By Brendan Day, DTI

With oral cancer rates continuing to increase worldwide, it has become clear that more needs to be done to raise awareness and combat this issue. Dental Tribune International spoke with Dr Niall McGoldrick, Specialty Registrar in Dental Public Health with NHS Fife and the convenor of the charity Let’s Talk About Mouth Cancer, about the charity’s origins, its mission and much more.

Dr McGoldrick, how did Let’s Talk About Mouth Cancer get started, and was there anything in particular that led to its creation?

It all started in 2013, soon after my colleagues Dr Orna Ni Choileain and I graduated from dental school. We were both working as dental foundation trainees at the Edinburgh Dental Institute and had a shared drive to raise awareness of oral cancer among the public. We had an initial idea and were introduced to three other colleagues, Dr Ewan MacKessack-Leitch, Dr Stephanie Sammut and Prof. Victor Lopes, and from there the idea began to grow. We all had a first-hand impact the disease had on people’s lives and on the people around them and wanted to do something active, different and visible to bring change at all levels.

In the early days, we thrived on putting together public campaigns with few resources and little funding. We had to think outside the box and be thrifty to get our campaigns off the ground. We used lunchtime, evenings and weekends to design leaflets, paint backdrops and peruse items in charity shops to find the things we needed. It was really fun, and we quickly began to get support from other dentists and dental care professionals as word spread about our work. All five of us went forward to found the charity in 2014 and we have grown year-on-year. We now provide training for undergraduates and continuing professional development for postgraduates, and run regular public campaigns throughout Scotland. We have partnered with national and territorial health boards across Scotland to spread our message about oral self-examination to help promote early detection.

Today, Let’s Talk About Mouth Cancer is a multi-award-winning charity based on the principle that early diagnosis is the key to improving outcomes for people with oral cancer.

What is Let’s Talk About Mouth Cancer’s mission? How do you hope to achieve this?

Our mission is to improve the prognosis of patients with oral cancer through early detection and diagnosis. We are trying to tackle this in a number of ways. Our public campaign is focused on empowering people with the skills and knowledge needed to carry out oral self-examination to identify this disease themselves and present early. We also counsel the public on reducing risk from well-known risk factors such as tobacco and alcohol. Secondly, we provide training for healthcare professionals at undergraduate and postgraduate level. This work is focused on improving the confidence of healthcare professionals when dealing with a suspicious lesion in primary care and ensuring they are up to date with signs, symptoms and urgent referral pathways.

Our third approach is through advocacy. We have lobbied the Scottish Parliament on issues related to human papillomavirus gender-neutral vaccination and our general work has been supported by a Scottish parliamentary motion.

How big of a problem is oral cancer in the UK and, more specifically, in Scotland?

Oral cancer is a growing problem in the UK, but especially in Scotland. Scotland has more cases of this disease per head of population than any of the other UK nations. Prognosis for patients remains poor, with 50 per cent of those diagnosed losing their lives within five years. Further to this, the inequalities that exist among those who develop the disease and those who do not are stark; the vast majority of people developing oral cancer come from more deprived communities.

There are issues of social justice that need to be addressed. Improving the environment that people live in, making access to services simpler, making the healthy choice the easy choice and empowering people to care for themselves are just some of the areas that need to be addressed in order to prevent a further rise in the cases of oral cancer. Society’s current approach of mitigating the circumstances when it is too late will not solve the wider issues.

What steps can individuals take to combat oral cancer?

On an individual personal level, we should all be aware of what is going on in our mouths. Being familiar with what is normal in your own mouth is important, so that if there is a change you can pick up on it early. We want everyone to be carrying out oral self-examination to help identify what could be the early signs and symptoms of oral cancer.

We have a website which is available on the event’s website. 

