Maxillofacial surgery airs via Google Glass

By Javier de Pison
Dental Tribune Latin America

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Three dental surgeons at the Hospital de Molina in Murcia, Spain, conducted the historic maxillofacial procedure as part of a master class they were presenting. The team shared real-time perspective on the procedure live from the surgeon’s point of view using Google Glass, the wearable minicomputer that is currently available to a limited number of users on a trial basis through Google’s “Glass Explorer Program.” The glasses display Internet-accessed information within the wearer’s vision field in response to voice commands from the wearer. The technology was developed in Google’s X Lab, a research and development initiative investigating a range of futuristic technologies, such as the widely publicized driverless-car prototype.

The complex clinical procedure performed by Drs. Pedro Peña Martínez, Juan Francisco Piqueras Gómez and Alejandro López Gómez was part of the “3D Diagnostics and Treatment Surgery” course at the Dental Clinic of the Hospital de Molina, which provides advanced training to dentists from across Spain.

The surgery was performed on a 70-year-old patient with total edentulous maxilla using a computer-guided implant technique that Peña pioneered in Spain. The computer-guided surgery system helps surgeons plan and perform clinical procedures. A 3-D model of the patient’s upper jaw was made, which showed the position in which the implant truss would be placed.

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By Daniel Zimmerman  
Dental Tribune International

Few people are granted the opportunity to become an active part of historical events. Dr. Don T. Curtis, 76, a former dentist and oral surgeon from Amarillo, Texas, is one of them. On Nov. 22, 1963, as a 26-year-old resident in oral and maxillofacial surgery at Parkland Memorial Hospital in Dallas, Curtis was one of the first doctors to assist with emergency treatment efforts on President John F. Kennedy after he was shot. Dental Tribune International recently had the opportunity to speak with Curtis about that day and his perspective from 50 years later.

A film about the events at Parkland Memorial Hospital, produced by Tom Hanks and starring Billy Bob Thornton, was released near the 50th anniversary of the assassination. Do you think it stays true to the events?

I have not seen it, but I have heard criticism that it paints a rather sensationalized picture of the events. I guess I would go see it if it were shown here in Amarillo.

You began working at Parkland Memorial Hospital in 1963. What was your position? At that time, I was halfway through my first year of residency in oral and maxillofacial surgery. Before I took a residency there, I also completed an internship. I became interested in the field while working as a surgical technician in a general hospital during my time in dental school at the Texas A&M University Baylor College of Dentistry in Waco.

Were you aware of the president being in Dallas on Nov. 22, 1963?

I was not aware of that and was surprised when they brought him to the hospital. I had a surgery scheduled for later that day and was on my way to have lunch. The way to the lunchroom, however, required me to leave the building and walk across the receiving area of the emergency room, where I noticed police cars and the presidential limousine, which had blood on it and roses that were given to the first lady, Jacqueline Kennedy, when she arrived at the airport. When a policeman asked me whether I was a doctor, I said yes. He then replied that the president was hurt and escorted me to the trauma room where President Kennedy was.

In what condition was Kennedy when you arrived?

When I got there, it was obvious that the president was in extremis. He tried to breathe but was unable to do so. Dr. Charles James Carrico, a Parkland resident surgeon, had placed an endotracheal tube in an attempt at ventilation. However, that did not work because there was a blockage of the president’s airway, so (Carrico) decided to do a tracheostomy. I helped the nurse to undo the president’s tie and remove his shirt to prepare him for the procedure. Then Dr. Malcolm Perry, a senior surgeon, came into the room, and it was decided that he should do the tracheostomy. Dr. Carrico assisted Dr. Perry, and I performed a cut-down on the left leg to provide for intravenous replacement of blood. When I looked up later, the room was filled with the sensor charts of all surgical departments at Parkland. There were also some people I did not know.

Where you aware there had been an assassination attempt?

I was unaware of the nature of the injury.

