comfortable injection, and a clinical study shows it causes no tissue damage or bone resorption and little or no postoperative discomfort.

The STA, using Dynamic Pressure Sensing, allows you to know when you have arrived at the correct site (the periodontal ligament space) for a successful intraligamentary injection.

It also indicates if you have left the site and if the needle has been blocked by obstruction or pressure.

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