Our website has details on how to carry out a simple five-point check in less than a minute. In terms of reducing risk in the first instance: if you smoke, stop; if you drink alcohol, do so in moderation; do not use chew-areca nut. It goes without saying that leading a healthy lifestyle and having a balanced diet will do wonders for your general health, but it will also reduce the risk of developing oral cancer. Our aim is to see your dentist as often as recommended.

At the health professional level, we need to be up to date, vigilant and competent in dealing with suspicious lesions. Being familiar with signs and symptoms of oral cancer is important; as is listening to the patient’s concerns and taking him or her seriously, understanding the urgent referral pathway in the area in which we work and being competent in referring those with a suspicious lesion in primary care.

How can other dental professionals get involved?

Let’s Talk About Mouth Cancer will be hosting the Global Oral Cancer Forum 2020 (GOCF’20) in Edinburgh in March next year. What can dentists and other health professionals look forward to at this event?

GOCF’20 takes place over two days—6 and 7 March 2020—and the theme is “Reducing risk, prevention, early diagnosis and innovative treatments”. We have lined up a selection of high-calibre international speakers and expert panelists to inform the conversation with attendees from around the world. Our aim is to develop actionable outputs in the global battle against oral cancer. Unlike other international events, GOCF’20 invites attendees from all backgrounds—dentists, doctors, nurses, public health practitioners, NGOs, charities, data scientists and survivors and patients to join the conversations and establish new thinking in the challenge oral cancer poses globally. Registrations for the conference will go live soon and all the information is available on the event’s website.

We want as wide and varied an audience as possible to join the conversations as we develop these ideas. Come along and be part of the action!
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Biological Dentistry

By Dr. Carla Schweer, France

Biological dentistry is a more bio-compatible approach to oral health and often alternative therapy to the conventional-dentistry. It regards the patient as a whole and does not treat the mouth in isolation. What happens to the teeth and gingivae has an impact on the rest of the body and conversely, a systemic condition can affect oral health. Teeth are not isolated members of a general state of health. It involves a more organic approach to care, with less invasive protocols and materials. Biological dentists always seek the safest, least toxic way to accomplish the mission of therapy and all the goals of modern dentistry. Biological dentistry describes a philosophy that can apply to all facets of dental practice and healthcare in general.

Oral ecology

The human mouth contains around 100-1,000 different types of bacteria with various functions as part of the human flora and oral microbiology. Individuals who practise oral hygiene have 1,000 to 100,000 non-radioactive elements on the mucosa. Some of the bacteria in our mouths are harmful and can cause serious illness, while others are beneficial and prevent disease. Periodontal treatment is an essential part of biological dentistry to prevent diseases such as diabetes, cardiovascular disease, rheumatoid arthritis, immune deficiency syndrome and Alzheimer’s disease.1

Immune system

The biological dentist will give the patient nutritional advice and prescribe vitamins and food supplements to enhance the immune system for a better outcome of therapy. For example, in biological dentistry, it is commonly known that a high vitamin D level and low LDL cholesterol are key factors for a better outcome for bone surgery and implant osseointegration.2

Dental mercury

An amalgam restoration is of great concern to biological dentists. It is because 95% of it consists of mercury, which is one of the most toxic non-radioactive elements on the planet. Therefore, biological dentists believe that it has no place in the human mouth. Scientific evidence has established beyond doubt that amalgam continuously releases mercury in small amounts and creates measurable exposure in people with amalgam fillings.3–6 Exposure to mercury could be detrimental to their health. Mercury is stored within the brain and other parts of the central nervous system, as well as in the liver, kidneys, large intestine, fat tissue and thyroid gland.7–8

Biological dentists follow science-based procedures, removing all amalgam, instead of amalgam removal9 and use special containers and collectors to avoid pollution of the environment. At Dr Rozé & Associates, we use the Safe Mercury Amalgam Removal (TMD) protocol designed by the International Academy of Oral Medicine and Toxicology (https://thearcature.com/fig1) and offer alternative therapy to the conventional-dentistry.