Dentist in Dallas emergency room among first to treat JFK

In foreground, Spanish maxillofacial surgeons Alejandro López, from left, Juan Francisco Piqueras and Pedro Peña (wearing the Glass), the first dentists to use Google Glass to stream a surgery live. Photo/Provided by the Dental Clinic of the Hospital de Molina.
...because his head was on a pillow and I could not see a wound. I remember the chief of neurosurgery, Dr. William Kemp Clark, rotating Kennedy’s head to the left, revealing that the posterior part of his skull had been radically fractured. He then said, “Stop. This injury is incompatible with life.”

What was the atmosphere in the room? It became very quiet. Nobody said anything.

Was there any chance that the president’s life could have been saved?

Nothing that we did made a difference. Kennedy’s wound was clearly incompatible with life.

According to eyewitnesses, discussions broke out about who was authorized to do the autopsy. Did you notice any of that?

I did not, because I left the trauma room soon after the president had been pronounced dead and went back to the clinic to see my patient in the operating room. However, I found that all scheduled surgeries for that day had been canceled, and all patients had been sent back to the ward. Only a few surgeries were underway at that time, including that of Governor John Bowden Connally, who had also been injured during the shooting.

Because there was nothing else for me to do, I then cleared my business in the clinic and went home. There, we spent the weekend watching television and listening to the news on the radio. We were relieved that President Lyndon B. Johnson had made it safely back to Washington and that the government was uninterrupted. Finally on Sunday, we learned that the suspect, Lee Harvey Oswald, had been shot, which indicated (to me) that there was something going on in addition to just a lone shooter.

Many Americans do not believe Oswald acted alone, as concluded by the Warren Commission investigation. Did you see any irregularities in the official report in comparison to the events you witnessed directly?

The Warren Commission’s report reflected what the people wanted to hear, which was that Oswald acted alone and that there was no conspiracy.

The doctors of Parkland, however, when wiping the blood from Kennedy’s neck for the tracheostomy found a single bullet hole that was apparently an entrance wound, which meant (there) must have been at least two bullets that came through the front. Because of its nature, the wound on the back of Kennedy’s head was an exit wound, so there must have been at least two bullets that came through the front.

While all the doctors’ testimonies, including mine, were included in the report, their knowledge of the wounds did not have much influence on the commission’s overall conclusion. Why it was interpreted that way has remained a mystery for the past 50 years.

What do you believe actually happened that day?

My personal belief is that there were, of course, multiple shooters and that Oswald did not do it alone. This would indicate, however, that there was in fact a conspiracy.

You stayed at Parkland Memorial Hospital for another two years. Were the events still discussed by the staff in the aftermath?

We actually never talked about it. This was something we just did not want to discuss. However, I left Parkland in 1965, for an exchange residency in London and Zurich, where I often discussed the events with my colleagues abroad. Particularly in England, there was much interest in U.S. politics and the assassination.

You recently went public with your knowledge after 50 years. Why?

Everything that I would say is already in the literature about the assassination, but I think there needs to be general knowledge (from) people who were actually involved.

More than six million pages of classified evidence on the Kennedy assassination will be released by 2017. Are you interested in this knowledge?

There is a great deal of speculation of what information these documents actually contain. I do not look forward to it but would be interested to know what could be learned from them.
Speakers, exhibitors fill Greater New York Dental Meeting with innovation

By Dental Tribune Staff

The 89th Greater New York Dental Meet-
ing was held Nov. 29 to Dec. 4 at the Jacob K. Javits Center in Manhattan, offering meet-
ing attendees the opportunity to expand their professional knowledge and expertise and visit with hundreds of exhibiting com-
panies to learn about new products and services.

Among the many educational highlights:

In the Live Dentistry Arena, Dr. Jack Grif-
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sions, cementation and finishing — feature-
ing some of the most dependable materials available today. Dr. Aekkaya Panjali surgi-
ing the “ideal laser.”

A discussion of applied laser physics was used to explain how to safely and efficient-
ly use a laser for the benefit of the patients. Both hard- and soft-tissue procedures, many of which can be used by general den-
tists, were discussed and illustrated. The seminar concluded with a brief discussion of current laser research and the criteria for the “ideal laser.”

