Welcome to Cosmetic Tribune and Hygiene Tribune!

Dental Tribune America has some big news to share with you this month. Earlier this year we gave you a little taste of Cosmetic Tribune during the AADC event and Hygiene Tribune during the ADHA event, but now these two new editions are making their permanent debuts as a part of the Dental Tribune weekly. Once a month you'll benefit from entirely new content that will feature information from experts in the areas of cosmetic and hygiene.

We welcome your feedback, so please do not hesitate to share it with us!

Cleft lip, cleft palate links to other congenital anomalies

Oral clefts are the most frequently occurring birth defects in the United States, affecting 1-2 in every 1,000 births. What are the associations between cleft lip and/or cleft palate and other congenital anomalies, such as club foot, ear defects, anencephaly (disrupted formation of the brain and skull) or coronary heart disease? Do these patterns indicate that cleft lips and palates result from different mechanisms altogether, or are they variable severities of the same phenomenon? A new study in The Cleft Palate-Craniofacial Journal analyzed more than 1,000 cases of newborns with multiple anomalies to differentiate between cleft lip and/or cleft palate and to determine their associations with other congenital anomalies.

Six defects were found to be associated with cleft lip only. Three defects were associated with cleft palate only, including ear canal atresia and club foot. Anencephaly had the greatest association with all cleft types, which probably reflects its disruptive character. Spina bifida and VATER (vertebral, ano-rectal, tracheo-esophageal and renal) complex showed the most strongly negative associations with clefts of all types. The negative association between clefts and neural tube defects invites further investigation.

Coronary heart disease was the anomaly most often found in association with clefts, which is not surprising given that heart defects are the most common defect found in infants with multiple anomalies. Cleft lip and palate (CLP) is more likely to be associated with birth defects than cleft lip alone, which lends support to the notion that cleft lip and palate is a more severe presentation of the same anomaly; however, the patterns of specific defects associated with each condition indicate that different mechanisms and distinct pathways may be involved. Craniofacial defects involving the brain appear to be more associated with CLP, and cleft lip appears to be preferentially associated with ear deformities. (To read the entire study: www.allenpress.com/pdf/cpca-45-05-523-532.pdf)

(Source: American Cleft Palate-Craniofacial Association)
Meeting on implants informs and inspires

By Michmershuizen, Managing Editor Endo Tribune

The future of implant dentistry is bright. That was the message delivered at the Long Island Dental Implant Symposium, held Sept. 17 at the Huntington Hilton in Melville, N.Y. The event featured presentations by three well-known speakers and was sponsored by Astra Tech and Town & Country Dental Studios. More than 50 dentists attended, according to organizers of the event.

Dr. Roger P. Levin, whose consulting business, the Levin Group, is dedicated to helping dentists increase production and profitability while having fun at the same time, led off the day with a simple message. Forget the bad news about the economy, he said. The public needs us, and the public wants us. And yes, people want convenience. “Whoever makes good, and more than anything they practice. They feel pressure to look net sites before even walking into a practice. They feel pressure to look good, and more than anything they want convenience. “Whoever makes it easiest wins,” he said.

At the same time, Levin said, it is important to provide patients with various payment options, such as 5 percent off for cash up front, half up front and half by the end of year, or payment, or financing via credit. “Have a finance person whose job it is to get an option accepted,” he said. “The fact is that it always comes down to money.”

It’s also vital, Levin said, to educate each and every patient about the benefits of implants, so that if they ever lose a tooth they will think of you. “Everyone in your practice should be familiar with the benefits of implant dentistry,” he said. “Your office should ‘scream’ implants — your staff should be implant evangelists.”

Levin said that when talking to patients about implants, it is important to “speak English, not dental.” After all, he said, people just want to know five things: What is it? What will it do for me? How long will it take? How much does it hurt? How much will it cost? It is useful to use scripting, he said, to shift the conversation about elective dentistry from money to benefits. “Stop talking technical, talk benefits,” he said.

The good news, Levin said, is that advances like the Atlantis abutment, manufactured by Astra Tech and made available through Town & Country Dental Labs, plus diagnostic tools like cone beam scanning, available from companies like i-dontics, make working with implants faster, easier and more profitable than ever before.

Dr. Julian Osorio, inventor of the Atlantis abutment, offered a presentation on the thinking behind the patient-specific, CAD/CAM technology that has dramatically simplified and improved the implant restorative process. Osorio explained how Atlantis abutments eliminate the need for final impressions and cut chair time in half. The final result, he said, is improved clinical outcomes for patients.

Dr. Alan A. Winter, co-founder, president and CEO of i-dontics, a company that provides digital cone beam scanning, explained why 3-D imaging is such an indispensable tool for the pre-surgical planning of dental implants.

Also participating in the daylong symposium was Cadent, a digital impression company whose iTero system is designed to make restorations more predictable and better fitting.
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Join us at the Greater New York Dental Meeting!