Metals and oral gaiavirans

Biological dentists believe that placing metal and other foreign materials in the teeth and gingivae may have unintended consequences. That is why biological dentists only offer metal-free alternatives such as ceramics or composites. Composites are also chosen with care, as they should be mercury-free and non-allergenic. Consequently, they are free of HEMA, bis-GMA and TEGDMA.

A bridge framework and titanium implants are replaced by a zirconia alternative, which has better biostability and great osseointegration and is more environmentally friendly. These implants contain zirconia, a biocompatible ceramic material free of metal. These types of implants promote complete assimilation into the jawbone and the surrounding gingivae.9

Aside from their ability to provoke immune reactivity, metals are electrically active. Oral galvanism has been discussed for over 100 years, but dentists have tended to ignore it or attribute it to patient anxiety. Biological macromolecules can influence the rate of corrosion by interfering in different ways with anodic or cathodic reactions. When combined with mechanisms (such as static loading, dynamic loading or wear) and inflammation, corrosion is intensified. The corrosion behaviour of a metal in non-physiological in vitro studies versus physiological in vitro studies and versus in vivo studies may vary dramatically. The corrosion control in vivo is currently limited to careful design, proper material selection and surface modification. The effectiveness of coatings may be limited in vivo due to wear. (Fig. 3) 10

Endodontic treatment

Endodontically treated teeth are dead tissue left in the body. This type of procedure is not found in any other medical discipline. Inflammation is common at the root apex, as it is almost impossible to clean thoroughly in this area. Even the best endodontic specialist can never achieve complete cleaning free of bacteria. Accessory lateral channels and the endodontic-periodontal connection via the root canals remain sealed.11 Thus, bacteria harboured in root canal areas such as isthmuses, dentinal tubules and ramifications may evade disinfection.12 These pathogenic bacteria produce toxic and potentially carcinogenic hydrogen sulphide compounds (thioether and mercaptan) from the amino acids cysteine and methionine as by-products of anaerobic metabolism. Studies have reported several different strains of bacteria found in endodontically treated teeth with periapical periodontitis.13–15 Enterococcus faecalis and yeast, mostly Candida albicans, are very resistant and have been repeatedly identified as the species most commonly recovered from root canals undergoing retreatment. In cases of failed endodontic therapy and when persistent infection is found, the predomination of Gram-negative anaerobes associated with endodontic infections and evidence of cytokine production in inflamed pulp and periapical granulomatous tissue has shown an elevation of systemic levels of inflammatory mediators in endodontic patients which could have an impact on distant organs.4

Recent work in the field of facial pain syndromes and NIC0 has led to the realisation that the jawbones are a frequent site of ischaemic osteonecrosis. This can be called aseptic necrosis and also affects the femoral head. As a result, many extraction sites that appear to have healed have actually not healed completely. It may result in pain in other parts of the face and head, and in distant parts of the body. Even though most of these sites present with no symptoms at all, pathological examination reveals a combination of dead bone and slowly growing anaerobic pathogens in a mixture of highly toxic waste products where there otherwise appears to be proper healing.

Blame for these infections has been placed on the periodontal ligament left behind after extraction. However, it is most likely that cavitation occurs as a result of a combination of initiating events, predisposing risk factors and environmental factors. Notably, if patients have infections after their extractions or experience traumatic events such as dry sockets, there is a higher likelihood of cavitation. Development. Usually in these cases, the wound has not been thoroughly cleaned and sterilized. An effective way to sterilize the extraction socket by using laser and ozone.