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AAP meeting shows profession’s evolution

By David L. Hoexter, DMD, FICD, FACD, Editor in Chief

The annual meeting of the American Academy of Periodontology (AAP) was held from Sept. 28 to Oct. 1 in Philadelphia, a wonderful city in which to enjoy a conference. The convention center is accessible, has a friendly environment and informative personnel — and accommodates a tremendous number of attendees.

Birth of periodontics

In 1965, periodontics was officially titled a specialty by the American Dental Association. This year, the AAP celebrated its 99th anniversary, with members looking forward to the 100th-anniversary celebration next year in San Francisco. A big differences at the meeting this year compared with past years was the casual attire of attendees: no ties and jackets. Sweaters and jeans are yesterday’s suits and ties. The expensive room setups were first class. The large screens to accommodate the computer images were impressive, as was the commercial support afforded the presenters, eager to catch the attention of the attendees.

The implants inundation

The AAP is one of the most sophisticated groups of detailed practitioners there is. Its exposure to dental literature, recent and past, is unsurpassed. However, the inundation of the implant field into its life, as seen, too, in the maxillofacial, prosthetic and general practice sectors — and even recently, endodontics — has changed the direction of our profession. Periodontics started out as a specialty that focused on preserving, saving or regenerating the supporting periodontia. Now, it seems that this field is changing the lofty goals of periodontics and leading to doingso, it will benefit itself, the profession and the public.

The influence of implants in periodontics was well-established with such fine speakers as Drs. D. Tarnow S. Chu and N. Caplanis. It was also most stimulating to hear Drs. Steven Offenbacher and David Paquette discuss periodontal systemic relationships, emphasizing the leadership role of the periodontist in the present as well as the future.

The staff of the AAP was well-organized and informative. There was even a well-presented and participative hands-on course of temporization of implants, because “all of the specialties are overlapping, and there is no reason not to be prepared to fabricate temporaries and be part of the implant team.”

With this in mind, I am confident that, in future meetings, the AAP will continue to include presentations on crucial systemic involvements such as diabetes, heart-related diseases, medications and their effects. Implant presentations should be intertwined but should not dominate.

Crisp, orderly, informative

Getting back to this meeting, Dr. Ray Williams was outstanding as a moderator. Drs. Joseph Fiorellini, Jon Suzuki and Hom-Lay Wang were crisp, orderly and informative. There was even a well-presented and participative hands-on course of temporization of implants, because “all of the specialties are overlapping, and there is no reason not to be prepared to fabricate temporaries and be part of the implant team.”

The AAP is one of the most sophisticated groups of detailed practitioners there is. Its exposure to dental literature, recent and past, is unsurpassed. However, the inundation of the implant field into its life, as seen, too, in the maxillofacial, prosthetic and general practice sectors — and even recently, endodontics — has changed the direction of our profession.

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The AAP should once again promote the specialty implant organization and the public.

‘The AAP is one of the most sophisticated groups of detailed practitioners there is.’

DAVID L. HOEXTER, DMD, FICD, FACD, is director of the International Academy for Dental Facial Esthetics, and a clinical professor in periodontics at Temple University, Philadelphia. He is a diplomate of implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a diplomate of the American Board of Aesthetic Dentistry. He lectures throughout the world and has published nationally and internationally. He has been awarded in fellowships, including FICD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery. He can be reached at (212) 355-0004 or drdavid@gmail.com.
YDC fills agenda with top speakers, programs

Organizers of the 2014 Yankee Dental Congress invite you to join 28,000 fellow dental professionals from Jan 29–Feb 2 at the Boston Convention and Exhibition Center for “It All Starts Here,” the theme of this year’s meeting.

You and your dental team can enjoy top speakers and experts in dental technology — and explore best practices and resources to improve your practice, increase your knowledge and better serve your patients.

Continuing education

Continuing education program highlights include:

• “Ninth Annual Conference for Women in Dentistry” — Discuss personal branding, optimal aging, exercises to protect your neck and nutritious “sexy” eating.