First Dental Tribune Symposia to be held from Nov. 30 to Dec. 3

By Robin Goodman, Group Editor

People from around the world flock to the annual Greater N.Y. Dental Meeting, and with very good reasons beyond the fact that there is no registration fee. This year, Dental Tribune America has partnered with the meeting’s organizers to offer four days of symposia in the areas of endodontics, implantology, cosmetic and digital dentistry.

Each day’s morning session will feature a three-hour symposium on one topic that will be led by experts in the field. The afternoon sessions introduce attendees to Dental Tribune America’s educational concept of “Getting Started in …”.

The concept follows a proven European model where leading specialists provide a general overview of their specialty for those who are interested in “getting started in” that specialty. Each lecture will provide a thorough introduction to the techniques, products and practice management impact for each dental specialty.

The symposia are free for registered Greater N.Y. Dental Meeting attendees, but pre-registration is required. Also, due to limited seating, register early to ensure preferred seating.

If you are interested in tackling a new specialty area, Dental Tribune’s “Getting started in …” Symposia are an excellent place to start! For registration please visit www.gnydm.com or send an e-mail to info@gnydm.com. We look forward to seeing you in New York!

“Getting Started in …”

Symposia Schedule

◗ Endodontics: Sunday, Nov. 30
◗ Implantology: Monday, Dec. 1
◗ Cosmetic: Tuesday, Dec. 2
◗ Digital Dentistry: Wednesday, Dec. 3

Electric handpiece users: take notice

In March 2008, the FDA issued a MedWatch Safety Alert discussing patient burns from using improperly maintained handpieces. The article points to worn or poorly maintained speed-increasing handpieces (1:5 increasers). While proper maintenance for handpieces is very important, Daniel Call, customer service manager of Bien-Air USA, explains that the main reason electric handpieces have caused patient burns is because the handpiece has been used as a cheek retractor. This causes the button to touch the spindle moving at 200,000 rpm, creating friction and instant heat without warning.

Many practitioners have experienced the cap heating issue and have posted articles on the FDA Web site. You can test this cap heating theory by running a speed-increasing handpiece out of the mouth and lightly applying pressure to the cap with your thumb. You will notice that the push button cap will heat up within seconds.

Fortunately, Bien-Air has come up with a solution to this problem. The company has a unique, patented design that helps prevent the cap from overheating. All Bien-Air handpieces are equipped with a patented, anti-heating push button that restricts the contact of the push button to the moving parts inside the handpiece head, thus virtually eliminating the potential of push button getting in contact with the handpiece parts rotating at 200,000 rpm.

While it does not completely remove the threat of a heating cap if used as a cheek retractor, it gives significantly more warning than any other 1:5 handpiece on the market.

Fortunately, Bien-Air has come up with a solution to this problem. The company has a unique, patented design that helps prevent the cap from overheating. All Bien-Air handpieces are equipped with a patented, anti-heating push button that restricts the contact of the push button to the moving parts inside the handpiece head, thus virtually eliminating the potential of push button getting in contact with the handpiece parts rotating at 200,000 rpm.

For a limited time, Bien-Air is offering a trade-in special to all users of electric handpieces. For more information, contact Bien-Air at (800) 433-2436.

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Mention the “kit and caboodle ad” when you order for some extra kit!
Solution: credit recommendations provide insight to patient’s ability to pay

by Marla Merritt

Let’s face it, patient trends are changing. Whitening used to be just for the super-wealthy and braces were just for teenagers. Today, the average American adult is willing to spend thousands of dollars to improve his or her smile. These changes in patient trends have allowed dental professionals to increase revenues by offering a wide variety of costly treatments to a new generation of appearance-conscious consumers.

Just as patient care preferences are changing, so are patient payment preferences. Cost-conscious patients are exploring their options, literally “price shopping” costly dental procedures, by obtaining several quotes and researching payment options offered by various providers. As a result, consumers with good credit ratings expect no-interest financing—even on their dental treatments.

The problem is that most dentists do not offer office payment plans because they do not want to assume any risk. This often means patients are sent to look for third-party financing or are required to pay the full treatment amount up front. Either of these options can send today’s savvy consumer around the corner to your competitor.

A payment model that works for dentists too

For years, orthodontists have offered in-office payment plans while keeping delinquency rates low. They do this by scheduling the payment plan to end before treatment is completed or by assessing credit risk prior to offering a payment plan. By adopting these guidelines, your practice can confidently offer payment plans to your patients with very little risk to the practice.

The current economy has even the best paying consumers in a cash crunch. Coming up with “cash up front” for costly procedures may prohibit them from proceeding with treatment. Many of these consumers could afford treatment if the payment was spread out over time. By determining credit risk and extending a no-interest payment plan to credit-worthy individuals, your practice can see improved case acceptance and increased patient loyalty.

Here’s how it works

First, determine the treatment period and credit risk. If the treatment is limited to one or two office visits, it is crucial that you assess the risk associated with that patient. Because doctors aren’t typically trained in evaluating credit reports, consider a company like DentalBanc that will analyze the information and give you a concise assessment of the findings. DentalBanc’s credit inquiry does not affect the patient’s credit score—another advantage over third-party financing.