Biological dentistry today

Dentistry is a rapidly evolving field especially. Biological dentistry is always seeking the latest research for a better and safer approach. In the past, it was revolutionary to be able to restore a tooth instead of just pulling it out; amalgam, gold and denture teeth were, at the time, innovative materials and a better option than extraction. But today, we can do better dentistry in a less toxic, more individualized, more integrated and more environmentally friendly way than ever. Biological dentistry is a mandate more than a specialty: it could also be called advisory dentistry or common sense dentistry. When dentists choose to put biocompatibility first, they can look forward to practising effective dentistry while knowing that patients are provided with the safest experience for their overall health.16–17

References


About the Author

Dr. Carla Schweer
IAOMT biological dentist and CAD/CAM specialist

Editorial note:
A list of references can be obtained from the publisher.
HOW TO LOCATE, REGISTER, AND TRANSFER TO THE ARTICULATOR.

Stable temporomandibular joint (TMJ) allows stable occlusion. Thus, after the (TMJ) examination, the static and dynamic occlusion should be transferred and analyzed with cast models in the semi-adjustable articulator.

Occlusal adjustment by addition, decrease, orthodontic treatment and/or orthognathic surgery should be based, such as cast models fixed in the semi-adjustable articulator in the Centric Relation position. The use of the anterior deprogrammer device, AFR-MiniReg (dentrade.com), relined with Polyvinyl siloxane - PVS or stick compound is efficient and reproducible for this purpose.

The AFR - MiniReg technique, combines the deprogrammer device with the Gothic Arch. The lines inscribed in the graph represent the mandibular movements in the horizontal plane and the vertex represents the mandible centered in relation to the maxilla. Thus, the position of the Centric Relation is located.

This graphic recorded with the AFR - MiniReg allows the dentist to capture the mandibular position of centric and eccentric.

The wax of quality, shape and thickness can be used with the MiniReg.

This is the Interocclusal record to fix the lower cast model in the Centric Relation position.

The AFR - MiniReg is not transferred to the cast models.

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3. The patient treated in this way will benefit with well-being and comfort.
FEFU scientists may have found way to grow new teeth for patients

By DTI

VLADIVOSTOK, Russia: A group of histologists and dentists from the Far Eastern Federal University (FEFU) have collaborated with Russian and Japanese colleagues and discovered cells that may be responsible for the formation of human dental tissue. The findings could provide a basis for the development of bioengineering techniques in dentistry aimed at growing new dental tissue.

The scientists used human prenatal tissue to study the early stage of development of the embryonic oral cavity during the fifth and the sixth week of tooth formation. They recognized several types of cells that are involved in the formation of one of the tooth rudiments, namely the enamel organ. Additionally, they identified the chromophobe cells responsible for the development of human teeth in the first weeks of embryo growth.

Numerous attempts to grow teeth from only the stem cells involved in the development of enamel, dentin and pulp, i.e. ameloblasts and odontoblasts, were not successful: there was no enamel on the samples, teeth were covered only by defective dentin. The absence of an easily accessible source of cells for growing dental tissue seriously restricts the development of a bioengineering approach to dental treatment. To develop technologies of tissue engineering and regenerative medicine, promising methods of treatment in dentistry, the cells identified by us may become the key to the new level of quality dental treatment," said Dr Ivan Reva, senior researcher in the Laboratory for Cell and Molecular Neurobiology at the FEFU’s School of Biomedicine.

"Natural implants that are completely identical to human teeth will not doubt be better than titanium ones, and their lifespan can be longer than that of artificial ones, which are guaranteed for 10–15 years. Although for a successful experiment, we still have a lack of knowledge about intercellular signalling interactions during the teeth development," he added.

The scientist noted that large chromophobe cells do not reside only where the teeth of the embryo form. They also exist at the border where the multilayered squamous epithelium of the oral cavity passes into the cylindrical epithelium of the developing digestive tube. This means that the new bioengineering approach is relevant not only for growing new dental tissue but also for growing organs for subsequent transplantation and will probably be applied in gastroenterology.

The scientists have yet to understand how, in the earliest stages of human embryo development, different types and forms of teeth develop from the seemingly homogeneous and multilayered ectoderm which is located in the forming oral cavity. However, it is already clear that more kinds of cells are engaged in the earlier stages of human tooth formation than were previously supposed.