• “Diagnosis and Treatment of Oral and Facial Lesions Fast Track” — In these six one-hour sessions, learn more about conditions that can affect the oral cavity as well as oral and facial lesion treatment options.

• “Master the Skills of Marketing Your Practice in One Day” — Discover how to market your dental practice with conventional and web-based strategies to help expand practice visibility and excellence.

The speaker lineup features many distinguished experts in dentistry.

• Charles Gerba, PhD — Learn about controlling the spread of pathogens in “Hygiene in the 21st-Century” (205TL).

• John Sorensen, DMD, PhD — Restorative dentists can benefit from “Materials and Systems Selection for Posterior Indirect Restorations” (425RL) and “Clinical Mastery of Anterior Restorations: Treatment Planning” (481RL).

• Sam Simos, DDS — “Taking Your Cosmetic Dentistry from Acceptable to Exceptional” (616SL) will reveal precise steps to take to help ensure a high level of success with your cosmetic practice.

• William Wilson, DDS — Understand what’s necessary in the care and restoration of head-and-neck injuries of wound-ed soldiers, sailors, marines, and airmen in “Combat Related Injuries and Maxillofacial Prosthetics” (483RL, 624SL).

• John West, DDS — This endodontic specialist will discuss ways you can practice more endodontics and restorative dentistry in your practice in “Building Your Practice Through Endodontics” (48RL).

On Thursday evening, share your passion for health, fitness and fun with colleagues, friends and family at “Going for the Gold at Yankee,” free for everyone. On Friday evening, join the Massachusetts Dental Society at this free anniversary celebration with hors d’oeuvres, music and a cash bar.

You can register online today for the biggest dental meeting in New England at www.yankeedental.com.

(Source: Yankee Dental Congress)

300-plus exhibiting at PDC

The entrance to the Vancouver Convention Centre on a rainy day during the 2012 Pacific Dental Conference. This year’s conference, with a two-day exhibit hall, anticipates more than 300 companies with dental products and services in approximately 600 booths.

Photo/Dental Tribune file photo

Organizers of the 2014 Pacific Dental Conference, from March 6–8 (Thursday, Friday and Saturday) in Vancouver, British Columbia, will feature a varied selection of open C.E. sessions, hands-on courses and a live dentistry stage. One registration fee gives access to all 144 open sessions, which means no pre-selection of courses is necessary.

More than 135 speakers

The variety of topics covered by more than 135 speakers means the entire dental team can access the latest information on dental technology, techniques and materials.

Speakers in the 2014 lineup include John Kois, John Cranham, Sergio Kuttler, Greg Psaltis, Ross Nash, Derek Mahony, Rob Roda, Louis Malcmacher, Bart Johnson, Jesse Miller, Rhonda Savage and Nancy Andrews.

Event includes University of British Columbia Alumni

With the University of British Columbia Faculty of Dentistry celebrating its 50th anniversary, the PDC will present the “UBC Speakers Series,” with UBC alumni addressing a variety of topics.

The Live Dentistry Stage is back in the exhibit hall, with demonstrations on Thursday and Friday. On Saturday, the “So You Think You Can Speak?” program features 50-minute presentations by speakers who responded to a call for presentations and were accepted by the meeting’s scientific committee. A number of timely dentistry topics will be covered.

Two-day exhibit hall

The exhibit hall should be busy with more than 300 companies projected to fill approximately 600 booths. Exhibition hours are 8 a.m. to 6 p.m. on Thursday and 8:30 a.m. to 5:30 p.m. on Friday.

Special hotel rates are available to attendees, with early booking recommended to ensure availability.

Reservations can be made directly with conference hotels via the links on www.pdcconf.com.

(Source: Pacific Dental Conference)
Recapture a passion for dentistry

Feel like you’re stuck in a rut? Need a change? If you want to “regain control” of your practice and recapture a passion for dentistry, consider a Las Vegas Institute for Advanced Dental Studies regional event. You’ll have the opportunity to discover a path that can lead to both personal and professional satisfaction.