Once you know the patient has an acceptable risk level, offer an affordable monthly payment plan. Ask for a down payment that will cover most of your up-front costs then spread the remaining balance over three to 24 months. This is a great way to win the business of a patient that is a low credit risk, but doesn’t have the cash to pre-pay for a costly procedure. If the treatment is going to be spread out over several months or years, ask for a 25 percent down payment and offer a payment plan for the remaining balance. The payment plan should end before the final treatment is completed. This payment option is perfect for Invisalign, braces or any other treatment that requires multiple office visits over time.

Beyond risk assessment

Once your payment plan has been established and accepted, you will need an efficient and profitable way to manage that payment. Be sure to check out Marla Merritt’s article in the next issue of Dental Tribune to learn how to offer payment plans without creating extra work for your staff.

Marla Merritt is the director of sales and marketing of DentalBanc, a payment management solutions provider. She can be contacted at (888) 758-0585, ext. 8304, or by e-mail at mmerritt@orthobanc.com.
Conscious sedation: building upon an inherent trust in dentists

By Robin Goodman, Group Editor

According to the most recent Gallop poll figures available (2006), dentistry is considered to be one of the most honest and ethical professions. While nurses are at the top of the list, dentistry ranks among the top five: nurses, pharmacists, veterinarians, medical doctors and dentists.

Patients implicitly trust their dentists, which makes dentists the best resource for patients to learn about how oral health affects overall health. Given the abundant messages over the last few years of how oral health greatly affects systemic health, one would hope that this knowledge would encourage patients to visit their dentists more often. So are patients listening?

If one considers that among adults in the United States as many as 75 percent experience dental fear ranging from mild to severe, it is clear that many aren’t even making it across the threshold of dental practice doors. Further, anywhere from five to 10 percent among this group have what is called dental phobia, a condition that causes them to avoid visiting the dentist at all costs.

In fact, a recent survey published by the Academy of General Dentistry showed that a whopping 31 percent of baby boomers never go to the dentist or only do so in an emergency. The survey, conducted by Opinion Research Corporation International (ORCI), queried 1,000 American adults in private households. If one considers that the baby boomer population is some 76 million strong, a mere 31 percent of that represents an astounding number of patients that dentists have yet to meet.

It’s not always the dentists themselves that these patients fear; it’s also the procedures the dentists perform and the instruments they use. A fear of needles or the sound of the dental drill, as well as difficulty becoming numb can compound the anxiety that keeps these patients from seeking a dentist’s care. Of course, invasive procedures, such as oral surgery, tend to cause more fear than less invasive ones like prophylaxis. So how can a dentist encourage this large segment of the population not currently seeking care to set foot into his or her practice?

First, a dentist can build upon the trust that patients inherently have by educating them about oral conscious sedation. A properly trained dentist can reassure his or her patients that oral sedation treatment can help them overcome their fears and anxiety by creating a calming, relaxing and safe dental experience.

Informing patients of the numerous other benefits of oral sedation is also helpful — such as enabling the dentist to complete more dentistry in a single visit, reducing postoperative pain, and leaving patients with little to no memory of their treatment due to the amnesic effects of many of the medications.

Having an appropriately trained team, both business and clinical, also facilitates the process by building trust and rapport with the patients. This aids in developing the long-term, trust-based, doctor-patient relationships necessary for helping patients complete full treatment plans.

Oral sedation dentistry has the ability to help millions of fearful patients currently avoiding care. The trust is already there, it is simply up to each individual dentist to build upon it.

For more information about oral sedation dentistry, visit DOCSeducation.org or call (877) 325-3627.
Tooth augmentation

By Sarah Kong and Lorin Berland

This attractive and fashionable woman came to us seeking our assistance to improve the appearance of her smile (Fig. 1). She said, “It’s just not me!” Teeth #5 and #6 were part of a double abutment cantilever bridge for the pontic on tooth #7. Teeth #8 and #10 were implant crowns, and #9 was a porcelain crown (Fig. 2). All the restorative work was done more than two years ago in China. Although it was functional and healthy, the patient felt like her teeth looked old and unhealthy, as they were short, dark, uneven and intruded.

The patient had seen other “cosmetic” dentists who wanted to re-do all her restorations, but she remembered the experience, although necessary, was not pleasant, and more important, she did not want to jeopardize these teeth, crowns and implants. At her initial consultation appointment, we did a mock-up of teeth #8 and #9 to see if her smile could look like if she decided to improve their look by building them out facially and increasing their length.

Then we showed her what her smile might look like with a mock-up to include her lateral incisors and #10 as well (Fig. 5). We knew that her low lip line was on our side, as even her fullest smile did not show her gum line. This was an ideal case for a tooth augmentation procedure. She loved the way her teeth looked in the mock-up, but she loved even more the fact that we offered a way for her to preview her options! We also discussed the wear on her lower teeth and recommended veneering composite, but she wanted to focus on her upper front teeth at this time.