The study, titled “Embryonic development of human teeth,” was published in the March 2019 issue of the International Journal of Applied and Fundamental Research and is only available in Russian.

Oral Health Foundation launches new guidelines for denture adhesives

By DTI

RUGBY, UK/VANCOUVER, Canada: The Oral Health Foundation (OHF) has recently published a new set of global science-based guidelines for denture adhesives. The new recommendations will combat the current lack of guidance for complete denture wearers regarding the correct use of denture adhesives.

According to data from World Population Prospects: The 2017 Revision, there are expected to be 2.3 billion people aged 60 years or older in the world by 2050. This number represents 16% of the expected population, and is triple the figure for this age group in 2000. Consequently, there will be a growing need for denture adhesives, as older adults are more likely to experience tooth loss. Denture adhesives or fixatives offer better retention and stability of dentures, improved confidence and comfort, and reduction or elimination of food debris beneath dentures.

A task force, which included experts from the OHF, King’s College London and representatives from the US, Greece, Japan and Switzerland, undertook a comprehensive review of existing guidance for the best use of denture adhesives. The panel found only limited recommendations and guidance available.

"The current lack of guidance on the use of denture adhesives may mean that denture wearers are left confused," said Dr Nigel Cart-er, OBE, Chief Executive of the OHF. "The evidence is clear: using an adhesive can provide benefits for patients with best-fitting dentures both in terms of function, confidence and comfort. These new guidelines will give dental professionals the confidence to know how and when to recommend denture adhesives for maximum patient benefit," he continued.

The new denture adhesive guidelines follow on from previous advice on how to clean dentures published by the OHF in August 2018. Together, they form a comprehensive resource on complete dentures for dental professionals, carers and denture wearers.

The guidelines were announced at the 2019 International Association for Dental Research General Session and Exhibition in Vancouver in Canada.

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Programme outline: implant market, osseointegration, treatment alternatives, treatment planning and patient selection, basic surgical techniques and protocols. Hands-on training: surgical techniques and medico-legal aspects to implant dentistry.

Module 2 | April 2020 (4 days) | Treatment Planning and Surgical Treatment
Programme outline: implant design, radiographic techniques, implant surgery, implant specific treatment planning. Basic practice management.

Module 3 | July 2020 (4 days) | Restorative Aspects of Implantology
Programme outline: restorative techniques, prosthetic hands-on training, patient treatment, follow-up and oral hygiene, complications to avoid and treat. In depth practice management.

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Module 4 | October 2020 (4 days) | Immediate and Early Loading Concepts and Treatment of the Resorbed Jaw
Programme outline: tooth now concept, immediate and early loading concepts from single tooth to fully edentulous patients, severely resorbed jaws, sinus lift and ridge splitting techniques, hands-on training and live patient surgical treatment.

Module 5 | January 2021 (4 days) | Medical Compromised Patient and Soft and Hard Tissue Management | Aesthetic and Restorative Challenging Patient
Programme outline: medications related osteonecrosis, GBR techniques, soft tissue management, implant aesthetics, ceramics and implants.

Module 6 | April 2021 (4 days) | Rare Complications and Techniques
Programme outline: rare complications, combination implants and teeth, live patient treatment, written and oral examination and case presentations.

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Children with autism often overlooked for dental care

By DTI

Autism affects a child’s social skills. Even simple tasks, such as scheduling an appointment at a dentist’s office, may often be a challenge for children with autism spectrum disorder (ASD) and their parents. As a result, by delaying or missing early dental appointments, children with ASD develop an increased risk of dental caries and oral infections that could impact their entire body. They also miss out on the opportunity to develop a comfortable routine with a dentist.