If you’ve considered taking an LVI course but couldn’t justify the expense — or didn’t want to take on the challenge of bringing a patient to Las Vegas — a regional event can be an easier way to see what LVI is all about.

The one- and two-day programs are designed to reveal a more professionally satisfying and profitable way to practice dentistry. You’ll receive high-value information about LVI’s esthetic and occlusal philosophies and learn how to create your own golden age of dentistry by turning your patients into guests and making it easier for them to accept comprehensive treatment.

Also, an experienced LVI regional director will share his or her personal journey and show you how you can create your own.

A regional event — held throughout the year in locations across the United States and Canada — can provide a first step toward boundless opportunities for you and your patients.

The experience is designed to give you tools to improve income, afford better equipment, and more important: It will enable you to provide better care and a higher quality of living to your patients.

For more information, you can visit LVI online at www.LVIGlobal.com.
Barrier protection is critical in dental professionals’ gloves

Gloves should enhance safety of both patients and users

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

Many types of gloves are available today, but it is important to know that not all gloves have the same barrier capability, depending on the type of material used. For example, natural rubber latex gloves have long been acknowledged for their very effective barrier properties, while non-latex gloves, such as vinyl (polyvinyl chloride), have inferior barrier capability as shown by numerous studies. Other synthetic gloves, such as nitrile and polysoprene, perform much better than vinyl but are more costly, especially polysoprene gloves. Using gloves with inferior barrier capability could expose both the patient and user to harmful infections.

Quality, safety top priorities

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

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

Natural, sustainable resource

Latex gloves are green products, derived from a natural and sustainable resource, and are environmentally friendly. (You can learn more online by visiting www.smg-gloves.com or www.latexglove.info). The use of low-protein, powder-free gloves has been demonstrated by many independent hospital studies to vastly reduce the incidence of latex sensitization and allergic reactions in workplaces.

More importantly, latex allergic individuals donning non-latex gloves can now work alongside their coworkers wearing the improved low-protein gloves without any heightened allergy concern.

However, for latex-allergic individuals, it is still important they use appropriate non-latex gloves, such as quality nitrile and polysoprene gloves, that provide them with effective barrier protection.

Extensive array of brands, features and prices

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

They can be sourced either factory direct (www.mrepc.com/trade and click ‘medical devices’) or from established dental product distributors in the United States.

(Source: Malaysian Rubber Export Promotion Council)
Work with confidence

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

Malaysia is the largest source for U.S. imports of natural and synthetic rubber gloves as reported in tariff and trade data by the U.S. Department of Commerce and the U.S. International Trade Commission

www.mrepc.com
www.smg-online.biz
www.latexglove.info

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Curve Dental, developer of Web-based dental software, has introduced a new platform of patient communication features called Curve Connex, which includes a patient portal for online payments. The company has rolled out a new automated appointment reminder system that can help the practice reduce missed appointments.

The portal is an online extension of the practice wherein patients can make a payment, review current and past statements, view past payments and see when the next appointment is scheduled for the family or individual. In addition, the portal provides the visiting patient with a library of more than 60 fully automated and professionally narrated patient education videos. Whenever a visiting patient watches a video, the date, time and video title are noted in the patient’s record. The Web-based application enables Curve Dental to securely pass data to the patient portal in real time, so synching with a local server isn’t needed.

Automated appointment reminders
Curve Connex also includes a fully automated appointment reminder system. Patients can be reminded of appointments by email or text message. With few limitations, Curve Dental customers determine how often they wish a patient to be reminded, when they are to be reminded and how they are to be reminded.

“Curve Connex allows our customers to practice outside the walls of their office,” said Ian Zipursky, president and chief operating officer of Curve Dental. “Consumers use the web because it is much more convenient and flexible, which are hallmark benefits of managing the practice on the cloud rather than with traditional software. More and more of us would rather pay our bills online and learn more about our account at a time and place that fits our lifestyle. We don’t want to be restricted by business hours and weekends. Additionally, our customers should experience a reduction in missed appointments with Curve Connex’s automated appointment reminder capabilities.”