We presented our patient with her treatment options, and because neither of us was looking forward to redoing these restorations, I suggested laboratory-fabricated, no-prep resin veneers. The resin was chosen over porcelain due to its more flexible properties. The brittle nature of porcelain would have been more likely to cause fractures due to the under

Is he a dentist? Is he the mayor? He is both!

An interview with the mayor of Ormond Beach, Dr. Fred Costello

By Robin Goodman
Group Editor

How long have you been a dentist and when did you become mayor of Ormond Beach?

I graduated from University of Iowa in 1974. After serving in the U.S. Air Force for three years, I moved to Ormond Beach in 1977 and entered private practice. I am blessed to have always enjoyed my chosen profession. I am 58 and still practice full time and expect to continue for another 10 years or so. After being interested in and involved in giving back to my community for many years — including serving as president of civic groups and of both the Volusia County Dental Association and Florida Academy of Cosmetic Dentistry and serving on and being chairperson of both the Ormond Beach Planning Board and Development Review Board — I ran for Ormond Beach city commissioner in 1999 because the candidate I supported had health issues and was unable to serve. I did not support the vision of the other candidates. I had absolutely no intention to run for office.

As mayor and City Commissioner, we are in essence the chairman and board of directors who set the policy for the city manager — who functions as the president of the company and follows the directives of the board — and who is directly responsible to the elected officials. So there really is a great deal of similarity. As mayor I work with the commission to set policy and direct the city manager of Ormond Beach, and as a dentist I work with my partner and associates to set policy and direct my dental practice office manager to carry out our directives.

As the mayor and City Commissioner, I believe that “to whom much is given, much is expected” and I have been given many responsibilities. In other words, don’t try to do things others can do better; work to improve on what you already do well as that will energize you instead of frustrate you. Your team is an extension, and a reflection, of you and continually improve, elevate, refine and reward your team. My dental team of 12 and our Ormond Beach city employees of about 560 are considered to be outstanding! And we are always striving to get better!

Dentistry and public service both demand high integrity and commitment to excellence and a willingness to give more than expected in order to accomplish a defined objective. And both are rewarding to those who care more about improving the quality of life for others than about using every spare minute in a financially productive fashion. I am a believer that “to whom much is given, much is expected” and I have been given much so I try to give back more than is reasonably expected. I encourage all dentists to get involved in your local community public service arena, including elected offices. As you give, you will grow and get more out of it than you give to it.

Contact info

Mayor Fred Costello
City of Ormond Beach
22 S. Beach St.
Ormond Beach, FL 32175-0277
City Tel.: (386) 676-5204
City Fax: (386) 676-5330
Work Tel.: (386) 675-1611
Home Tel.: (561) 677-8702
E-mail: costello@ormondbeach.org
www.ormondbeach.org
Letter from the Editor in Chief

Dear Cosmetic Dentists,

Welcome to the second edition of Cosmetic Tribune. Our first edition was dedicated to the annual AACD meeting in New Orleans this year. Starting with this edition, Cosmetic Tribune will now be a monthly publication.

Something we hope you will notice is that our clinical articles will primarily focus on the “Why?” behind the cases presented. This is because we want to feature the work of doctors who have “been there” and who can share their insight and unique case studies with fellow practitioners. Further, we want to feature the work of our readers so that we can all learn from one another.

We want to encourage all of you to submit articles on cosmetic dentistry cases you would like to share for future editions. If you are interested in publishing within our pages, please contact Group Editor Robin Goodman (r.goodman@dtamerica.com) and she can give you all the details. Also, if you have any feedback to share, we would both be glad to hear it, so please contact Ms. Goodman or myself directly (drberland@dallasdentalspa.com).

In short, I hope you enjoy the first monthly edition of Cosmetic Tribune and we look forward to hearing from you!

Sincerely,

Dr. Lorin Berland
Editor in Chief

Cosmetic Tribune strives to maintain utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please contact Group Editor Robin Goodman, at r.goodman@dtamerica.com. Cosmetic Tribune cannot assume responsibility for the validity of product claims, or for typographical errors. The publishers also do not assume responsibility for product names, or statements made by advertisers. Opinions expressed by authors are their own and may not reflect those of Cosmetic Tribune.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see articles about in Cosmetic Tribune? Let us know by e-mailing feedback@dtamerica.com. We look forward to hearing from you!
matrix (DemMat) was used to isolate tooth #10 from #11, but no divider could be placed between teeth #6 and #7 since they were connected. Instead, liquid dam was applied and cured (Fig. 8). Next, the porcelain surfaces were prepared for bonding with the Groman Etch Master air abrasion unit to increase surface area and mechanical retention (Fig. 9). Before the margins of her porcelain restorations were below the gumline, hydrofluoric acid use was avoided to protect gingiva. In this case, Interface (Apex) was used as an etchant and porcelain primer (Fig. 10). This was followed with Optibond Solo Plus air thinned on the porcelain (Fig. 11).