Dentistry magazine recently ranked South Carolina as one of the top states where children with ASD have a high risk of oral health problems. The ranking was based on data obtained from the National Survey of Children’s Health. The survey reported that more than 90 percent of children in South Carolina have one or more of the most crucial things parents of children with special needs. “I think it’s certainly worthwhile for parents of children with the office prior to the dental visit,” stated Dr. Cynthia L. Hipp, associate professor at the Medical University of South Carolina (MUSC). Hipp also works in MUSC’s Pamela Kaminisky Clinic for Adolescents and Adults with Special Health Care Needs and recalls going to great lengths to help patients feel more comfortable during their visit, even doing dental examinations on the floor or in cars. “You have to think outside of the box,” she said, while noting that it may often require great patience to ease a child’s fear of the dentist.

To facilitate the process, Hipp advises parents to contact a dentist before scheduling an appointment and to communicate what makes their children feel comfortable. It may also help to familiarize children with the office to help them educate their children about the visit.

Resistant or combative patients may require a higher level of emergency care. Some dentists who are not familiar with patients with autism may refuse to treat them. Hipp explained. The Centers for Disease Control and Prevention has reported that each year an increasing number of children have been diagnosed with autism. “As our population is growing, we really have to train our future dentists,” said Dr. Michelle Ziegler, Programme Director of Advanced Education in General Dentistry and Division Director for Special Care Dentistry at MUSC.

In a 2005 study of over 200 randomly selected dentists in Michigan, more than 60 percent agreed that dental school did not prepare them for working with patients with special needs. “I think it’s certainly not been a priority for dental schools to teach this,” Ziegler commented. Another web-based survey published in 2010 found that the 22 U.S. and Canadian dental schools chosen for the study used a vast number of approaches to educating predoctoral students about the issue, but reported curriculum overhaul as the main challenge for implementing changes in curriculum.

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- Erbium Lasers (clinics)
- Laser technique: Erbium lasers
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- Scientific background and clinical indications
- Skill training every day of every clinical indication
- Patient treatments (demonstrations)

**Hands on:** Preparation in enamel and dentine, generation of a retentive surface, canal decontamination, apicectomy, soft-tissue cut with short pulses, soft-tissue cut with long pulses, open curettage, crown lengthening and bone preparation performed on sheep heads

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**Module 3 | 13-16 December 2020 (4 days) | Combined Wavelengths Therapy Concepts & Mastership Exams**
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- Written multiple-choice exam
- Oral Exam (presentation of 5 patient treatments cases with diode or Erbium lasers)
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The programme targets dentists who would like to specialise in certain wavelengths. Over the course of one year, participants are taught fundamental physical and technical knowledge, and how to recognise primary, secondary, and tertiary indications on 12 attendance days split into 3 modules held over 3 educational blocks. This programme concludes with an official certificate of RWTH Aachen University, and is offered in collaboration with the RWTH Aachen International Academy, the post graduate education wing of the University.
Otago University opts for Dentsply Sirona

Over 210 Sinius treatment centers are ready for training

By Dentsply Sirona

Building up a dental training facility from the scratch—this ambitious project is nearing completion at Otago University’s Faculty of Dentistry in New Zealand. Mid-March 2019, salaried super-users but also private dental providers from Dunedin—and New Zealand’s dental students and patients are about to benefit from an entirely new-built dental teaching facility at Otago University (Dunedin campus). As one of the last steps of this demanding construction project, Dentsply Sirona provided experienced trainers from Germany and Australia to teach the so-called super-users how to work with the new Sinius treatment centers. Mid-March 2019, they learned to use the full capability of the state-of-the-art treatment centers and their associated equipment. Henceforth, the qualified super-users will run on-going training sessions with small groups of the dental faculty’s staff and students to prepare them for putting the building into full operation in April/May 2019. The completion of the new training facility is the first part of a two-phase building project with a total volume of 190 million New Zealand dollars.