An accessory to Curve Dental’s practice management system, Curve Connex gives Curve Dental customers the option to add Curve Connex to their monthly subscription at an additional charge. Curve Dental customers can be automatically reminded of appointments via the Curve Connex portal hosted by Curve Dental.

“Curve Dental is on the cutting-edge of technology in dental software and is an ideal partner for Bluefin,” said Bluefin CEO John Perry. “We seek to partner with companies that offer differentiated products that allow customers to accomplish tasks in less time and with more efficiency.”

In addition to having access to a highly secure integrated payment product, Curve Dental clients will also benefit from a transparent and competitive pricing structure and one-on-one support from Bluefin and Curve Dental team members.

DemandForce and Intuit
DemandForce, an award-winning communications platform combined with best-in-class reputation and networking tools, is a powerful Web-based application that seamlessly integrates with existing workflow systems to help strengthen a business’s online reputation and leverage local network marketing.

Founded in 2003, DemandForce has collected more than 4 million consumer reviews, which are published across the Web, and has generated more than $3 billion dollars for its clients. Through the DemandForce Network, its end clients are connected to more than 45 million local consumers.

Intuit is a leading provider of business and financial management solutions for small- and mid-sized businesses, financial institutions, including banks and credit unions; accounting professionals, and consumers. Its flagship products and services include QuickBooks, Quicken and TurboTax. Founded in 1983, Intuit had annual revenue of $3.5 billion in its fiscal year 2010. The company has approximately 8,300 employees with major offices in the United States, Canada, the United Kingdom, India and other locations.

Bluefin Payment Systems
Bluefin Payment Systems based out of Atlanta with offices in New York, Chicago and Tulsa, Okla. Bluefin is a leading payment processor in the United States and Canada, providing secure payment solutions to Integrated Software Vendors, Saas’ providers and enterprise management platforms in a variety of verticals including medical, dentistry, health, fitness and more.

Through the company’s PayConex payment gateway, partners and merchants enjoy all major processing products, such as credit/debit/ACH, with the convenience of acceptance through the point-of-sale, virtual terminal or hosted e-commerce pay page. Bluefin’s security suite includes point-to-point encryption, transparent redirection, tokenization and store-and-forward processes. Bluefin partners with more than 100 software companies and serves 15,000 merchants.

Curve Dental
Founded in 2004, Curve Dental offers dental practices in the United States and Canada web-based alternatives to traditional dental software applications. Its dental-practice management solutions include cloud-based features such as scheduling, billing, reporting and digital imaging, enabling the practice to access data from any location at any time.

Privately held, with offices in Orem, Utah, and Calgary, Alberta, Canada, the company strives to make dental software less about computers and more about the user experience. Its creative thinking can be seen in the design of its software, which is built only for the Web.

Curve Dental at (888) 930-4376 or online at www.curvedental.com.

With Curve Dental’s Curve Connex, patients can make a payment, review current and past statements, see when their next appointment is and access more than 60 professionally narrated education videos. Photo/Provided by Curve Dental

Curve Dental platform integrates marketing, communications, payments and more

Curve Dental

Dental Tribune U.S. Edition | December 2013

AIO

Industry News
Implant treatment predictability achieved with focus on simplicity

International lecturer presents live C.E. session March 28

Dr. Robert Jaffin, in a presentation titled “Achieving Predictability Through Simplicity in the Implant Treatment,” will focus on the fundamentals vital to successful implant therapy and the criteria necessary to achieve predictable esthetics.

The lecture will be held at Essential Dental Seminars at 89 Leuning St. in Hackensack, N.J., from 9 a.m. to noon Friday, March 28 (following an 8:30 a.m. breakfast). Registration is available online at www.essentialseminars.org or by calling (888) 842-6376. Attendees can save $50 on the $150 cost of the session by registering before Jan. 31. The session is worth three C.E. credits.

Acknowledging that dental implants have become an integral part of reconstructive therapy, Jaffin describes the goal of the lecture as being to simplify implant therapy and remove many of the obstacles that lead to complications.