The four Premise indirect veneers were tried on with A-1 and B-1. Ultimately, B-1 Premise flowable composite (kerr) was used for the centrals and A-1 for the laterals to cement the restorations. I chose flowable composite rather than veneer cement to fill in any undercuts due to the no prep nature of this case. The veneers were cured with the Kerr Demi Light at all angles. Because it is an LED, there is no heat generated that could result in sensitivity from over curing. The excess composite was removed with an American Eagle Gelothi periodontal knife along the gingival margins (Fig. 12) and Axis Qwik Strip interproximally (Fig. 13).

The patient’s previous restorations were taken to her high gum line, which was a bit uneven. Now her gum line appeared more symmetrical after having the resin veneers placed. Though she chose to wait to do her lower teeth, experience shows that she will do them in the future, especially after seeing how beautiful her upper teeth turned out. The patient loved her new smile! When the case was finished, we took digital images of the patient’s new smile, both full face and close-up. This is a very important step, as patients tend to forget what their teeth looked like prior to the dental work. Being able to see their before and after images side by side helps them to appreciate the work that was involved in improving their smile.

Not only was an esthetic result achieved, the patient was able to keep her original restorations without damaging them. People forget what you say and people forget what you do, but they never forget how you made them feel. Digital communication in this manner serves as a constant reminder and with a click of a button, they can share the experience with their family and friends (Fig. 14).
Products designed for dentists by dentists
An interview with Cosmedent Inc. co-founders Michael O’Malley and Dr. K. William “Bud” Mopper

By Robin Goodman
Group Editor

Back in 1982, some 25 years ago, Cosmedent opened an office in Chicago. Here you began to offer the first hands-on training and lectures devoted to composite resins. What were you both involved in at the time and what was the impetus behind this decision?

Mike: I was working for a dental consulting company when I met Buddy in 1980 to consult with him on one of his dental practices. Buddy and his friends, Dr. Norman Feigenbaum, were lecturing on the use of the new composite materials for esthetic dentistry. Over dinner, the three of us agreed that start an educational company dedicated to sharing our enthusiasm and knowledge of composite dentistry and showing dentists the remarkable things these materials could do for dentistry — for both the patient and the dentist. In the earliest days we published “The Forum of Esthetic Dentistry,” a newsletter that promoted a dialogue among the first users of composite resins. We also continued to lecture across the United States and Canada, showing clinicians the vast possibilities of direct resin bonding as both a restorative material and a cosmetic procedure.

Dr. Mopper: In 1982, there was a total lack of reliable information about how to use composite materials. I was lecturing around the country showing dentists how to get the best results with these versatile materials. As a practicing dentist working with these materials every day, I realized that direct resin bonding offered the dentist an opportunity for a rewarding personal experience making patients feel better about themselves as well as a way to significantly increase their office revenues. This was the main reason that I became such an enthusiastic advocate of using composites in dentistry.

There is a saying that goes, “Necessity is the mother of invention.” In the case of Cosmedent, this applies to dentists as your products are created to meet their needs. You also clearly state that your products are “designed for dentists by dentists.” Can you elaborate on how this process works in the company?

Mike: Cosmedent has working relationships with many dentists who come to us with innovative ideas they would like to bring to the marketplace. These ideas are evaluated by our product development team of dentists and chemists. A royalty is paid once the product has been successfully developed.

Dr. Mopper: The process works in this company by taking ideas and using them in practical application. Products are evaluated on a clinical basis considering ease of application, durability and final results. Cosmedent products stand the test of time because of their chemistry and quality control.

Would you explain how the Center for Esthetic Excellence (CEE) focuses on teaching the latest esthetic techniques and what it offers?

Mike: The CEE focuses on teaching what we know best — how to work with modern resin materials to accomplish beautiful esthetic results. Classes are small, limited to 15 dentists, so there is always a lot of individual attention to problem solving and teaching current dental techniques. A hands-on experience is included with each class.

Dr. Mopper: The CEE is dedicated to teaching the bonding experience better than any other facility in the country. For those who want to learn the artistry of direct resin bonding, the CEE is the place to come. We consider ourselves a very motivational institution; we motivate clinicians to increase respect for themselves when they acquire the skill to be dental artists. Because cosmetic dentistry is not a part of the curriculum in dental schools, the CEE fills this void in the educational system and gives dental professionals a place to focus on current esthetic techniques.

Cosmedent’s Renamel Microfill has been the No. 1 rated composite for a remarkable 17 years, and it also has received REALITY’s Product of the Year award three times. Now you have expanded this line to include Renamel NANO. Would you tell me about this new product?