Over 210 Sinius treatment centers—completely digitised

Otago University opted for Dentsply Sirona’s Sinius treatment centers and additional equipment in the context of an international call for tenders in 2018. “Our offer met the Faculty of Dentistry’s needs and enabled all the services to be connected to New Zealand standards” explains Peter Rusling, Director Sales International Special Clinic Solutions at Dentsply Sirona.

Each of the 211 Sinius treatment center integrates various functions, for example:

- The patient’s records as well as digital x-rays and scans is displayed chair-side at a screen.
- Digital impression systems—Dentsply Sirona’s CEREC Omnicam—take dental images that are also accessible via the chair-side screen.
- A digital self-cleaning system ensures stringent infection control standards.
- Dentsply Sirona’s VIVIONE software solution connects all Sinius treatment centers. So, their functioning can be monitored centrally via the Internet to immediately identify and address maintenance needs.

“The Sinius treatment centers are designed specifically for the Otago University’s requirements to fit perfectly to New Zealand standards” explains Peter Rusling, Director Sales International Special Clinic Solutions at Dentsply Sirona. Prior to the installation of all Sinius treatment centers, the Faculty of Dentistry performed rigorous tests with a sample unit in the mock-up of a typical clinic treatment bay to ensure that the real-life set-up would work for staff and students.”

Successful conclusion of an ambitious installation project by the end of 2018, Dentsply Sirona installed the Sinius treatment centers in eight different configurations:

- 211 intra oral imaging systems (Heliodent Plus) as well as Orthophos 2D and 3D extra oral imaging systems
- 2,000 instruments.

Besides the specialty and teaching clinics, the new building will house the Otago University’s Primary Care Unit, an X-ray room, and surgical suites. It belongs to a two-part building complex that includes the Walsh Building, which has been used hitherto for the new training facility’s purposes. Following its refurbishment, the Walsh Building will serve for research laboratories, academic offices, student support, and teaching laboratories.

Tipton Training awarded Royal College of Surgeons of England accreditation

By Tipton Training

The Royal College of Surgeons of England have awarded Centre Accreditation to Tipton Training for its Courses in England and Ireland. With this Tipton Training becomes the first private post graduate dental education provider in UK to have an RCS England accredited center. The provisional accreditation conferred on Tipton Training in December 2018 and was ratified by the RCS Council on the 19th of June 2019.

This means that, in addition to the valuable skills a Tipton Training course delivers, delegates can be rest assured of the quality of education and methods of training has been reviewed by the best in the industry. The entire Level 7 Course portfolio successfully meets the criteria and standards for accreditation.

To achieve accredited status, Tipton Training underwent a comprehensive review from RCS senior figures, including Professor Michael Es- cudier (Dean of the Faculty of Den- tal Surgery), Varasta Brooks (Board Member), Dr Selina Master (Board Member), along with Salim Nazir (Head of Quality Assurance and Accreditation). Specifically, areas such as facilities, resources and faculty, Education portfolio and infrastructure and quality management processes were assessed.

Senior management from Tipton Training—including Professor Paul Tipton (Clinical Director), Vivek Gupta (CEO) and Les Pringle (Head of Facilities, Resources and faculty), was present on behalf of Otago University in Bensheim, Germany, earlier. They installed the entire dental equipment included.

"With this RCS accreditation, our delegates can rest assured that Tipton Training courses are of the very highest standards. Becoming the first RCS England accredited private dental education center in UK, is exciting but also reinforces our commitment to quality dental education that adds real clinical skills.” explains Vivek Gupta, CEO of Tipton Training.

“Our Postgraduate Certificate and Diploma courses also have Level 7 (Masters Level) status. This means that Tipton Training alumni possess a real advantage when applying for competitive positions, or when looking to expand the range of treatment options for their practice patients.”

Tipton Training is excited to now deliver the Advanced CPD hours delivered by Tipton Training will be RCS England Accredited.

2. Course completion certificates and Enhance CPD certificates will carry the RCS England Logo.

For more information about the Dentsply Sirona portfolio please contact your local representative.

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