According to Jaffin, attendees will leave with an understanding of the forces placed on implants and how such forces are received by the implant and the bone. Jaffin also will address and discuss cantilevers and guidelines for grafting.

Jaffin received his dental degree from the University of Pennsylvania and certificate in periodontics from Columbia University. He is a diplomate of the American Board of Periodontology, one of the founders of the Academy of Osseointegration and a fellow of that academy. He is director of periodontal services at Hackensack University Medical Center and directed the school’s implant program. He is a fellow of the International Team for Implantology and was a member of the ITI World Consensus Conference, Section on Loading Protocols in 2003, 2008 and 2013 as well as the AO State of the Science of Implant Dentistry in 2006. Jaffin is an associate editor of the International Journal of Oral & Maxillofacial Implants, has published numerous refereed articles on dental implants and loading protocols, authored two chapters in textbooks and is a recognized international lecturer.

(Source: Essential Dental Seminars)

CareCredit enhances mobile site

While thousands of patients and cardholders visit www.carecredit.com each month to learn more about the program and manage accounts online, a growing number of them are using mobile devices to access their accounts and make payments. In response, CareCredit has launched an optimized mobile site designed to provide a user-friendly, secure experience for smartphone users.

The enhanced site includes features that users told CareCredit they want most in mobile account management:

- Access via a single username and password.
- Manage payments.
- Enroll in and view e-statements.
- View transaction history.
- Update personal information.
- Add/change bank information.

(Source: Essential Dental Seminars)
Global dental-equipment market is expected to hit $7.6 billion by 2018

According to a market report recently released by Transparency Market Research, the global dental equipment market was valued at $5.5 billion in 2011 and is expected to grow at a compound annual growth rate of 4.7 percent from 2012 to 2018, to reach an estimated value of $7.6 billion in 2018.

**Diagnostics, treatment drive growth**

The market growth is primarily attributed to the advancement in diagnostic and treatment technologies, such as dental lasers, leading to faster healing, minimal pain, reduced chair time and more precise diagnosis.

In addition, growing global awareness about the role of dentistry in aesthetics coupled with increasing disposable income of patients is also feeding the growth in the dental equipment market.

The trend of patients migrating to developing countries such as India, in search of better and cheaper dental treatment, referred to as dental tourism, is also fostering growth in the global market.

**Incomes and dental-health awareness both increasing**

According to the report, rising disposable incomes of patients coupled with growing dental care awareness will drive the dental equipment market in the developing Asian countries.

In the developed regions of North America and Western Europe, market growth will be driven mainly by the aging population possessing a desire to retain natural tooth structure.

In 2011, North America was the leader in terms of market share and is expected to maintain its leadership position in 2018. This can be attributed to the rapid adoption of advanced technologies such as CAD/CAM, along with relatively higher dental-health awareness across the population.

**Europe gaining on North America**

However, the European market is expected to grow at the highest compound annual growth rate — at more than 5 percent from 2012 to 2018. Factors such as the aging population in Western Europe and migration of patients from Western Europe to Eastern Europe for availing affordable dental treatments will be responsible for the higher growth rate.

The dental systems and parts sector held majority share of the market in 2011 at 35 percent, because of its wide range of applications useful in the various steps of dental treatments, such as diagnosis using cone-beam CT systems and treatment using instrument delivery systems, electrosurgical equipment, vacuums and compressors.

Within the global dental systems and parts market, cone-beam CT systems are expected to be the fastest growing product type.

This is because these systems use a focused X-ray generation mechanism that reduces exposure to radiation compared with their conventional counterparts. In addition, the resultant image is more precise and has better diagnostic value.

**Fastest growing dental-equipment market segment: lasers**

The rapid adoption of dental lasers, which are capable of making dental procedures practically painless, thereby increasing patient compliance, is helping to make dental lasers the fastest growing segment of the overall dental equipment global market.

Danaher Corp. led the market in terms of market share in 2011 because of its extensive product portfolio and its wide presence in the developed North American and European regions.