Dr. Mopper: Cosmedent had a nano composite from the beginning of the company, Renamel Microfill was the first true nanofill resin and continues to be recognized as the No. 1 composite in dentistry. Renamel NANO was recently developed with the handling properties and esthetics of a microfill and the strength of a hybrid, combining many of the best qualities of these products in a single use composite. Renamel NANO will provide excellent restorative results in all types of esthetic restorations, both anterior and posterior. Our Renamel NANO is also completely integrated to the Renamel Restorative System for dentists who prefer to use a layering technique.

Mike: Over the years we noticed a need in the marketplace for a universal composite that not only handled well, but also performed esthetically. Renamel NANO was really born out of this need. Renamel NANO was designed for the dentist who wants to use just one composite, but does not want to sacrifice on the end esthetic result.

Would either of you be willing to share any wisdom as Buddy. “Don’t believe everything you read.” If there had been all of the early nativism surrounding composite dentistry, I would never have experimented with these materials and realized they would change dentistry and my life forever. “You never get more satisfaction out of dentistry than what you do yourself.” When you work directly with composite resin you feel a higher sense of gratification. This is your chance to really shine as a dentist as well as an artist. You can be as creative as you choose to be while remaining fresh and innovative. It will not take long for you to see how well the NANO product works.

Mike: I really share the same pearls of wisdom as Buddy. “Don’t believe everything you read.” Despite the popularity of cosmetic dentistry, there are still a lot of misrepresentations and faulty product claims circulating in the industry. Consumers are overloaded with information, making it very difficult to recognize what is real and what is not. It is therefore always important to ask questions, stay open-minded, and always think for yourself. “You never get more satisfaction out of business than what you do yourself.” Although starting a business involves a lot of hard work and an extreme time commitment, there is nothing more satisfying. The excitement Buddy and I share towards our products and contribution to dental esthetics extends far beyond anything I could have imagined. “Nothing spreads joy better than a smile.” I have seen countless lives improve after a smile makeover. A beautiful smile radiates from the inside out. I am very proud of the role that Cosmedent played in fostering the success, innovation and growth of the cosmetic dental field.

Contact info
Cosmedent, Inc.
401 N. Michigan Ave., Ste. 2500
Chicago, IL 60611
Tel.: (800) 621-6729
Fax: (512) 644-9732
www.cosmedent.com
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A meeting of change
ADHA unveils new format at 85th Annual Session

By Kristine Colker
Managing Editor, Ortho Tribune

Change was in the air this past June, as hygienists, students and others gathered for the revamped American Dental Hygienists’ Association’s Center for Life-long Learning at the 85th Annual Session in Albuquerque, N.M. The newly formatted meeting featured a variety of continuing education career tracks on the front end and the ADHA business meetings on the back end.

Gone were the days when the ADHA was focused strictly on politics, said ADHA past president Jean Connor. Instead the organization is recommitted to helping hygienists with their careers, connecting them to others and reaching out to students and young professionals to enhance their experiences.

The main event kicked off June 18 with a variety of educational sessions featuring topics such as infection control, women’s health and the application of oriental medicine to dentistry and continued throughout the weekend with seminars on everything from new products to tobacco cessation to tips on finding the perfect job.

Over in the exhibit hall, about 100 companies displayed their newest products in an attempt to catch hygienists’ eyes. All attendees were given a “Road Map to Prizes” game card. As they walked through the hall, they asked questions of the various companies and filled out their answers. Completed cards were then put into a drawing for various prizes.

But that wasn’t all the fun to be had. The Natural Dentist sponsored morning yoga, Brasseler sponsored chair massages, Henry Schein gave away ice cream and, depending on the time of day, there were fresh cookies, brownies and even cheese-cake available for an energy boost.

One of the highlights of the weekend was the Crest Oral-B Breakfast at the ADHA Annual Session.

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By Carol Southard, RN, MSN

As one of the most accessible health care professionals, dental hygienists are in ideal positions to provide tobacco cessation services. The more intensive the intervention, the higher the quit rates, but even minimal tobacco interventions every three to five minutes — increase the proportion of tobacco users who quit and have a considerable public health impact. The United States Clinical Practice Guideline recommends that all clinicians provide every tobacco user at every encounter with at least minimal tobacco cessation intervention. The regularly scheduled dental hygiene visit provides a unique opportunity to relate oral health findings to patient’s use of tobacco and provide cessation support. The effectiveness of even brief tobacco dependence counseling has been well documented and is also extremely cost-effective relative to other medical and disease-prevention interventions. With effective education, counseling and support, hygienists can provide an invaluable service. Helping someone overcome a tobacco addiction may be the most broad-reaching health care intervention a dental hygienist will ever achieve.

Tobacco use

Tobacco use has long been identified as the leading preventable cause of illness and death, a fact established by the most substantial body of scientific knowledge ever amassed linking a product to disease. Tobacco claims one life every eight seconds and kills one in 10 adults globally.

In the United States alone, cigarette use accounts for one of every five deaths and is responsible for more than 355,000 deaths each year. Smoking causes more deaths alone than AIDS, alcohol, accidents, suicides, homicides, fires and drugs combined.

Worldwide, 5 million people die each year from tobacco use. That number has been projected to double by 2020, with more than 70 percent of those deaths occurring in developing nations.

Smoking is a known cause of multiple cancers, accounting for 25 to 30 percent of all cases of cancer, and approximately 170,000 cancer deaths every year in the United States. The types of cancer associated with tobacco use include those that affect the lung, mouth, nasal passages/nose, larynx, pharynx, breast, esophagus, stomach, pancreas, bladder, kidney, cervix and possibly the colon and rectum in addition to acute myelogenous leukemia.

In particular, smoking has been linked to 90 percent of cases of lung cancer in males and 78 percent in females. Smoking also significantly increases the risk for heart and neck cancers (more than 500,000 people are diagnosed with these cancers every year). In general, individuals who smoke one pack per day increase their cancer risk by tenfold and individuals who smoke two packs per day increase their risk to 25 times that of a non-smoker.

In addition, smoking is a known cause of at least 25 percent of all heart disease and strokes, and no less than 80 percent of all chronic obstructive pulmonary disease (COPD). Smoking is a major cause of coronary artery disease, cerebrovascular disease, peripheral vascular disease and abdominal aortic aneurysm, and smoking is the most important risk factor for COPD. Only five percent to 10 percent of patients with COPD have never smoked. Once thought of as an “old man’s disease,” this disorder has become a major killer in women as well. The disease kills 120,000 Americans a year, and it is the fourth leading cause of death and is expected to be third by 2020.

Smoking during pregnancy causes spontaneous miscarriages, low birth weight, placental abruption, fetal heart defects, and sudden infant death syndrome. Babies born to women who smoke are more likely to be premature. Women, particularly those older than 35 years of age who smoke and use birth control pills, face an increased risk for heart attack, stroke and venous thromboembolism.

Other conditions that affect smokers include cataracts, macular degeneration, chronic cough, respiratory infections, damage to skin, poor oral health, low bone density, early menopause, gynaecosurgical reflex, high blood pressure, type 2 diabetes, psoriasis, erectile dysfunction.
Dear Readers,

Welcome to Hygiene Tribune! As Dr. Lindow wrote in a previous issue of Dental Tribune, we need to “recognize that the hygiene team’s contribution is the true backbone of any thriving dental practice.”

To that end, we have launched Hygiene Tribune as a monthly insert for our Dental Tribune weekly.

Our purpose within these pages is to bring to our readers — both dentists and hygienists — information on topics that are of utmost importance to fostering an excellent working relationship between the hygiene team and the dentists they work with. In addition, we would also like to create an open forum that presents the current discussions on contemporary topics.

Although our foray into the world of hygiene begins with a few pages each month — which also makes us very selective of the content we feature — our intention is to increase the total number of pages moving forward.

We look forward to hearing any suggestions you might have for article topics, as well as hearing any general feedback you would like to share with us. Please do not hesitate to write me at r.goodman@dtamerica.com!

Sincerely,

Robin Goodman
Group Editor

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**Winners announced for Zenith Dental’s RDH Under One Roof Sweepstakes**

Englewood, N.J. – Zenith Dental, the visionary company with a 25-year tradition of introducing innovative and reliable restorative dental products and exclusive distributor of Kolorz™ and DMG-manufactured products, recently announced the winners of its 2008 RDH Under One Roof (UOR) sweepstakes.

Zenith was pleased to support this year’s RDH Under One Roof conference by hosting the sweepstakes that awarded two lucky winners a free trip to this year’s event, which took place July 51-Aug. 2, at the Chicago Hilton.

Each winner received round-trip airfare, paid tuition to the RDH Under One Roof event, and a four-night stay at the Chicago Hilton. The sweepstakes was open to all registered dental hygienists and dental hygiene students who were currently enrolled in an accredited dental hygiene program.

The winners of the sweepstakes were Nancy Ferguson Brown, RDH, from Morganton, N.C. and Catherine Beth Lopez, RDH, from Waukesha, Wis.

Nancy Ferguson was extremely happy with the event, “I can’t tell you how thrilled I was with my RDH Under One Roof experience. I have over 29 years experience in public dental health, with a focus on children and the community. Attending UOR inspired me with new ideas and provided me with the latest information in dental technology and product innovation. I have to say, though, the underlying feeling of camaraderie among my fellow hygienists was my biggest reward!”

Thank you, Zenith, for providing the opportunity for professional growth, not only for me, but for all dental hygienists."

Catherine Lopez shared the same sense of growth and camaraderie among her peers. “UOR was a wonderful experience for me. I have been a working hygienist for over five years, primarily practicing in a pediatric setting. I also temp in general practices and I volunteer at a local clinic. I had the pleasure of meeting with hygienists from all over the country. Their enthusiasm for our profession was truly empowering. I left UOR feeling challenged and motivated again. This was honestly a blessing for me. Thanks so much!”

All entries for the sweepstakes were received by May 30. Winners were selected in a random drawing on June 2, and were announced on the Zenith Web site and contacted via telephone and e-mail.