Some other key players in this market include Sirona Dental Systems, A-dec Inc., CareStream Health, GC Corp., Planmeca Oy and Biolase Inc.


(Source: Transparency Market Research)
Universal registration product earns honors

R-dental’s METAL-BITE collects multiple awards

In addition to being indicated for standard universal registrations, the dark grey A-silicone METAL-BITE® is recommended for dynamic registrations, antagonist registrations and the biteplate of face bow registrations. The product is extremely hard and fast, thixotropic and high standable. The product is also radiopaque for the manufacturing of surgical guides for implantology. Although it is a universal registration material, the product is optionally scannable for CAD/CAM applications.

According to the company, the well-balanced physical properties guarantee a precise registration in combination with a comfortable working time. The material is without any taste, and the company reports that cutting and contouring can be performed easily after setting.

In recent years, according to the company, METAL-BITE has become an international standard for occlusal registrations. In 2013, the product received awards from the Dental Advisor and REALITY, helping it to become known to a growing number of dentists worldwide.

The product is recommended by the German opinion leader Prof. (HR) Dr. Alexander Gutowski.

The universal registration material is available in commercial cartridges and can be applied with standard mixing pistons (dispenser).

To learn more, you can contact manufacturer R-dental Dentalerzeugnisse, in Germany, by phone at +49 (40) 275-767 or by email at info@r-dental.com.

You can learn more online by visiting the website www.r-dental.com.

(Source: R-dental)

BEAUTIFIL Bulk Flowable delivers high fluoride release

The new BEAUTIFIL® Bulk Flowable is an advanced, giomer bulk fill restorative material for base and liner placement in Class I-II posterior restorations.

According to the company, the proprietary giomer technology, a surface pre-reacted glass filler, provides high fluoride release and recharge benefits with “ideal” light diffusion properties to allow complete 4 mm depth of cure without being overly translucent, a known shortcoming of bulk fill composites. The outcome, according to the company, is an improved esthetic result and shade adaptability within the patient’s mouth.

The hydrophobic nature of giomer and different particle sizes create a dense distribution within the resin and a higher filler load (72.5 wt percent) to reduce polymerization shrinkage stress. The material exhibits strength and surface hardness with high radiopacity to ensure easy identification.

It is designed with a self-leveling feature to increase cavity adaption, ease of use and reduce time spent manipulating material. According to the company, it’s “the giomer bulk fill restorative you can trust.”

BEAUTIFIL Bulk Flowable — available in a 2.4-gram syringe in universal and dentin shades — is valued at a suggested retail price of $37.44.

For more information visit www.shofu.com, or contact Shofu Dental Corp at (800) 827.4628.

(Source: Shofu Dental Corp.)
Overall Health Starts with Oral Health and It All Starts at Yankee Dental Congress 2014

**SPEAKER HIGHLIGHTS**

- **Kirk Behrendt**
  **PRACTICE MANAGEMENT**

- **James Dunn, DDS**
  **TECHNOLOGY**

- **Paul Fletcher, DDS**
  **IMPLANTS**

- **Theresa Gonzalez, DMD**
  **GENERAL HEALTH**

- **Shannon Pace Brinker, CDA**
  **AUXILIARY TECHNIQUES**

- **Clifford Ruddle, DDS**
  **ENDODONTICS**

- **Elizabeth Somer, RD**
  **NUTRITION**

- **John Sorensen, DMD, PhD**
  **RESTORATIVE**

- **Barbara Steinberg, DDS**
  **GENERAL HEALTH**

- **Dennis Tarnow, DDS**
  **IMPLANTS**

**PROGRAM HIGHLIGHTS**

- New Dentist Itinerary
- Hands-On Cadaver Programs
- Evolutionary Dentistry
- The Pankey Institute: Update 2014
- Marketing Symposium
- Diagnosis and Treatment of Oral and Facial Lesions Fast Track
- Dental Team Playbook: Strategies for Success
- Social Media Hot Spot
- RDH @ YDC
- Ninth Annual Conference for Women in Dentistry
- Botox & Dermal Fillers Live Patient Hands-On Courses

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