“Zenith was pleased to offer an easy and convenient way for hygienists who may not have been able to attend the event a chance to participate in one of the most popular and important gatherings for their profession,” remarked President of Zenith Dental George Wolfe. “The event was a three-day extravaganza of workshops, exhibits, and networking that introduced attendees to new products, techniques, and people that they may not otherwise have the chance to experience in their everyday workplace.”

About RDH Under One Roof

RDH Under One Roof is an action-packed event that offers quality dental hygiene continuing education. The dental hygiene training experience continues at the dental hygiene continuing education courses with some of the leading speakers in the industry. The RDH exhibitors feature new dental hygiene products, dental products and dental equipment. The next RDH Under One Roof Summer Conference will take place July 29-31, 2009, at Rio All Suites Hotel & Casino in Las Vegas.

About Zenith Dental

Since 1982, Zenith Dental has been the visionary company responsible for introducing some of the most widely used and clinically successful dental restorative products to North America. Zenith selects and partners with leading global dental manufacturers to provide American and Canadian dentists with a comprehensive range of exceptional restorative materials.

Zenith’s premier partner is DMG, recognized for 40 years as a global leader in the research, development and production of innovative and reliable restorative materials. Zenith Dental has the distinction of being the exclusive distributor of DMG products in the U.S. and Canada. Together with DMG, Zenith Dental has become known as the “automix specialist.” Its leading role in automix innovation began over a decade ago with the release of Luxatemp®, the first automix provisional restorative material. Zenith went on to introduce a wide range of advanced materials, which have become market leaders thanks to their clinical efficacy and ease of use.

For more information and a complete list of Zenith Dental product offerings, please visit www.zenith-dental.com, or call (800) 662-0353.

Publisher
Torsten Oremus
Publisher@dtamerica.com

Managing Editor
Kris Oemus
k.oemus@dtamerica.com

Managing Editor Endo Tribune
Fred Michielsen
f.michielsen@dtamerica.com

Managing Editor Implant Tribune
Sierra Bendon
s.bendon@dtamerica.com

Managing Editor Ortho Tribune
Kristine Colker
k.colker@dtamerica.com

Product & Account Manager
Mark Eisen
m.eisen@dtamerica.com

Marketing Manager
Kimberly Price
k.price@dtamerica.com

Director E-publishing & E-Learning
Ovidiu Gheban, PhD, MBA, DMD
ovidiu@doctor.com

Director of Hygiene Tribune
Eric Seid
e.seid@dtamerica.com
Bidis (small, often flavored, hand-rolled cigarettes) increase the risk of coronary heart disease and cancer of the mouth, pharynx and larynx, lung, esophagus, stomach and liver. Smoking a hookah (a kind of tobacco water pipe) results in the same carbon monoxide level as smoking a pack of cigarettes a day. All tobacco products emit more than 4,000 chemicals, 45 of which have been identified as carcinogens.

All oral health care professionals should be concerned with their patients’ use of tobacco products. Smoking may be responsible for more than half of the cases of periodontal disease among adults in this country. Tobacco use is therefore one of the most significant risk factors in the development, progression and successful treatment of periodontitis. Current smokers are about four times more likely than people who have never smoked to have advanced periodontal disease. Even in adult smokers with generally high oral hygiene standards and regular dental care habits, smoking accelerates periodontal disease.

Tobacco use has been directly implicated in numerous oral morbidities, including oral cancer, stomatitis, oral leukoplakia, gingival recession and soft tissue changes. Tobacco use causes an increase in dental staining and delays in wound or oral surgery healing. Smoking is associated with increased levels of prevalence as well as the severity of vertical bone loss. Smoking exerts a strong, chronic, and dose dependent suppressive effect on gingival bleeding on probing.

Cigarette smoking may be a cofactor in the relationship between periodontal disease and chronic obstructive pulmonary disease, and in the relationship between periodontal disease and coronary heart disease. Smoking extends a favorable habitat for bacteria and in this way can promote early development of periodontal lesions.

Other oral problems

Researchers also have found that the following problems occur more often in people who use tobacco products:

- Oral cancer
- Gum recession
- Bad breath
- Bone loss
- Tooth loss
- Facial wrinkling
- Less success with periodontal treatment
- Less success with dental implants

Carol Southard, RN, MSN, an American Lung Association certified instructor with more than 20 years experience and proven success, is a pioneer in the field of smoking cessation. Southard is a Tobacco Cessation Consultant for Chicago area hospitals and has published articles and presented numerous workshops and seminars for health professionals as well as for community groups on smoking cessation throughout the nation. Southard served as the Project Consultant of the Smoking Cessation Initiative, a national program under the auspices of the American Dental Hygienists’ Association. Recently, Southard joined the staff of the University of Chicago Medical Center as a Study Therapist for the Clinical Addictions Research Laboratory. In addition, Southard was instrumental in launching the Chicago Second Wind: A Chicagoland Smoking Cessation Initiative.
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